

SADC AI Working Group

6 – 7 October 2009

MINUTES

BACKGROUND

This was the fourth meeting of the SADC AI Working Group, which has been set up based on a decision by the Laboratory Sub Committee at its November 2007 meeting, and which was endorsed by SADC.

The group has achieved a number of tangible outputs during the 2 years of its existence and one of the main issues is to decide if the group should be maintained in future.

Opening

Dr Munstermann, FAO ECTAD, made some introductory remarks, pointing out that besides the many activities that have been implemented by the group, the outputs have now also been documented in form of booklets and documents, ready for distribution as hard copies and on the website. She also alluded to the necessity to discuss the group's future.

Dr Mtei, OIE Representative for Southern Africa, gave a welcoming speech in which he alluded to OIE's twinning program and to the PVS tool. He recommended to the group to consider and seek the mandate from the respective SADC LTC Sub Committees to work on improving and harmonisation of competencies specifically dedicated to laboratory diagnosis and epidemio-surveillance as indicated in the OIE PVS Tool. He then declared the meeting open.

Dr Kabilika, Chairperson, gave an overview of the background and achievements of the Working Group.

Participation

The list of participants is given in Annex 1.

Agenda

The minutes of the previous, third meeting, were corrected. The corrected version is now uploaded on the LABNET website (www.fao-ectad-gaborone.org).

Matters arising:

- Dr Majiwa inquired if there is any SADC document stating that OVI is a “regional service laboratory”. Dr Mtei replied that this is based on a general understanding and on the fact that OVI is an OIE Collaborating Center for surveillance and control of different diseases. Dr Majiwa wished to have an endorsement from the Region on this matter.
- Mrs Wessels inquired if any progress has been made regarding the participation of Angola in the SC meetings. Dr Kabilika pointed out that during the joint SC meeting, organized by SADC TADs project, Dr Makaya, chair Lab SC, discussed with the Angola representative on this matter.
- Dr Mokopasetso followed up on the issue of visibility and once again encouraged countries to send information for uploading on the website. Dr Kabilika suggested publishing Annual Reports. Dr Kangumba suggested publishing laboratories’ progress on accreditation.

Recommendations:

Most recommendations have been implemented. Few are yet to be addressed (numbering according to numbers in recommendations):

2. Trainee database: Established by ECTAD. MS should make contributions to it by informing ECTAD about other trainings funded by other organizations. Dr Majiwa suggested that a follow-up should be done on what happened to the trainees. Dr Munstermann agreed to do this for those trained under any FAO program.
3. Produce a document to demonstrate the achievements of the Working group: Dr Kabilika to present a draft at the Lab SC and Dr Munstermann to complement it with costs of running the Working Group.

PRESENTATIONS

Surveillance guidelines – Dr Mokopasetso

He presented the outline of the AI surveillance guideline booklet, which is the shortened version of the full report produced by Dr Alec Bishi. He continued by explaining the application of these guidelines in four countries under OSRO/RAF/811/ILR project.

Discussion points:

Dr Mokopasetso pointed out that the surveillance had been planned from the beginning as a scanning/passive surveillance in conjunction with ND vaccination campaigns. Despite a lot of effort, this did not happen, except for Zimbabwe, where at least in some districts, ND vaccination and AI surveillance was carried out at the same time by the same teams. Consequently, the ongoing surveillance in the other countries is active surveillance, a scheme which is not considered to be sustainable beyond the lifetime of a project!

It appears that only few countries do ND vaccination campaigns, therefore also other ongoing veterinary activities should be identified to which AI surveillance could be linked!

Further discussions on the continuation of surveillance in 2010 ensued and Zimbabwe pointed out that producers who carry out their own ND vaccination, should be brought on board and should be encouraged to carry out passive /scanning surveillance. Botswana added that there should be active surveillance for LPAI at regular intervals in between passive surveillance. It was concluded that surveillance must continue, also in view of declaration of freedom from AI!

Dr Majiwa pointed out that these enormous amounts of samples should also be used to look for other viruses. One should look at extracting RNA and store it, which would reduce necessary storing space and then tests can be done any time. The topic of serum/tissue banks arose from this suggestion.

Proficiency Test – Mrs Wessels

Mrs Wessels presented the anonymous result tables for each of the 9 tests. It was very obvious that results between laboratories varied a lot and that only few laboratories got the test results correct without cross-reaction with other AGs.

A long discussion ensued to decide in which way the final comparison between performances of participating laboratories should be presented. At present, a test result is shown as positive if the AG in question is discovered, regardless of false positive and false negative reactions to other AGs in the panel. It was finally concluded that **both tables**, the present one and one that only lists true positive results, should be included into the general report.

Country reports will also be produced and made available to each participating laboratory. The five countries which will receive back-stopping training by OVI will have more detailed explanations on the country report, given by the OVI Trainer.

The group felt that the results give a lot of information on how laboratories can improve on their HA/HI test system, however, overall it can be concluded that the harmonized SADC SOP for HA/HI works. This information points to the fact that most labs don't have the capacity to test for H other than H5 and H7 (most labs did not do H6); most labs can also not identify the Neuraminidase, and this might be an explanation for the cross-reactions; it also points to the fact that two different AGs with different Ns should have been used in the PT – a lesson to be remembered for the next round.

Demand – Supply Hub – Dr Majiwa

The presenter gave an update on the use of the hub to date. The interim report as of July on the use of the hub had been distributed to all countries. Dr Munstermann explained that requests to

the hub are linked to reporting on numbers of samples tested, and that no reagents can be issued, unless these reports are submitted.

It was concluded that it should be discussed further at the level of the SC meeting, if the services of the hub are found useful. If this is the case, they will be continued under the contract between FAO and BNVL. In case there will be reagents remaining at OVI at the end of their contract, they will have to be returned to ECTAD.

Dr Majiwa informed the meeting that once they have the OIE Reference Lab for AI recognition, they will engage in the production of SPF derived reagents and their distribution to countries. This would open up an excellent opportunity to become a supplier to the hub, once established at BNVL.

OIE twinning program – Dr Bastiaensen

The presenter gave an overview of the principles of twinning and the existing twinning contracts presently active in Africa. These are few and only located in South Africa, Zambia and Botswana.

He clarified that twinning contracts usually do not come with provision of equipment and not with funding for the Reference Laboratory partner. He, however, pointed out that the OIE recognition as a Reference Laboratory might open doors to “business” of receiving many samples from other countries which can be tested at a cost. He also pointed out that it is often understood that once a laboratory has the recognition as a OIE Reference lab, it is expected that they give certain diagnostic services for free, particularly the initial confirmatory diagnosis.

Modification of the harmonized SADC HA/HI SOP – Dr Kangumba

The presenter explained that although the SOP has been validated during the PT, it remains a “living document” which might need to be updated if and when the need arises. He refers to two documents, namely the (i) Commission Decision 8 June 2009: *amending Decision 2007/268/EC on the implementation of surveillance progress for avian influenza in poultry and world birds to be carried out in the Member States*, published in the Official Journal of the European Union and (ii) OIE/FAO guidelines for correct application and interpretation of diagnostic results for the diagnosis of AI on serum samples.

The changes to the SADC SOP, resulting from these documents shall be incorporated by the same authors Drs Kangumba and Makaya and Mrs Wessels. The updated SOP shall be given a serial number to signify the update.

Laboratory capacity assessment – Dr Munstermann

The presenter gave an overview on the consultancy outputs and showed again the summary tables of the assessment results. Participants discovered mistakes and promised to send corrected information.

Dr Munstermann reiterated her frustrations over lack of response on requests to send quarterly reports on numbers of samples tested for AI. Dr Kangumba suggested that these reports should be made the responsibility of a dedicated person in each lab. Dr Moagabo added that this information should be easy to find in the laboratories' own quarterly reports!

The group concluded that this assessment should be regularly updated and kept a “living document”, however, failed to clarify, by whom this update should be done, if people are not reporting to ECTAD.

Selection of a second SADC AI Service Laboratory – Dr Kangumba

The presenter had given a similar presentation already at the Namibia Lab SC meeting in April, but since then process had been concluded at highest level (SADC Meeting of Ministers of Agriculture, June 09) and the Government of Botswana had been officially informed by SADC.

Dr Kangumba had been contracted as a consultant to produce a booklet on the entire selection process. The booklet was circulated and the group concluded that the chapter on “justification for the need of a second service laboratory” needed rewording and that therefore the booklet should **not be circulated** at this point in time, but reprinted before circulation. Booklets were retrieved and sent back to the printers.

Content of contract between FAO and BNVL – S. Munstermann

The presenter gave an overview of the elements that will be contained in this contract for the first 12 months of support to BNVL.

On the subject of the next Proficiency Test, to be coordinated by BNVL: the group concluded that HA/HI should be repeated. However, lessons learnt during the first round, such as the use of a second AG with a different N, the repeating of the test, should be taken into consideration. It was also pointed out that by this time the protocol will have been modified.

On the subject of the Hub: if the region expresses an interest for the continuation of the service, a cost-recovery system will have to be introduced for sustainability. ECTAD will engage a consultant to come up with a proposal.

On the issue of provision of diagnostic services to other countries: Dr Moagabo stated that they have appointed a senior officer for the section “sample reception”, but that in the long run a full-time Veterinarian will have to be employed for this. Dr Kangumba pointed out that the establishment of a LabIMS is of special importance in this context to keep track of the samples.

Dr Moagabo replied that it is their intention to test the IAEA LabIMS first for FMD samples and Food hygiene samples and build on from there.

Country presentations by Mozambique, Botswana, Namibia, Zimbabwe, South Africa, Zambia

Selected discussion points:

Mozambique: it was pointed out that the Laboratory is not within the Department of Veterinary Services, and that this is at times a bottleneck for communication between the field and the laboratory. However, in the ongoing surveillance supported by FAO, a laboratory staff accompanies the field staff. She reported also that with the assistance of the Swedish University of Agricultural Science, they were able to procure an ELISA reader and to commission it. Samples are being taken around Maputo and analysed, using ELISA. Commissioning of equipment provided by USAID is still uncompleted.

Botswana: it was reported that staff participated in training under the OIE twinning at VLA (2) and one under IAEA funding in Sweden on molecular biology. A SANAS assessment for the virology lab has recently been done in view of its accreditation, results are not yet received.

South Africa: it was reported that South Africa continues to carry out active surveillance for LPAI/HPAI with the laboratory in Potchefstroom focusing on backyard poultry and Allerton and Western Cape on commercial poultry farms.

Zimbabwe

Zimbabwe receives support to its HPAI preparedness by the following projects: 4 FAO projects (OSRO/RAF/719/USA; OSRO/RAF/811/ILR); OSRO/ZIM/701/IRE; OSRO/ZIM/901/USA) and from SPINAP (AU-IBAR). It is worth noting that in Zimbabwe, HPAI surveillance is combined with ND vaccination and therefore can be called scanning surveillance.

Zambia

Zambia presented activities on AI supported by FAO and SPINAP. It was reported that the activities centered on Farmer sensitization programmes and surveillance. Under FAO 716 samples had been collected and submitted to the laboratory for analysis at the time of the report.

Dr Kabilika also reported on the AI field simulation exercise held in Chisamba Zambia in September, 2009. A film was being prepared by FAO consultants on this. The meeting agreed that through ECTAD the film should be made to MS after completion.

RECOMMENDATIONS

- SC to give a feedback on the recommendation of last meeting, related to continued existence of WG
- Produce documentation on the achievements of the WG; this should include the costs it took; should give justification for the continuation of existing of WG;

Documentation should also outline that WG will use its experience for addressing other diseases

- MS should make an effort to integrate AI surveillance into their regular AH program, e.g. ND vaccination
- Recommend the adoption of the guidelines to all countries
- WG noted the importance of having a storage of biologicals (samples collected in the course of AI surveillance) for possible use in the future; modalities of implementation should be explored
- SOP for HA/HI to be reviewed and continuation of PT using the revised protocol in 2010
- MS should actively contribute to update the laboratory capacity assessment regularly, at least once a year, or as otherwise needed
- Laboratory capacity Assessment should include other diseases, particularly Influenza viral diseases, such as H1N1
- MS should assign a dedicated person for submission of number of samples collected and tested for AI to WG on a regular (at least quarterly) basis
- MS are encouraged to use the service provided by the demand-supply hub (which will continue at BNVL)
- MS are requested to notify BNVL of their intention to submit samples for testing at least one week ahead, except in an emergency

Annex 1: List of participants

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7 th and 8 th October 2009				
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