Minutes

3rd Meeting of the SADC HPAI Working Group

Gaborone, Botswana

1 – 2 April 2009

1. Background

The Avian Influenza Working Group was formed by the SADC Laboratory and Diagnostics Subcommittee to tackle specific technical issues related to laboratory diagnostic capacity for avian influenza in the SADC region. Through financial and technical support of the FAO-ECTAD unit for Southern Africa, the working group has so far held two meetings, one in March and the other in September 2008. All the meetings were held in Gaborone, Botswana.

At its inception meeting, the working group agreed on terms of reference that would guide its future activities. Due to the inevitable link between field surveillance and laboratory diagnostics, the working group's mandate was broadened to address technical questions on avian influenza posed by both the laboratory and epidemiology sub-committees and hence also co-opts members from the SADC Epidemiology and Informatics Sub Committee. In essence, the working group would meet on ad hoc basis to respond and advise the two sub-committees on all technical issues related to avian influenza prevention and control.

The following minutes are therefore a record of proceedings of the third meeting which was convened to address follow-up issues raised in the two previous meetings. The FAO-ECTAD unit for Southern Africa provided the financial and technical support for the meeting.

2. Participation

The meeting was attended by members of the working group, namely Laboratory experts from Zambia (WG Chair), South Africa, Zimbabwe (Chair of Lab Sub committee), Swaziland, Namibia, Mozambique and the host country, Botswana. Co-opted members from the Epidemiology Sub Committee comprised Swaziland, Namibia, Lesotho, South Africa, and OVI as the regional institution. The other partners within the Regional Animal Health Centre (RAHC), namely, the AU-IBAR and OIE participated in the meeting to provide technical support. Dr Saskia Hendrickx from ILRI Nairobi, UK, participated as an invited expert to present ILRI's work on risk assessment for HPAI in Southern Africa.

3. Opening Remarks

The OIE SRR gave opening remarks on behalf of Mr Hulman, Senior Programme Manager, SADC.

He elaborated on the theme of "efficiency" in the context of Veterinary diagnosis and surveillance and hence provided the meeting with a very clear and defined goal.

4. Update on AI Activities

Dr Munstermann presented the main activities as follows:

- Capacity assessment of SADC laboratories to diagnose HPAI through a questionnaire survey and for selected laboratories in Madagascar and Seychelles, in the form of direct visits and appraisal was undertaken.
  The draft report is ready and will be finalised after the SADC Lab SC meeting to be held later in the month, where all information will be presented again and validated.
- This assessment formed the basis for the short-listing of four laboratories as candidates for the second SADC Service laboratory for HPAI in the region.
  The process of selecting this laboratory was presented in detail by Dr Kangumba during the course of this meeting.
- Laboratory training in serology and PCR was offered by OVI in February with a 1-week course on both topics each. A detailed report has been prepared by OVI and will be distributed to all countries.
- OVI is supposed to set up a "demand-supply hub" for serology reagents necessary for those tests used in the region: HA/HI; AGID and ELISA. There have been long delays with this activity and a revision of the contract signed between FAO and OVI on this activity is required.
- A Proficiency Test will be organised by OVI with those SADC laboratories that use HA/HI as their standard serological test. The PT protocol was outlined by Dr Lubisi during the meeting.
- Dr Munstermann informed participants about related activities, such as the global program for laboratory/epidemiology networks, under preparation by FAO. She also mentioned the ALive led consultancies that were carried out in 2008 with the aim to assess the existing networks for HPAI in regards to laboratory, epidemiology, communication and socio-economics. She mentioned that the draft report for laboratory and epidemiology networks will be presented during a meeting in Nairobi at which SADC representatives will be invited.
- She also informed the meeting about the West and East African initiatives to set up similar networks for laboratory and epidemiology as they exist already in SADC.
- She informed the meeting about the desktop simulation exercise that took place in Zambia in August 2008 and the compensation framework

study that had just been completed in Malawi. Both activities were implemented under the USAID funded FAO project.

- She informed the participants that all Laboratories are now presented on the ECTAD website (http://www.fao-ectad-gaborone.org/en/) but pointed out that laboratories do not send information to make this presentation more interesting. The only information posted is the address and name of the director/member of the SC.
- She mentioned the STOP-AI training course that took place in March 2009 in Johannesburg on epidemio-surveillance for HPAI. At this course, the results of the consultancy on surveillance guidelines, commissioned by this Workging Group, were presented and discussed.
- It was noted that Angola has had limited participation in regional laboratories activities including those of the AI Working Group. The proposal was that this concern should be reported to the SADC office through the chairman of the laboratory subcommittee.

- Dr Jaw complemented this presentation with an update on SPINAP, the AU-IBAR HPAI programme:
  - 5 countries have received their funds: Zambia, Lesotho, Madagascar, Swaziland, Zimbabwe
  - 4 countries will receive funds shortly: Mauritius, Mozambique, Malawi, Botswana

Discussions from the presentation:

On SPINAP: With regards to the time line for implementation of project activities by the different countries, it was clarified that all project activities will be terminated by July 2010 regardless of when they were strarted. However, for countries that complete all their activities earlier, they can request for additional funds to implement additional activities.

The report on the compensation framework was requested.

4. SADC harmonised SOP for HA/HI (Majiwa/Lubisi).

The SOP was finalised by the three designated experts, Drs Kangumba, Makaya and Mrs Wessels in November 2008 and was distributed to all countries. However, OVI stated that they did not receive it in time to use it in the training course, but that they rather used their own.

In order to validate the SADC protocol, they ran one comparative test, which revealed the same results. But they stated clearly that this cannot be seen as a full validation, but that the forthcoming PT could be seen as a validation instead.

The two main differences noted between the SADC and OVI protocol were extensively discussed and changes made to reflect agreement between the two protocols. The revised version was re-sent to all Laboratories and will further accompany the material for the PT. The protocol is also posted on the website (http://www.fao-ectad-gaborone.org/en/spip.php?article223).

5. Surveillance guidelines (Bishi, Chisembele)

Dr Alec Bishi, who had been contracted by FAO to carry out a consultancy to develop SADC specific HPAI surveillance guidelines, based on ToR developed by the Working Group, presented the outcomes of his study. He emphasised the OIE recommendation that each region should use FAO/OIE guidelines but adapt them specifically for their region. The presented guidelines mainly focus on sector 3 and 4 poultry production systems and explain the minimal requirements required for both active and passive surveillance. Approaches to survey design and calculation of sample sizes are explicitly explained in the guidelines

Dr Chisembele expanded on Dr Bishi's presentation by presenting the sampling design developed on the basis of these guidelines for use in the four countries (Malawi, Mozambique, Zambia and Zimbabwe) funded under the USAID-FAO project. She emphasised that a combination of surveillance with ongoing activities such as ND vaccination campaigns should be aimed for in order to render surveillance more economic and effective.

Discussion from the presentation

Participants appreciated the two presentations. However, the decision for using 25% prevalence rate to calculate sample size as suggested in the guidlines was discussed intensely. It was finally agreed that depending on the poultry sector set-up in a given country, this rate could be adjusted accordingly.

It was also discussed that 5% mortality rate to trigger passive surveillance might be too low as average mortality could infact be much higher. However, the discussion did not reveal a change to this figure.

It was agreed that these guidelines will be published in a shortened version and distributed widely.

6. Presentation of risk maps under EDRSAIA (Hendrickx)

Dr Hendrickx showed the approaches taken to the production of risk maps and the indicators used. She pointed out that the next step is, through consultancies, to obtain better "mappable" data on the poultry sector from

certain focus countries (Zambia for Southern Africa) as well as regional data. In addition, a case-control study is being conducted in Nigeria to improve the knowledge on farm related risk factors. At the end of the project, through training of professionals in some countries, these continental and regional maps should be adapted to country level with the assistance of in-country experts to allow for better risk-based surveillance.

Dr Munstermann pointed out that for Southern Africa the surveillance activities had actually be passed on to FAO for implementation in the way that was described by Dr Chisembele.

Discussion on this presentation

It was suggested that ND should be included in this exercise as an indicator disease for HPAI risk mapping. This suggestion was taken up.

Training on GIS for local capacity building on risk mapping is a part of this project, but will only take place towards its end. It was suggested to bring the training forward so that trainees could apply knowledge gained during the course of the project. Dr Hendrickx would pass this suggestion on to the risk mapping team for their consideration.

7. The way forward for the Working group

It was stated that the working group has successfully fulfilled its ToR and that most activities have been completed or are close to being completed. It might therefore be necessary to broaden the scope of the group.

It was suggested to turn it into a *Programme implementation group* with advisory function to the various AI programmes. This suggestion was, however, not concluded.

It was concluded to present this issue to the Lab SC meeting and to the LTC through the presentations of the respective Chairpersons.

8. Recommendations

Having deliberated on various issues relating to avian influenza diagnostics and surveillance in the SADC region, the WG recommended that:

- Selection of trainees should be targeted truly to those benefiting most, excluding supervisors/managers from e.g. lab trainings
- RAHC to create a data base on trainees trained under the different projects run in the region
- WG should present justification for its continuation to SC (EIS and Lab) and request widening the scope

- HA/HI harmonised SOP to be amended, adopted and taken as the PT protocol; final version to be circulated to all labs by ECTAD
- OVI to circulate the time schedule for the PT to all participating labs
- Take AI risk mapping to country level to further refine the risk areas so that this can be used in surveillance
- Present surveillance general and specific framework to EIS for discussion, validation and adoption, so that the work can start in country
- Discuss role of 2nd Service LAB with LAB SC for adoption
- Discuss issue of lab contact points for PT and Hub at Lab SC
- Prepare documentation on achievements and challenges of AI WG and/or Lab SC – discuss with EIS/Lab SC