Report of the Meeting of the WOAH Terrestrial Animal Health Standards Commission

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8 to 17 September 2026
Toulouse

Introduction and Members contribution

This report presents the work of the WOAH Terrestrial Animal Health Standards Commission (hereinafter 'Commission') which met in Toulouse, France from 8 to 17 September 2026.

The Commission wished to thank the following Members for providing written comments on the WOAH *Terrestrial Animal Health Code* (hereinafter '*Terrestrial Code*') included in its previous report: Argentina, Australia, Brazil, Canada, Chile, China (People's Republic of), Chinese Taipei, Colombia, Japan, Korea (Republic of), Malaysia, Mexico, New Zealand, Norway, Singapore, South Africa, Switzerland, Thailand, the United Kingdom (UK), the United States of America (USA), Uruguay, Member States of the European Union (EU) and the Presidency of the Permanent Veterinary Committee of the Southern Cone (CVP). The Commission was encouraged by the more substantive and broader range of contributions received from a wide representation of Members and regional groups though it reiterated the importance of as many WOAH Members as possible across all regions actively commenting and participating in the standard-setting process. The Commission also wished to thank Global Alliance of Pet Food Associations (GAPFA), the International Air Transport Association (IATA), the International Coalition for Farm Animal Welfare (ICFAW) and the World Egg Organization (WEO) for their comments and acknowledged the valuable advice and contributions provided by numerous experts from the WOAH scientific network.

The Commission considered all comments submitted prior to the deadline that were aligned with the Guide for WOAH Members and International Organisations on submitting comments during the process for the elaboration of WOAH International Standards (the 'Guide').

The Commission made amendments to draft texts, where relevant, in the usual manner of 'double underline' and 'strikethrough'. In the relevant annexes, amendments proposed at this meeting are highlighted in yellow to distinguish them from those circulated previously. The Commission noted that amendments concerning the order of safe commodities as presented in Article 2 of the relevant chapters were not marked in the usual manner, except where additions or changes to the commodities were proposed.

Annexes

Annex 3 is presented for information only and includes comments submitted by Members and International Organisations that were considered by the Commission, and its responses.

Texts in **Part A** (Annexes 5 to 20) are presented for comments and will be proposed for adoption at the 94th General Session in May 2027. Texts in **Part B** (Annexes 4 and 21 to 27) are presented for comments only.

How to submit comments

The Commission strongly encourages WOAH Members and International Organisations with a WOAH Cooperation Agreement to participate in the development of WOAH International Standards by submitting comments on relevant topics and annexes of this report. Their engagement in the standard-setting process through the submission of comments is critical to ensure that standards are based on the latest scientific and technical data, reflect the different contexts of Members and stakeholders, and are feasible to implement. To ensure that comments are considered, they should be submitted in the format described in the Guide and the Standard Operating Procedure for WOAH Members and International Organisations to submit comments during the process for the elaboration of WOAH International Standards (SOP) available on the Delegates' website and the WOAH public website.

Comments that are not correctly formatted as described in the Guide and SOP or submitted after the deadline to comment, including those that do not include a supporting rationale may be excluded from consideration by the Commission. Any questions on the requirements for formatting and submission of comments should be sent to TCC.Secretariat@woah.org.

Other relevant reports

The Commission reminded Members that its report may reference work and discussions of the Scientific Commission for Animal Diseases (the Scientific Commission), the Biological Standards Commission, the Aquatic Animal Health Standards Commission, a Working Group or an *ad hoc* Group when these groups have addressed specific topics, comments or questions requested by the Commission. In such cases, the responses or proposed amendments and their rationale are provided in the respective report of the relevant group. Members are therefore strongly encouraged to review the relevant report(s) together with the report of the Commission.

These reports are available on dedicated webpages on the WOAH website, i.e., for Specialist Commissions reports, for Working Group reports and for *ad hoc* Group reports.

Deadline for comments

Comments on relevant texts in this report (Parts A and B) must be received by 28 December 2026 to be considered by the Commission.

Where to send comments

All comments should be sent to TCC.Secretariat@woah.org

Date of the next meeting

The Commission noted that the dates for its next meeting: 2 to 12 February 2027.

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1. Welcome

1.1. Director General

Dr Emmanuelle Soubeyran, WOAH Director General, met virtually with the Commission on 8 September 2026. Dr Soubeyran thanked the Commission members for their support and commitment to achieving WOAH's objectives in standard-setting and extended thanks to their employing institutions and national governments.

Dr Soubeyran also updated the Commission on ongoing activities under the Governance Review Committee, including work related to the WOAH Technical Procedural Manual and efforts to strengthen governance, performance and accountability across the Organisation's technical system. She thanked the Commission for its valuable engagement in these initiatives and noted that consultations with Members, experts and Specialist Commissions would continue as part of the governance reform process.

Dr Soubeyran referred to the elections for a new mandate of the Commission that will take place during the next WOAH General Session in May 2027 and recognized and thanked the members of the current Commission.

Dr Soubeyran further informed the Commission of the implementation of WOAH's revised organisational structure which aims to strengthen coordination and efficiency across the Secretariat. As part of this restructuring, responsibility for supporting the four Specialist Commissions has transitioned to the Standards Department. Dr Soubeyran acknowledged the support of Commission members during this period of organisational change.

1.2. Deputy Director General - Standard-Setting and Implementation

Dr Montserrat Arroyo, WOAH Deputy Director General for Standard-Setting and Implementation (DDG SSI) met virtually with the Commission on 8 September 2026 and thanked the Commission members for their ongoing contributions to WOAH's standard setting work.

Dr Arroyo updated the Commission on staffing developments within the Standards Department and efforts to strengthen Secretariat support and collaboration among Specialist Commissions. She noted ongoing work aimed at improving the consistency and efficiency of standards development activities and thanked the Commission for its continued engagement during this period of organisational transition.

Dr Arroyo drew the Commission's attention to the ongoing revision of Chapter 1.1. 'Notification of Diseases and Provision of Epidemiological Information' and Section 5 relating to trade measures, import/export procedures and veterinary certification. She highlighted the importance of ensuring coherence and harmonisation between the *Terrestrial* and *Aquatic Codes*, with the objective of improving clarity for Members on their obligation on notification of listed diseases and enhancing consistency in the animal health information submitted through WOAH platforms. Dr Arroyo also emphasised the importance of considering the impact of amendments to the *Terrestrial Code* on corresponding chapters of the *Terrestrial Manual*, and vice versa, in order to promote greater coherence and harmonisation between WOAH standards.

Dr Arroyo raised concerns over the emergence of pathogens such as Shamonda virus, pointing out that despite the critical importance of early detection and disease prevention, WOAH had received non-formal reports from Members. She highlighted that Members may hesitate to share epidemiological information due to the fear of disproportionate trade restrictions and economic repercussions. Consequently, she emphasised the necessity of establishing an enabling environment or mechanism that encourages Members to report emerging issues and related signals without fear of penalisation, drawing parallels with the reporting and monitoring systems in place for non-listed wildlife diseases to track epidemiological developments confidently and collaboratively.

The Commission agreed and advocated for a cautious approach grounded in clear scientific data and relevant definitions within the *Terrestrial Code*. It was emphasised that an 'emerging disease' under the *Code* definition requires a demonstrated, significant impact on animal or public health, which should be clearly distinguished from merely identifying a novel pathogenic agent, be it sporadic or even with a rapid spread. Such information should nevertheless be reported voluntarily to WOAH as important animal health information under Article 1.1.5. Drawing upon the lessons of past outbreaks such as of Schmallenberg virus, which was considered an emerging disease and for which attempts to establish proposed standards and recommended measures resulted in trade disruptions and substantial financial damage without effective useful disease management policies at the level of Veterinary Services, the Commission cautioned against classifying Shamonda virus as an emerging disease before epidemiological impacts are fully understood and control measures considered needed. Furthermore, it stressed that the level of attention given to the disease remains proportionate to the available scientific evidence, maintaining a prudent 'wait and see' approach until robust scientific evidence is gathered before engaging in a formal assessment procedure. This position was shared with Dr Arroyo and provided to the Scientific Commission.

2. Adoption of the agenda

The provisional agenda was adopted by the Commission. The agenda and the list of participants are presented in Annexes 1 and 2, respectively.

The Commission wished to note that due to time constraints and a heavy agenda, it did not discuss the following items:

- Revision of Chapter 6.8. 'Harmonisation of national antimicrobial resistance surveillance and monitoring programmes'
- Clarification of 'natural salted casings', 'gelatine' and 'collagen'
- Revision of Chapter 1.4. 'Animal health surveillance'

The Commission agreed to consider these items at its next meeting.

3. Cooperation with Other Specialist Commissions

3.1. Scientific Commission for Animal Diseases (Scientific Commission)

The Commission received the recommendations and opinions from the Scientific Commission regarding the relevant work and thanked it for its continued collaboration.

The Commission encouraged Members to read the Scientific Commission's report for the details of relevant items.

3.2. Biological Standards Commission

The Commission received the opinions from the Biological Standards Commission on the relevant work and thank it for its continued collaboration.

The Commission encouraged Members to read the Biological Standards Commission's report for the details of relevant items.

3.3. Aquatic Animal Health Standards Commission (Aquatic Animals Commission)

The Bureaux of the Commission and the Aquatic Animals Commission held a side meeting chaired by DDG SSI to discuss texts addressing common topics and planned for circulation by both Commissions.

Both Bureaux discussed proposed changes to Chapter 1.1. 'Notification of diseases and provision of epidemiological information' of the *Aquatic Code* and *Terrestrial Code* to ensure alignment and agreed to circulate the draft chapter in their respective reports for Member comments. The Bureau of the Code Commission will propose Chapter 5.X. for adoption at the 94th General Session (see Item 5.3.).

The Bureaux also discussed Chapter 5.X. (*Terrestrial Code*) and Chapter 5.Y. (*Aquatic Code*) 'Introduction to recommendations for international veterinary certification and export and import procedures' which were circulated for comments in their respective February 2026 meeting reports. Both Bureaux agreed to circulate the draft chapters in their respective reports for Member comments. The Bureau of the Code Commission will propose Chapter 5.X. for adoption at the 94th General Session (see Item 5.6.).

Furthermore, the Bureaux discussed progress on the revision of Chapters 5.1. 'General Obligations Related to Certification' and 5.2. 'Certification Procedures'. Both Bureaux acknowledged that the work is progressing although further work by the *ad hoc* Group was necessary. Both Commissions agreed to provide their combined guidance to the *ad hoc* Group and requested the Secretariat to report back at their February 2027 meetings.

The Commission encouraged Members to read the Aquatic Animals Commission's report for details of relevant items.

4. Work Programme

The Commission discussed ongoing priority topics in its work programme and considered comments and new requests received.

Comments on the work programme were received from Argentina, Australia, Brazil, Canada, New Zealand, the EU and the GAPFA.

The Commission acknowledged comments expressing support for the work programme and priorities. The Commission noted that Members should refer to the relevant items in this report for comments related to ongoing work.

The Commission considered a comment proposing amendments to Chapter 8.8. 'Infection with foot and mouth disease virus' to address the movement and processing of commodities, such as milk, from an infected zone to a free zone. The Commission noted that the movement of commodities or animals from an infected zone for treatment or processing in a free zone involves overarching principles of zoning and relevant risk mitigation measures, which are broader than the scope of disease-specific chapters. As the revision of Chapter 4.4. and the development of a new Chapter 4.Y. on zoning are currently ongoing under its work programme, the Commission decided that these principles should first be addressed comprehensively within these chapters before considering any consequential changes to disease-specific chapters, including Chapter 8.8.

The Commission reminded Members that the work programme outlines the current and planned work to be undertaken to develop new or revise existing standards of the *Terrestrial Code*. The Commission commended the increased interest shown by Members in providing comments on the work programme and strongly encouraged Members to continue to provide feedback on potential new topics by submitting specific proposals with rationale and supporting bibliography and relevant technical updates that become available, as well as whether they supported the proposed topics in the work programme, as well as the level of priority that should be given to those topics.

4.1. Ongoing priority topics (other than texts circulated for comments)

The Commission discussed the progress of various ongoing priority topics and noted that no new or revised text for these items are provided for comment at this time.

4.1.1. Revised Chapter 4.4. Designating, establishing, and maintaining populations and subpopulations of animals and new Chapter 4.Y. Application of zoning

Comments were received from Australia, Brazil, Canada, Chinese Taipei, Korea (Rep. of), Mexico, New Zealand, the USA and the EU.

Background

At its February 2024 meeting, the Commission requested that an ad hoc Group be convened to develop a new chapter on 'Implementation of zoning' and to review relevant provisions in Chapter 4.4. 'Zoning and compartmentalisation' to ensure consistency and complementarity between the two chapters.

At its September 2025 meeting, the Commission considered the report of the ad hoc Group on zoning (May 2025), the revised definitions for 'animal health status' and 'zone', the revised draft Chapter 4.4. 'Defining Subpopulations of Animals' and the outline of a draft Chapter 4.Y. 'Application of Zoning.' The Commission requested that the ad hoc Group continue to revise Chapter 4.4. to address mechanisms other than zoning and compartmentalisation for establishing subpopulations of animals, and to further develop Chapter 4.Y.

At its February 2026 meeting, the Commission reviewed the report of the ad hoc Group on zoning (December 2025) and the additional work the Group had done on Chapter 4.Y., noting that the Group did not have sufficient time to make revisions to Chapter 4.4. The Commission made some revisions to both chapters and circulated them for Member comment.

Discussion

The Commission discussed several Member comments, on both Chapter 4.Y. and the proposed Glossary definitions that highlighted a lack of clarity regarding the intended placement in the *Code* of provisions on procedural aspects for diseases for which WOAH grants official recognition of animal health status. At its February 2026 meeting, the Commission agreed that such provisions should be covered in Chapter 1.6. and removed from the disease-specific chapters after Chapter 1.6. is adopted. The Secretariat was asked to draft the revisions to Chapter 1.6 (see Item 5.4.).

The Commission agreed with the Scientific Commission that using the same term 'containment zone' in two different contexts was creating confusion. The Commission therefore decided to reserve the term 'containment zone' for diseases for which WOAH granted official recognition of animal health status, because of its specific administrative use to facilitate recovery from WOAH of the free status of the remainder of the country. Thus, this would be better addressed in Chapter 1.6. In general, zones established in case of occurrence of outbreaks in a formerly free country or zone would be referred to as a 'control zone'. Glossary definitions would be developed to reflect the respective uses of both terms 'containment zone' and 'control zone' ('containment zone' being a specific type of 'control zone').

In consultation with the Scientific Commission, the Commission determined that while the use of the term 'protection zone' for diseases for which WOAH granted official recognition of animal health status may be different than for other diseases, a single term could continue to be used, as these differences would not create major confusion. The particular use of protection zones for diseases with official status would be addressed in Chapter 1.6. (see Item 5.4.), while their general use for would be addressed in Chapter 4.Y.

The Commission discussed a Member comment regarding text in Article 1 that stated that 'as a principle, when a zone is established in a country, the rest of the country automatically becomes another zone', as this might be contradictory to current procedural aspects for recovery of official status by WOAH. The Commission considered that such procedural specificities should be detailed in Chapter 1.6. The Commission also recognised that designating an entire country as 'free' while an infected zone remained in its territory could raise questions of principle regarding the appropriateness of affording free status to the country as a whole. It noted the differing views on how this should be addressed. It requested the *ad hoc* Group to reflect upon this issue during its next meeting. Member comments on this issue would also be welcomed even though the draft is not proposed for comments. The Commission finally stressed the fact that from the purely risk management point of view, exporting from a 'free zone' is as safe as exporting from a 'free country' where a 'containment zone' was established. The Commission revised the text in Chapter 4.Y. to add 'unless otherwise specified in the Code' to reflect this specific circumstance, while retaining the remaining text.

The Commission noted comments from Members identifying duplication between Chapters 4.4. and 4.Y. In addition, the Commission noted suggestions from Members to expand the scope of Chapter 4.4. to reflect other types of subpopulations beyond zones and compartments. The Commission also noted that some provisions removed during the revision of the existing Chapter 4.4. 'Zoning and compartmentalisation' may be relevant to Chapter 4.5. 'Application of compartmentalisation' and requested the *ad hoc* Group to consider whether consequential revisions to Chapter 4.5. are needed. The revision of Chapter 4.5. was therefore added to the Commission's work programme. The Commission requested the Secretariat to seek further expert advice to address these issues, as well as the relevant Member comments, and to report back at its February 2027 meeting.

'animal health status', 'containment zone', 'free zone', 'protection zone' and 'zone'

Comments were received from Australia, Canada, Malaysia, New Zealand, the UK and the EU.

Background

At its February 2026 meeting, the Commission reviewed the report of the ad hoc Group on zoning (December 2025) and considered the revised Glossary definitions for 'animal health status', 'containment zone', 'protection zone', and 'zone', developed in connection with the ongoing revision of Chapters 4.4. and 4.Y. The Commission also made amendments to the definition of 'free zone'. The Glossary definitions were circulated for comments.

Discussion

The Commission considered comments on 'animal health status', 'containment zone', 'free zone', 'protection zone' and 'zone' that were circulated in its February 2026 meeting report.

The Commission noted Member confusion regarding the terms 'containment zone' and 'protection zone'. The Commission, in agreement with the Scientific Commission, decided to limit the use of the term 'containment zone' (cf. above) and revised its proposed definition accordingly. It also proposed a new Glossary term for 'control zone', based on the first draft definition of 'containment zone' circulated for Member comment in February 2026. It also noted that following revisions to Chapters 4.Y. and 1.6., the definition of 'protection zone' may be revised.

The Commission requested the Secretariat to seek further expert advice to address these concerns and to report back at its February 2027 meeting.

4.1.2. Revision of chapters on certification procedures (Chapters 5.1., 5.2., 5.10., and 5.13.)

Background

At its September 2024 meeting, the Commission reviewed the draft Terms of Reference for an *ad hoc* Group to update chapters of the *Terrestrial* and *Aquatic Codes* regarding certification and related procedures. In agreement with the Aquatic Animals Commission, the Commission agreed that the *ad hoc* Group should update Chapter 5.2. 'Certification procedures' of both *Terrestrial* and *Aquatic Codes*, as appropriate to incorporate electronic certification, including references to the newly developed electronic data models and standards and assess whether any changes to Chapter 5.1. were required. The *ad hoc* Group should also consider the Codex

'Guidelines for design, production, issuance and use of generic official certificates' (CXG 38-2001) and propose appropriate updates to the *Codes* to avoid inconsistencies. The Commission also requested that the *ad hoc* Group review model health certificates in both *Codes* to determine whether they remain necessary and whether they require updating (Chapters 5.10. to 5.13. as applicable) and review the Glossary definitions of both *Codes*.

The *ad hoc* Group on certification met in June 2026 to work on these chapters.

Discussion

The Commission reviewed the report of the *ad hoc* Group (June 2026) on certification and the draft Chapters 5.1. and 5.2. The Commission also requested that the content of the chapters be limited to certification without going into excessive detail on the roles of the importing and exporting countries which are, for the most part, already appropriately addressed in Chapter 5.4. 'Measures and procedures applicable to the exportation of commodities' and Chapter 5.6. 'Measures and procedures applicable to the importation of commodities'. The Commission noted that while the drafting of Chapter 5.2. was not complete, some sections contained a level of detail that may not be appropriate for inclusion in the *Code*, including in relation to information on electronic certification. Therefore, the *ad hoc* Group may need to recommend other methods of providing such detailed information to Members outside the standards, such as in the form of a guidance document to be published on the WOAH website.

The Commission requested that the *ad hoc* Group continue its work, and that the Secretariat report back at its February 2027 meeting.

4.1.3. Revision of Chapter 5.12. Model passport for international movement of competition horses

Background

Chapter 5.12. was last updated in 2008 and did not reflect current practices, technological progress, or current WOAH disease-specific standards. Recent developments in electronic certification, digital passport systems and the harmonisation of regional health certificates, together with the ongoing work to update the certification chapters of Section 5 of the *Terrestrial Code*, highlighted the need to revise this chapter.

Discussion

The Commission noted the proposal by the Secretariat to progress this work before its February 2027 meeting and reviewed the draft Terms of Reference (ToR). The Commission proposed edits to the ToR, including clarification that the *ad hoc* Group should focus on the horse passport, specifically its purpose and function, and the baseline information that should be included in it, and clarify the respective purposes and functions of the horse passport and the international veterinary certificate. This work should be distinguished from the work of the *ad hoc* Group on certification (see Item 4.1.2.).

The Secretariat noted that the information to be included in a horse passport should be consistent regardless of whether the document is in paper or digital format. Regarding digital horse passports, the Commission clarified that the *ad hoc* Group should consider how Veterinary Authorities would access and verify the information contained in such passports.

The Commission confirmed the dates of the *ad hoc* Group meeting, assigned a Commission member to participate as observer, and requested the Secretariat to report back at its February 2027 meeting.

4.1.4. Revision of chapters on transport of animals (Chapters 7.2., 7.3. and 7.4.)

Comments were received from Australia, Brazil, Canada, Colombia, China (People's Republic of), Chinese Taipei, Mexico, Japan, Malaysia, New Zealand, Norway, South Africa, Thailand, the UK, the USA, the EU, IATA and ICFAW.

Background

At its February 2023 meeting, the Commission agreed to commence work to revise Chapter 7.2. 'Transport of animals by sea' and Chapter 7.3. 'Transport of animals by land' and requested that an *ad hoc* Group be convened to undertake this work.

At its September 2024 meeting, the Commission considered the *ad hoc* Group's June 2024 report and agreed with its recommendation to merge Chapters 7.2. and 7.3. and to incorporate the provisions of Chapter 7.4. 'Transport of animals by air' into a single chapter. The Commission requested that the *ad hoc* Group be reconvened to start the development of the chapter. The Commission also requested that the *ad hoc* Group

consider including recommendations for the transport of animals on foot, given its relevance in many parts of the world (e.g. transhumance).

At its September 2025 meeting, the Commission considered the March 2025 *ad hoc* Group report, including a new draft Chapter 7.2. and requested that the *ad hoc* Group meet again to continue working on the draft chapter, notably to streamline it and improve its structure and readability.

At its February 2026 meeting the Commission reviewed the work of the *ad hoc* Group at its December 2025 meeting and circulated the chapter for Member comments.

Discussion

The Commission reviewed comments received from Members and made further amendments to improve the clarity and technical accuracy of the chapter. The Commission noted that the chapter adequately covered transport by air, given that almost all the principles and provisions of the chapter were broadly applicable, regardless of the means of transport. The IATA Live Animal Regulations (LAR) did not replace the *Code* standards, but provided additional detail specific to air transport, in the same way that national regulations or commercial standards might provide additional detail specific to land or sea transport. In this context, the Commission requested that the *ad hoc* Group discuss the reference to the IATA Live Animals Regulations (LAR) and conduct a gap analysis to determine whether the LAR are aligned with the new *Code* provisions, and whether additional specific recommendations were needed for transport by air, without duplicating the recommendations in the LAR.

The Commission sent back the revised draft Chapter 7.2. 'Animal welfare during transport', with its comments and requests for further expert advice, to the Secretariat, which it requested to report back at its February 2027 meeting.

4.1.5. Revision of Chapter 7.6. Killing for disease control purposes

Comments were received from Argentina, Australia, Brazil, Canada, China (People's Republic of), Chinese Taipei, Japan, New Zealand, Norway, Malaysia, Korea (Republic of), Singapore, Switzerland, the USA, the UK, the EU, ICFAW, and WEO.

Background

At its February 2018 meeting, the Commission agreed to revise Chapter 7.6. 'Killing of animals for disease control purposes' and requested that an *ad hoc* Group be convened to undertake this work, as well as to revise relevant Glossary definitions. The first *ad hoc* Group meeting was held in June 2023.

At its September 2025 meeting, the Commission considered comments received on Chapter 7.6. 'Animal welfare at the time of killing for purposes other than slaughter' which was circulated in its February 2025 meeting report. The Commission considered comments on Articles 7.6.1., 7.6.2., 7.6.3., 7.6.4. and 7.6.6., as well as general comments. The Commission also discussed the inclusion of water-based foam and ventilation shutdown as killing methods, on which many Member comments had been received. The Commission requested that the *ad hoc* Group review the Commission's response to these and other comments and consider the remaining comments received on the chapter.

The *ad hoc* Group met in December 2025 to revise the draft Chapter, which was reviewed by the Commission at its February 2026 meeting and subsequently circulated for Member comments.

Discussion

The Commission considered the very large number of comments received on Chapter 7.6., which was circulated in its February 2026 meeting report. The Commission reviewed the revised draft chapter, with a focus on Article 7.6.10. onwards, which addressed killing methods, and proposed amendments to several provisions. In response to requests from a small number of Members to reinstate certain methods (ventilation shutdown and water-based foam) that had been proposed for deletion, the Commission agreed to maintain their deletion given overarching, science-based animal welfare concerns.

The Commission acknowledged that risk management decisions regarding killing may consider other factors, such as biosecurity to prevent spread of diseases or economic considerations; however, it reiterated that the focus of the chapter was animal welfare, with its recommendations grounded in animal welfare science.

The Commission reminded Members that the WOAH animal welfare standards provide recommendations to support the development and evolution of their animal welfare regulatory frameworks and do not necessarily restrict individual Members' decision-making to using only certain methods.

The Commission sent back to the Secretariat the revised draft Chapter 7.6. 'Animal welfare at the time of killing for purposes other than slaughter', with its comments and requests for further expert advice. It requested the Secretariat to report back at its February 2027 meeting and indicated that it will then consider whether to propose the chapter for adoption in May 2027.

4.2. Items under consideration for inclusion in the work programme

The Commission reviewed new items that had previously not been included in its work programme due to insufficient supporting data. The Commission reviewed whether new information was available and agreed to include the following items in its work programme.

- Chapter 6.3. 'Control of biological hazards of animal health and public health importance through ante- and post-mortem meat inspection' (see Item 5.12.)

- Chapter 9.5. 'Infestation of honey bees with *Tropilaelaps*' (see Item 4.3.2.1.)

4.3. New proposals or requests for inclusion in the work programme

The Commission considered the following proposals or requests for development or revision of standards in the *Terrestrial Code*. However, due to time constraints and a heavy agenda, the Commission did not discuss two of them, which it agreed to address at its next meeting:

- Revision of Chapter 1.4. 'Animal health surveillance';

- Revision of Chapters 12.5. 'Equine infectious anaemia' and 12.9. 'Infection with equine arteritis virus'.

4.3.1. New proposals from Members and International Organisations

4.3.1.1. Revision of Chapter 7.5. Animal welfare during slaughter

Background

WOAH received two requests to revise Article 7.5.20. 'Bleeding of free-moving animals' of Chapter 7.5 'Animal welfare during slaughter' which was adopted at the 93rd General Session.

Discussion

The Commission discussed a request submitted by the USA. The request included scientific references intended to support and justify a revision of the wording of Article 7.5.20., in that animal suffering may occur when slaughter without stunning is performed incorrectly, rather than presenting such suffering as an inherent consequence of the practice. The proposal also called for a clearer and more balanced distinction between slaughter with stunning and slaughter without stunning, taking into account the specific characteristics and risks of each method and avoiding any conflation of the two.

A second request was submitted by the Kingdom of Bahrain, calling for a revised version of the article to ensure that its provisions are based on accurate and up-to-date scientific evidence and are compatible with religious slaughter practices.

The Secretariat presented an analysis of recent scientific publications on slaughter without stunning to the Commission. The analysis concluded that no new evidence challenged the scientific rationale on which the article was based. Nevertheless, the Commission requested that the Secretariat again seek further expert advice and report back to the Commission at its February 2027 meeting.

4.3.2. Other requests

4.3.2.1. Revision of Chapter 9.5. Infestation of honey bees with *Tropilaelaps* spp.

Background

At its February 2026 meeting, the Commission noted that Chapter 3.2.5. 'Infestation of honey bees with *Tropilaelaps spp*.' of the *Terrestrial Manual* indicated that survival time of *Tropilaelaps* mites in beehive products is up to three days in dry pollen, royal jelly and honey, and up to six days in empty honeycombs[1,2]. Chapter 9.5. of the *Terrestrial Code* however indicated that royal jelly was a safe commodity, so the Commission requested that this discrepancy be addressed. The Secretariat contacted experts to seek their opinion for consideration by the Commission.

Discussion

The Commission noted that in one of the studies, the reported survival time of *Tropilaelaps* mites was up to three days under experimental conditions in which mites were added to royal jelly. While contamination of royal jelly during harvest from infested colonies could theoretically occur, the Commission noted that *Tropilaelaps* does not feed on royal jelly and that its survival in this product is limited. The Commission further considered that the normal production, preservation and processing of royal jelly, honey and pollen, including the time involved before these commodities are traded, would be relevant to determining whether they meet the criteria for consideration as safe commodities as described in Chapter 2.2.

The Commission requested the Secretariat to gather information from international apiary organisations to determine whether there is a standardised process involved in the production of royal jelly, honey, and pollen, including the length of time required for the production and processing of the commodity before it is marketed, and whether this would exceed the reported survival time of *Tropilaelaps* mites. The Commission will consider this information at its February 2027 meeting to determine whether all three commodities meet the requirements to be considered safe commodities.

4.3.2.2. Request to develop a definition of 'Sentience'(EN)- 'Sintiencia'(ES)- 'Sentience'(FR) in Chapter 7.1.

Background

The recognition of animal sentience has become increasingly important in international animal welfare policy and legislation. WOAH acknowledged the ethical responsibility to ensure that animals are treated humanely 'in recognition of the sentience of animals' within its Global Animal Welfare Strategy. Sentience refers to an animal's capacity to have subjective experiences and feelings, and to perceive and respond to what happens to it. A sentient animal can experience a range of affective states, including pain, fear, distress, pleasure, comfort, and other positive or negative experiences.

Discussion

The Commission noted the proposal from the Secretariat to include a definition of animal sentience in the *Terrestrial Code.* Whilst acknowledging the relevance and growing profile of the term, the Commission did not agree to include a definition for it, as there is currently no reference to 'sentience' in any chapter, including Section 7, of the *Terrestrial Code,* and there was no associated proposal on how to meaningfully incorporate the term within the *Code*. The Commission also noted that the proposed definition did not differ significantly from standard dictionary definitions of sentience, a difference that is a pre-requisite for including a specific definition in either the Glossary or chapters of the *Terrestrial Code*.

[1] KHONGPHINITBUNJONG K., CHANTAWANNAKUL P., YAÑEZ O. & NEUMANN P. (2019). Survival of ectoparasitic mites *Tropilaelaps mercedesae* in association with honeybee hive products. *Insects,* **10**, 36.

[2] PETTIS J.S. & CHAIMANEE V. (2019). The survival of *Tropilaelaps mercedesae* on beehive products. *J. Apicultural Res.,* **58**, 413–415.

4.4. Prioritisation of items on the work programme

Taking into consideration the progress of work items since its last meeting, relevant topics addressed during this meeting and comments submitted, the Commission discussed the prioritisation of ongoing and future work programme items and agreed to amendments as presented below.

New items added to the work programme:

Glossary definitions for 'rendering', 'rendered fat' and 'protein meal'

- Development of new articles in Chapter 1.6. 'Procedures for official recognition of animal health status, endorsement of an official control programme, and publication of a self-declaration of animal health status, by WOAH'

- Revision of Chapter 4.5. 'Application of compartmentalisation'

- Revision of Article 8.1.1. of Chapter 8.1. 'Infection with *Bacillus anthracis* (Anthrax)'

- Revision of Chapter 8.14. 'Infection with *Mycobacterium avium* subsp. *paratuberculosis* (Paratuberculosis and Johne's disease)'

- Development of new Chapter 10.X. 'Infection with influenza A viruses of high pathogenicity and Infection with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences'

- Revision of Article 14.4.1. of Chapter 14.4. 'Infection with *Chlamydia abortus* (Enzootic abortion of ewes and ovine chlamydiosis)'

Items removed:

- All new and revised texts adopted at the 93rd General Session in May 2026

- Revision of Chapter 11.11. 'Trichomonosis'

- Development of new Chapter 11.X. on infection with bovine pestivirus (bovine viral diarrhoea)

- Revision of Chapter 14.8. 'Scrapie'

The Commission decided to remove the revision or development of Chapters 11.11. 'Trichomonosis', 11.X. 'Infection with bovine pestivirus (Bovine viral diarrhoea)' and 14.8. 'Scrapie' from its work programme, noting that no work had commenced on these items for an extended period. However, the Commission clarified that their removal does not preclude future action. Once relevant technical updates or new information become available, the Commission may reconsider their inclusion and prioritisation in the work programme.

In response to comments regarding whether to use 'Members' or 'Member Countries' throughout the *Terrestrial Code*, the Commission noted that this would be addressed by WOAH Headquarters and that any decision by the WOAH Assembly of Delegates would be systematically applied throughout all WOAH texts, including its international standards.

The Commission reminded Members that the order of prioritisation in the work programme reflected the level of priority agreed upon by the Commission taking into account an assessment of each item in terms of its importance, impact, resources, and information or data available as well as Member comments. Members are encouraged to continue commenting on new items, the items on the work programme, as well as the prioritisation of items at any time in the Commission's work cycle.

The Commission highlighted that the inclusion of an item in the work programme meant that the Commission had agreed on the need to undertake the work. The order of prioritisation aimed to provide a transparent guide to plan and organise the work of the Commission and the Secretariat. That said, the order of prioritisation used in the work programme might not always be aligned with the actual progress of each work item, as this would depend on the availability of information and resources, degree of complexity, and level of consultation, including consultations with experts, other Specialist Commissions and Members.

The Commission thanked Members and partners who submitted comments on work items at an early stage and encouraged all Members and partners to also review work items in the Commission's work programme that have not yet started or are in preparation, even those in priority 3 or 4. Members and partners are invited to submit comments for specific items, as well as available information, evidence, or data, including implementation approaches that could be taken into consideration once work commences.

The updated work programme is presented in Annex 4, for comments.

5. Texts circulated for comments and to be proposed for adoption in May 2027

The Commission discussed the following new or revised texts including texts which were circulated for comments in its February 2026 report or in its past reports and that will be proposed for adoption at the 94th General Session in May 2027.

5.1. User's Guide

Comments were received from Australia, Chile, Japan, Malaysia, New Zealand, the USA and the EU.

Background

At the 92nd General Session in May 2025, the proposed revised User's Guide was adopted unanimously. However, Members also raised concerns regarding the need for clarification of the case definitions and their interpretation in the User's Guide. The President of the Commission noted that the Commission would consider these and any new proposals from Members at its next meetings.

At its February 2026 meeting, the Commission reviewed the current User's Guide and amended it to provide clearer guidance for Members to enhance their understanding of the contents of the *Terrestrial Code*, as well as to address requests from Members regarding the clarification of case definitions in disease-specific chapters.

Discussion

The Commission considered comments on the User's Guide that was circulated in its February 2026 meeting report. The Commission's responses to the comments are presented in Annex 3.

During the discussion on the revision of Chapter 4.7 (see Item 6.1.), the Commission noted that, when applied together, the recommendations in Chapters 4.6 and 4.7 ensure the safe trade of semen. Consequently, the Commission agreed to insert this text into the User's Guide (point 4 of Section C) rather than in Chapter 4.7.

In response to a comment requesting clarification on the safety of processed products, such as heat-treated meat, the Commission reminded Members that when processed products are derived from commodities listed as 'safe commodities' (e.g. 'meat' is a safe commodity), they are also considered 'safe commodities'. The Commission added this explanation to point 5 b) of Section C in the revised User's Guide.

During the discussion on the revision of articles related to the incorporation of case definitions (see Items 5.7., 5.10. and 5.14.), the Commission reminded Members that the taxonomic terms used to describe animal hosts throughout the *Terrestrial Code*, particularly in disease-specific chapters, should be aligned with the table in Section D of the User's Guide.

However, the Commission noted that these broader taxonomic terms are sometimes less intuitive (e.g. bovids vs bovines) which may lead to misunderstanding among users who might not readily consult the User's Guide. To address this and improve user-friendliness, the Commission requested the Secretariat to explore technical options to clarify these references, such as inserting hyperlinks directly to Section D of the User's Guide at the first occurrence of such terms in each chapter.

The revised draft User's Guide is presented as Annex 5 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.2. Glossary

Comments were received from Canada, Chile, New Zealand and the EU.

'animal host'

Background

During the discussion on the clarification of 'animal host' vs. other susceptible animals, the Commission agreed to develop a new Glossary definition for 'animal host' to clarify the use of the term in the *Terrestrial Code*. The Commission drafted the definition at its September 2025 meeting and decided to share it, along with the categorisation of animals, with the Scientific Commission and the Biological Standards Commission for their input. At its February 2026 meeting, the Commission noted that the Scientific Commission and the Biological Standards Commission were in alignment with the proposed Glossary definition for 'animal host'.

Discussion

The Commission considered comments on the definition of 'animal host' that was circulated in its February 2026 meeting report. The Commission's responses to the comments are presented in Annex 3.

The Commission considered a comment proposing the deletion of the word 'significant' from the draft Glossary definition for 'animal host', citing concerns that the term introduced subjectivity. In response to this comment, since an animal's epidemiological role is scientifically evaluated by experts when both listing the disease and establishing case definitions for specific diseases, the Commission considered that the Glossary definition of 'animal host' should focus strictly on the animals in which infection or infestation defines a case to be notified to WOAH. Accordingly, the Commission agreed to delete the wording 'plays a significant role in the epidemiology of the disease' from the proposed definition to make it simpler and clearer.

Considering surveillance activities, the Commission reiterated that some animals that are not 'animal hosts' could be cited in the surveillance recommendations, notably sentinel animals. In some rare situations, in particular when they are the only indicator for public health concerns, such animals may also be considered 'animal hosts' although they do not play a significant role in the disease.

The draft Glossary definition for 'animal host' is presented as part of Annex 6 for comments and will be proposed for adoption at the 94th General Session in May 2027.

'notifiable disease' and 'notification'

Background

In its review of Chapter 1.1. 'Notification of disease and provision of epidemiological information', the Commission decided that clarification was also necessary for the relevant Glossary terms 'notifiable disease' and 'notification'. Consequently, the Commission proposed amendments to these definitions in parallel with the revision of Chapter 1.1., as well as with the harmonisation of the use of these terms throughout the *Terrestrial Code*.

Discussion

The Commission considered comments on 'notifiable disease' and 'notification' that were circulated in its February 2026 meeting report. The Commission's responses to comments are presented in Annex 3.

The revised Glossary definitions for 'notifiable disease' and 'notification' are presented as part of Annex 6 for comments and will be proposed for adoption at the 94th General Session in May 2027.

'rendering', 'rendered fat' and 'protein meal'

Background

At its February 2026 meeting, the Commission considered a request to develop Glossary definitions for 'rendered fats', 'hydrolysed protein' and 'feed-grade blood protein', and to revise the Glossary definition for 'protein meal'. The Commission highlighted that Glossary definitions in the *Terrestrial Code* should be limited to terms frequently used in the *Terrestrial Code* and for which standard dictionary definitions do not provide a correct understanding of their use in the *Terrestrial Code*. The definitions of processed commodities should include standardised production processes to avoid ambiguity. The Commission agreed to focus on the terms 'rendering', 'rendered fats' and 'protein meal' at this stage, and requested the Secretariat to put together a proposal with draft definitions including standard processing methods, as provided by global industry organisations where relevant.

Discussion

The Commission reviewed the draft definitions for 'rendering', 'rendered fat' and 'protein meal' alongside the Secretariat analysis of the supporting documents provided by WRO.

Regarding 'rendering', the proposed definition deliberately focuses on the functional outcomes and technical objectives of the rendering process, specifically moisture removal, fat extraction, and microbial load reduction, rather than prescribing rigid parameters such as temperature and time. This approach ensured technological neutrality across various rendering systems while recognising that rendering would achieve technical outcomes such as the effective physical separation of fats and the removal of moisture. The Commission refined the wording of the definition to reflect operational and technical realities more precisely. In particular, the definition of 'rendering' was revised to specify a controlled thermal treatment that may include the use of pressure or chemicals, while carefully distinguishing it from processes such as hydrolysis.

Regarding 'rendered fat', the Commission considered the draft definition proposed by the WRO. The Commission agreed to remove the physical descriptors ('solid, greasy or liquid') on the grounds that defining the product as being predominantly composed of lipids sufficiently encompassed all its physical states. Furthermore, the Commission agreed to omit the specific reference to 'hydrolysis', noting that thermal and chemical treatments facilitating fat separation are already encompassed within the overarching definition of 'rendering', and that referencing 'rendering' ensures consistency with the definition of 'protein meal' while avoiding ambiguity.

The Commission also harmonised the corresponding draft definitions for 'protein meal'.

The revised Glossary definitions for 'rendering', 'rendered fat' and 'protein meal' are presented as part of Annex 6 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.3. Chapter 1.1. Notification of diseases and provision of epidemiological information

Comments were received from Argentina, Australia, Canada, China (People's Rep. of), Korea (Rep. of), New Zealand, Norway, Switzerland, the UK, the USA and the EU.

Background

At its September 2024 and February 2025 meetings, the Commission reviewed provisions in Chapter 1.1. 'Notification of diseases and provision of epidemiological information' with a view to incorporating the work undertaken on animal hosts and addressing areas of ambiguity regarding Member notification obligations, in particular concerning the 'stability' of events.

Since its September 2025 meeting, the Commission has discussed proposed revisions with the Aquatic Animals Commission so that work on the respective revisions of Chapter 1.1. of the *Terrestrial Code* and Chapter 1.1. of the *Aquatic Code* could progress in parallel to ensure consistency. At its February 2026 meeting, the Commission agreed to circulate the revised Chapter 1.1. for comments, after discussion with the Aquatic Animals Commission.

Discussion

The Commission considered comments on Chapter 1.1. 'Notification of diseases and provision of epidemiological information' that was circulated in its February 2026 meeting report. The Commission's responses to the comments are presented in Annex 3.

At this meeting, the amendments proposed by the Commission and the Aquatic Animals Commission were also discussed as part of the Bureaux meeting agenda (see Item 3.3.).

The Commission considered a comment on modifying the current approach to the notification of information to WOAH from 'event' level to 'outbreak' level. The Commission reminded Members that an event is clearly defined in the chapter and considered that notification of information at the event level is necessary because it provides an event-based descriptive epidemiology that accurately describes the disease situation and its evolution in a country, zone, or compartment.

The Commission considered a comment suggesting a review of the benefit of submitting follow-up reports following an immediate notification as per Articles 1.1.3 and 1.1.4. The Commission considered that this requirement was necessary to provide accurate up-to-date information on the disease situation even in the absence of changes in the epidemiological situation. The Commission reminded Members that WAHIS currently offers a feature to submit 'no-evolution' follow-up reports, which allows Members to submit these reports without having to provide additional information.

The Commission deleted the text 'following the final report that declared the last event ended' in points 1b and 1d of Article 1.1.3. considering that eradication could also be achieved for diseases for which the situation had been historically stable and reported only in six-monthly reports. In these cases, Members would never have submitted an event to WOAH in accordance with point 1 of Article 1.1.3. and therefore, the proposed text was not appropriate.

The Commission made further editorial amendments to several articles to improve clarity and readability. The Commission also made editorial amendments to harmonise the text with that in the revised Chapter 1.1. of the *Aquatic Code* as discussed with the Aquatic Animals Commission. The Commission proposed Members to review the revised chapter, alongside the corresponding item in the *Aquatic Animals Commission* report.

The revised Chapter 1.1. 'Notification of diseases and provision of epidemiological information' is presented as Annex 7 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.4. Procedures for official recognition of animal health status, endorsement of an official control programme, and publication of a self-declaration of animal health status, by WOAH (Chapter 1.6.)

Comments were received from Australia, Chile, Korea (Rep. of), New Zealand, Norway, Switzerland, the UK and the EU.

Background

At its February 2023 meeting, the Commission developed a new Article 1.6.4. to clarify that holding a pathogenic agent, isolated or in an infected animal in a laboratory with an appropriate level of containment and biosecurity in accordance with the *Terrestrial Manual* such as for a diagnostic reference, vaccine, antigen bank or infection study, would not impact the animal health status of a free country or zone.

Further amendments were subsequently proposed by the Commission to improve the clarity of the text concerning the official recognition of animal health status and associated procedures. At its February 2026 meeting, the Commission requested the Secretariat to review provisions from the disease-specific chapters pertaining to official status recognition for incorporation into Chapter 1.6. The chapter was also circulated for Member comments.

Discussion

The Commission considered comments on Chapter 1.6. 'Procedures for official recognition of animal health status, endorsement of an official control programme, and publication of a self-declaration of animal health status, by WOAH' that was circulated in its February 2026 meeting report. The Commission's responses to the comments are presented in Annex 3.

The Commission discussed a comment requesting that transparent criteria for determining which diseases are subject to official status recognition be elaborated in Chapter 1.6. The Commission agreed with the Scientific Commission that such criteria should be developed. The Commission requested the Secretariat to work on this topic through a cross-Commission taskforce and to report back at its next meeting in February.

Some Members also supported the idea of consolidating official status procedures within Chapter 1.6. The Commission noted the current plan was to review and update procedural aspects of Chapter 1.6., so that the disease-specific questionnaires in Chapters 1.7. to 1.12. could be deleted, given they did not comprise standards. The Commission also reiterated its position from September 2025 and February 2026, in response to Member concerns, that: 'Any future consideration of removing questionnaires from the *Terrestrial Code* would require first establishing a mechanism, agreed upon by Members, that assures transparency in the revision process'. The Commission further confirmed that the relevant assessment methodologies for official status recognition would remain subject to Members' oversight. The Commission agreed with the Scientific Commission regarding the recommendation convening a dedicated *ad hoc* Group to review the assessment process as well as the reconfirmation process to determine the scope, frequency, type and amount of information that should be submitted by Members undergoing these processes.

The Commission reviewed changes to Chapter 1.6. that were drafted by the Secretariat as requested at its February 2026 meeting. The Commission revised the title of Article 1.6.1. to remove the reference to only an 'application' for official status, as the scope of the article had been expanded. Articles 1.6.1. and 1.6.2. were combined to provide a logical flow for the procedures to request official status and maintain that status. The Commission revised text that was formerly in Article 1.6.2. to provide more general guidance on the information that would need to be submitted by a Member for reconfirmation of official status, in order to be consistent with future changes that might take place in the reconfirmation process. Text that was formerly in Article 1.6.2. was also amended based on Member comments as indicated in Annex 3.

The Commission reviewed a new Article 1.6.X., 'Suspension and recovery of official recognition of an animal health status and withdrawal of endorsement of an official control programme by WOAH', drafted by the Secretariat. This article incorporated provisions from former Article 1.6.2. on the recovery of a suspended status following the occurrence of a disease and also addressed how to recover status if it was suspended for reasons other than the occurrence of a disease.

The Commission also reviewed new Article 1.6.Y. 'Establishment of a containment zone following suspension of an official animal health status' drafted by the Secretariat based on the draft article on a containment zone that had been proposed by the *ad hoc* Group working on Chapters 4.4. 'Designating Subpopulations of Animals' and Chapter 4.Y. 'Application of zoning', and the corresponding provisions in the disease-specific chapters on official animal health status. The Commission and the Scientific Commission agreed that the term 'containment zone' would only be used in reference to diseases for which WOAH grants official status, as a tool to allow Members to more quickly regain their country official status after an incursion of a disease. The Commission revised the definition to clarify that a containment zone would be defined as a control zone approved by WOAH. For other listed diseases for which WOAH does not grant official animal health status, the equivalent zoning terminology would be a 'control zone' (see Item 4.1.1.).

The Commission noted that following adoption of this new article in Chapter 1.6., the articles on containment zones in the disease-specific chapters of listed diseases for which WOAH grants an official status, would be removed. In all other disease-specific chapters, all existing references to 'containment zone' would be replaced with 'control zone'. The Commission requested that the *ad hoc* Group mentioned above, review in parallel the article on control zone in Chapter 4.Y. and the article on containment zone in Chapter 1.6. at its next meeting.

The Commission reviewed new Article 1.6.Z. 'Establishment of a protection zone within a country or zone with an official animal health status', drafted by the Secretariat. This new article contained some provisions from the relevant disease-specific chapters. The Commission discussed the potential for confusion if there were two different sets of requirements for protection zones, one for diseases for which WOAH granted official animal health status, and one for diseases with self-declared status. The Commission noted that this article did not differ substantially from the article on protection zones that had been drafted by the *ad hoc* Group on zoning as part of new Chapter 4.Y. The Commission requested that this *ad hoc* Group review both articles on protection zones (i.e. under Chapter 4.Y. and Chapter 1.6.) in parallel to avoid duplication. The Commission will further consider the need for the protection zone article in Chapter 1.6. at its February 2027 meeting, after the work of the *ad hoc* Group.

The Commission clarified that detailed provisions on containment zones and protection zones in relation to officially recognised animal health status are not included in the version of Chapter 1.6. circulated with this report for Member comments. These provisions will be further developed in conjunction with the ongoing work on Chapter 4.Y. (see Item 4.1.1.) and considered for further inclusion in Chapter 1.6. at the next meeting of the Commission in February 2027.

In the first paragraph of Article 1.6.3., the Commission added some points for clarity. In the first sentence, it deleted 'or another animal disease', as the Commission agreed that Member self-declarations of disease freedom for non-listed diseases should not be addressed or published by WOAH. These self-declarations should be evaluated and accepted on a bilateral basis.

In the third paragraph of Article 1.6.3., the Commission made an addition to clarify that WOAH Headquarters would screen self-declaration submissions for completeness prior to making them public.

In the fourth paragraph of Article 1.6.3., the Commission edited the paragraph to better explain the procedure when a Member loses its self-declared status, and how it could self-declare free status again once it determined that its status has been recovered.

The fifth paragraph of Article 1.6.3. was deleted as the information was moved to the first paragraph.

The revised Chapter 1.6. 'Procedures for official recognition of animal health status, endorsement of an official control programme, and publication of a self-declaration of animal health status, by WOAH' is presented as Annex 8 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.5. Emergency Management (New Chapter 3.X.)

Comments were received from Australia, Canada, Chile, China (People's Rep. of), Korea (Rep. of), Malaysia, New Zealand, Norway, the UK, the USA and the EU.

Background

At the 89th General Session, in 2022, Resolution No. 28 on emergency management recommended that WOAH international standards address emergency management. At its September 2023 meeting, the Commission agreed with the proposal and terms of reference from WOAH Headquarters to develop a standard on emergency management for the *Terrestrial Code*.

At subsequent meetings, the Commission reviewed the reports of the *ad hoc* Group on emergency management, which met in June 2024, December 2024 and June 2025 to draft a new Chapter 3.X. 'Emergency Management'. The Commission provided advice for the consideration of the *ad hoc* Group, including the need to highlight the role,

responsibility, and leadership of Veterinary Services, to ensure consistency in the terminology used throughout the chapter, and to define terms where this would promote a better understanding of the chapter.

Discussion

The Commission considered comments on Chapter 3.X. 'Emergency management' that was circulated in its February 2026 meeting report. The Commission's responses to comments are presented in Annex 3.

The revised draft Chapter 3.X. 'Emergency management' is presented as Annex 9 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.6. New Chapter 5.X. Recommendations for international veterinary certification and export and import procedures

Comments were received from Australia, China (People's Rep. of), Chinese Taipei, Korea (Rep. of), New Zealand, the UK, the USA and the EU.

Background

At the Bureaux meeting of the Code and Aquatic Animals Commissions in September 2024, it was agreed that an introductory chapter for Section 5 should be developed collaboratively, aiming to harmonise the introductory chapters given the similarities between Sections 5 of the *Aquatic Code* and the *Terrestrial Code*. The Commissions agreed to establish a task force consisting of representatives from each Commission to draft the introductory chapter to Section 5.

In February 2026, the Bureaux reviewed the revised draft chapter, made some amendments, and circulated the aquatic and terrestrial versions of the chapter for Member comments.

Discussion

The Code Commission reviewed the Member comments that were received on the draft introductory Chapter 5.X. that was circulated in its February 2026 meeting report. At the Bureaux meeting of the Code and Aquatic Animals Commissions, the Bureaux harmonised some responses to Member comments and agreed on some areas where the draft chapters would differ. The Commission's responses to the comments are presented in Annex 3.

The draft Chapter 5.X. 'Recommendations for international veterinary certification and export and import procedures' is presented as Annex 10 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.7. Article 8.1.1. of Chapter 8.1. Infection with *Bacillus anthracis* (Anthrax)

Background

At its February 2026 meeting, the Commission reviewed the draft case definitions for 'anthrax', 'chlamydia abortus' and 'paratuberculosis' developed by experts and reviewed by the Scientific Commission and the Biological Standards Commission at their respective meetings in February 2025 or September 2025. The Commission requested the Secretariat to prepare draft revised chapters to incorporate the case definitions.

Discussion

The Commission considered the draft revised Article 8.1.1. of Chapter 8.1. 'Infection with *Bacillus anthracis* (Anthrax)', consisting of the case definition, alongside the opinions of the experts, the Biological Standards Commission and the Scientific Commission.

The Commission agreed with the proposed revised Article 8.1.1., including the specification of animal hosts, pathogenic agents and criteria for defining a case for clarity for Members in their obligation to notification through WAHIS. In particular, under the criteria for the detection of antigen or nucleic acid specific to *B. anthracis*, the Commission agreed to add the clause 'including being within an area of known historical anthrax contamination' to better reflect specific epidemiological characteristics of the disease. Furthermore, the Commission agreed to update the chapter title from 'Anthrax' to 'Infection with *Bacillus anthracis* (Anthrax)' in accordance with the standard disease naming convention.

The Commission highlighted that the current purpose of revising this chapter was strictly limited to Article 8.1.1. and particularly the incorporation of a clear case definition. Consequently, the Commission decided not to introduce amendments to the subsequent articles at this stage. The Commission noted that revisions outside the scope of the case definition would be considered in the future when the whole chapter is revised. On this basis, the Commission decided to propose only the revised Article 8.1.1. for adoption at the next General Session.

In addition, the Commission agreed to amend the name of the listed disease in Chapter 1.3. from 'Anthrax' to 'Infection with *Bacillus anthracis* (Anthrax)'. The Commission decided to propose this amendment to Chapter 1.3. closer to the adoption of the new draft Article 8.1.1.

The revised Article 8.1.1. of Chapter 8.1. 'Infection with *Bacillus anthracis* (Anthrax)' is presented as Annex 11 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.8. Article 8.8.13 and new Article 8.8.33bis of Chapter 8.8. Infection with foot and mouth disease virus

Comments were received from Brazil, Chile, Chinese Taipei, Japan, Korea (Rep. of), Mexico, New Zealand, Switzerland, the EU and the GAPFA.

Background

When revising Chapter 8.8. 'Infection with foot and mouth disease virus' in September 2022, the Commission considered a comment proposing the inclusion of 'gamma-irradiated foetal bovine serum' in the list of safe commodities in Article 8.8.2. The Commission was informed that industry advice had indicated that 'gamma irradiation' was not a standard step in the manufacturing process for this commodity but rather an additional treatment applied to address potential risks of transmission of foot and mouth disease virus (FMDV) and other pathogenic agents. After considering the information provided from industry, the Commission agreed not to include this commodity as a safe commodity in Article 8.8.2. but to draft a new Article 8.8.33bis. 'Recommendations for importation of fetal bovine serum from countries or zones infected with FMDV'.

Furthermore, in response to a request from the Scientific Commission regarding the discrepancy between point 4 of Article 8.8.13. and point 4 of Article 8.8.14., the Commission had deleted point 4 of Article 8.8.13.

Discussion

The Commission considered comments on Articles 8.8.13. and 8.8.33bis. of Chapter 8.8. 'Infection with foot and mouth disease virus' that were circulated in its February 2026 meeting report. The Commission's responses to the comments are presented in Annex 3.

In Article 8.8.13., the Commission reiterated its rationale that in the context of importation from a country or zone free from FMD without vaccination it was not necessary to subject previously vaccinated animals to NSP serological testing, as any potential risk would have already been mitigated by the relevant measures required to gain the animal health status of the country or zone of origin or to import the animals in that country. The Commission therefore considered that additional NSP serological testing was not warranted in this article.

The revised draft Articles 8.8.13. and 8.8.33bis. of Chapter 8.8. 'Infection with foot and mouth disease virus' are presented as Annex 12 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.9. Chapter 8.10. Infection with Japanese encephalitis virus (Japanese encephalitis)

Comments were received from Australia, Canada, Korea (Rep. of), New Zealand, the EU and the GAPFA. [comment received in response to February 2026 report]

Background

At its February 2025 meeting, the Commission considered the November 2024 report of the *ad hoc* Group on the Revision of Chapter 8.10. together with the opinion of the Scientific Commission and made some amendments to the revised draft chapter and circulated the revised chapter for comments. At its February 2026 meeting, the Commission agreed to seek expert advice on the specific comment regarding the risks of recognising a country or zone as free from Japanese encephalitis solely based on suid infection status. The Commission also requested advice from experts regarding the specific surveillance protocols required to support a declaration of freedom in suids. Due to the fundamental nature of these issues, the Commission decided not to circulate the revised chapter pending receipt and consideration of expert advice.

Discussion

The Commission considered comments on Chapter 8.10. 'Infection with Japanese encephalitis virus (Japanese encephalitis)' that was circulated in its September 2025 meeting report. The Commission's responses to the comments are presented in Annex 3.

The Commission considered the Scientific Commission's opinion to reinstate 'equids' as 'animal hosts' (i.e. requiring WOAH notification as per draft definition), but noted that, as equids act solely as dead-end hosts and do not develop sufficient viraemia to effectively transmit infection, they should only be considered for surveillance purposes and not 'animal hosts'. In the epidemiology of Japanese encephalitis, only suids have been already established as domestic animal hosts driving transmission. Furthermore, reinstating equids as animal hosts would impose mandatory notification requirements on Members, raising concerns regarding unwarranted trade barriers and disruptions, as previously experienced. Consequently, the Commission decided that equids should remain excluded as animal hosts, whilst their utility as sentinel animals continues to be acknowledged where appropriate, including in the descriptive first paragraph of Article 8.10.1.

Regarding blood and blood products derived from suids, the Commission agreed with expert advice that these commodities did not meet the criteria for classification as safe commodities under Chapter 2.2. of the *Terrestrial Code*. Documented human infections with Japanese encephalitis virus (JEV) via blood transfusion and organ transplantation, alongside the presence of infectious virus in the bloodstream of suids during viraemia, substantiated the biological plausibility of transmission. Evidence demonstrating vector-free transmission among pigs further supported the potential for transmission associated with untreated blood products. Consequently, blood failed the criterion of inherent safety. Moreover, whilst efficacious virus inactivation technologies exist, they are neither universally standardised nor mandatory across all commercially traded animal blood products, precluding the broad category from being deemed a safe commodity.

Nevertheless, recognising that specific, validated thermal treatments (such as treatment at a minimum of 56°C for at least 10 minutes) would reliably inactivate the virus in defined commodities, the Commission proposed to introduce a dedicated new article outlining specific import recommendations, for blood and blood products derived from suids, providing for either an origin from a JE-free country, zone or compartment, or a heat treatment irrespective of the JE status of the country or zone of origin.

The Commission decided to amend the structure of Article 8.10.3. to align with the decision taken during the revision of Chapter 11.9. (see Item 5.12.). Specifically, historical freedom was placed as the first option, followed by the other pathways to demonstrate freedom.

The Commission reviewed expert advice regarding the risks of recognising a country or zone as JE-free solely based on suid infection status. The Commission agreed to restrict the scope of free status to 'domestic and captive wild suids'. As highlighted by the experts, while the broad category of animal hosts inherently encompasses all suids, demonstrating freedom within feral and wild suid populations in environments where JEV circulated amongst wild bird reservoirs was not practically feasible. Consequently, to establish a realistic standard that could be applied and assessed by Members, the scope of the animal health status was confined to populations maintained under human management.

In conjunction with this, the Commission addressed the conditions under which Members may declare or maintain free status in domestic and captive wild suids despite ongoing JEV circulation in wildlife (i.e. wild birds and wild suids), capturing this in new point 2) d). Although the Scientific Commission recommended deleting this provision, arguing that demonstrating such containment across an entire country or zone in the presence of wild reservoirs and competent vectors would be excessively challenging, the Commission concurred with the experts' rationale that JEV circulation in wild birds did not necessarily indicate spillover into domestic production systems managed under strict biosecurity, and considered the provision important to retain to prevent unwarranted trade restrictions.

Regarding Article 8.10.4. 'Compartment free from infection with JEV in suids', the Commission decided to retain the term 'suids' rather than harmonising it with the revised wording 'domestic and captive wild suids' introduced in Article 8.10.3. The Commission noted that by definition under Chapters 4.4. and 4.5. of the *Terrestrial Code*, a compartment inherently applies to an animal subpopulation kept under a strict, documented biosecurity management system. As feral or wild suids cannot, by their nature, form part of a compartment, hence specifying 'domestic and captive wild' in this context was redundant.

Regarding Article 8.10.4bis 'Country or zone infected with JEV in suids', the Commission amended the text to clarify that a country or zone is considered infected when the requirements for freedom set out in Article 8.10.3. are not met.

Regarding Article 8.10.9. 'Surveillance for JE', the Commission reviewed the recommendations from experts alongside feedback from the Scientific Commission, and agreed to introduce a new point 7 detailing specific considerations required to substantiate freedom from infection with JEV in domestic and captive wild suids. Whilst the Commission supported the Scientific Commission's view that broad, generic text on surveillance design and statistical principles should not be added to avoid duplicating Chapter 1.4., the Commission did not agree with the deletion of disease-specific technical provisions. The Commission concluded that targeted guidance addressing the inherent epidemiological limitations of JEV in suids and recommending risk-based approaches based on ecological factors (such as wetlands, migratory bird habitats, and seasonal vector activity) would provide essential value for Members, and agreed to incorporate these elements into the article.

The revised Chapter 8.10. 'Infection with Japanese encephalitis virus (Japanese encephalitis)' are presented as Annex 13 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.10. Chapter 8.14. Infection with *Mycobacterium avium* subsp. *paratuberculosis* (Paratuberculosis and Johne's disease)

Background

At its February 2026 meeting, the Commission reviewed the draft case definitions for 'anthrax', 'chlamydia abortus' and 'paratuberculosis' developed by experts and reviewed by the Scientific Commission and Biological Standards Commission at their respective February 2025 or September 2025 meeting. The Commission requested the Secretariat to prepare draft revised chapters to incorporate the case definitions.

Discussion

The Commission considered the draft revised Chapter 8.14. 'Infection with *Mycobacterium avium* subsp. *paratuberculosis* (Paratuberculosis and Johne's disease)', consisting of the case definition, alongside the opinions of the experts, the Biological Standards Commission and the Scientific Commission.

The Commission agreed with the proposed revised Chapter 8.14., which consisted of a single article specifying the pathogenic agent, animal hosts, and criteria for defining a case. The Commission discussed the rationale for these unique case definition criteria, particularly noting that the mere isolation and identification of *M. avium* subsp. *paratuberculosis* in a sample from an animal host was insufficient on its own to confirm a case of this disease, due to the environmental persistence of the pathogen and the possibility of transient gastrointestinal passage and shedding without actual infection. Consequently, to confirm a case, the criteria require that the isolation and identification of the agent be further supported by clinical signs, histological lesions, detection of specific antibodies, or an epidemiological link to a confirmed case.

In reviewing the drafting, the Commission made several editorial and structural amendments to ensure clarity across the options, specifically refining the clauses (including the insertion of connecting phrasing such as 'or which are epidemiologically linked') to clearly distinguish the alternative combinations of diagnostic and epidemiological requirements.

The Commission noted that the present scope of the revision was focused on establishing the case definition for clarity for Members in their obligation to notify through WAHIS, and that effective management of this disease was challenging due to difficulties with diagnosis, carriers, environmental persistence and a long incubation period. On this basis, the Commission decided to propose at this stage the revised Chapter 8.14. as a single article with its case definition for adoption at the next General Session.

In addition, the Commission agreed to amend the name of the listed disease in Chapter 1.3. from 'Paratuberculosis' to 'Infection with *Mycobacterium avium* subsp. *paratuberculosis* (Paratuberculosis and Johne's disease)'. The Commission decided to propose this amendment to Chapter 1.3. closer to the adoption of the new draft Chapter 8.14.

The revised Chapter 8.14. 'Infection with Mycobacterium avium subsp. paratuberculosis (Paratuberculosis and Johne's disease)' is presented as Annex 14 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.11. Article 10.9.3. of Chapter 10.9. Infection with Newcastle disease virus

Comments were received from Argentina, Australia, Brazil, Canada, Chile, Korea (Rep. of), the USA, the EU and the GAPFA.

Background

The Commission considered comments received on Article 10.9.3. of Chapter 10.9. 'Infection with Newcastle disease virus'. Members had requested that the Commission consider reducing the time required to recover free status for Newcastle disease from three months to 42 days. They also requested consideration of whether the incubation period could be shorter than 21 days.

The Secretariat referred these questions to experts for consideration. The experts considered that the incubation period should remain at 21 days, as in some avian species the incubation period might be longer than 14 days, or clinical signs could be minimal. The experts took into consideration the extensive use of vaccination for Newcastle disease, and the stability of the virus in the environment. Therefore, they recommended that the incubation period remain at 21 days; however, they agreed that the time needed to recover free status could be reduced to 42 days.

Discussion

The Commission reviewed the Member comments received on the draft Article 10.9.3. of Chapter 10.9. 'Infection with Newcastle disease virus' that was circulated in its February 2026 meeting report. The Commission's responses to the comments are presented in Annex 3.

Given the repeated requests from Members for changes to Article 10.9.3., and the support received for the proposed amendment, the Commission decided to propose this limited amendment for comment and adoption at the next General Session, noting that a broader revision of Chapter 10.9. is already included in its work programme. The Commission further noted that the ongoing revisions of the Glossary definition of 'poultry' and of the Chapter 10.4. will be taken into consideration in the broader revision of Chapter 10.9.

The revised draft Article 10.9.3. of Chapter 10.9. 'Infection with Newcastle disease virus' is presented as Annex 15 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.12. Chapter 11.9. Infection with lumpy skin disease virus

Comments were received from Australia, Canada, China (People's Rep. of), Chinese Taipei, Japan, Korea (Rep. of), New Zealand, the UK, the USA, the EU and the GAPFA.

Background

At its September 2025 meeting, the Commission circulated draft amendments to Chapter 11.9. 'Infection with lumpy skin disease virus' for Member comments, taking into account amendments proposed by the *ad hoc* Group on sheep and goat pox to align the chapter with Chapter 14.9., the opinion of the Scientific Commission, and additional clarification received from subject matter experts.

The Commission also requested the Secretariat to seek expert opinion on provisions related to freedom from lumpy skin disease (LSD), including the duration of the period required following the cessation of vaccination during which surveillance is required to demonstrate the absence of cases for a country or zone to be free as well as to recover freedom.

Discussion

The Commission considered comments on Chapter 11.9. 'Infection with lumpy skin disease virus' that was circulated in its February 2026 meeting report. The Commission's responses to comments are presented in Annex 3.

In response to a comment proposing the inclusion of an overarching introductory provision to specify ante- and post-mortem inspection for all relevant commodities, the Commission considered that such a broad recommendation should not be addressed within this disease-specific chapter. Instead, the Commission agreed that this horizontal issue would be more appropriately addressed in Chapter 6.3. 'Control of biological hazards of animal health and public health importance through ante- and post-mortem meat inspection', as it pertains to general principles applicable to international trade in meat and meat products rather than specific provisions for LSD and agreed to incorporate this item into its work programme. It was noted that the use of wild harvested animals for meat and meat products may need special consideration in this context.

In response to a comment proposing the addition of recommendations for importation of fetal bovine serum, the Commission requested the Secretariat to seek advice from experts, providing them with the draft Article 8.8.33bis. of FMD chapter for their consideration.

In response to a comment proposing the restructuring of the pathways for country or zone freedom from LSD in Article 11.9.3., the Commission agreed to list the historically free status as the first option, followed by the options to demonstrate freedom. The Commission also agreed to apply this revised structure as a standard template to other disease-specific chapters when they are revised.

In response to comments regarding the discrepancy between the 28-day incubation period and the 30-day period specified in certain provisions, the Commission noted that the 30-day timeframe had originally incorporated a practical buffer. However, for clarity and consistency, the Commission decided to use '28 days' where the period related to the defined incubation period (or 56 days for twice the incubation period), and 'four weeks' where it related to a post-vaccination waiting period to allow sufficient immunity to develop.

The Commission proposed the inclusion of a new article (Article 11.9.4bis.) defining an infected country or zone for LSD.

The Commission added text to point 3) b) of Article 11.9.6. to clarify the timing of testing, ensuring that any infection acquired immediately prior to entering the quarantine centre would be reliably detected.

The Commission considered the draft surveillance articles prepared by experts, alongside the opinion of the Scientific Commission. The Commission agreed with the four proposed articles, covering 'principles of surveillance', 'surveillance for early warning', 'surveillance for demonstrating freedom', and 'prevention and control programmes', and agreed to replace the current Article 11.9.15. with these new provisions.

The revised draft Chapter 11.9. 'Infection with lumpy skin disease virus' is presented as Annex 16 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.13. Chapter 12.11. Infection with I-AB and I-C variants of Venezuelan equine encephalitis virus (Venezuelan equine encephalomyelitis)

Comments were received from Argentina, Canada, China (People's Rep. of), Mexico, New Zealand, the UK, the USA, Uruguay, the EU and the GAPFA.

Background

In the process of revising the equine encephalitis chapters, the Commission considered the *ad hoc* Group report on the revision of Chapter 12.11. 'Venezuelan equine encephalomyelitis' (April 2025) and the revised draft Chapter 12.11. 'Infection with Venezuelan equine encephalitis virus (Venezuelan equine encephalomyelitis)' together with the opinions of the Scientific Commission.

Regarding commodities such as meat and germinal products that were assessed as not meeting the criteria of safe commodities, the Commission requested the Secretariat to seek expert advice on what provisions would be needed for the safe importation of these commodities and to report back to the Commission at its next meeting. Although the Commission requested expert advice on recommendations for the importation of certain commodities, it agreed to circulate the revised Chapter 12.11. for comments and to add these provisions at a later stage.

Discussion

The Commission considered comments on Chapter 12.11. 'Infection with I-AB and I-C variants of Venezuelan equine encephalitis virus (Venezuelan equine encephalomyelitis)' that was circulated in its February 2026 meeting report. The Commission's responses to comments are presented in Annex 3.

The Commission was updated on experts' input and the Scientific Commission's opinion regarding risk mitigation measures for the importation of meat. Although the experts had initially recommended trade provisions for the importation of meat because of viraemia, the Commission agreed with the Scientific Commission and concluded that such measures were unnecessary. The Commission indeed noted that Venezuelan equine encephalomyelitis is primarily a vector-borne disease, therefore animal hosts transmit the pathogenic agent to vectors during viraemia. Even if the virus were present in tissues during viraemia, there is no natural exposure route by which meat would transmit infection. Therefore, the Commission concluded that equine meat met the criteria to be considered as a safe commodity.

The Commission was also updated on experts' input and the Scientific Commission's opinion regarding risk mitigation measures for the importation of germinal products, including semen, oocytes, and embryos. While acknowledging that direct natural transmission remained largely theoretical, the Commission noted that acute viraemia could potentially lead to contamination of reproductive tissues or seminal shedding. Consequently, rather than categorising these products as safe commodities, the Commission decided to include two distinct articles, drafted by experts and amended by the Commission, one for semen and one for oocytes and embryos. These draft articles require that donor animals originate from a free country, zone or compartment, or remain free from clinical signs of the disease for a defined observation period prior to and following collection. Regarding the residency requirements for donor animals, the Commission agreed to set the duration at 14 days, explicitly reflecting twice the incubation period of seven days, alongside a requirement that animals show no clinical signs of the disease for seven days before and seven days after collection.

The Commission decided to amend the structure of Article 12.11.3. to align with the decision taken during the revision of Chapter 11.9. (see Item 5.12.). Specifically, historical freedom was placed as the first option, followed by the other pathways to demonstrate freedom.

The revised draft Chapter 12.11. 'Infection with I-AB and I-C variants of Venezuelan equine encephalitis virus (Venezuelan equine encephalomyelitis)' is presented as Annex 17 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.14. Article 14.4.1. of Chapter 14.4. Infection with Chlamydia abortus (Enzootic abortion of ewes and Ovine chlamydiosis)

Background

At its February 2026 meeting, the Commission reviewed the draft case definitions for 'anthrax', 'chlamydia abortus' and 'paratuberculosis' developed by experts and reviewed by the Scientific Commission and Biological Standards Commission at their respective February 2025 or September 2025 meetings. The Commission requested the Secretariat to prepare draft revised chapters to incorporate the case definitions.

Discussion

The Commission considered the draft revised Article 14.4.1. of Chapter 14.4. 'Infection with *Chlamydia abortus* (Enzootic abortion of ewes and ovine chlamydiosis)', consisting of the case definition, alongside the opinions of the experts, the Biological Standards Commission and the Scientific Commission.

Regarding the criteria where antigen, nucleic acid or antibody specific to *Chlamydia abortus* is detected, the Commission agreed to remove the reference to suspected cases to refer strictly to an epidemiological link to 'a case'. The Commission noted the experts' advice that the clinical signs of this disease were highly non-specific and associated with numerous differential diagnoses. Consequently, establishing an epidemiological link to an unconfirmed or suspected case would not provide sufficient confidence to confirm a case.

In addition, the Commission agreed to delete the paragraph regarding transmission of infection in susceptible animals and risk factors, as it would not align with the current framework of the disease-specific chapters. The Commission considered that this information, as mentioned in the last paragraph of the article, should be provided in the *Terrestrial Manual*.

The Commission highlighted that the current purpose of revising this chapter was limited to incorporating the case definition for clarity for Members in their obligation to notify through WAHIS and no amendments to other articles were being considered at this stage. The Commission noted that revisions outside the scope of the case definition would be considered in the future when the whole chapter is revised. On this basis, the Commission decided to propose the revised Article 14.4.1. for adoption at the next General Session.

The revised Article 14.4.1. of Chapter 14.4. 'Infection with Chlamydia abortus (Enzootic abortion of ewes and Ovine chlamydiosis)' is presented as Annex 18 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.15. Chapter 14.9. Infection with sheeppox virus (Sheeppox) and goatpox virus (Goatpox)

Comments were received from Australia, China (People's Rep. of), Korea (Rep. of), New Zealand, Switzerland, Thailand, the UK, the USA, the EU and the GAPFA.

Background

At its September 2025 meeting, the Commission circulated draft amendments to Chapter 14.9. 'Infection with sheeppox virus (sheeppox) and goatpox virus (goatpox)' for Member comments following consideration of the work of the *ad hoc* Group on Sheep and goat pox, which met in November 2024, the opinion of the Scientific Commission and additional clarification received by experts.

At its February 2026 meeting, the Commission considered comments received and made changes throughout where relevant, including changes to align the chapter with some proposed changes to Chapter 11.9. The Commission requested the Secretariat to seek expert opinion on the processes that would address the risk associated with skins of sheep and goats and the feasibility of incorporating molecular biology approaches in surveillance.

Discussion

The Commission considered comments on Chapter 14.9. 'Infection with sheeppox virus (Sheeppox) and goatpox virus (Goatpox)' that was circulated in its February 2026 meeting report. The Commission's responses to comments are presented in Annex 3.

The Commission agreed to delete the second paragraph of Article 14.9.4. The Commission noted that the provision in this paragraph was obvious and its deletion aligned with the current approach of streamlining the *Terrestrial Code* by removing redundant clauses.

The Commission made editorial amendments to Article 14.9.10. to align with Chapter 11.9. for clarity. The Commission clarified that the term 'four weeks' was used when referring to the period required for the development of protective immunity conferred by vaccination plus one additional week. In contrast, periods expressed in days related to the disease's incubation period and the timeframe required for viraemia or serological responses to be reliably detected for testing purposes. While these timeframes are numerically similar, the Commission agreed to use distinct expressions to reflect the different scientific and epidemiological considerations underpinning these provisions.

In response to a comment received at its February 2026 meeting regarding the survival of sheeppox and goatpox viruses in scabs and the efficacy of drying treatments applied to skins, the Commission noted advice received from WOAH Reference Laboratory experts. The experts highlighted that scientific data on specific inactivation parameters remain extremely limited and that the current provisions for skins appear to be conservative. The Commission considered that, in combination with ante- and post-mortem inspection in accordance with Chapter 6.3., the specified treatments provide sufficient risk mitigation. To further address concerns regarding the persistence of the viruses in scab lesions, the Commission amended point 2 a) of Article 14.9.19. to explicitly require that skins show no visual evidence of scabs.

In response to a comment received at its February 2026 meeting recommending the inclusion of molecular biology approaches in surveillance, the Commission considered advice received from WOAH Reference Laboratory experts. The experts affirmed the practical relevance of molecular testing, particularly for differentiating among capripoxviruses and distinguishing between vaccine and wild-type strains in vaccinated populations. The Commission agreed with this recommendation and proposed alternative wording in point 2 of Article 14.9.22. to incorporate molecular testing methods as a component or extension of virological surveillance.

In addition, the Commission agreed to amend the name of the listed disease in Chapter 1.3. from 'Sheep pox and goat pox' to 'Infection with sheeppox virus (Sheeppox) and goatpox virus (Goatpox)'. The Commission decided to propose this amendment to Chapter 1.3. closer to the adoption of the new draft Chapter 14.9.

The revised Chapter 14.9. 'Infection with sheeppox virus (sheeppox) and goatpox virus (goatpox)' is presented as Annex 19 for comments and will be proposed for adoption at the 94th General Session in May 2027.

5.16. Terminology: Notifiable disease and notification

Comments were received from Australia, Mexico, New Zealand, the USA and the EU.

Background

In response to comments requesting a review of the terms 'notify', 'notifiable disease', 'report' and 'reportable disease' used in the *Terrestrial Code* and noting that these terms could lead to misunderstanding and incorrect interpretation, the Commission acknowledged the comments and added a review of these terms throughout the *Terrestrial Code* to its work programme.

At its February 2026 meeting, the Commission decided on an internal policy regarding the consistent use of these terms and revised the relevant texts throughout the *Terrestrial Code*. The Commission also made additional minor linguistic amendments to reflect these changes. The Commission noted that amendments were not applied to chapters currently under revision, as these changes had already been addressed within those specific chapters.

Discussion

The Commission considered comments on the proposed amendments regarding the use of terms 'notify', 'notifiable disease', 'report' and 'reportable disease' that were circulated in its February 2026 meeting report. The Commission's responses to comments are presented in Annex 3.

The revised texts are presented as Annex 20 for comments and will be proposed for adoption at the 94th General Session in May 2027.

6. Texts circulated for comments

6.1. Chapter 4.7. Collection and processing of bovine, small ruminant and porcine semen

Background

In September 2023, the Commission agreed that the current Chapter 4.7. should be fully revised, with the aim of developing new text that would provide recommendations for all species covered in the new Chapter 4.6. (i.e. bovids,

equids, suids and cervids) and provide a general framework applicable to listed diseases relevant to semen collection centres.

Following the work of an *ad hoc* Group and recommendations received by experts on risk management measures to prevent the introduction and spread of listed diseases through donor animals at semen collection centres, the Commission, at its February 2025 meeting, reviewed the draft articles and discussed the challenges of achieving the proposed objective. In particular, it noted that developing a new blanket approach would be highly complex given the breadth of species, diseases and country situations to be addressed and could be perceived by some operators as disruptive, inconsistent or contradictory to disease-specific chapters and could even potentially disrupt trade.

At its February 2026 meeting, the Commission considered that the new online WOAH International Standards navigation tool would allow Members to search for recommendations for safe trade by commodity, including semen. The Commission determined that a simplified version of Chapter 4.7. could focus on general health considerations for animals entering and residing in semen collection centres, without including specific testing or other certification requirements for the international trade of semen. A representative from the Commission was requested to work on a revised draft of the chapter.

Discussion

The Commission discussed draft Chapter 4.7. that had been drafted by a Commission member, and considered whether there should be one or two chapters on semen collection centres. The Commission determined that Chapter 4.6. focused on procedures used and facility hygiene requirements for a semen collection centre. Therefore, the new Chapter 4.7. should focus on considerations for the animal health status of animals entering and residing within a semen collection centre, without duplicating information contained in disease-specific chapters but making general references to those chapters where appropriate.

The Commission revised the title of this chapter to better reflect its purpose. It added text in the first article to explain how this chapter would relate to Chapter 4.6. and clarified that both chapters should be applied together along with relevant disease-specific measures to ensure the safe trade of semen. The Commission also clarified the responsibilities of the supervising veterinarian to ensure that the health status of donor and teaser animals would be properly established and maintained, and that appropriate records were kept.

In Article 4.7.2., the Commission confirmed that animals entering the semen collection centre should comply with health requirements for listed diseases, considering the animal health status of the country, zone or compartment of origin. After entering the semen collection centre, measures should be applied, including biosecurity, to prevent the introduction or spread of pathogenic agents. In situations where the subpopulation in the semen collection centre was not free from a listed disease that may be transmitted through semen, specific surveillance should be applied and risk mitigation measures should apply to the animals or semen, as relevant, for certification for international trade in accordance with the disease-specific chapters.

In Article 4.7.3., the Commission stressed the importance of maintaining risk-based surveillance, monitoring and early warning systems to maintain the animal health status at semen collection centres. Regular communication would be needed between the supervising veterinarian and the Veterinary Authority to ensure that risks are properly addressed.

The Commission established in Article 4.7.4. that the Veterinary Authority should periodically verify that the animal health status of the animals in the semen collection centre is properly established and maintained.

The revised draft Chapter 4.7. 'Health requirements for donor and teaser animals in semen collection centres' is presented as Annex 22 for comments.

6.2. Chapter 4.14. General recommendations on disinfection and disinsection

Background

At its February 2025 meeting, the Commission considered the report of the *ad hoc* Group on Biosecurity (March 2024), in particular its recommendation that, given the number and significance of arthropod vector-borne diseases and the importance of their control in the management of outbreaks, both disinfection and disinsection should be addressed in the same chapter. The Commission agreed that the focus of the revised Chapter 4.14. should be on the use of disinfection and disinsection to prevent the spread of diseases, infections and infestations, given that the prevention of spread and control of disease are the focus of Section 4 of the *Terrestrial Code*. The Commission requested that an *ad hoc* Group be convened to revise Chapter 4.14. and requested the Secretariat to prepare the draft Terms of Reference for its review. At its February 2026 meeting, the Commission reviewed and agreed with the terms of reference, with minor adjustments.

Discussion

The Commission was informed that the *ad hoc* Group on disinfection and disinsection had met in May 2026 and considered the report of the *ad hoc* Group and the proposed draft chapter. The Commission agreed with the Group's proposal to change the name of Chapter 4.14. from 'Disinfection and disinsection' to 'Cleaning and disinfection'. The Commission also agreed with the Group that the differences between disinfection and disinsection were sufficiently significant to warrant addressing disinsection in a separate chapter. Given that the existing chapter was outdated, the Commission noted the Group's approach to developing a new chapter rather than revising the existing text. The Commission also agreed with the Group's proposal not to recommend any new or revised Glossary definitions, noting that the definitions of 'disinfection' and 'disinsection' were recently adopted.

The Commission revised the draft chapter to improve consistency, clarity and readability, and streamlined the text by removing detailed technical information. It also clarified responsibilities and requirements related to the selection and regulatory oversight of cleaning, disinfection and biosecurity measures.

The Commission agreed to remove a table that the Group proposed for inclusion, which outlined different types of disinfection agents, disinfectant activity against various types of pathogenic agents, and the relative toxicity and environmental risk of different types of disinfection agents. It considered that this table provided overly detailed technical information that should not be included in the *Terrestrial Code* and noted that Members wishing to access this information could refer to the references provided in the Group report.

The revised draft Chapter 4.14. 'Cleaning and disinfection' is presented as Annex 23 for comments.

6.3. Chapter 8.21. Infection with West Nile virus (West Nile disease)

Background

In the process of revising the equine encephalitis chapters (see Items 5.9. and 5.13.), the Commission agreed with the draft Terms of Reference of an *ad hoc* Group for the revision of Chapter 8.21. 'West Nile fever' and noted the proposal of the Secretariat to convene an expert *ad hoc* Group on this work before its September 2026 meeting.

Discussion

The Commission considered the June 2026 *ad hoc* Group report on the Revision of Chapter 8.21. (June 2026) and the revised draft Chapter 8.21. 'Infection with West Nile virus (West Nile disease)' together with the opinion of the Scientific Commission.

The Commission agreed with the *ad hoc* Group's suggestion to propose a revised Chapter 8.21. as clean text due to the extensive revision needed. The Commission reviewed and amended the text for clarity and consistency.

In response to the opinion expressed by the Scientific Commission and the recommendations of the *ad hoc* Group, the Commission discussed the definition of animal hosts and the specific role of equids in the epidemiology of West Nile disease (WND). The Commission noted that, unlike other equine encephalitides, such as Eastern and Western equine encephalomyelitis, where wild birds were often asymptomatic reservoirs, wild birds infected with West Nile virus frequently exhibit clinical signs and mortality, making them suitable as the animal hosts for notification. Conversely, while equids develop clinical disease, they act strictly as dead-end hosts with low and transient viraemia that does not support vector transmission. Thus, they do not perpetuate the transmission cycle. Recognising that wild bird surveillance is often limited in practice, the Commission emphasised that equids are useful sentinels for alerting relevant authorities to active viral circulation and associated public health risks. Consequently, the Commission agreed not to list equids as animal hosts but ensured that surveillance provisions adequately addressed their role as sentinels.

Regarding the taxonomic classification of avian species, the Commission agreed with the proposal from the Scientific Commission to list the specific avian orders (such as Passeriformes, Falconiformes, Strigiformes, and Columbiformes) that were identified as animal hosts. The Commission noted that enumerating these orders in the definition would clarify which avian species effectively contribute to the transmission and maintenance of the virus, whilst effectively excluding domestic poultry species that do not pose a risk of transmission.

Consistent with the exclusion of poultry from the definition of animal hosts, the Commission reviewed the provisions for safe commodities (Article 8.21.2.) and agreed to explicitly list poultry and other poultry commodities as safe commodities. In addition, to clearly distinguish poultry commodities from those derived from avian species listed in Article 8.21.1., the Commission clarified that provisions for other items specifically apply to products derived from 'animal hosts'. Furthermore, the Commission decided to remove products of animal host origin intended for use in animal feeding, noting that attaching an exemption (excluding products fed to certain avian species or reptiles) contradicted the fundamental principle of a safe commodity, which should be inherently safe regardless of its intended use.

With respect to the establishment of country or zone freedom, the Commission concurred that provisions for historical freedom (such as absence of disease for 25 years) were unachievable for most Members due to the significant role of migratory birds in transboundary spread, vector distribution, and the potential for silent viral circulation. Similarly, the Commission recognised the limitations of defining seasonal freedom in light of evolving climatic conditions affecting vector activity.

For the importation of animal hosts from infected countries or zones, the Commission reviewed the pre-export risk mitigation measures. While the maximum incubation period remained ten days, the Commission agreed to increase the required pre-shipment quarantine period from 10 to 20 days (representing two incubation periods) to account for the risk of silent infections in wild birds. Pre-export testing should be carried out on samples collected within three days prior to shipment. The Commission also agreed to retain the requirement for a statistically appropriate sample size, allowing the Veterinary Authority of the importing country flexibility to determine the sampling protocol, including testing of all individual animals where appropriate.

Finally, the Commission updated the surveillance framework, distinguishing between clinical, serological, and virological surveillance across susceptible populations. The Commission reinforced the inclusion of the One Health approach, clarifying the necessity of timely information sharing between veterinary and public health authorities regarding animal cases and human infections. The Commission also agreed to remove preventive and vector management measures from the surveillance recommendations, proposing that they be consolidated into a separate, dedicated article on prevention and control (Article 8.21.14.).

The draft Chapter 8.21. 'Infection with West Nile virus (West Nile disease)' is presented as Annex 24 for comments.

6.4. Glossary definition for 'poultry' and Chapter 10.4. 'Infection with high pathogenicity avian influenza viruses'

Comments were received from Argentina, Australia, Brazil, Canada, Chile, China (People's Rep. of), Chinese Taipei, Japan, Korea (Rep. of), Malaysia, Mexico, New Zealand, Thailand, the UK, the USA and the EU.

Background

At its September 2023 meeting, the Commission considered comments received requesting a review of the Glossary definition of 'poultry' to address birds that do not play a significant epidemiological role in the spread of high pathogenicity avian influenza (HPAI) through international trade. The Commission agreed to add the revision of the definition of 'poultry' to its work programme.

At its February 2025 meeting, the Commission reviewed the proposal presented by the Secretariat and agreed that a simplified definition of poultry should focus on a positive description of what types of birds are poultry, without including a list of types of birds that are not considered poultry. The Commission also requested the development of revisions for Chapter 10.4. to determine which specific poultry subpopulations would be the subject of free status for HPAI, and to address relevant sanitary measures and surveillance provisions.

Discussion

The Commission reviewed the Member comments that were received on the Glossary definition of 'poultry' that was circulated in its February 2026 report. It also reviewed the comments submitted on Chapter 10.4. The Commission's responses to the comments are presented in Annex 3.

The Commission revised the Glossary definition of 'poultry' to change 'commodities' to 'animal products'. It noted that birds raised for the production of 'commodities' would include breeding of animals for pets, and the intention was rather to capture birds bred or raised for the purpose of producing products such as eggs and meat. The Commission also removed the reference to fighting cocks, noting that they could be included as animal hosts in the highly pathogenic avian influenza (HPAI) chapter.

The Commission noted that 'poultry' and 'animal host' were analogous in Chapter 10.4., which might be the origin of some misunderstanding or confusion. The Commission considered that the Glossary definition of 'poultry' should remain generic, while Chapter 10.4. should identify the birds that are epidemiologically relevant as animal hosts for HPAI. The Commission therefore revised Article 10.4.1., point 2, to further define animal hosts as:

- poultry except poultry kept within a single household, the products of which are used exclusively within that household,
- fighting cocks used for any purpose, and

- birds used for restocking game, or bred for that purpose, until release.

This approach would provide greater clarity on which birds are considered animal hosts for notification while avoiding the inclusion of disease-specific epidemiological factors in the Glossary definition of 'poultry'.

The Commission proposed to delete Article 10.4.1., point 7 as the information would be captured in Section 5 and in the User's Guide. The Commission noted that the animal health status of a country or zone is based on the occurrence or absence of a case of a listed disease in an animal host. Reporting the occurrence of HPAI in an animal that is not defined as an animal host in Chapter 10.4. should not result in trade restrictions on animal hosts or their products.

The Commission proposed to divide Article 10.4.1. into two articles. Article 10.4.1. retained the title 'General provisions'. Article 10.4.1bis. would be titled 'Special provisions' and contain the definition of 'commercial poultry', information on the use of vaccination against avian influenza, and monitoring considerations due to the potential for low pathogenicity avian influenza viruses to mutate to high pathogenicity. In Article 10.4.1bis., the Commission revised the definition of 'commercial poultry' to clarify how commercial poultry differ from other poultry.

The Commission changed the title of Article 10.4.3 to clarify that the article would now pertain to HPAI in 'animal hosts' and not just 'poultry'. Other articles were edited for clarity and consistency.

To follow the logic of the *Code* that all listed diseases in Chapter 1.3. should have a corresponding disease-specific chapter, the Commission created a new Chapter 10.X. 'Infection with influenza A viruses of high pathogenicity and infection with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences'. The purpose of proposing Chapter 10.X. was to clarify notification requirements for these findings of avian influenza, while specifying that these notifications would not affect the HPAI status of a country or zone as described in Chapter 10.4., nor lead to unjustified trade restrictions. This information was then removed from Article 10.4.1. of Chapter 10.4.

The revised draft articles of Chapter 10.4 'Infection with high pathogenicity avian influenza viruses' and new Chapter 10.X. 'Infection with influenza A viruses of high pathogenicity and Infection with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences' are presented as Annexes 25 and 26, respectively, for comments and the revised Glossary definition of 'poultry' is presented as Annex 21, for comments.

6.5. Chapter 14.7. Infection with peste des petits ruminants virus

Comments received from Australia, Canada, China (People's Rep of), Chinese Taipei, Korea (Rep. of), New Zealand, Türkiye (Rep. of), the UK, the USA, AU-IBAR, EU, the WRO. [comment received in response to February 2026 report]

Background

At its September 2024 meeting, the Commission considered a new draft article for Chapter 14.7. 'Infection with peste des petits ruminants virus' for the importation of susceptible animals from an infected country or zone for direct slaughter', proposed by the Scientific Commission. The Commission noted that in addition to this proposal, Articles 14.7.19. and 14.7.25. should also be reviewed, as they contained references to articles of Chapter 8.8. 'Infection with foot-and-mouth disease virus', and that any inconsistencies arising from the recent adoption of revised Chapter 8.8 should be addressed.

In subsequent meetings, the Commission agreed to undertake a more comprehensive revision of Chapter 14.7., including a review of scientific evidence regarding susceptible animals and animal hosts, updates to risk mitigation measures for the safe trade of fresh meat and meat products, revision of surveillance articles, and expansion of best practices for the use of vaccination. In addition, the chapter needed to be updated to align with the recently revised chapters for diseases for which WOAH grants official animal health status. The Commission also considered the amendments proposed by the Scientific Commission, and the November 2024 report of the *ad hoc* Group on PPR.

At the February 2026 Bureaux meeting with the Scientific Commission, it was agreed that additional work by experts was needed to address Member comments and complete updates to Chapter 14.7. An *ad hoc* Group met in July 2026 to progress this work.

Discussion

The Commission reviewed Member comments received on draft Chapter 14.7. that was circulated in its September 2025 meeting report. Many of these comments had been referred to the Scientific Commission and the *ad hoc* Group for input and this information may be found in the *ad hoc* Group report on PPR (July 2026). The Commission's responses to the comments are presented in Annex 3.

The Commission made additional revisions to various articles for consistency and clarity and combined some articles where appropriate.

A Member requested definitions of limed hides, pickled hides, and semi-processed hides, which are listed in Article 14.7.2. Limed hides are produced early in the tanning process, when hides are soaked in an alkali solution at a pH greater than 11.5 for 12-18 hours. Pickled hides are produced later in the tanning process, and are preserved through a pickling process involving a salt solution with an acid at a pH below 2.0. Semi-processed hides are produced at a later stage in the tanning process, they are also called 'wet blue' or 'wet white' hides. These semi-processed hides have had the hair removed and have been tanned to prevent decomposition. 'Wet blue' hides are tanned with chromium, and 'wet white' hides are tanned with chromium-free tannins. The Commission noted that these terms appeared to be well defined in the production sector and therefore would not need to be defined in the Glossary.

Article 14.7.3., point 6, which prohibited introduction of vaccinated animals into a PPR free country or zone after secession of vaccination, was deleted. The Commission noted that Members might need to import some vaccinated animals and agreed with the report of the *ad hoc* Group that this could be done safely provided that risk mitigation measures in Article 14.7.10. were applied, including virological testing of imported vaccinated animals, and that safeguards were implemented to ensure that such imports did not compromise surveillance activities, including individual identification of imported animals, traceability of their movements and their appropriate consideration within the surveillance system.

The last two paragraphs of Article 14.7.3. were deleted as information regarding granting of official status and reconfirmation were moved to new draft articles in Chapter 1.6. (see Item 5.4.). In Article 14.7.4., the Commission removed the third paragraph containing criteria to establish a PPR-free compartment. The Commission noted that WOAH does not grant official status for compartments, so it considered that Members should follow the compartment guidance already provided in Chapter 4.5.

The second paragraph of Article 14.7.6. was revised by the Commission, in agreement with the Scientific Commission, to refer to the provisions on containment zone being developed in Chapter 1.6. Therefore, all the requirements to establish a containment zone after the second paragraph were deleted (see Items 5.4. and 4.1.1.). In awaiting the preparation of a new article in Chapter 1.6., the Commission decided to put Article 14.7.6. 'on hold' until its next meeting, when it would have received further guidance from the *ad hoc* Group on zoning.

The Commission agreed with the recommendations of the *ad hoc* Group to revise the requirements for recovery of free status for a previously free country or zone found in Article 14.7.7. The period required was decreased from six months to three months, noting that the incubation period for PPR was 21 days. There were two paths to recovery of free status: implementation of a stamping-out policy without vaccination, or implementation of a stamping-out policy with emergency vaccination followed by the slaughter of all vaccinated animals. The Commission also removed the last paragraph, because it would now be covered in Chapter 1.6.

In Article 14.7.10., the Commission agreed with the recommendations of the *ad hoc* Group. The title of the Article was revised to indicate that countries or zones considered infected with PPRV should have an official control programme if they were exporting domestic sheep and goats. The new article provided for isolation in a quarantine centre or other facility, and included testing protocols for vaccinated and unvaccinated animals, and required that the animals not be exposed to any source of PPRV during transportation.

In Article 14.7.11., the Commission agreed with the recommendations of the *ad hoc* Group for the importation of wild ruminants. In addition to a requirement for wild ruminants to be kept in a quarantine centre for 21 days, the article specified virological testing, as there were currently no validated serological tests available for wild ruminants.

In Article 14.7.13., the Commission agreed with the recommendations of the *ad hoc* Group that the requirements for the importation of semen of domestic sheep and goats could also apply to wild ruminants. The testing protocol was revised to require the animals to be subjected to a PPRV test at least 14 days after entry into the establishment and 21 days prior to the collection of semen. The Commission also revised the title of the article to indicate that countries or zones considered infected with PPRV should have an official control programme if they are exporting semen.

In Article 14.7.15., the Commission revised the title of the article to indicate that countries or zones considered infected with PPRV should have an official control programme if they are exporting oocytes or embryos, and agreed with the recommendations of the *ad hoc* Group that the requirements for the importation of oocytes and embryos of domestic sheep and goats could also apply to wild ruminants. The test protocol for donor animals was revised for consistency with Article 14.7.13.

The Commission deleted Article 14.7.16., as the requirements for wild ruminant embryos had been captured in Article 14.7.15.

The Commission did not agree with the recommendations of the *ad hoc* Group or the Scientific Commission regarding the import requirements for meat and meat products proposed in Article 14.7.17., which were more stringent than the current requirements. The Commission considered that there was no scientific evidence of PPRV transmission through meat; therefore it maintained the existing requirements and requested that the Secretariat consult additional experts on this topic. The Commission also revised the article title to clarify that meat and meat products in this article do not include casings.

The Commission revised the title of Article 14.7.19. to clarify that milk and milk products listed in Article 14.7.2. as safe commodities were not covered by this article. The Commission combined the recommendations of the *ad hoc* Group for Articles 14.7.19. and 14.7.20., and deleted Article 14.7.20. The milk products should either originate from flocks not suspected or known to be infected for the past 21 days and be pasteurised or subjected to a treatment demonstrated to inactivate PPRV in milk. The Commission and the Scientific Commission noted that one pasteurisation treatment alone would not totally mitigate the risk of disease transmission through contaminated milk, but the Commission considered that adding a first requirement for milk to come from flocks not infected or suspected of being infected for 21 days would add to the mitigation and render the commodity safe to trade.

The Commission deleted Article 14.7.21. as it referred to import requirements for products other than milk, meat and their products from countries or zones free from PPR. The Commission noted that import requirements are not needed for these products from countries or zones free from PPR.

After Article 14.7.24., the Commission added new surveillance articles that were drafted by the *ad hoc* Group with minor revisions by the Commission. The surveillance section of the PPR chapter was revised to align its structure and level of detail with the revised sheeppox and goatpox chapter. The *ad hoc* Group took note of the Member comments on the surveillance articles and addressed them in the new draft articles.

The Commission also reviewed and revised a new article 'WOAH endorsed official control programme for PPR' developed by the *ad hoc* Group.

The updated Chapter 14.7. will be presented in track changes as well as a clean version, to facilitate Members understanding of the revisions. Members are asked to comment on the clean version of the chapter. The revised Chapter 14.7. 'Infection with peste des petits ruminants virus' is presented as Annex 27 for comments.

7. Updates on WOAH initiatives relevant to the Code Commission

7.1. Work of the Governance Review Committee

The Commission was briefed on the Governance Review Committee's (GRC) ongoing technical governance reform programme. The Commission was informed of the GRC's recommendation that the Secretariat undertake a phased programme of diagnostics, developing policy options and consulting WOAH Members, Specialist Commissions and other relevant stakeholders with the objective of strengthening technical governance, scientific advisory functions, expert selection processes, standards development procedures and institutional memory. The Commission received an update on the development of the WOAH Technical Procedural Manual (TPM), which was intended to consolidate and explain WOAH's principal technical processes to improve transparency and Member and stakeholder engagement in WOAH's technical processes. The Commission also provided initial feedback on the potential transfer of procedural provisions relating to official recognition of animal health status or control programme in Chapters 1.6.-1.12. of the *Terrestrial Code* to the TPM, noting the need to distinguish procedural information that could appropriately be included in the TPM and requirements that should remain in the *Terrestrial Code.* The Commission was further advised of planned work to consult the Specialist Commissions on analytical work regarding the strategic direction and drafting of WOAH standards, including future consideration of how mandatory requirements, recommendations and guidance should be reflected across WOAH's technical instruments.

7.2. Specialist Commission election and meeting dates

The Commission was briefed on the Specialist Commission election process and timelines and was presented a tentative schedule of meeting dates for the 2027-2030 term.

7.3. WOAH Observatory

The Observatory team updated the Commission on recent activities and deliverables. Key achievements included the publication of six monitoring indicator factsheets and a thematic study on 'animal welfare during transport by land and sea', as well as the development of the first version of the Observatory Digital Platform, with a pilot phase planned between Q3 2026 and Q1 2027. The presentation also outlined progress on a thematic study of compartmentalisation focusing on HPAI, which analysed survey responses from the Veterinary Services of 72 Members, 13 industry associations, and 5 private companies. Its publication is expected in 2027. In addition, the Observatory team briefed the Commission on the concept of a Flash Note analysis. The study would analyse the sources of animal disease

outbreaks using WAHIS Animal Disease Event Module data using AI-supported analytical processes, literature reviews, and expert interviews. Planned outputs include an internally circulated Flash Note and a factsheet with anonymised aggregated data. The Commission suggested that, in addition to assessing whether WAHIS currently contains useful information on the sources and pathways of entry of immediately notified outbreaks, the study should consider how the collection of this information could be improved, recognising that the precise source of an outbreak may often remain unknown. This could include improvements to WAHIS or other mechanisms, such as retrospective interviews or investigations. The study could also investigate different categories of sources and their likelihoods to capture useful information in the absence of certainty. For example, 'interviews/expert opinion revealed an 85% likelihood of a wildlife reservoir infecting chickens on the index farm as being the source'. Preliminary analyses have been planned for late 2026 and outputs expected in early 2027.

8. Updates on other standard-setting bodies and international organisations

8.1. Updates on Codex guideline regarding control of Campylobacter and Salmonella in chicken meat

The Commission was informed by the Secretariat of the ongoing revision of the Codex Guidelines for the Control of Campylobacter and Salmonella in Chicken Meat (CXG 78-2011). As Articles 6.5.2. and 6.6.2. of the *Terrestrial Code* cross-refer to these guidelines, the Commission agreed to update the relevant reference numbers in the *Terrestrial Code* once the revised Codex guidelines were officially adopted.

In addition, the Commission considered the new provisions on partial depopulation included in the draft revised Codex guidelines. The Commission noted that practices involving the catching and handling of birds during partial depopulation have direct implications for animal welfare. Consequently, the Commission requested the Secretariat to liaise with the Codex Secretariat and submit comments requesting that appropriate cross-references to the relevant WOAH animal welfare standards, particularly Chapter 7.6. of the Terrestrial Code, be incorporated into the revised Codex text.

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…/Annexes

Annex 1. Adopted Agenda

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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1. Welcome

1.1. Director General

1.2. Deputy Director General - Standard-Setting and Implementation

2. Adoption of the agenda

3. Cooperation with Other Specialist Commissions

3.1. Scientific Commission for Animal Diseases (Scientific Commission)

3.2. Biological Standards Commission

3.3. Aquatic Animal Health Standards Commission (Aquatic Animals Commission)

4. Work Programme

4.1. Ongoing priority topics (other than texts circulated for comments)

4.1.1. Revised Chapter 4.4. Designating, establishing, and maintaining populations and subpopulations of animals and new Chapter 4.Y. Application of zoning

4.1.2. Revision of chapters on certification procedures (Chapters 5.1., 5.2., 5.10., and 5.13.)

4.1.3. Revision of Chapter 5.12. Model passport for international movement of competition horses

4.1.4. Revision of chapters on transport of animals (Chapters 7.2., 7.3. and 7.4.)

4.1.5. Revision of Chapter 7.6. Killing for disease control purposes

4.2. Items under consideration for inclusion in the work programme

4.3. New proposals or requests for inclusion in the work programme

4.3.1. New proposals from Members and International Organisations

4.3.1.1. Revision of Chapter 7.5. Animal welfare during slaughter

4.3.2. Other requests

4.3.2.1. Revision of Chapter 9.5. Infestation of honey bees with *Tropilaelaps* spp.

4.3.2.2. Request to develop a definition of ‘Sentience’(EN)- ‘Sintiencia’(ES)- ‘Sentience’(FR) in Chapter 7.1.

4.4. Prioritisation of items on the work programme

5. Texts circulated for comments and to be proposed for adoption in May 2027

5.1. User’s Guide

5.2. Glossary

5.3. Chapter 1.1. Notification of diseases and provision of epidemiological information

5.4. Procedures for official recognition of animal health status, endorsement of an official control programme, and publication of a self-declaration of animal health status, by WOAH (Chapter 1.6.)

5.5. Emergency Management (New Chapter 3.X.)

5.6. New Chapter 5.X. Recommendations for international veterinary certification and export and import procedures

5.7. Article 8.1.1. of Chapter 8.1. Infection with *Bacillus anthracis* (Anthrax)

5.8. Article 8.8.13 and new Article 8.8.33bis of Chapter 8.8. Infection with foot and mouth disease virus

5.9. Chapter 8.10. Infection with Japanese encephalitis virus (Japanese encephalitis)

5.10. Chapter 8.14. Infection with *Mycobacterium avium* subsp. *paratuberculosis* (Paratuberculosis and Johne's disease)

5.11. Article 10.9.3. of Chapter 10.9. Infection with Newcastle disease virus

5.12. Chapter 11.9. Infection with lumpy skin disease virus

5.13. Chapter 12.11. Infection with I-AB and I-C variants of Venezuelan equine encephalitis virus (Venezuelan equine encephalomyelitis)

5.14. Article 14.4.1. of Chapter 14.4. Infection with Chlamydia abortus (Enzootic abortion of ewes and Ovine chlamydiosis)

5.15. Chapter 14.9. Infection with sheeppox virus (Sheeppox) and goatpox virus (Goatpox)

5.16. Terminology: Notifiable disease and notification

6. Texts circulated for comments

6.1. Chapter 4.7. Collection and processing of bovine, small ruminant and porcine semen

6.2. Chapter 4.14. General recommendations on disinfection and disinsection

6.3. Chapter 8.21. Infection with West Nile virus (West Nile disease)

6.4. Glossary definition for 'poultry' and Chapter 10.4. 'Infection with high pathogenicity avian influenza viruses'

6.5. Chapter 14.7. Infection with peste des petits ruminants virus

7. Updates on WOAH initiatives relevant to the Code Commission

7.1. Work of the Governance Review Committee

7.2. Specialist Commission election and meeting dates

7.3. WOAH Observatory

8. Updates on other standard-setting bodies and international organisations

8.1. Updates on Codex guideline regarding control of Campylobacter and Salmonella in chicken meat

Annex 2. List of Participants

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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MEMBERS OF THE COMMISSION

Dr Etienne Bonbon
(President)
Seconded National Expert
European Commission
Brussels
BELGIUM

Dr Gaston Maria Funes
(Vice-President)
Counsellor for Agricultural Affairs,
Embassy of Argentina to the
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National Manager,
Animal Health Risk Assessment,
Canadian Food Inspection Agency
CANADA

Dr Salah Hammami
(member)
Epidemiologist and virologist,
Full professor
National School of Veterinary
Medicine
Sidi Thabet
TUNISIA

Dr John Stratton
(member)
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WOAH HEADQUARTERS

Dr Charmaine Chng
Head
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Dr Aurelio Cabezas Murillo
Senior Scientific Coordinator
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Dr Joyce Bowling-Heyward
Project Officer (International
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Dr Akinobu Kawamura
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Scientific Coordinator - Animal
Welfare
One Health and Global
Frameworks Department

Dr Carolyn Guy
Scientific Officer - Animal Welfare
One Health and Global
Frameworks Department

Dr Laura Davis
Scientific Officer – International
Standards
One Health and Global Frameworks
Department

Annex 4. Work Programme for the Terrestrial Animal Health Standards Commission

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
General	Wildlife Health	Overarching consideration on how wildlife animal health is addressed in the *Terrestrial Code*	In progress	Noted in Sep 2024 TAHSC report	2
	Commodities	Consideration to determine whether several types of highly processed products (such as protein meal, rendered fats, and hydrolysed protein) have a globally standardised production process and meet criteria to be considered safe commodities as regards specific diseases. Address inconsistency of using casings or other products Pet-food: Consider the inclusion of 'extruded dry pet food and coated ingredients after extrusion' and 'heat-treated meat products in a hermetically sealed container with an F0 value of 3 or above' in the list of safe commodities of chapters (when revised).	In progress	Noted in Sep 2026 TAHSC report Noted in Sep 2022 TAHSC report (pet-food commodities)	2

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
Use of terms	Use of terms: animal health status	- Consider the need to revise definition to incorporate 'herd', and avoid restrictive wording - Possible revision of the Glossary definition - Review use of the terms across the *Code* for consistency	circulated for comments	Noted in Feb 2026 TAHSC report (Feb 2026/1)	1
	Use of terms: notify / notifiable disease / report	Review use of the terms across the *Code* for consistency. Develop a policy for their use Consider the revision of definitions for 'notification' and 'notifiable disease'	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Feb 2026/2)	1
User's guide	Revision of the Users' guide (standing item)	Partial revision - clarification of chapters	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Feb 2026/2)	1
Glossary	New definition for 'veterinary medical use'	Move the definition from Ch 6.9.	Pending the work of AMRWG	Noted in Sep 2023 TAHSC report	3
	Definition of 'poultry'	Revision as a part of the work to revise chapters in Section 10	Circulated for comments	Noted in Feb 2026 TAHSC report (Feb 2026/2)	1
	Definitions for 'animal health status', 'containment zone', 'free zone', 'protection zone', and 'zone'	Revision as a part of the work to revise Chapter 4.4. and to develop new Chapter 4.Y.	Expert consultation on comments	Noted in Sep 2026 TAHSC report (Feb 2026/1)	2
	New definition for 'animal host'	Develop a new definition	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Feb 2026/2)	1
	Definitions for 'notification' and 'notifiable disease'	Revision of definition (to improve clarification)	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Feb 2026/2)	2
	New definition for 'suspected case'	Consider a new definition	Expert consultation	Noted in Feb 2024 TAHSC report	2

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
	'rendering' 'rendered fat' and protein meal	Develop new definitions for 'rendering' and 'rendered fat', and revise 'protein meal' for clarification	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2026/1)	2
Section 1					
1.1.	Notification of diseases and provision of epidemiological information	Revision of relevant articles	Circulated for comments and propose for adoption	Refer to Sep 2026 TAHSC report (Feb 2026/2)	1
1.3.	Diseases, infections and infestations listed by WOAH	Revision of disease names to chapters to be proposed for adoption	Will be proposed for adoption (no text at the Sep 2026 TAHSC report)	Noted in Sep 2026 TAHSC report	3
1.6.	Procedures for official recognition of animal health status, endorsement of an official control programme, and publication of a self-declaration of animal health status, by WOAH	Partial revision: - New article to improve clarity on the ability for Members to hold pathogenic agents within laboratories without affecting their animal health status. - Amendments to clarify the text and describe all the procedures	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2024/5)	1
		Development of new articles on protection zone and article on containment zone	Expert consultation	Noted in Sep 2026 TAHSC report	1
1.7.-1.12	Status Questionnaires	Deletion of chapters, to move their content to the WOAH Website - introduce the possibility to host the questionnaires on the web.	Preparatory work	Noted in Sep 2025 TAHSC report	3
Section 3					

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
3.X	New chapter on emergency management	Develop a new chapter and potentially modify the existing chapters	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2025/3)	2
Section 4					
4.4.,4.5., 4.Y.	Zoning and compartmentalisation New chapter on application of zoning	To address necessary points, as relevant, with the development of new Ch 4.4. and develop a full new chapter (taskforce by SCAD and TAHSC to work on this issue) Address necessary changes in Ch 4.5.	Expert consultation on comments	Noted in Sep 2026 TAHSC report (Feb 2026/1)	1
4.7.	Collection and processing of bovine, small ruminant and porcine semen	Comprehensive revision of chapter	circulated for comments	Noted in Sep 2026 TAHSC report (Sep 2026/1)	1
4.8.	Collection and processing of *in vivo* derived embryos from livestock and equids	Consider potential amendments as a consequence of the changes in the IETS Manual	Preparatory work	Pending progress of data collection	3
4.9.	Collection and processing of oocytes and *in vitro* produced embryos from livestock and horses	Consider potential amendments as a consequence of the changes in the IETS Manual	Preparatory work	Pending progress of data collection	3
4.13.	Disposal of dead animals	Consider including all potentially contaminated wastes/products/fomites	Preparatory work	Noted in Feb 2022 TAHSC report	2
4.14.	General recommendations on disinfection and disinsection	Comprehensive revision of chapter	Circulated for comments	Noted in Sep 2026 TAHSC report (Sep 2026/1)	1
Section 5					

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
5.X.	Development of introductory chapter	New introductory chapter for Section 5 (task force, TAHSC and AAC)	Circulated for comments	Noted in Sep 2026 TAHSC report (Feb 2026/2)	2
5.1., 5.2., 5.10. to 5.13.	Certification procedures	Partial revision to review provisions on electronic certification and check model of certificate	Expert consultation	Noted in Sep 2026 TAHSC report	2
	Model passport for horse	Update the relevant chapters on equine diseases to take into account proposals made by the AHG on HHP Horses Veterinary Certificates	Expert consultation	Noted in Sep 2026 TAHSC report	2
5.3.	WOAH procedures relevant to the agreement on the application of sanitary and phytosanitary measures of the world trade organization	Revision of chapter	Preparatory work	Noted in Sep 2026 TAHSC report	2
5.8.	International transfer and laboratory containment of animal pathogenic agents	- Consider impact of holding PA in labs (and research facilities) - Align with corresponding *Manual* chapter (categories of PA) - Potential link with work with Nagoya protocol	Preparatory work	Noted in Sep 2023 TAHSC report	4
Section 6					
6.3.	Control of biological hazards of animal health and public health importance through ante- and post-mortem meat inspection	Revision to avoid duplication with Chapter 6.2. to simplify and to refer to relevant Codex guidelines more Add an overarching introductory provision specifying that commodities are derived from animals that have undergone ante- and post-mortem inspection.	Preparatory work	Noted in Sep 2026 TAHSC report	3

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
6.8.	Harmonisation of national antimicrobial resistance surveillance and monitoring programmes	Inclusion of definitions for monitoring and surveillance, as well as for active and passive surveillance and integrated surveillance	Expert consultation	Noted in Sep 2025 TAHSC report	2
6.12.	Zoonoses transmissible from non-human primates	Consider possible inclusion of SARS-CoV-2 in this chapter, possible inclusion of Macacine Herpesvirus 1 and the revision of test schedule and animal species to be tested for tuberculosis (Origin Member requests)	Not started	Refer to Feb 2022 TAHSC report	4
Section 7					
7.2., 7.3., 7.4.	Transport of animals by land, sea and air	Comprehensive revision of chapters Compile into a single chapter	Expert consultation on comments	Noted in Sep 2026 TAHSC report (Feb 2026/1)	1
7.5.	Animal welfare during slaughter	Consider the necessity to revise Article 7.5.20.	Expert consultation	Noted in Sep 2026 TAHSC report	2
7.6.	Killing of animals for disease control purposes	- Comprehensive revision of chapter	Expert consultation on comments	Noted in Sep 2026 TAHSC report (Feb 2024/3 for Articles 1 to 8, Feb 2025/2 for rest articles)	1
Section 8					
8.1.	Infection with *Bacillus Anthracis* (Anthrax)	Incorporation of case definition (Article 8.1.1.)	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2026/1)	1
8.2.	Infection with Aujeszky's disease virus	Comprehensive revision - To change the section	Not started	Noted in Feb 2026 TAHSC report	3

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
8.4.	Infection with *Brucella abortus, B. melitensis* and *B. suis*	Revision of provisions for free status	Not started	Noted in Sep 2024 TAHSC	2
8.8.	Infection with foot and mouth disease virus	Partial revision: development of an article with provision for safe trade of fetal bovine serum and Article 8.8.13.	Circulated for comments and propose for adoption	Noted in Feb 2026 TAHSC report (Sep 2024/3)	3
		Consider safe commodities (rendered fat)	Preparatory work	Noted in Feb 2026 TAHSC report	3
8.10.	Japanese encephalitis	Comprehensive revision of chapter (related to works on Chs 8.21., 12.4. and 12.11.)	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Feb 2025/3)	2
8.11.	Infection with *Mycobacterium tuberculosis* complex	Partial revision - to add recommendations for camelids and goats - to clarify point 1(b) of Article 8.11.4. ,provisions of free status	Not started	Refer to Feb 2022 TAHSC report	3
8.14.	Infection with *Mycobacterium avium* subsp. *paratuberculosis* (Paratuberculosis and Johne's disease)	Incorporation of case definition (Article 8.14.1.)	Circulated for comments and proposed for adoption	Noted in Sep 2026 TAHSC report (Sep 2026/1)	2
8.15.	Infection with rabies virus	Partial revision - to add recommendations on wildlife-mediated rabies - revise recovery of free status	Preparatory work	Refer to Sep 2022 TAHSC report	3
8.20.	Tularemia	Partial revision - to consider the import risk of commodities (live animal hosts) - to consider the article on surveillance	Not started	Noted in Feb 2026 TAHSC report	3

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
8.21.	West Nile fever	Comprehensive revision of chapter (related to works on Chs 8.10., 12.4. and 12.11.) including safe commodities	Circulated for comments	Noted in Sep 2026 TAHSC report (Sep 2026/1)	2
8.X.	New Chapter on Crimean-Congo haemorrhagic fever	Consider need to develop recommendations for prevention	Preparatory work	Noted in Sep 2024 TAHSC report	2
Section 9					
9.5.	Infestation of honey bees with *Tropilaelaps*	Clarification of the safety of certain commodities	Expert consultation	Noted in Sep 2026 TAHSC report	2
Section 10					
General	Overall consideration of Section 10 Aves	Consider approach to risk management recommendations for different production sectors, species, commodities, structure of chapter (following latest adopted HPAI) across different diseases.	Preparatory work	Noted in Sep 2023 TAHSC report	2
10.2.	Avian infectious bronchitis	Review trade articles for clarity. Review safe commodities	Preparatory work	Noted in Sep 2023 TAHSC report	3
10.3.	Avian infectious laryngotracheitis	Consider amendments to ensure alignment with recently revised *Manual* chapter	Not started	Noted in Sep 2023 TAHSC report	3
10.4.	Infection with high pathogenicity avian influenza virus	Revision of Articles 10.4.1., 10.4.3. 10.4.4. and 10.4.6., and a new article to align with the work on revision of Glossary definition of 'poultry'	Circulated for comments	Noted in Feb 2026 TAHSC report (Feb 2026/2)	1
10.X	Infection with influenza A viruses of high pathogenicity and Infection with low pathogenicity avian influenza viruses	Develop a new chapter to clarify the definition of theses diseases	Circulated for comments	Noted in Sep 2026 TAHSC report (Sep 2026/1)	1

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
10.5.	Infection with *Mycoplasma gallisepticum* (Avian mycoplasmosis)	Full update of the chapter (content and structure) based on the recent update of the *Manual* Chapter. Consider inclusion of *M. synoviae* into a single chapter (and listed disease).	Preparatory work	Noted in Sep 2023 TAHSC report	3
10.9.	Infection with Newcastle disease virus	Revision on recovery of free status (Article 10.9.3.)	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Feb 2026/2)	2
		Revision to align with recent revision of Ch 10.4. Review safe commodities (e.g. meat and meat products, including heat treated, extruded pet food and coated ingredients after extrusion)	In progress	Noted in Sep 2026 TAHSC report	2
Section 11					
11.9.	Infection with lumpy skin disease virus	Comprehensive revision of chapter in relation to Chapter 14.9.	Circulated for comments and propose for adoption	Noted in Feb 2026 TAHSC report (Sep 2025/3)	1
Section 12					
12.8.	Infection with equid herpesvirus-1 (Equine rhinopneumonitis)	For consistency of disease name	Preparatory work	Noted in Feb 2024 TAHSC report *Terrestrial Manual* chapter adopted in May 2026	3
12.11.	Venezuelan equine encephalomyelitis	Comprehensive revision of chapter (related to works on Chs 8.10., 8.21. and 12.4.) - Expert consultation regarding the safety and transmission risks associated with equine-derived cells used in cloning	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2025/3)	1
Section 13					

Chapter	Issues	Summary of the work	Status – September 2026		Priority order *
			Stage of consideration	Remarks (Month when draft text first circulated for comment /# of rounds for comment) or last TAHSC report reference	
13.2.	Rabbit haemorrhagic disease	Comprehensive revision of chapter including safe commodities	Preparatory work	Noted in Sep 2023 TAHSC report	3
Section 14					
14.1. and 14.5.	Caprine arthritis/encephalitis and Maedi-visna	Comprehensive revision - include case definition - combine into one chapter	Preparatory work	Noted in Feb 2025 TAHSC report	3
14.4.	Infection with *Chlamydia abortus* (Enzootic abortion of ewes and ovine chlamydiosis)	Incorporation of case definition (Article 14.4.1.)	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2026/1)	2
14.7.	Infection with peste des petits ruminants virus	Partial revision: - Reconsider susceptible animals targeted in the chapter (wild animals, pigs) - Review Article 14.7.19. and Article 14.7.25 to remove reference to Chapter 8.8. - New article on recommendations for importation of animals for direct slaughter - Apply new drafting conventions - Harmonisation of animal health status related articles (recently adopted Chapters on CBPP and AHS)	Circulated for comments	Noted in Feb 2026 TAHSC report (Sep 2025/2)	1
14.9.	Sheep pox and goat pox	Comprehensive revision of chapter	Circulated for comments and propose for adoption	Noted in Sep 2026 TAHSC report (Sep 2025/3)	1

* Description of the consequence of priority order	
1	- ***active work for the TAHSC*** - ***identified as the priority to progress as soon as possible*** - ***to be put forward for next meeting agenda***
2	- ***active work for the TAHSC*** - ***progression as time and resources allow*** - ***to be included in next meeting agenda***
3	- ***not immediate work for the TAHSC*** - ***possible progression if time, resources allow*** - ***needs to progress before consideration for next meeting agenda***
4	- ***not active*** - ***not to be immediately started***
List of abbreviations	
AAC	**Aquatic Animals Commission**
AHG	***Ad hoc* Group**
BSC	**Biological Standards Commission**
Ch	**Chapter**
HQ	**WOAH Headquarters**
IETS	**International Embryo Technology Society**
SCAD	**Scientific Commission for Animal Diseases**
TAHSC	**Terrestrial Animal Health Standard Commission**

Annex 5. User's Guide

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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USER'S GUIDE

A. Introduction

1) The WOAH *Terrestrial Animal Health Code* (hereafter referred to as the *Terrestrial Code*) establishes standards intended for the improvement of terrestrial animal health and welfare and veterinary public health worldwide. The purpose of this guide is to advise the *Veterinary Authorities* of WOAH Member Countries on how to use the *Terrestrial Code*.

2) *Veterinary Authorities* should use the standards in the *Terrestrial Code* notably ~~to set up~~ to plan and implement measures providing for early detection, internal reporting, notification, control or eradication of pathogenic agents, including zoonotic ones, in terrestrial *animals* (i.e. mammals, birds, reptiles and bees) and for preventing their spread via *international trade* in *commodities,* which includes *animals* and *animal products*, while avoiding unjustified sanitary barriers to trade. These measures may include the establishment and recognition of *animal health status* applied to countries, *zones*, *compartments*, ~~or~~ *herds/flocks*, *apiaries* or other *subpopulations*.

3) The WOAH *Manual of Diagnostic tests and vaccines for terrestrial animals* (hereafter referred to as the *Terrestrial Manual*) is a reference document to be read in conjunction with the *Terrestrial Code*. It provides technical standards on diagnosis and vaccines, as well as detailed epidemiological information for relevant diseases.

4) *Notification* of *listed diseases* and *emerging diseases* as well as of ~~and~~ related measures taken, is a mandatory requirement for Member Countries, as per the Organic Statutes of the Office International des Epizooties (hence the use of the term 'shall'). Membership to WOAH implies a general commitment to apply its other standards (hence the use of the term 'should'), whose~~Other~~ recommendations may be adapted to each Member Country's specific conditions, such as animal production or animal health situations, and domestic regulations.

~~5) Although only notification of listed diseases and emerging diseases as described in the *Terrestrial Code* is compulsory (hence the use of the term 'shall'), membership to WOAH implies a general commitment to apply its standards (hence the use of the term 'should').~~

5~~6~~) While the *Terrestrial Code* standards provide recommendations to be implemented, they do not prescribe a defined implementation process. This means that the standards should be adapted and incorporated into national laws, regulations or other official documents, thereby providing a basis for *Veterinary Authority* and other *Competent Authorities* to develop prevention and control measures. In practice, the way international standards are integrated into domestic legislations depends on each Member Country's legal system, disease status, and capacity, resulting in diverse implementation methods among Member Countries.

6~~7~~) The *Terrestrial Code* provides standards that deliver essential sanitary information and technical guidance to its Member Countries, including for the negotiation and agreement of science-based and risk-based import requirements, as reflected in *international veterinary certificat~~e~~sion*. All sections of the *Terrestrial Code* contribute together to support Member Countries in the safe trade of *commodities* and the improvement of animal health and welfare globally.

7~~8~~) Depending on their particular situation, priorities ~~and~~ or policies, Member Countries may apply different measures than those recommended by specific standards in the *Terrestrial Code*. ~~Regarding~~ However, in the case of *sanitary measures* for *international trade*, such different measures should be scientifically justified, as ~~recognised by~~ stipulated in the World Trade Organization's Sanitary and Phytosanitary (SPS) Agreement. The *Terrestrial Code* provides methodologies for *risk analysis* to support this.

3~~9~~8) WOAH standards comprise recommendations that are based on the most recent scientific and technical evidence~~ information~~. Correctly applied, they protect animal health and welfare and veterinary public health during production of and trade in *commodities*, and in activities involving ~~the use of~~ *animals*.

4~~10~~9) The absence of chapters, articles or specific recommendations on particular pathogenic agents, surveillance strategies, *animal health status* or trade in *commodities*, does not preclude the application of appropriate *sanitary measures* by the *Veterinary Authorities*, provided they are based on *risk analyses* conducted in accordance with the *Terrestrial Code*.

5~~11~~10) The year that a chapter was first adopted and the year of its last revision are noted at the end of each chapter.

6~~12~~11)The complete text of the *Terrestrial Code* is available on the WOAH website and individual chapters may be downloaded from: https://www.woah.org/. ~~Additional~~ Some ~~guidelines~~ guidance relevant to the practical application of certain recommendations~~aspects~~ of the *Terrestrial Code* may also be available on the WOAH website.

B. *Terrestrial Code* content

1) Key terms and expressions that are used in more than one chapter and require precise interpretation for the purposes of the *Terrestrial Code* are defined in the Glossary, in the case where common dictionary definitions are not deemed to be adequate. The reader should be aware of the definitions given in the Glossary when reading and using the *Terrestrial Code*. Defined terms appear in italics, except in titles of chapters or articles. In the on-line version of the *Terrestrial Code*, a hyperlink leads to the relevant definition. In the *Terrestrial Code*, the term 'or' is used in the inclusive sense, meaning that it can be one, the other or both, except where 'or' is preceded by 'either'.

1bis) The expression 'for the purposes of the *Terrestrial Code*' appears ~~throughout~~ in many chapters of the *Terrestrial Code*, including at the beginning of the Glossary and in chapters where diseases or their occurrences (cases), or other related terms, are defined. It means that those terms should be used as defined in the Glossary or the relevant chapters throughout the *Terrestrial Code*, notably for notification.

2) The term "(under study)" ~~is~~ may be found in some rare instances, with reference to an article or part of an article. This means that this part of the text has not been adopted by the World Assembly of Delegates and the particular provisions are thus not part of the *Terrestrial Code*, while they continue to be the subject of specific work, until they are amended or deleted.

3) The standards in the chapters of Section 1 are designed for the implementation of measures for the diagnosis, *surveillance* and *notification* of diseases, *infections* and *infestations*. The standards include procedures for *notification* to WOAH and procedures for the recognition of the *animal health status* of a country, *zone* or *compartment*. Section 1 thus provides transparency to trading partners through WOAH *notification* on their respective *animal health status* for *listed diseases*. This is fundamental baseline information for setting risk-based import requirements.

4) The standards in the chapters of Section 2 are designed to guide an ~~the~~ *importing country* in conducting import *risk analysis*, in particular in the absence of WOAH recommendations on particular *pathogenic agents* or *commodities* to inform sanitary requirements and certification. The *importing country* should also use these standards to justify import measures which are ~~more stringent than~~ different ~~to~~ from existing WOAH standards. Section 2 also provides principles and guidance on *safe commodity* criteria.

5) The standards in the chapters of Section 3 are designed for the *establishment*, maintenance and strengthening ~~evaluation~~ of *Veterinary Services*, and the evaluation of their quality, including *veterinary legislation* and communication. These standards are intended to assist the *Veterinary Services* and *Veterinary Authority* of Member Countries to meet their objectives of improving terrestrial animal health and welfare and veterinary public health, ~~as well as to~~ They also assist Member Countries to establish and maintain confidence in their *animal health status*, their ability to conduct *risk analysis* and to deliver *international veterinary certificates* and their related capacity to meet import requirements as well as to provide operational assurances for trade.

6) The standards in the chapters of Section 4 are designed for the implementation of measures for the prevention and control of *pathogenic agents* within Member Countries' territories. Measures in this section notably include ~~notably~~ *animal identification*, traceability, zoning, compartmentalisation, disposal of dead *animals*, *disinfection*, disinsection, *biosecurity*, ~~and~~ general hygiene precautions, *vaccination* and ~~disease~~ *official control programmes*. Some chapters address the specific *sanitary measures* to be

applied for the collection and processing of semen and embryos of *animals*. Standards in Section 4 reflect detailed information and capabilities, including for safe trade.

7) The standards in the chapters of Section 5 are designed for the implementation of general *sanitary measures* for *international trade*. They address veterinary certification and the measures applicable at each stage of the trade process by the *exporting*, *transit* and *importing countries*. They also include recommendations for Member Countries to discuss and establish bilaterally agreed *sanitary measures* and *international veterinary certificates*, as well as to define the equivalence of *sanitary measures*. A range of model veterinary certificates is provided to facilitate consistent documentation in *international trade*.

8) The standards in the chapters of Section 6 are designed for the implementation of preventive measures applied to *commodities* and~~in~~ animal production and processing systems~~. These measures are intended~~ to assist Member Countries in meeting their veterinary public health objectives. They include ante- and post-mortem inspection, control of *hazards* in *feed*, *biosecurity* at the animal production level, and the control of antimicrobial resistance in *animals*. Standards in Section 6 also provide recommendations that may be applicable to the *international trade* of non-human primates and other *commodities* such as food and feed.

9) The standards in the chapters of Section 7 are designed for the implementation of *animal welfare* measures. The standards cover production, transport, and *slaughter* or *killing* of animals, as well as the *animal welfare* aspects of free-roaming dog population control, working equids, and the use of *animals* in research and education. Detailed parameters provided in some recommendations are meant to guide Member Countries in choosing those that are most suitable to their situation.

10) The standards in each of the chapters of Sections 8 to 16, i.e. disease-specific chapters, are designed to inform of the occurrence of WOAH *listed diseases* and to prevent the *pathogenic agents* of those listed diseases from being introduced into an *importing country*, from spreading within a country or from having harmful consequences, while facilitating safe *international trade* of *commodities*, based on the relative *animal health status* of their country, *zone* or *compartment* of origin, or as a *safe commodity*. Some chapters include specific measures for *surveillance* and to prevent and control the *infections* and *infestations* of global concern. Sections 8 to 16 relate to the categories of diseases, *infections* and *infestations* of multiple species, Apinae, Aves, Bovinae, Equidae, Leporidae, Caprinae, Suidae and Camelidae respectively. Although WOAH aims to include a chapter for each WOAH *listed disease*, not all WOAH *listed diseases* have been covered yet by a specific chapter. This is work in progress, depending on available scientific knowledge, and as prioritised ~~the priorities set~~ by Member Countries ~~the World Assembly of Delegates~~.

11) A disease-specific chapter covers some or all of the following components:

- Chapter title and number;
- An introductory article, including a brief description of the disease, its context and the aim of the chapter, the definition for the purposes of the *Terrestrial Code* of the disease and the animal hosts, which play a significant role in the epidemiology of the disease, and the definition of its occurrence ('case definition'); the introductory article may also include the setting of incubation, infective period, and other aspects of the disease and its consequences in terms of *surveillance*, *animal health status* and trade;
- An ~~A~~article on *safe commodities*;
- Articles on provisions for *animal health status* applied to countries, *zones*, *compartments*, ~~or *herds/flocks*~~, *apiaries* or other *subpopulations*;
- Articles on recommendations for safe trade of *commodities*;
- Articles on inactivation of the *pathogenic agents* present in specific *animal products*, materials or fomites; ~~and~~
- Articles on *surveillance* of the disease~~.~~; and
- Articles on the prevention and control of diseases ~~including containment and protection zones~~.

Not all disease-specific chapters include all these components and some chapters may include only one article on the definition of occurrence for the purpose of *notification* to WOAH. Each chapter includes only those provisions considered, at the time of adoption, relevant to address WOAH Members' needs with regards to the specific disease; and that are supported by sound scientific and technical knowledge.

12) Specific recommendations related to international trade

The recommendations in ~~these~~ disease-specific chapters that are related to *international trade* assume that the *pathogenic agent* ~~is~~ either is not present in the *importing country* or is the subject of a control or eradication programme. The *sanitary measures* recommended in the standards take into account the nature of the moved or traded *commodity*, the *animal health status* of the *exporting country*, *zone* or *compartment* of origin, and the *risk* mitigation measures applicable to each *commodity*.

C. Specific issues

1) Notification

Chapter 1.1. describes Member Countries' obligations under the Organic Statutes of the Office International des Epizooties. *Listed diseases*, as defined and described in their relevant disease-specific chapters, and *emerging diseases*~~, as prescribed in Chapter 1.1.~~, are subject to ~~compulsorily~~ compulsory *notification*~~notifiable, either immediately or routinely every six months depending on the disease situation~~. Member Countries are also encouraged to ~~also~~ provide information to WOAH on other animal health events of epidemiological significance, notably findings of *pathogenic agents* that do not comply with case definitions of the *listed diseases*, such as findings in *animals* that are not defined as animal hosts for the disease.

Chapter 1.2. describes the criteria for the inclusion of a disease, *infection* or *infestation* in the WOAH List and Chapter 1.3. gives the current list. *Listed diseases* are divided into categories based on the animal hosts. Recommendations for animal health *surveillance* in Chapter 1.4. are essential for early detection and determination of *animal health status*.

2) Diagnostic tests and vaccines

~~It is recommended that specified~~The diagnostic tests and vaccines recommended in the *Terrestrial Code* ~~chapters~~ should be used with ~~a~~ reference to the relevant sections in the ~~WOAH *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* (hereafter referred to as the *Terrestrial Manual*)~~. ~~Experts responsible for facilities used for disease diagnosis and vaccine production should be fully conversant with the standards in the *Terrestrial Manual*.~~

3) Freedom from a disease, infection or infestation

Article 1.4.6. provides general principles for declaring a country or *zone* free from a disease, *infection* or *infestation* ~~and~~ which may be complemented by specific requirements in the *listed disease*-specific chapters, including for some diseases for which an official status is granted by WOAH. Chapter 1.6. describes the procedures for free status recognition and self-declaration.

4) Prevention and control

Chapters 4.4. and 4.5. describe the measures that should be implemented to establish *zones* and *compartments*. Zoning and compartmentalisation are important tools to prevent and control diseases and to facilitate safe trade.

Chapters 4.6. to 4.12. describe the measures which should be implemented during the collection and processing of semen and embryos of animals, including micromanipulation and cloning, in order to prevent animal health *risks*, especially when trading these *commodities*. Although the measures relate principally to WOAH *listed diseases* or *infections*, general standards apply to all infectious disease *risks*. Moreover, in Chapter 4.8. diseases that are not listed are marked as such but are included for the information of Member Countries.

When applied together, the recommendations in Chapters 4.6 and 4.7. ensure the safe trade of semen.

Chapter 4.15. addresses the specific issue of the prevention and control of bee diseases and some of ~~its~~ their trade implications. This chapter should be read in conjunction with the specific bee disease chapters in Section 9.

Chapters 4.18. and 4.19 related to *vaccination* and disease control are applicable in endemic or epidemic situations, as well as in free countries or *zones* experiencing emergence or reemergence of diseases, or at increased *risk* of disease introduction. Chapters 4.13. and 4.14. related to the disposal of dead animals and to *disinfection* and disinsection are essential recommendations for complementary measures to control and eradicate diseases.

Chapter 6.5. is designed for the implementation of general *biosecurity* measures in intensive *poultry* production. Chapters 6.6., 6.13. and 6.14. provide recommendations for some specific prevention and control plans for the unlisted foodborne pathogenic agent *Salmonella* in poultry, bovine and pig production systems as part of the *Veterinary Services*' mission to prevent, eliminate or control food safety *hazards* in animal production.

Chapter 6.12. deals specifically with the zoonotic risk associated with the movements of non-human primates and gives standards for certification, transportation and import conditions for these *animals*.

5) International ~~T~~trade ~~requirements~~

a) Generalities

Veterinary Authorities~~y~~ should implement sanitary measures at the borders and *points of entry* of their countries, in order to prevent the introduction of *listed diseases*, especially when the country or a *zone* of the country is free from those diseases or when official control measures are being applied against those diseases. The general measures to be applied are described in Section 5 of the *Terrestrial Code*.

~~*Sanitary measures* related to *international trade* should be based on WOAH standards. A Member Country may authorise the importation of *animals* or *animal products* into its territory under conditions different from those recommended by the *Terrestrial Code*. To scientifically justify more stringent measures, the *importing country* should conduct a *risk analysis* in accordance with WOAH standards, as described in Chapter 2.1. Members of the WTO should refer to the Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement).~~

Chapters 5.1. to 5.3. describe the general obligations and ~~ethical~~ responsibilities of *importing* and *exporting countries* in *international trade*. *Veterinary Authorities* and all *veterinarians* directly involved in *international trade* should be familiar with these chapters. Chapter 5.3. also describes the principles of equivalence of measures, the process of negotiation of bilaterally agreed measures, and the WOAH informal procedure for dispute mediation. Chapters 5.4. to 5.7. describe the measures to implement at export, transit, and import of *commodities*. They are an essential pillar of the prevention of international spread of animal diseases.

b) Safe commodities

WOAH aims to include an article listing the *commodities* that are considered safe for trade without the need for *risk* mitigation measures specifically directed against a particular *listed disease*, *infection* or *infestation*, regardless of the status of the country or *zone* of origin for the agent in question, at the beginning of each *listed disease*-specific chapter in Sections 8 to 16. ~~This is work in progress and some chapters do not yet contain articles listing *safe commodities*.~~ When a list of *safe commodities* is present in a chapter, *importing countries* should not apply trade restrictions to such *commodities* and *commodities* derived from them with respect to the *pathogenic agent* in question. The safety of those *safe commodities* should be considered both when trading as well as for disease control regarding domestic movements. Chapter 2.2. describes the criteria for the inclusion of a *commodity* in the list of *safe commodities* of a disease-specific chapter.

~~6)~~c) International veterinary certificates

An *international veterinary certificate* is an official document that the *Veterinary Authority* of an *exporting country* issues in accordance with Chapters 5.1. and 5.2. It lists animal health requirements and, where appropriate, public health requirements for the exported *commodity*. The quality of the *exporting country's Veterinary Services* is essential in providing assurances to trading partners regarding the safety of exported *animals* and products. This includes the *Veterinary Authority's* ethical approach to the provision of veterinary certificates and their history in meeting their notification obligations.

International veterinary certificates underpin *international trade* and provide assurances to the *importing country* regarding the health status of the *animals* and products imported. The measures prescribed should take into account the *animal health status* of both *exporting* and *importing countries*, and the *zones*, *herds/flocks* or *compartments* within them, and be based upon the standards in the *Terrestrial Code*.

The following steps should be taken when drafting *international veterinary certificates*:

~~a)~~i) identify the diseases, *infections* or *infestations* from which the *importing country* is justified in seeking protection because of its own health status. *Importing countries* should not impose measures in regard to diseases that occur in their own territory but that are not subject to *official control programmes*;

~~b)~~ii) for *commodities* capable of transmitting these diseases, *infections* or *infestations* through *international trade*, the *importing country* should apply the relevant articles in the *listed disease*-specific chapters. The application of the articles should be adapted to the *animal health status* of the country, *zone*, *compartment* or *herd/flock* of origin. Such status should be established according to Article 1.4.6. except when articles of the relevant *listed disease* chapter specify otherwise;

~~c)~~iii) when preparing *international veterinary certificates*, the *importing country* should endeavour to use terms and expressions in accordance with the definitions given in the Glossary. *International veterinary certificates* should be kept as simple as possible and should be clearly worded, to avoid misunderstanding of the *importing country's* requirements;

~~d)~~iv) Chapters 5.10. to 5.13. provide, as further guidance to Member Countries, model certificates that should be used as a baseline.

~~7)~~d) Guidance notes for importers and exporters

It is recommended that *Veterinary Authorities* prepare “guidance notes” to assist importers and exporters understand trade requirements. These notes should identify and explain the trade conditions, including the measures to be applied before and after export and during transport and unloading, and the relevant legal obligations and operational procedures. The guidance notes should advise on all details to be included in the health certification accompanying the consignment to its destination. Exporters should also be reminded of the International Air Transport Association rules governing the air transport of *animals* and *animal products*.

[…]

Annex 6. Glossary

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

GLOSSARY

ANIMAL HOST

means an *animal* whose *infection* or *infestation* with the pathogenic agent of a *listed disease* ~~plays a significant role in the epidemiology of the disease and~~ defines a *case* of that disease requiring *notification*.

NOTIFIABLE DISEASE

means a disease, *infection* or *infestation* ~~listed by the *Veterinary Authority*, and~~ that, as soon as detected or suspected, should be ~~brought to the attention of~~ reported to the~~this~~ *Veterinary Authority*, in accordance with national regulations.

NOTIFICATION

means the procedure by which:

a. the *Veterinary Authority* of a Member Country informs the *Headquarters*,

b. the *Headquarters* inform the *Veterinary ~~Authority~~ Authorities* of Member Countries,

of the occurrence or presence of *listed diseases*, ~~*infection* or *infestation*~~ or *emerging diseases* in accordance with Chapter 1.1.

RENDERING

means a manufacturing process involving the application of controlled thermal treatment of animal tissues, which may include the use of pressure or chemicals, to achieve their effective separation into stable products, such as *rendered fats* and *protein meal*, and to inactivate *pathogenic agents*.

RENDERED FAT

means any final or intermediate product composed predominantly of lipids, obtained through *rendering*.

PROTEIN MEAL

means any final or intermediate solid protein-~~containing~~rich product, obtained ~~when *animal* tissues are rendered~~ from *rendering*, excluding products composed of peptides of a molecular mass less than 10,000 daltons and free amino- acids.

CHAPTER 1.1.

NOTIFICATION OF DISEASES AND PROVISION OF EPIDEMIOLOGICAL INFORMATION

Article 1.1.1.

Purpose

For the purposes of the *Terrestrial Code* and in terms of Articles 5, 9 and 10 of the Organic Statutes of the Office International des Epizooties, Member Countries shall recognise the right of the *Headquarters* to communicate directly with the *Veterinary Authority* of its territory or territories.

All *notifications* and all information sent by WOAH to the *Veterinary Authority* shall be regarded as having been sent to the country concerned and all *notifications* and all information sent to WOAH by the *Veterinary Authority* shall be regarded as having been sent by the country concerned.

Article 1.1.2.

General requirements

1) Member Countries shall make available to other Member Countries, through WOAH, whatever information is necessary to minimise the spread and to assist in achieving better worldwide prevention and control ~~and impact~~ of important animal diseases~~,~~ and their *pathogenic agents*~~, and to assist in achieving better worldwide control of these diseases~~.

2) To achieve this, Member Countries shall comply with the *notification* requirements specified in Articles 1.1.3. and 1.1.4.

3) For the purposes of this chapter, an “event” means a single *outbreak* or a group of epidemiologically related *outbreaks* of a given *listed disease* or *emerging disease* that is the subject of a *notification*. An event is specific to a *pathogenic agent* and ~~strain~~ type, subtype ~~and~~ or variant thereof, ~~when appropriate~~as relevant, and includes all related *outbreaks* reported from the time of the initial *notification* through to the final report. *Notification* ~~R~~reports of an event include ~~susceptible species~~ animal hosts, the number and geographical distribution of affected animals and the relevant *epidemiological units*.

~~4) To assist in the clear and concise exchange of information, *notification* reports shall conform as closely as possible to the WOAH disease reporting format.~~

4~~5~~) The occurrence of a *case* of *infection* or *infestation* of an animal host with ~~detection of~~ the *pathogenic agent* of a *listed disease* ~~in an *animal* should~~ shall be ~~reported~~ notified, even in the absence of clinical signs. ~~Recognising that scientific knowledge concerning the relationship between diseases and their pathogenic agents is constantly developing and that the presence of a pathogenic agent does not necessarily imply the presence of a disease, Member Countries shall ensure, through their *notification* reports, that they comply with the spirit and intention of point 1 above.~~

5~~6~~) In addition to notifying ~~new findings~~ events in accordance with Articles 1.1.3. and 1.1.4., Member Countries shall also provide information on the measures taken to prevent the spread of *listed diseases* and *emerging diseases*. Such information shall include whether the event pertains to a specific *zone* or *compartment*. Information shall include *biosecurity* and *sanitary measures*, including *vaccination* and

restrictions applied to the movement of *commodities* ~~*animals*, animal products, biological products~~ and ~~other miscellaneous objects~~ fomites ~~which~~ that could ~~by their nature~~ be responsible for the transmission of diseases. In the case of diseases transmitted by *vectors*, the measures taken against such *vectors* shall also be ~~specified~~ described.

6~~7~~) The *Headquarters* shall communicate to *Veterinary Authorities* all *notifications* received as provided in this article and Articles 1.1.3. and 1.1.4., and other relevant information.

Article 1.1.3.

Notification of listed diseases

Veterinary Authorities shall, under the responsibility of the Delegate, send to the *Headquarters*:

1) in accordance with Article 1.1.2., Chapter 1.3. and ~~relevant provisions~~ the definition of the *listed disease* and its occurrence in the disease-specific chapters, *notification*, through the World Animal Health Information System (WAHIS) ~~or by fax~~ or ~~email~~ by electronic correspondence under the ~~authority~~ responsibility of the Delegate within 24 hours of the confirmation, of any of the following events:

   a) first occurrence of a *listed disease* in a country, a *zone* or a *compartment*;

   b) recurrence of an eradicated *listed disease* in a country, a *zone* or a *compartment* ~~following the final report that declared the last event ended~~;

   c) first occurrence of a *listed disease* caused by ~~due to~~ a ~~new strain~~ type, subtype or variant of the ~~a~~ *pathogenic agent* previously absent ~~of a *listed disease*~~ in a country, a *zone* or a *compartment*;

   d) recurrence of a *listed disease* ~~due to~~caused by an eradicated ~~strain~~ type, subtype or variant of the ~~a~~ *pathogenic agent* ~~of a *listed disease*~~ in a country, a *zone* or a *compartment* ~~following the final report that declared the last event ended~~;

   e) a sudden and unexpected change in the geographical distribution or increase in incidence ~~or virulence of~~, ~~or~~ morbidity or mortality~~, or the occurrence in a previously unaffected animal host caused by, the pathogenic agent~~ ~~of~~ from a *listed disease* present within a country~~,~~ or a *zone* ~~or a *compartment*~~;

   ~~f) occurrence of a *listed disease* in an unusual host species;~~

   f) the occurrence of a *listed disease* present within a country or a *zone* in a previously unaffected animal host.

2) W~~w~~eekly reports subsequent to a *notification* under point 1 above, to provide further information on the evolution of the event which justified the *notification*. These reports ~~should~~ shall continue until either the *listed disease* has been eradicated or is considered by the *Veterinary Authority* as being ~~the situation has become sufficiently~~ stable, which means its incidence, morbidity, mortality ~~and~~ or geographic spread have stabilised. In the latter situation,~~that six-monthly reporting under~~ point 3 ~~will~~ shall apply~~satisfy the obligation of the Member Country~~. For each event notified and in both situations (eradication or stabilisation), a final report ~~should~~ shall be submitted;

3) S~~s~~ix-monthly reports on the absence or presence and evolution of *listed diseases* and epidemiological information relevant to minimising the spread and to assisting in achieving better worldwide prevention and control of important animal diseases~~of epidemiological significance to other Member Countries~~;

4) A~~a~~nnual reports concerning any other information of significance to other Member Countries.

Article 1.1.4.

Notification of emerging diseases

Veterinary Authorities shall, under the responsibility of the Delegate, send to the *Headquarters*:

1) a *notification* through WAHIS or by electronic correspondence ~~under the authority of the Delegate~~~~fax or email~~, when an *emerging disease* has been detected in a country~~, a *zone* or a *compartment*~~;

2) ~~periodic~~ at least monthly reports subsequent to a *notification* of an *emerging disease*~~:~~

~~a) for the time necessary~~ for the *Veterinary Authority* to ~~have reasonable certainty~~ ~~demonstrate~~ ~~that~~:

~~i~~a) demonstrate that the *infection* or *infestation* has been eradicated; or

~~ii~~b) ~~the situation has become stable;~~ determine that the disease is stable, which means its incidence, morbidity, mortality ~~and~~ or geographic spread have stabilised ; in this situation, information shall continue to be sent every ~~through the~~ six ~~-~~months~~ly reports~~.

~~OR~~

~~b) until sufficient scientific information is available to determine whether it meets the criteria for inclusion in the WOAH list as described in Chapter 1.2.;~~

3) a final report once point 2 a) or 2 b) above has been complied with.

~~The requirement for notification of *emerging disease* will continue until sufficient scientific information is available to determine whether it meets the criteria for inclusion in the WOAH list as described in Chapter 1.2.~~

Article 1.1.5.

Other important animal health information

~~1)~~ Although Member Countries are only required to notify *listed diseases* and *emerging diseases*, they are encouraged to provide WOAH with other important animal health information such as findings of pathogenic agents of *listed diseases* in ~~susceptible species~~ animals susceptible to *infection* or *infestation* but not listed as animal hosts, findings of types, subtypes or variants of *pathogenic agents* of *listed diseases* that are not included in the definition of the disease, and findings of non-listed diseases of interest to Member Countries.

~~2) The *Headquarters* shall communicate by email or through the interface of WAHIS to *Veterinary Authorities* all *notifications* received as provided in Articles 1.1.2. to 1.1.4. and other relevant information.~~

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CHAPTER 1.6.

~~PROCEDURES FOR~~ OFFICIAL RECOGNITION OF AN ANIMAL HEALTH STATUS, ENDORSEMENT OF AN OFFICIAL CONTROL PROGRAMME, AND PUBLICATION OF A SELF-DECLARATION OF ANIMAL HEALTH STATUS, BY WOAH

Article 1.6.1.

~~Application for o~~Official recognition of an animal health status and endorsement of an official control programme by WOAH

A Member Country may request:

1) official recognition of an *animal health status* by WOAH of:

   a) freedom of a country or *zone* from African horse sickness (AHS);

   b) risk status of a country or *zone* with regard to bovine spongiform encephalopathy (BSE);

   c) freedom of a country or *zone* from classical swine fever (CSF);

   d) freedom of a country or *zone* from contagious bovine pleuropneumonia (CBPP);

   e) freedom of a country or *zone* from foot and mouth disease (FMD), where *vaccination* is either practised or not practised;

   f) freedom of a country or *zone* from peste des petits ruminants (PPR);

2) endorsement by WOAH of:

   a) an *official control programme* for CBPP;

   b) an *official* control *programme* for FMD;

   c) an *official* control *programme* for PPR;

   d) an *official* control *programme* for dog-mediated rabies.

WOAH does not grant official recognition of an *animal health status* or endorsement of an *official control programme* for diseases other than those listed under points 1 and 2 above.

The Member Country should present documentation setting out the compliance of their *Veterinary Services* with the provisions of Chapters 1.1. 'Notification of diseases and provision of epidemiological information', 1.4. Animal health surveillance', 2.1. 'Import risk analysis', 3.2. 'Quality of Veterinary Services', 3.3. 'Evaluation of Veterinary Services' and 4.4. 'Zoning and compartmentalisation' of the *Terrestrial Code*, when relevant, and with the provisions of the relevant disease-specific chapters in the *Terrestrial Code* and the *Terrestrial Manual*.

When requesting official recognition of an *animal health status* or endorsement by WOAH of an *official control programme*, the Member Country should follow the relevant Standard Operating Procedures (available on the WOAH website) and submit to WOAH a dossier providing the information requested in the following chapters (as appropriate): 1.7. (for AHS), 1.8. (for BSE), 1.9. (for CSF), 1.10. (for CBPP), 1.11. (for FMD) or 1.12. (for PPR).

~~The WOAH framework for the official recognition of *animal health status*, the endorsement of *official control programmes*, and their maintenance is described in relevant Resolutions adopted by the World Assembly of WOAH Delegates.~~

The country or the *zone* will be included in the relevant lists of official *animal health status* or endorsed *official control programmes* only after the evidence submitted has been assessed by experts and the Resolutions listing the country or the *zone* have been adopted by the World Assembly of WOAH Delegates.

When a Member Country requests official recognition of *animal health status* for a *zone*, the geographical boundaries of the proposed *zone* should be clearly defined. When applying for recognition of a free *zone* that is adjacent to another *zone* of the same status, it should be stated whether the new *zone* is being merged or kept separate. If the proposed *zone* remains separate, details should be provided of the control of the movement of relevant *commodities* between the free *zones* ~~in accordance with Chapter 4.4~~.

The overall objective of the WOAH-endorsed *official control programmes* is for Member Countries to progressively improve their animal health situation and eventually attain official recognition of *animal health status* or in the case of dog-mediated rabies to make a self-declaration as a free country or *zone*. The *official control programme* should be applicable to the entire country even if certain measures are directed towards defined *zones*.

~~Article 1.6.2.~~

~~**Maintenance, suspension and recovery of official recognition of an animal health status and endorsement of an official control programme by WOAH**~~

Retention on the lists of countries and *zones* having an official *animal health status* ~~or of countries having an endorsed *official control programme*~~ requires that ~~the~~ information ~~in relevant chapters~~ be re-submitted annually ~~and~~ confirming that the relevant requirements in the disease-specific chapters continue to be met, including those regarding the epidemiological situation, ~~has not changed, and that the conditions described in the relevant chapters continue to be met~~ ~~changes in the epidemiological situation or other significant events be notified to WOAH in accordance with the requirements in Chapter 1.1~~. *surveillance*, and measures to prevent the introduction of the *infection*.

Retention on the lists of countries having an endorsed *official control programme* requires the submission of an annual update on the activities and the progress of the *official control programme*.

Changes in the epidemiological situation or other significant events shall be notified to WOAH in accordance with Chapter 1.1.

Article 1.6.2.

Suspension and recovery of official recognition of an animal health status and withdrawal of endorsement of an official control programme by WOAH.

The occurrence of the relevant *listed diseases or* failure ~~Failure~~ to meet~~Non-compliance with~~ the ~~requirements~~ other conditions for the maintenance of *animal health status* ~~due to the occurrence of the relevant *listed diseases* or non-compliance with *surveillance* or prevention measures,~~ results in the suspension of that status.

Within 24 months of suspension, ~~except~~ unless otherwise stated in the disease-specific chapter, a Member Country may apply for the recovery of a previously recognised status, by submitting evidence that ~~following~~ the provisions for recovery of *animal health status* of the relevant disease-specific chapter are met or that any other reasons for suspension have been addressed~~. The recovery of the status depends on the outcome of the assessment of the evidence.~~

In the event of suspension of an *animal health status* due to the occurrence of the relevant *listed disease*, the waiting periods after which an application for status recovery may be submitted to WOAH, and requirements that should be fulfilled to recover the previously recognised status prior to such submission, are specified in the relevant disease-specific chapters.

In the event of suspension of an *animal health status* for reasons other than the occurrence of the relevant *listed disease*, a Member Country may apply for recovery of the previously recognised status as soon as the circumstances that led to the suspension have been successfully addressed.

The status will be recovered only after the submitted evidence, based on this chapter and the relevant disease-specific chapters, has been accepted by WOAH.

When the status has not been recovered within the specified period of its suspension, it is withdrawn and the Member Country wishing to request the official recognition of its status may ~~should~~only do so~~reapply~~ following the procedure in Article 1.6.1.~~for the application for official recognition of *animal health status*.~~

~~WOAH may withdraw the~~The endorsement of an *official control programme* may be withdrawn if there is evidence of:

– non-compliance with the timelines or performance indicators of the programme; or

– significant problems with the quality of the *Veterinary Services* as described in Section 3 of the *Terrestrial Code*; or

– an increase in the *incidence* or distribution of the disease that cannot be addressed by the programme.

Article 1.6.3.

Publication by WOAH of a self-declaration of animal health status by a Member Country

A Member Country may ~~make~~ submit to WOAH a self-declaration of freedom of a country, *zone* or *compartment* from a ~~WOAH~~ *listed disease* ~~or another animal disease~~, *infection* or *infestation* other than those mentioned in point 1 of Article 1.6.1.~~ For *listed diseases,* The~~the~~The Member Country~~,~~ should~~may~~ inform WOAH of the claimed status and request publication by WOAH of the self-declaration of *listed disease* freedom to inform WOAH Member Countries.

A Member Country requesting the publication of a self-declaration should follow the Standard Operating Procedure (available on the WOAH website) for submission of a self-declaration of *animal health status* and provide documented information on its compliance with the relevant ~~chapters~~ articles of the *Terrestrial Code*, including:

– evidence that the *infection* or *infestation* is a *notifiable disease* in the entire country;

– history of absence or eradication of the *infection* or *infestation* in the country, *zone* or *compartment*;

– *surveillance* including an *early warning system* ~~for all relevant species~~in the country, *zone* or *compartment*;

– measures implemented to maintain freedom in the country, *zone* or *compartment*.

The self-declaration may be published only after all the information provided has been received and screened by WOAH for completeness ~~*Headquarters*administrative and technical screening has been performed by WOAH~~.

Publication does not imply endorsement of the claim of freedom by WOAH ~~and does not reflect the official opinion of WOAH~~. Responsibility for the accuracy of the information contained in a self-declaration lies entirely with the WOAH Delegate of the Member Country concerned.

~~Except~~ Unless ~~when~~ otherwise provided for in the ~~*listed*~~ *disease*-specific chapter, an *outbreak* ~~in a Member Country~~ ~~country, a *zone* or a *compartment* having a self-declared free status~~ results in the removal from the WOAH website of the corresponding self-declaration ~~loss of this the self-declared free status~~. A Member Country wishing to publish a new self-declaration for the same disease ~~reclaim a lost free status~~ should ~~submit a new self-declaration~~ follow~~ing~~ the procedure described in this article.

~~WOAH does not publish self-declarations for *listed diseases* mentioned in point 1 of Article 1.6.1.~~

Article 1.6.4.

Specific provisions

The *animal health status* of a *country* or *zone* is not affected by:

– the presence of the pathogenic agent in an imported *animal product* at a *border inspection post*;

– the presence of the disease, *infection*, or *infestation* in imported animals in a *quarantine centre*;

– the importation or the presence of the *pathogenic agent*, or of *commodities* or organisms carrying the *pathogenic agent*, in a *laboratory* or other *approved* facility~~ies~~ with appropriate laboratory biosafety and laboratory biosecurity in accordance with Article 5.8.5. and the *Terrestrial Manual*.

This should be supported by evidence of compliance with Chapters 5.5. to 5.7. of the *Terrestrial Code* and ~~all~~other relevant standards of the *Terrestrial Code* and *Terrestrial Manual*.

Annex 9. Chapter 3.X. Emergency Management

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 3.X.

EMERGENCY MANAGEMENT

Article 3.X.1.

Introduction

Emergency management is the organisation, coordination, and management of responsibilities and resources to address emergencies. It requires proactive preparedness ~~efforts~~ to ensure capabilities and capacities are in place to ~~prevent emergencies from becoming overwhelming~~minimise the consequences of emergency events, protect the health and welfare of animals and humans and support rapid recovery from emergencies. Emergency management requires regular training, practice through exercises and scenario planning.

Sudden, escalating or unexpected events can lead to emergency situations that can affect animal *populations*, negatively impacting animal health, *animal welfare*, livelihoods, ~~economies~~communities, food and water security, and veterinary public health, often with serious societal, ~~and~~ economic and environmental consequences.

The *Veterinary Authority* and *Veterinary Services* ~~are the main actors~~have the leading role in the management of and~~of the~~ response to animal health emergencies. This includes ~~requiring~~ animal disease prevention, preparedness, ~~early~~ detection, ~~and~~ response and recovery~~control, and maintaining or restoring disease freedom~~, as well as the protection of *animal welfare*. They may also be called upon to support emergency responses led by other authorities for events caused by hazards beyond animal diseases, such as zoonotic or food safety emergencies led by public health authorities or natural disasters led by relevant agencies.

Whether leading the response or not, the *Veterinary Authority* and *Veterinary Services* should be prepared to act swiftly and coordinate with other sectors and stakeholders, contributing their technical expertise, capabilities and capacities~~, under a whole-of-government approach~~. Contributions to responses led by other authorities or agencies should be explored and practised through being part of relevant intersectoral exercises. All relevant public and private stakeholders should fulfil key roles in the management of emergencies under a One Health approach.

Emergency management builds resilience by clarifying priorities and strengthening systems. Investing in adaptable capabilities is cost-effective in reducing the overall impact and cost of emergencies and requires sustained and consistent funding and resourcing rather than intermittent or reactive support.

Article 3.X.2.

Purpose and scope

This chapter provides recommendations for preparing for and managing emergencies arising from an event caused by any hazard, whether natural or human-induced~~artificial~~, (accidentally or deliberately), that affects animal health, *animal welfare* or veterinary public health. The chapter addresses key components of emergency management, including prevention, preparedness, detection, response and recovery. Its main objectives are to:

1) Guide Members in developing emergency management structures, processes and supporting systems ~~within a whole-of-government framework~~;

2) Define essential capacities and capabilities required to respond effectively;

3) Emphasise the need for sustainable resourcing to increase the resilience of *Veterinary Services*;

4) Advocate for planning, training and simulation exercises to improve ~~readiness~~ preparedness for emergencies;

5) Encourage a commitment to continuous improvement in emergency management.

This chapter may be applied to all emergencies involving *Veterinary Services* and *animals*, including *wildlife.* This chapter takes an all-hazards approach and can be applied to biological as well as chemical or physical hazards, which may arise from technological, environmental (geological, hydrological, meteorological), or even societal causes.

Article 3.X.3.

Definitions

For the purposes of this chapter, the following definitions apply:

'Hazard' means a natural or human-induced process or phenomenon with the potential to negatively affect animal health, *animal welfare* or veterinary public health.

'Event' means the manifestation of a hazard at a particular ~~place~~ location and time, which has consequences on ~~the~~ animal health, ~~or~~ *animal welfare* ~~of animals~~ or veterinary public health.

'Risk' means the likelihood of an event and the likely magnitude of its consequences.

'Emergency' means a state triggered by an event that creates significant disruption, requiring immediate and coordinated extraordinary measures due to its scale, complexity, or likelihood of further impact.

~~'Whole-of-government approach' means the coordinated and collaborative action of multiple public administrations, institutions, bodies and agencies to address complex cross-cutting issues. This approach may include extraordinary mandates.~~

~~'Incident management system' (IMS) means an emergency response coordination mechanism that brings together people, resources, and specific systems and tools, enabling effective collaboration between sectors to support interoperability, situational awareness and efficient decision-making.~~

Article 3.X.4.

General Principles

Beyond the recommendations of Chapters 3.1. and 3.2., *Veterinary Authorities* and other *Competent Authorities*, *Veterinary Services* and relevant stakeholders, should follow these principles in the implementation of emergency management:

1. General organisation and framework

   The *Veterinary Authority* and other relevant *Competent Authorities* should provide leadership, advocacy and expertise in the prevention, preparedness, ~~and~~ response and recovery for animal disease emergencies, and for any animal health, ~~and~~ *animal welfare* or veterinary public health aspects of other emergencies. Legislation on emergency management, consistent with Chapter 3.4., should clearly define lead and supporting agencies, rules for emergency declaration and related extraordinary powers and resourcing to enable effective emergency management actions.

   Veterinary Services should be integrated within national emergency management plans, resourcing and frameworks, and engage in multisectoral coordination across public and private sectors.

   The *Veterinary Authority* and the *Veterinary Services* should prepare for emergencies where they may be expected to provide a supporting role in a response led by another governmental authority, such as managing the *animal welfare* impacts of major fires, floods, storms or other natural or human-induced~~made~~ disasters.

   Formal networks and partnerships with identified public and private stakeholders, ~~such as between government agencies, including the law enforcement police or defence, representatives of industry, and~~

~~civil society,~~ and international organisations should be developed to enhance coordination and collective capacity. Examples of stakeholders include government agencies such as law enforcement or defence, and representatives of industry and civil society. Formal agreements, such as memoranda of understanding ~~(MoUs)~~, ~~can~~ may support this coordination by defining roles and responsibilities, establishing communication protocols, and promoting joint action prior to, during and after an emergency.

Essential functions of both public and private sectors should be maintained as much as possible for ongoing delivery during emergencies, notably to minimise disruptions. Efforts should be made to identify and engage the private sector in emergency preparedness and response activities during peacetime, ~~prior to and~~ alerts and ~~during~~ emergencies.

2. Data and information management

Decision-making should be supported by robust data systems, with the consistent and timely sharing of ~~integrating~~ relevant data from animal health, public health, environment and other sectors. *Early warning systems*, ~~supported~~ for animal health supported by *surveillance* in accordance with Chapter 1.4., and risk indicators are crucial to trigger and adjust emergency responses. Identification of ~~*E*~~*establishments*~~and~~ *animal identification* and traceability databases should be maintained~~,~~ and kept up-to-date and accessible for all actions in emergency management, particularly for the tracing of *animal* locations and movements. Information may be required from other *Competent Authorities* such as data on *wildlife populations* and ecosystems.

3. Effective communication

In order to ensure clear, consistent and timely communication and awareness before, during and after emergencies, to correctly inform stakeholders, to counter misinformation and disinformation and to promote transparency while maintaining public trust, *Veterinary Authorities* should establish internal and external communication protocols following the principles of Chapter 3.5. ~~on communication~~. The internal communication protocols should address measures to ensure the flow of information to facilitate efficient management of the emergency. The external communication protocols should address communication with *Veterinary Authorities* of ~~the~~ other countries likely to be affected by the emergency.

4. Human, physical and financial resources

The *Veterinary Authority* and other relevant *Competent Authorities* should ensure that trained personnel are available for all components of emergency management. This includes maintaining core staff with defined roles in case of emergency, employing subject matter experts as well as establishing mechanisms for swift mobilisation and surge capacity of personnel, including *veterinary paraprofessionals*, private *veterinarians* or other private sector support, including relevant industry expertise ~~e.g. private *veterinarians* or *veterinary paraprofessionals*~~. Consideration should be given to arrangements to mobilise international personnel in emergencies that require additional surge capacity, and the role of relevant ~~i~~International ~~O~~organisations in this respect. The physical and mental wellbeing of emergency management personnel should be prioritised through health, safety and psychosocial support measures, and adequate staff rotations. ~~Consideration should be given to arrangements to mobilise international personnel in emergencies that require additional surge capacity, and the role of relevant International Organisations in this respect.~~The *Competent Authorities* should have the regulatory oversight, the power to engage with, ~~or~~ and the knowledge~~,~~ of, the mechanisms for the *Veterinary Services* to access financial and physical resources in an emergency response.

Veterinary Services should have the capability to quickly access extraordinary financial resources and the necessary physical resources to respond to emergencies. This includes having adequate pre-purchased equipment, such as ~~roadblocks,~~ sampling materials, personal protective equipment or disinfectants~~, pre-purchased, and~~ ~~c~~Contingency funding arrangements should be in place to support operational costs~~, as well as~~and ~~mechanisms for~~ compensation or recovery, as appropriate. Fair and timely compensation of stakeholders for losses can promote both early warning and compliance.

5. Continuous improvement and learning

Emergency management components should be regularly monitored, tested, evaluated and updated through training, simulation exercises and learning from real events. Lessons should be identified through after-action reviews.

The *Veterinary Authority* and other relevant *Competent Authorities* should also learn from approaches in other sectors both at the national and international levels.

6. Accountability

Competent Authorities should maintain records of decisions, actions and resource use to ensure transparency, support emergency-related inquiries and to demonstrate responsibility to stakeholders, ~~financial~~ government financial agencies, and donors.

Article 3.X.5.

Prevention

While not all emergencies can be prevented, prevention in emergency management aims at avoiding or reducing the likelihood of the occurrence of events that may trigger emergencies, or ~~mitigate~~ mitigating their impact so that they do not trigger emergencies.

Routine prevention activities should be integrated into day-to-day operations such as import controls, *biosecurity*, traceability, zoning and compartmentalisation, as well as *vaccination* programmes, as appropriate. Key elements of prevention include, for events caused by animal diseases, the application of the recommendations in Section 4 and Section 5 of the *Terrestrial Code*.

In addition, the *Veterinary Authority* and other relevant *Competent Authorities* should take into consideration the following principles:

1) Prevention actions and measures ~~are~~ should be based on risk assessments considering all relevant hazards and sectors. Import risk analysis, ~~such~~ as described in Chapter 2.1., aims to prevent the introduction of diseases into a country, potentially causing animal health emergencies. In this context, risk communication should be implemented, including through timely messaging with stakeholders across public and private sectors. Raising awareness ~~on~~ of *biosecurity, surveillance* and the recognition of such diseases contributes to early detection and reduced spread of disease, minimising the scale and impact of the event.

2) *Risk analysis* should be supported by foresight and intelligence, where risk factors and emerging trends are monitored and understood ~~as well as emerging trends~~, to enable the early identification of hazards and the relevant adjustments to prevention strategies, before escalation occurs.

3) Prevention activities should be adequately funded, supported and implemented by both public and private sector stakeholders. The *Veterinary Authority* and other relevant *Competent Authorities* should encourage the private sector to cooperate and contribute to prevention, ~~e.g.~~ for example through public-private partnerships.

Article 3.X.6.

Preparedness

Emergency preparedness is the ability of the *Veterinary Authority* and other relevant *Competent Authorities* and relevant stakeholders to anticipate, plan for and implement the ~~best and fastest possible~~most efficient response to emergencies, in order to minimise their scale and impact and hasten recovery. It is a continuous cycle of planning, equipping, training, and exercising and should be supported by political commitment, dedicated funding and resourcing as well as inter-institutional coordination mechanisms. Preparedness should be scalable and flexible to address a range of hazards and events. Effective preparedness involves the use of up-to-date scientific evidence, supported by scientific research and gap analysis during peacetime, cross-border cooperation and the consideration of analytical approaches to anticipate emerging risks.

In addition to the relevant recommendations in Chapter 4.19., the following should be considered when applying an all-hazards approach to preparedness for emergencies:

1. Legal framework

Legislation should be developed and maintained in accordance with Chapter 3.4., and as part of preparedness efforts, it should:

a) Define mandates, powers, roles and responsibilities of the *Veterinary Authority* and other relevant *Competent Authorities* in emergencies, clarify the chain of command, including for emergency declarations, planning and decision-making, and of other relevant sectors and stakeholders for implementation and support;

b) Provide powers to *Competent Authorities* to implement necessary and proportionate emergency measures, including declaring ~~the~~ a state of emergency, as well as procuring and allocating resources and ensuring compliance through enforcing required measures;

c) Contain provisions to account for temporary fast-tracking of decision-making, policies or procedures during emergencies such as for quarantine, killing, enhanced *surveillance* and testing of animals, emergency registration of vaccines and expedited procurement of resources;

d) Support intersectoral collaboration ~~such as through MoUs~~;

e) Provide legal protection (including safety and protection from liability and potential aggression) for individuals and organisations involved in emergency management;

f) Ensure funding ~~for~~sufficient to allow for the execution of relevant elements of emergency management, ~~covering both~~including operational costs and consideration for payment of compensation, while facilitating rapid access and use. ~~Fair and timely Ccompensation of stakeholders for losses can promote both early warning and compliance.~~

2. Planning

a) Preparedness ~~planning~~plans should be based on *risk analysis* of different scenarios and apply to all components of emergency management. They ~~It~~ should:

i) Be supported by legislation and operational frameworks;

ii) Include the development of written emergency preparedness plans and emergency response plans (also known as 'contingency plans'~~)~~) that address a range of potential hazards, define animal health or *animal welfare* emergencies and describe what should be done prior to and during an emergency. The plans should provide for a scalable response, according to the nature, severity and evolution of the event, and should be supported by detailed standard operating procedures;

iii) Ensure that emergency response plans define an emergency response coordination mechanism, such as an incident management system (IMS), establishing a clear chain of command, at all administrative levels, including designated persons for decision-making ~~persons~~, communication flows and accountability.

~~iii~~iv) Include a framework for cooperation between the *Competent Authorities*, *Veterinary Services* and other stakeholders. All stakeholders should have their roles and responsibilities defined and understood. This should include detailed guidance on interoperability, accountability, and coordination;

~~iv~~v) Recognise the roles and responsibilities of the private sector in preparedness and continuity of business;

~~v~~vi) Be regularly reviewed and updated, incorporating lessons identified through real events and simulation exercises;

~~vi~~vii) Identify the technical expertise necessary to support decision-making and operational activities during emergencies;

~~vii~~viii) Ensure that laboratories are able to scale up when required during an emergency;

~~viii~~ix) Describe the deactivation process of emergency response including the scaling down of logistics and decommissioning of facilities, equipment and personnel.

b) Preparedness planning should also include development of a recovery plan that is integrated into national emergency management arrangements. A recovery plan should:

i) Clearly define the objectives and timeline for recovery efforts;

ii) Establish the chain of command, roles and responsibilities and identify key partners for the delivery of recovery activities;

iii) Promote intersectoral communication and coordination throughout the implementation of recovery activities;

iv) Describe funding mechanisms and the prioritisation and coordination of recovery resources;

v) Define arrangements for community support as appropriate;

vi) Incorporate *risk management*~~mitigation~~ strategies, where~~if~~ relevant, including *surveillance* and prevention measures ~~cautious~~ when restocking ~~with *surveillance* and prevention measures~~;~~.~~

vii) Incorporate a trade and market recovery strategy, as relevant.

3. Equipping

Preparedness requires that the *Veterinary Authority*, other relevant *Competent Auth*orities~~y~~ and relevant stakeholders ensure~~s~~ the availability of appropriate equipment and supplies relevant to their respective role**s**, to implement emergency response plans. Equipping should:

a) Be based on resource mapping and risk prioritisation for different scenarios;

b) Include pre-established procurement, contracting and logistics systems adaptable to emergency conditions;

c) Leverage both public and private capacities and have pre-existing arrangements in place;~~.~~

~~c~~d) Establish networks and arrangements with relevant *laboratories* and suppliers for the provision of vaccines, including through vaccine banks, and other *veterinary medicinal products*.

4. Training and exercising

A comprehensive training and exercise programme should be in place to ensure personnel have the competencies and capabilities required to respond effectively to emergencies as well as to identify gaps in emergency management efforts. This should include:

a) Regular, multidisciplinary training involving all relevant sectors ~~and stakeholders~~;

b) Simulation exercises conducted at appropriate intervals and levels, addressing key priority hazards and crucial aspects of emergency management. Besides emergency response activities, all mechanisms of coordination within or between authorities and sectors, including for *early warning systems*, should be tested in simulation exercises;

c) Exercises that may also involve other Member**s** ~~Countries~~, regional and international partners;

d) Evaluation of exercises through after-action reviews and the identification of lessons to inform future preparedness efforts.

Article 3.X.7.

Detection

Detection in the framework of emergency management is the process of the timely identification and analysis of the occurrence of events that might trigger an emergency, requiring action by the *Veterinary Authority*, other relevant *Competent Authorities* and other relevant authorities and stakeholders.

Members should put in place *early warning systems*, as described in Chapter 1.4. and adapted to all types of events and based on early detection, to enable timely decision-making and implementation of control measures to mitigate the impact of the event. *Early warning systems*~~,~~ should include *surveillance*, intelligence and rapid exchange of information, in order to determine if an emergency response is required, based on pre-existing criteria. Detection activities, such as animal health *surveillance* as described in Chapter 1.4., should be a continuous process that maintains a sufficient state of readiness.

The development and maintenance of early warning systems are vital for emergency management. ~~The earlier an e~~Events should be ~~is~~ detected and reported as quickly as possible to the relevant *Competent Authorities* (and in case of *listed diseases* or *emerging diseases* to~~by~~ the *Veterinary Authority*~~ies in accordance with Chapter 1.1.)~~,. This ~~will~~ may allow for quick and effective ~~the sooner and more effective appropriate~~ actions ~~can~~ to be taken, reducing the overall impacts of the event.

Early warning systems should be organised ~~with~~in coordination and collaboration among the relevant public administrations, institutions, bodies and agencies~~a whole-of-government approach~~.

Raising awareness and maintaining a strong reporting chain linking field-level operations to the *Veterinary Authority* and other relevant *Competent Authorities* is critical. ~~*Veterinary Services*~~ They should provide continuous education and outreach to enhance recognition of events that could trigger an emergency.

Diagnostic laboratories are a key element of early detection and *early warning systems*. They should have a scalable testing capacity and be able to operate as a network to collectively increase testing capacity by sharing competences and workload. Agreements and protocols for sending samples to another country should be established beforehand (in accordance with Chapter 5.8.).

~~Some laboratories should also play a role in controlling, approving and registering *veterinary medicinal products*, including vaccines, especially for emergency *vaccination*.~~

For events that may be detected by a *Competent Authority* other than the *Veterinary Authority*, such as extreme weather events or infrastructure failures, there should be a pre-agreed mechanism for the timely reporting and exchange of information.

Article 3.X.8.

Response

Emergency response is the series of coordinated actions taken to manage an event that triggers an emergency. These actions should be described in principle in the emergency response plans, and be adapted to the event's nature, scale and complexity. Depending on the emergency, the *Veterinary Authority* may lead the response or operate under the coordination of another *Competent Authority* or other relevant authorities. The *Veterinary Authority* may also coordinate closely with *Veterinary Authorities* or other *Competent Authorities* of neighbouring or other countries.

Activation of the response is based on the ~~continuous~~ assessment of risk and the evaluation of the situation. The response plan should identify priorities, decision-making timelines and procedures for maintaining continuity of business. It should remain flexible and be regularly reviewed as new information becomes available.

An emergency response coordination mechanism, such as an IMS, should be activated as appropriate to coordinate the response. This mechanism should be interoperable across *Competent Authorities* and other relevant authorities ~~to support a whole-of-government response~~. Key components of a coordinated response include:

1) Leadership and coordination: A chain of command should be established to ensure decision-making responsibilities are clear at all levels. The decision-making process should include the development of clear response objectives. Emergency operations centres (EOCs) may be set up to collocate dedicated staff and resources, depending on the scale of the emergency, for the IMS to operate as effectively as possible. Remote EOCs (or some roles within an EOC) should be able to function effectively in circumstances where response staff are geographically remote from each other. Liaison functions should be set up to maintain coordination between the *Veterinary Authority*, other relevant *Competent Authorities* and with other relevant sectors and stakeholders. These functions should allow regularly scheduled briefings and timely information sharing, including for the development of common messaging.

2) Planning: The lead government agency~~*Competent Authority*~~ should continuously collect and analyse data relevant to the emergency to support timely decision-making and to guide response activities. This includes rapid risk assessments, situation reports, ongoing epidemiological analysis and real-time response planning adapted to the existing generic response plan. This information should be disseminated to relevant stakeholders as appropriate.

3) Operations: Operational activities are undertaken as per the strategic and tactical decisions of the response, based on the preparedness plan and the response plan. Field activities should be coordinated and *means of transport* and other operational resources should be secured.

4) Logistics: Logistics should be scalable to meet the needs of the emergency response and should be planned, although they ~~always~~ should always be adapted to the objectives of the response and the field reality. Consideration should be given to sourcing essential services and materials through partnerships with other sectors, including the private sector.

5) Public information: External communication and awareness activities should be timely, tailored, coordinated, and if needed unified, across involved sectors to ensure consistency and avoid confusion. Designated spokespersons should be identified and communicate clear, accurate information to stakeholders using appropriate channels. Communications should be rapid and consistent to avoid information voids that can foster misinformation and disinformation.

6) Finance and administration: Emergency funding should be easily accessible, and adaptable to the changing scale and scope of response activities. Rapid procurement and contracting systems should be ready to be used under a state of emergency. Arrangements for compensation of stakeholders or other financial support, including insurance contract services, may be necessary depending on the nature of the emergency.

7) ~~*Surveillance*~~Detection during emergencies: Although focused on response activities, emergency management ~~at the time of~~ during an emergency requires regular review and updating of detection measures based on reassessed risks. This includes the strengthening of ~~targeted~~ surveillance, the performance of epidemiological investigations, including tracing investigations, and the raising of awareness among relevant stakeholders. These activities should support the adaptation of the response plan including decisions to intensify or reduce certain measures, such as movement restrictions.

~~Different types of emergencies may require different types of response activities, which may include:~~

~~a) For animal disease emergencies:~~

~~Zoning in accordance with Chapter 4.4.;~~

~~Stamping out (including ensuring *animal welfare* at the time of killing, in accordance with Chapter 7.6) and other measures as described in Chapter 4.19.; Law Enforcement Authorities may be required to support enforcement of these measures;~~

~~Emergency vaccination in accordance with Chapter 4.18.;~~

~~Carcass disposal in accordance with Chapter 4.13.;~~

~~Cleansing and *disinfection* of premises, equipment and vehicles in accordance with chapter 4.14.;~~

~~*Vector* control or management of *wildlife* reservoirs, as appropriate and justified;~~

~~All these measures should take into account relevant *biosecurity* recommendations in accordance with Chapter 4.X.~~

~~b) For veterinary public health emergencies, such as a food safety emergency, providing relevant support by investigating, tracing and managing any animal food products or animal sources.~~

~~c) For other types of emergencies, caused by hazards that arise from technological, environmental (geological, hydrological, meteorological), or societal causes, protection of *animal welfare* in accordance with Chapter 7.1., including:~~

~~– Humane euthanasia of badly injured or otherwise suffering animals;~~

~~– Animal rescue and relocation;~~

~~– Provisions of temporary shelters;~~

~~– Ensuring feed, water and veterinary care for displaced animals.~~

~~a) In case of suspicion of deliberate event:~~

~~Engagement of the relevant law enforcement authorities to conduct joint investigations and risk assessments.~~

~~7~~8) Human resources

a) Personnel dedicated to response activities should have been trained and briefed on their roles as per the preparedness plan, but on the spot training should be considered, including health, safety and conduct rules, and the nature and impacts of the specific emergency that is managed. During response operations, the physical and psychological safety of responders as well as ~~producers~~ other involved stakeholders should be prioritised and monitored.

b) Mobilisation of personnel should consider the regular activities of *Veterinary Services* and that these have to continue during the response. However, the range of expertise needed across all levels of the response should be made available as per the response plan, including access to subject matter experts. Health, including mental health, well-being and safety of personnel and affected communities should be prioritised.

~~8~~9) Documentation should be maintained throughout the response including records of decisions. A dedicated monitoring and evaluation team should identify lessons during the response and implement real-time improvements if necessary. Records should also be ~~also~~ kept to reassess and, if necessary, adapt the preparedness plan for future emergencies. Records are also required for audits and for accountability.

~~9~~10) Response is deactivated when a *risk assessment* supports it and tasks can be conducted under business as usual. Deactivation should also include the scaling down of logistical operations and reallocation of usable response resources.

Different types of emergencies may require different types of response activities. This may include the following activities depending on events, which are not mutually exclusive:

a) For animal disease emergencies:

– Zoning in accordance with Chapter 4.4.;

– Movement restrictions;

– Stamping-out (including ensuring *animal welfare* at the time of killing, in accordance with Chapter 7.6.) and other measures as described in Chapter 4.19.; Law Enforcement Authorities may be required to support enforcement of these measures;

– Emergency vaccination in accordance with Chapter 4.18.;

– Carcass disposal in accordance with Chapter 4.13.;

– Cleaning and *disinfection* of premises, equipment, ~~and vehicles and~~ *means of transport* and other vehicles in accordance with Chapter 4.14.;

– *Vector* control or management of *wildlife* reservoirs, as appropriate and justified;

– All these measures should take into account relevant *biosecurity* recommendations in accordance with Chapter 4.X.

b) For veterinary public health emergencies, such as a food safety emergency or zoonotic disease *outbreak*, providing relevant support by investigating, tracing and managing any animal food products or animal sources.

c) For other types of emergencies, caused by hazards that arise from technological, environmental ~~(geological, hydrological, meteorological)~~, or societal causes, protection of *animal welfare* in accordance with Chapter 7.1., including:

– Humane ~~euthanasia~~ killing of badly injured or otherwise suffering animals;

– Animal rescue and relocation;

– Provision~~s~~ of temporary shelters;

– Ensuring feed, water and veterinary care for ~~displaced~~ affected animals.

d) In case of suspicion of a deliberate event:

Engagement of the relevant law enforcement authorities to conduct joint investigations and risk assessments.

Article 3.X.9.

Recovery

Recovery is the set of actions required to support affected communities, industries and animal *populations*, restore livelihoods and habitats and to rebuild infrastructure, and to reduce long-term emergency impacts. It generally begins when emergency response activities cease, however, some efforts may start in some areas while response continues in others.

Recovery involves impact assessment, restoring services and rebuilding systems including veterinary infrastructure, if necessary, with the ~~view to~~goal of returning to an effective level of functioning~~pre-emergency continuity of business~~. The lead government agency~~*Competent Authority*~~ for recovery may differ from the one leading~~in charge of~~ the response.

For emergencies caused by outbreaks of ~~*listed*~~animal diseases, recovery may include steps to return to the *animal health status* prior to the event. Member~~s~~ ~~Countries~~ seeking official recognition of *listed disease* freedom or self-declaration of *animal health status* should follow the relevant provisions of Chapter 1.4. on animal health surveillance, Chapter 1.6. on animal health status, and the relevant disease-specific chapters.

During recovery, the *Veterinary Authority* or other relevant *Competent Authorities*~~y~~ should:

1) liaise and collaborate with affected communities, industries and other stakeholders to determine their needs and deliver appropriate recovery support;

~~1~~2) provide guidance on compensation, where appropriate, available financial assistance and access to counselling and support services;

~~2~~3) monitor resource availability and assess progress against recovery objectives;

~~3~~4) define and agree on an endpoint for recovery, based on regular reviews of the situation including availability of resources. Stakeholders should be informed of the recovery timeline;

~~4~~5) ensure transparency through regular reporting to national, regional and international stakeholders, and to WOAH, as appropriate.

An after-action review of the whole event management (prevention, preparedness, detection, response, recovery) should be conducted to identify lessons for improving future emergency preparedness and response. A final report should be prepared and disseminated to relevant stakeholders. Where appropriate, the *Veterinary Authority* and other relevant *Competent Authorities* should share lessons with other sectors

and stakeholders, including at the international level. For protracted emergencies interim reviews should be conducted as appropriate to identify lessons and support continuous improvement.

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Annex 10. Chapter 5.X. Introduction to Recommendations for International Veterinary Certification and Export and Import Procedures

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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SECTION 5

~~TRADE MEASURES, IMPORT/EXPORT PROCEDURES AND VETERINARY CERTIFICATION~~

RECOMMENDATIONS FOR INTERNATIONAL VETERINARY CERTIFICATION AND EXPORT AND IMPORT PROCEDURES

CHAPTER 5.X.

INTRODUCTION TO RECOMMENDATIONS FOR INTERNATIONAL VETERINARY CERTIFICATION AND EXPORT AND IMPORT PROCEDURES

Article 5.X.1.

Purpose and scope

Section 5 'Recommendations for international veterinary certification and export and import procedures' of the *Terrestrial Code* provides recommendations for ~~on how Members'~~ ~~Countries'~~ *Veterinary Authorities* of Member Countries to ensure ~~the~~ safe~~ty of~~ *international trade*, i.e. transboundary movements of *commodities*~~,~~. These include ~~through~~ official operational assurance mechanisms including ~~through~~ international veterinary certification and border controls, applicable to *exporting*, *transit* and *importing countries*. As a pillar of WOAH's mandate to improve animal health worldwide, this is a core responsibility of *Veterinary Services* of ~~WOAH~~ Member Countries.

Section 5 covers obligations and procedures for international veterinary certification; border operational measures including communication, roles and responsibilities ~~(for~~of *Veterinary Authorities*, ~~and~~ other relevant *Competent Authorities*~~,~~ ~~as well as for~~ and private sector operators~~)~~, documentation, transportation, planning for unexpected events~~,~~; and inspections as applicable to *exporting*, *transit* and *importing countries*. Section 5 also covers recommendations for the operation of border inspection posts and *quarantine centres*, as well as ~~detailed~~ recommendations and model~~s for the import and~~ *international veterinary* ~~certification~~ *certificates* ~~of~~ for the import of ~~a range of both~~ general and specific *commodities*.

Article 5.X.2.

International certification

Export consignments of relevant *commodities* should be accompanied by an *international veterinary certificate* issued by the *Veterinary Authority* of the exporting country. This certificate provides assurances to the importing country regarding ~~disease~~ *animal health status* and the safety of the *commodities* imported and ~~lists~~ certifies compliance with the animal health and veterinary public health requirements for the exported

commodity. To maximise harmonisation of the *sanitary* ~~aspects of~~ *measures* in international trade, *Veterinary Authorities* should base their import requirements on relevant WOAH ~~standards~~ recommendations ~~and~~ or on import *risk analysis* conducted in accordance with Chapter 2.1. The agreed *international veterinary certificate* ~~with its importing requirements~~ is the final result of sanitary negotiations between trading partners., ~~The whereby confidence in the exporting (or transit) country veterinary~~ signature of an *official veterinarian* ~~from~~ of the *exporting* ~~(~~or *transit*~~)~~ *country* on the certificate attests to the implementation of the *sanitary measures*~~attests to the performance or verification of the *sanitary measures* listed~~ as required by the *importing* ~~(~~or *transit*~~)~~ *country*. ~~Border checks that match imported *commodities* signed *international veterinary certificate* before release are a key operational assurance mechanism~~measure to facilitate safe *international trade*.

Article 5.X.3.

Cooperation and communication

Effective implementation of the ~~Section 5~~ standards in Section 5 for safe *international trade* in *commodities* requires cooperation and communication ~~between~~ among multiple actors including the *Veterinary Authorities,* other relevant *Competent Authorities* and ~~the~~ private sector operators~~, and~~ in each of the *exporting*, *transit* and *importing countries*. ~~It is important that t~~The *Veterinary Services* should collaborate closely with other border agencies, such as customs or police, to manage the risks from informal or illegal trade in *commodities*. For the purposes of Section 5, 'operator'~~s~~ ~~are defined as~~ means "any natural or legal entity or person responsible for the export, transit or import of *commodities* subject to the provisions of the respective chapters".

Article 5.X.4.

Import requirements

Standards within ~~The~~the *Terrestrial Code* ~~provides standards that~~ deliver essential sanitary information, recommendations and technical guidance to ~~Member Countries~~trading partners ~~—~~for the development~~determination~~ and agreement of science-~~based~~ and risk-based import requirements., ~~as reflected in certification. As per provisions of the different Sections of the *Terrestrial Code*, this includes providing: transparency through WOAH notification of *listed disease* and *animal health status*; guidance on science-based import *risk analysis* and *safe commodities*; recommendations on quality of *Veterinary Services* including to give confidence in certification; guidance on *animal welfare* including for trade in live animals; and recommendations by listed disease for the safe trade of various *commodities*.~~

Section 5 provides recommendations for the practical implementation of these requirements through assurance mechanisms including international veterinary certification and border inspection and quarantine.

Control at border inspection posts to verify compliance of imported *commodities* with the accompanying signed *international veterinary certificate* before release is a key operational assurance mechanism to facilitate safe *international trade*.

Annex 11. Chapter 8.1. Infection with Bacillus anthracis (Anthrax)

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 8.1.

INFECTION WITH BACILLUS ANTHRACIS (ANTHRAX)

Article 8.1.1.

General provisions

This chapter is intended to manage the ~~human and~~ animal health and public health risks associated with the presence of *Bacillus anthracis (B. anthracis)* in *commodities* and the environment.

There is no evidence that anthrax is transmitted by animals before the onset of clinical ~~and~~ or pathological signs. Early detection of *outbreaks*, quarantine of affected premises, destruction of diseased animals and fomites, and implementation of appropriate sanitary procedures at *slaughterhouses*/*abattoirs* and dairy factories ~~will~~ ensures the safety of products of animal origin intended for human consumption.

For the purposes of the *Terrestrial Code*, anthrax is defined as an *infection* of bovids, camelids, equids and suids (hereafter 'animal hosts') with *B. anthracis*.

The following defines the occurrence of *infection* with *B. anthracis*:

1) *B. anthracis* has been isolated and identified as such in a sample from an animal host; or

2) antigen or nucleic acid specific to *B. anthracis* has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with *infection* with *B. anthracis*, or epidemiologically linked to a confirmed or suspected *case* of *infection* with *B. anthracis* or to a human infected with *B. anthracis*, or giving cause for suspicion of previous association or contact with *B. anthracis* including being within an area of known historical anthrax contamination.

For the purposes of the *Terrestrial Code*, the *incubation period* for anthrax shall be 20 days.

Anthrax should be notifiable in the whole country.

When authorising import or transit of *commodities* covered in ~~the~~ this chapter, ~~with the exception of~~except for those listed in Article 8.1.2., *Veterinary Authorities* should require the conditions prescribed in this chapter.

Standards for diagnosis ~~diagnostic tests~~ and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

[…]

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Annex 12. Chapter 8.8. Infection with Foot and Mouth Disease Virus

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

CHAPTER 8.8.

INFECTION WITH FOOT AND MOUTH DISEASE VIRUS

[…]

Article 8.8.13.

Recommendations for importation of susceptible animals from countries, zones or compartments free from FMD where vaccination is not practised

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that the *animals*:

1) showed no clinical sign of FMD on the day of shipment;

2) were kept since birth or for at least the past three months in a country, *zone* or *compartment* free from FMD where *vaccination* is not practised;

3) if transiting an infected *zone*, were not exposed to any source of FMDV during transportation to the *place of shipment*~~;~~.

~~4) if previously vaccinated, comply with point 4 of Article 8.8.14.~~

[…]

Article 8.8.33bis.

Recommendations for importation of fetal bovine serum from countries or zones infected with FMDV

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that: ~~this product has been subjected to~~:

1) the ~~Dams~~ dams originated from *herds* that were not infected or suspected of being infected with FMDV for the past 14 days, and they showed no clinical signs of *infection* with FMDV at the time of *slaughter* as demonstrated by ante- and post-mortem inspection in accordance with Chapter 6.3.;

2)~~1)~~ the ~~Product~~ product has been subjected to a test for the detection of nucleic acid specific to FMDV with negative results, carried out on each batch of fetal bovine serum, followed by:

   a) ~~a test for detection of nucleic acid specific to FMDV with negative results, carried out on each batch of fetal bovine serum, followed by~~ gamma irradiation at a dose of at least 30 kilogray ~~Gray~~ (kGy); or

~~2)~~ b) an equivalent treatment that has been demonstrated to inactivate FMDV in fetal bovine serum~~:~~.

3) ~~The~~ the necessary precautions were taken after collection and processing to avoid contact of the fetal bovine serum with any potential source of FMDV.

[…]

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CHAPTER 8.10.

INFECTION WITH JAPANESE ENCEPHALITIS VIRUS (JAPANESE ENCEPHALITIS)

Article 8.10.1.

General provisions

Japanese encephalitis (JE) is a *vector*-borne disease of significant importance to public health transmitted by bites of culicine mosquitoes. Humans and a wide range of animals are susceptible to JE, however, only suids and *wild* birds are known to play a significant role in the epidemiology of the disease. Suids are considered amplifying hosts, and *wild* birds are considered ~~to be~~ reservoir and amplifying hosts. Equids are dead-end hosts and therefore, equids and their ~~products~~ *commodities* do not present a risk of transmission. However, equids ~~are~~ may be ~~may be~~ ~~useful~~used as sentinels for the early detection of JE ~~Japanese encephalitis~~ to mitigate animal health and public health risks posed by the pathogenic agent.

For the purposes of the *Terrestrial Code*, JE~~Japanese encephalitis~~ is defined as an *infection* of suids~~,~~ and *wild* birds~~, and,~~ ~~equids, and wild birds~~ (hereafter 'animal hosts') with Japanese encephalitis virus (JEV).

The following defines the occurrence of *infection* with JEV:

1) JEV has been isolated and identified as such in a sample from an animal host; or

2) nucleic acid or antigen specific to JEV has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with JE~~Japanese encephalitis~~, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to JEV; or

3) seroconversion specific to JEV, which is not the consequence of *vaccination*, has been detected in an animal host; or

4) antibodies specific to JEV, which are not the consequence of *vaccination*, have been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with JE~~Japanese encephalitis~~ or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to JEV.

~~A notification of infection of equids or wild birds with JEV does not affect the Japanese encephalitis status of a country or *zone*.~~

For the purposes of the *Terrestrial Code*, the *infective period* ~~in~~ for suids shall be seven days.

Standards for diagnosis and vaccines, as well as information on the epidemiology of this disease, are described in the *Terrestrial Manual*.

Article 8.10.2.

Safe commodities

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any JE~~Japanese encephalitis~~ related conditions regardless of the *animal health status* of the country or *zone* of origin:

1) equids and other equid *commodities*;

2) *meat* and *meat products*, other than blood and blood products, from suids;

3) *protein meal* and rendered fat, from suids;

4) gelatine and collagen, from suids; ~~and~~

5) hides, skins and hair, from suids; ~~.~~ and

6) extruded dry pet food and coated ingredients after extrusion, from suids.

Article 8.10.3.

Country or zone free from infection with JEV in domestic and captive wild suids

A country or *zone* may be considered free from *infection* with JEV in domestic and *captive wild* suids when:

1) the country or *zone* is historically free as described in point 2) b) of Article 1.4.6.;

OR

2) a) for at least the past two years;

i) the *infection* has been notifiable in the entire country ~~for at least the past 24 months~~;

~~2~~ii) appropriate *biosecurity* and *sanitary measures* to prevent the introduction of *infection* have been in place; in particular, the importation or movements of suids or *captive wild* birds and their *commodities* into *the* country or *zone* have been carried out in accordance with this chapter or other relevant chapters of the *Terrestrial Code,* including Chapter 2.1. 'Import risk analysis';

~~3~~b) *vaccination* of domestic and *captive wild* suids against JE~~V of suids~~ was not conducted in the entire country or *zone* for the past 12 months;

~~4~~c) ~~and either:~~

~~a) the country or *zone* is historically free as described in point 2) b) of Article 1.4.6.; or~~

~~b)~~ for at least the past 24 months, *surveillance* in accordance with Article 8.10.9. has been in place in the entire country or *zone* and there has been no *case* in domestic or *captive wild* suids in the country or *zone*; ~~.~~

~~5~~d) ~~When~~ when and where *infection* with JEV occurs in *wild* birds or *wild* suids, ~~then~~ domestic and *captive wild* suids have ~~should~~ been separated by appropriate *biosecurity*, effectively implemented and supervised, ~~using appropriate *biosecurity*~~ from *wild* birds and *wild* suids and have been protected from the bites of culicine mosquitoes in accordance with Article 8.10.8~~vectors~~.

~~.~~The free status from *infection* with JEV in domestic and *captive wild* suids of a country or *zone* is not affected by a notification of *infection* of *wild* birds or *wild* suids with JEV.

Article 8.10.4.

Compartment free from infection with JEV in suids

The establishment of a *compartment* free from *infection* with JEV in suids should follow the relevant provisions laid down in points 2) a) and 2) d) of Article 8.10.3.~~, 1), and 2)~~ and in Chapters 4.4. and 4.5.

Suids in the free *compartment* should be protected from the bites of culicine mosquitoes in accordance with Article 8.10.8.

Article 8.10.4.bis

Country or zone infected with JEV in *suids*

A country or *zone* should be considered as infected with JEV in suids when the conditions of Article 8.10.3. are not met. ~~when the *infection* occurs in an *suid* animal host~~.

Article 8.10.5.

Recovery of free status

Should a *case* of infection with JEV occur in a domestic or *captive wild* suid~~To regain free status when an *infection* of JEV occurs~~ in a previously free country or *zone*, free status ~~it~~ may be recovered in accordance with Article 8.10.3.~~ applies~~.

Article 8.10.6.

Recommendations for importation of domestic and captive wild suids from countries, zones or compartments free from JE~~Japanese encephalitis~~ in domestic and captive wild suids

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign of JE~~Japanese encephalitis~~ on the day of shipment;

2) were kept in a country, *zone* or *compartment* free from ~~Japanese encephalitis~~ JE in domestic and *captive wild* suids since birth or for at least the past 14 days prior to shipment;

3) either,

   a) did not transit through an infected *zone* during transportation to the *place of shipment*; or

   b) were protected from the bites of culicine mosquitoes ~~bites~~ at all times when transiting through an infected *zone* in accordance with Article 8.10.8.

Article 8.10.7.

Recommendations for importation of suids from countries or zones infected with JEV in suids

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign of JE~~Japanese encephalitis~~ on the day of shipment; and

2) either,

   a) were vaccinated against JE~~V~~, and *vaccination* was completed according to the manufacturer's recommendations at least 21 days and no ~~longer~~ more than one year prior to shipment; or

b) were isolated in a *vector*-protected *quarantine ~~station~~ centre*, ~~which is~~ located in an area of demonstrated low *vector* activity, for at least 14 days prior to shipment, and were protected from the bites of culicine mosquitoes ~~bites~~ at all times during transportation from the *quarantine ~~station~~ centre* to the *place of shipment* in accordance with Article 8.10.8.

Article 8.10.7bis

Recommendations for importation of blood and blood products from domestic and captive wild suids

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that either:

1) the blood and blood products originate from a country, *zone* or *compartment* free from JE in domestic and *captive wild* suids; or

2) the *commodity* was subjected to a heat treatment at a minimum temperature of 56°C for at least 10 minutes.

Article 8.10.8.

Protecting suids from culicine mosquito bites

1) Vector-protected quarantine centre ~~station~~

The means of protection of the *quarantine centre ~~station~~* should at least ~~comprise~~ include the following:

a) appropriate physical barriers at entry and exit points, ~~for example~~ such as a double-door entry-exit system;

b) openings of the building are *vector* screened with mesh of appropriate gauge;

c) *vector surveillance* and *vector* control within and around the building;

d) measures to limit or eliminate breeding sites for *vectors* in the vicinity of the *quarantine centre ~~station~~*;

e) Standard Operating Procedures for the operation of the *quarantine centre ~~station~~* and for the transport of suids to the place of *loading*.

2) During transportation

When transporting unvaccinated suids through countries or *zones* infected with JEV, *Veterinary Authorities* should require that strategies to protect suids from the bites of culicine mosquitoes ~~bites~~ are in place, considering the local ecology of the *vector*.

a) Transport by road

~~Potential~~ *Risk~~risk~~ management* strategies should include ~~a combination of~~:

i) treating animals with an *approved* repellent to prevent bites prior to and during transportation, in *~~vehicles~~ means of transport* disinfected and disinsected with ~~an~~ *approved* disinfectants and insecticides;

ii) *loading*, transporting and *unloading* animals at times of low *vector* activity and avoiding areas of known high *vector* activity;

iii) ensuring the *~~vehicles~~ means of transport* do not stop en route during dawn or dusk, or overnight, unless the *~~vehicle~~ means of transport* is ~~insect~~ *vector*-protected ~~proof~~ (e.g. fitted with mosquito-proof nets);

iv) using historical, ongoing or modelling information on JE~~V~~ or JEV circulation and *surveillance* for *vectors* at common stopping and offloading points to identify low risk ports and transport routes.

b) Transport by air

Prior to *loading* the suids, *containers* ~~are~~ should be sprayed with an *approved* insecticide.

Containers in which suids are being transported and the cargo hold of the aircraft should be sprayed with an *approved* insecticide when the doors have been closed and prior to take~~ ~~-off. All possible insect harbourages should be treated. The insecticide sprayers should be retained for inspection on arrival.

In addition, during any stopover in countries or *zones* where *infection* with JEV occurs, prior to the opening of any aircraft door and until all doors are closed, netting of appropriate gauge impregnated with an *approved* insecticide should be placed over all *containers*.

Article 8.10.9.

Surveillance for JE~~infection with Japanese encephalitis virus~~

Surveillance for ~~of~~ JE should be carried out in accordance with Chapter 1.4. and with the following recommendations.

1) The objectives of surveillance for ~~of~~ JE~~Japanese encephalitis~~ are for the *Veterinary Authority* to coordinate in a timely manner with public health and other relevant *Competent Authorities*, to share information to mitigate *risks* to animal health and human health, and to facilitate safe *international trade*.

~~*Surveillance* of Japanese encephalitis should be carried out in accordance with Chapter 1.4. and with the following recommendations.~~

2) Clinical and syndromic *surveillance* to detect signs of *infection* with JEV in animal hosts are components of an *early warning system*. However, clinical signs are not pathognomonic and not always present. Suspect *cases* should always be confirmed by laboratory testing, taking into account the epidemiological situation.

3) Oronasal fluids may be used for *surveillance* for ~~of~~ ~~Japanese encephalitis~~ JE in suids due to their ease of collection and non-invasive nature.

4) *Surveillance* for JE~~Japanese encephalitis~~ often involves serological monitoring. The use of sentinel animals, which provides early indication of local transmission of JEV, may involve several susceptible animals, especially equids. ~~This~~It may also include ~~not only animal hosts but also~~ incidental susceptible animals ~~hosts~~ such as ~~equids,~~ dogs, cattle, goats and domestic birds.

5) In infected countries, the *Veterinary Authority* should develop *early warning systems* to detect ~~Japanese encephalitis~~ JE epidemic events, so as to promote awareness campaigns to sensitise ~~the~~ owners and keepers of suids and equids, the *veterinarians*, the public health authorities, and other relevant stakeholders to the disease risk. Environmental surveillance may play a role in detecting JEV in areas where animal hosts are present. This may include sampling of natural water sources, *establishments* and *slaughterhouse*~~/ or *abattoir*~~ wastewater.

6) *Surveillance* for mosquito *vectors* conducted in accordance with Chapter 1.5. may be helpful in identifying mosquito *vector* activity and the presence of JEV.

7) To substantiate freedom from *infection* with JEV in a country or *zone* in domestic and *captive wild* suids, the following should be considered:

a) JE in suids is frequently subclinical, reducing the sensitivity of passive *surveillance*. Furthermore, the interpretation of serological results may be complicated by factors including cross-reactivity with

other flaviviruses, the presence of maternally derived antibodies and antibodies resulting from prior *vaccination.*

b) Risk-based *surveillance* approaches, targeting *subpopulations*, areas and time periods at increased *risk* of virus circulation, should be taken. *Surveillance* should consider ecological, epidemiological and temporal factors associated with JEV transmission, including wetlands, migratory bird habitats, and areas with a history of previous *infection* and periods associated with increased *vector* abundance and activity or seasonal conditions conducive to transmission.

Annex 14. Chapter 8.14. Infection with Mycobacterium avium subsp. paratuberculosis (Paratuberculosis and Johne's Disease)

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 8.14.

INFECTION WITH MYCOBACTERIUM AVIUM SUBSP. PARATUBERCULOSIS (PARATUBERCULOSIS AND JOHNE'S DISEASE)

Article 8.14.1.

General provisions

For the purposes of the *Terrestrial Code*, paratuberculosis, also known as Johne's disease, is defined as an *infection* of domestic and captive wild ruminants and camelids (hereafter 'animal hosts') with *Mycobacterium avium* subsp. *paratuberculosis* (MAP).

The following defines the occurrence of *infection* with MAP:

1. MAP has been isolated and identified as such in a sample from an animal host, showing clinical signs or pathological lesions consistent with *infection* with MAP, or in which antibodies or nucleic acid specific to infection with MAP were detected, or that is epidemiologically linked to a *case* of *infection* with MAP;

2. nucleic acid specific to MAP has been detected in a sample from an animal host, showing clinical signs or pathological lesions consistent with infection with MAP, or in which antibodies specific to *infection* with MAP were detected, or that is epidemiologically linked to a *case* of *infection* with MAP;

3. antibodies specific to MAP, which are not the consequence of *vaccination*, have been detected in a sample from an animal host, showing clinical signs or pathological lesions consistent with *infection* with MAP, or in which nucleic acid specific to infection with MAP were detected, or that is epidemiologically linked to a *case* of *infection* with MAP.

Standards for ~~diagnostic tests~~ diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

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CHAPTER 10.9.

INFECTION WITH NEWCASTLE VIRUS

[…]

Article 10.9.3.

Newcastle disease free country, zone or compartment

A country, *zone* or *compartment* may be considered free from ND when it has been shown that NDV *infection* in *poultry* has not been present in the country, *zone* or *compartment* for the past 12 months, based on *surveillance* in accordance with Articles 10.9.22. to 10.9.26.

If *infection* has occurred in *poultry* in a previously free country, *zone* or *compartment*, ND free status can be regained ~~three months~~42 days after a *stamping-out policy* (including *disinfection* of all affected *establishments*) is applied, providing that *surveillance* in accordance with Articles 10.9.22. to 10.9.26. has been carried out during that ~~three month~~ period.

[…]

Annex 16. Chapter 11.9. Infection with Lumpy Skin Disease Virus

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 11.9.

INFECTION WITH LUMPY SKIN DISEASE VIRUS

Article 11.9.1.

General provisions

Lumpy skin disease ~~(LSD)~~ virus (LSDV), belonging to the genus *Capripoxvirus*, is a virus that is primarily transmitted mechanically by arthropod *vectors* and that may infect ~~susceptible animals are~~ bovines, dromedary camels ~~(*Bos indicus* and *B. taurus*) and water buffaloes *(Bubalus bubalis)*~~ and certain *wild* ruminants., ~~which~~ However, only bovines play a significant epidemiological role.~~*Wild* ruminants do not play a significant epidemiological role.~~

For the purposes of the *Terrestrial Code*, lumpy skin disease (LSD) is defined as an *infection* of bovines, (hereafter 'animal hosts') ~~and water buffaloes~~ with ~~lumpy skin disease virus~~ (LSDV~~)~~.

The following defines the occurrence of *infection* with LSDV:

1) LSDV has been isolated from a sample from an animal host ~~bovine or a water buffalo~~; or

2) antigen specific to capripoxviruses or nucleic acid specific to LSDV, excluding vaccine strains, has been identified in a sample from ~~a bovine or a water buffalo~~an animal host showing clinical signs consistent with LSD, or epidemiologically linked to a suspected or confirmed *case*, or giving cause for suspicion of previous association ~~or~~ with or exposure to~~contact with~~ LSDV; or

3) antibodies specific to ~~LSDV~~ capripoxviruses, which are not the consequence of vaccination, have been detected in a sample from ~~a bovine or a water~~an animal host ~~buffalo~~ that either shows clinical signs consistent with LSD, or is epidemiologically linked to a suspected or confirmed *case*.

For the purposes of the *Terrestrial Code*, the *incubation period* for LSD shall be 28 days.

Standards for diagnosis and~~diagnostic tests, and~~ vaccines, as well as ~~and~~ information on the epidemiology are described in the *Terrestrial Manual*.

Article 11.9.2.

Safe commodities

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any LSD-related conditions regardless of the *animal health status* of the ~~animal population of the *exporting country*~~ country or zone of origin:

1) pasteurised *milk*, and *milk products* thereof;

2) ultra-high temperature (UHT) *milk*, and *milk products* thereof;

~~1~~2~~3~~) skeletal muscle *meat* of animals slaughtered in a~~n approved~~ *slaughterhouse/abattoir* and subjected to ante- and post-mortem inspections in accordance with Chapter 6.3., with favourable results;

~~3~~4) heat-treated *meat products* in ~~the~~ a hermetically~~hermatically~~ sealed container with an F_0 value of 3 or above;

~~2~~45) *casings*;

~~3~~56) gelatine and collagen;

~~4~~67) ~~tallow;~~rendered fat;

~~5~~78) ~~processed~~ hooves and horns;

~~6~~89) extruded dry pet food and coated ingredients after extrusion;

~~7~~910) *protein meal.*

Article 11.9.3.

Country or zone free from LSD

A country or a *zone* may be considered free from LSD when: ~~*infection* with LSDV is notifiable in the entire country, importation of bovines and water buffaloes and their *commodities* is carried out in accordance with this chapter, and either:~~

1) the country or *zone* is historically free as described in point 2) b) of Article 1.4.6.;

OR

2) a) for at least the past two years;

i) LSD has been a *notifiable disease* in the entire country ~~for at least the past two years~~;

ii~~2~~) appropriate *biosecurity* and *sanitary measures* to prevent the introduction of *infection* have been in place; in particular, the importations or movements of relevant *commodities* into the country or *zone* have been carried out in accordance with this chapter or other relevant chapters of the *Terrestrial Code*, including Chapter 2.1. 'Import risk analysis';

~~3~~b) ~~and either:~~

~~a) the country or *zone* is historically free as described in point 2b) of Article 1.4.6.; or~~

~~b)~~ ~~i)~~ ~~for at least two years,~~ in the country or *zone*, a *vaccination* programme aiming at eradication in the target *population* in accordance with Chapter 4.18. has been applied for at least two years using vaccines in accordance with the manufacturer's instructions; and followed by either of the following:

~~ii~~) *vaccination* has been prohibited in the country or *zone*, and there has been no *case* for 18 months since the cessation of *vaccination* demonstrated ~~using~~ through a clinical, virological and serological s*urveillance* programme in accordance with Articles 11.9.15. to 11.9.18.; or

~~iii~~) *vaccination* has been prohibited in the country or *zone*, and there has been no *case* for 30 months since the cessation of *vaccination* demonstrated ~~using~~ through a~~n~~ ~~active~~ clinical *surveillance* programme in accordance with Articles 11.9.15. to 11.9.18.

~~for at least three years, *vaccination* has been prohibited in the country or *zone* and a clinical *surveillance* programme in accordance with Article 11.9.15. has demonstrated no occurrence of *infection* with LSDV; or~~

~~c) for at least two years, *vaccination* has been prohibited in the country or *zone* and a clinical, virological and serological *surveillance* programme in accordance with Article 11.9.15. has demonstrated no occurrence of *infection* with LSDV.~~

In order to maintain its status, a country or *zone* free from LSD should:

3) comply with points 2) a) ~~and b)~~ above and ~~*vaccination*~~ continues to ~~be prohibited~~ prohibit vaccination;

4) conduct *surveillance* in accordance with Articles 11.9.15. and 11.9.16.

A country or *zone* free from LSD that is adjacent to an infected country or *zone* should ~~include~~ establish a *zone* in which *surveillance* is conducted in accordance with Articles 11.9.15. to 11.9.17.

~~A country or *zone* free from LSD will not lose its status as a result of introduction of seropositive or vaccinated bovines or water buffaloes or their *commodities*, provided they were introduced in accordance with this chapter.~~

Article 11.9.4.

Recovery of free status

1) When a *case* of LSD occurs in a country or *zone* previously free from LSD, one of the following waiting periods is applicable to regain free status:

   a) when a *stamping-out policy* has been applied:~~,~~;

      i) 12~~14~~ months after the cleaning and *disinfection* of the last infected *establishment* ~~following the *slaughter* or *killing* of the last *case*~~, or after the last *vaccination* if emergency *vaccination* has been used, whichever occurred last, and during ~~which~~ this period clinical, virological and serological *surveillance* conducted in accordance with Articles 11.9.15. to 11.9.17. has demonstrated no occurrence of *infection* with LSDV; or

      ii) 24~~26~~ months after the cleaning and *disinfection* of the last infected *establishment* ~~following the *slaughter* or *killing* of the last *case*~~, or after the last *vaccination* if emergency *vaccination* has been used, whichever occurred last, and during ~~which~~ this period clinical *surveillance* alone conducted ffin accordance with Articles 11.9.15. to 11.9.17. has demonstrated no occurrence of *infection* with LSDV;

   b) when a *stamping-out policy* is not applied, Article 11~~S~~.9.3. applies.

2) When preventive *vaccination* is conducted in a country or *zone* free from LSD, in response to a threat but without the occurrence of a *case* of LSD, such as in a *protection zone* in accordance with Chapter 4.4., free status may be regained eight months after the last vaccination ~~when~~ and during this period clinical, virological and serological *surveillance* conducted in accordance with Articles 11.9.15. to 11.9.17. has demonstrated no occurrence of *infection* with LSDV.

Article 14.9.4bis.

Country or zone infected with LSDV

A country or *zone* is considered as infected with LSDV when the conditions for freedom from LSD are not met.

Article 11.9.5.

Recommendations for importation of bovines from countries or zones free from LSD

~~For bovines and water buffaloes~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) come from a country or *zone* free from LSD ~~showed no clinical signs of LSD on the day of shipment~~;

2) showed no clinical signs of LSD on the day of shipment ~~come from a country or *zone* free from LSD~~.

Article 11.9.6.

Recommendations for importation of bovines from countries or zones ~~not free from~~infected with LSDV

~~For bovines and water buffaloes~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical signs of LSD on the day of shipment;

2) originated from *establishments* where no *case* of LSD has occurred ~~were kept since birth, or~~ for the past 56306060 days ~~prior to shipment, in an *epidemiological unit*~~*establishment* ~~where no *case* of LSD occurred during that period~~;

3) either,

   a) were vaccinated against LSD using a live attenuated vaccine according to the manufacturer's instructions between 3060 ~~days~~four weeks and one year prior to shipment; or

~~4) were demonstrated to have antibodies at least 30 days after *vaccination*;~~

~~5~~4) b) were kept in a *vector*-protected ~~*quarantine station*~~ *quarantine centre* for the 28 days prior to shipment during which time they were subjected to an agent identification test at least 14 days after entry into the *quarantine centre* with negative results;~~.~~

4) were protected from *vectors* at all times during transportation until the *point of exit*.

Article 11.9.7.

Recommendations for importation of semen of bovines from countries or zones free from LSD

~~For semen of bovines and water buffaloes~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals:

   a) showed no clinical signs of LSD on the day of collection;

   b) were kept in a ~~free~~ country or *zone* free from LSD for at least 28 days prior to collection;

2) the semen was collected, processed and stored in accordance with Chapters 4.6. and 4.7.

Article 11.9.8.

Recommendations for importation of semen of bovines from countries or zones ~~not free from~~ infected with LSDV

~~For semen of bovines and water buffaloes~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

~~1)~~ 1) the donor ~~males~~animals:

   a) showed no clinical signs of LSD on the day of collection and for the following 28 days;

   b) were kept for the 56306060 days prior to collection in a *semen collection centre* where no *case* of

LSD occurred during that period;

c) EITHER:

i) were vaccinated regularly against LSD using a live attenuated vaccine according to the manufacturer's instructions, the first *vaccination* being administered at least 3060 daysfour weeks prior to the first semen collection; andor or

ii) were demonstrated to have antibodies against LSDV at least 30 days after *vaccination*;

OR OR

Iii ii) were subjected to a serological test to detect antibodies specific to capripoxvirusesLSDV, with negative results, at least every 28 days throughout the collection period and one test 21 days after the final collection for this consignment; and or

Iv iii) were subjected to agent detection by PCR conducted on blood samples collected at the commencement and conclusion of, and at least every 28 days during, semen collection for this consignment, with negative results;

2) the semen to be exported was subjected to agent detection by PCR;

3) 2) the semen was collected, processed and stored in accordance with Chapters 4.6. and 4.7.

Article 11.9.9.

Recommendations for importation of bovine oocytes or embryos of bovines from countries or zones free from LSD

For embryos of bovines and water buffaloes

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor femalesanimals:

a) showed no clinical signs of LSD on the day of collection of the oocytes or embryos;

b) were kept for at least 28 days prior to collection in a free country or *zone* free from LSD;

2) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant;

3) the semen used for the production of the embryos complied with Articles 11.9.7. and 11.9.8., as relevant.

Article 11.9.10.

Recommendations for importation of bovine oocytes or embryos of bovines from countries or zones not freeinfected with from LSDV

For embryos of bovines and water buffaloes

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor femalesanimals:

a) showed no clinical signs of LSD on the day of collection and for the following 28 days;

b) were kept in an *establishment* where no *case* of LSD occurred during the 563060 days prior to collection;

c) EITHER:

i) were vaccinated regularly against LSD using a live attenuated vaccine according to the manufacturer's instructions, the first *vaccination* being administered at least 3060 days four weeks prior to the first collection; andor

ii) were demonstrated to have antibodies against LSDV at least 30 days after *vaccination*; OR

were subjected to a serological test to detect antibodies specific specific to capripoxvirusesLSDV, with negative negative results, on the day of oocyte or embryo collection and at least 21 days after collection; or

iii) were subjected to agent detection by PCR conducted on blood samples collected at the commencement and conclusion of, and at least every 28 days during, oocyte or embryo collection for this consignment, with negative results;

d) were subjected to agent detection by PCR with negative results on a blood sample on the day of collection;

2) the semen used for the production of the embryos complied with Articles 11.9.7. and 11.9.8., as relevant;

3) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant.

Article 11.9.11.

Recommendations for the importation of bovine milk and milk products except products listed in Article 11.9.2.

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the *milk* or the *milk products*:

1) have been derived from animals in a country or *zone* free from LSD;

OR

2) were subjected to pasteurisation or any combination of control measures with equivalent performance as described in the Codex Alimentarius Code of Hygienic Practice for Milk and Milk Products.

1) have been derived from animals in a country or *zone* free from LSD; or

12) originated have been derived from animals kept in *establishments* that whichthat for at least 28 days prior to at the time of *milk* collection were not infected or suspected of being infected with LSDVsubjected to restrictions due to LSD;.

2) were subjected to one of the following treatments:

a) pasteurisation;

b) pH maintained at less than 6 for more than one hour;

c) any combination of control measures with equivalent performance.

Article 11.9.12.

Recommendations for importation of meal and flour from blood, meat other than skeletal muscle, or meat products of bovines bones except products listed in Article 11.9.2. from bovines and water buffaloes

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting:

1) that these products were derived from animals in a country or *zone* free from LSD; or

2) that

   a) the products were processed using heat treatment to a minimum internal temperature of 65°C for at least 30 minutes;

   b) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of LSDV.

Article 11.9.13.

Recommendations for importation of hides of bovines ~~and water buffaloes~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) these products were derived from animals that had been kept in a country or *zone* free from LSD since birth or for at least the past 28 days;

OR

2) these products were:

   a) derived from animals ~~which~~ that had undergone ante- and post-mortem inspections in accordance with Chapter 6.3. with favourable results; and

   b) dry-salted or wet-salted for a period of at least 14 days prior to dispatch; or

   c) treated for a period of at least seven days in salt (NaCl) with the addition of 2% sodium carbonate (Na_2CO_3); or

   d) dried for a period of at least 42 days at a temperature of at least 20°C; and

3) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of LSDV.

Article 11.9.14.

Recommendations for importation of other animal products ~~of animal origin from~~ of bovines ~~and water buffaloes~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) these products were derived from animals that have been kept in a country or *zone* free from LSD since birth or for at least the past 28 days; or

2) these products were processed to ensure the ~~destruction~~ inactivation of the LSDV and the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of LSDV.

Article 11.9.15.

Principles of surveillance for LSD

Articles 11.9.15. to 11.9.17. define the principles and provide guidance on *surveillance* for LSD, complementary to Chapters 1.4. and 1.5.

The purposes of *surveillance* may be: an *early warning system* for the rapid detection of *cases;* the collection and analysis of data to inform the design of, and monitor control or eradication programmes; or the demonstration of freedom from *infection* with LSDV in a country, *zone* or *compartment*.

The following important components of the epidemiology of LSDV should be considered when planning *surveillance* programmes:

- All LSDV strains are primarily spread by arthropod *vectors*; whilst most *vectors* including biting flies are mechanical *vectors*, ticks may be biological *vectors* where overwintering is possible;
- Some LSDV strains may also be spread via direct or indirect contact.
- Subclinically infected cattle exist, which can be the source of further disease transmission by *vectors*;
- The incubation period is long, up to 28 days;
- The virus can potentially survive for several months in the environment under favourable conditions.

Article 11.9.16.

Surveillance for early warning of LSD

An ongoing *surveillance* programme for LSD should be in place, designed to ensure the timely detection and confirmation of occurrence of *infection* with LSDV in a country or *zone*.

The LSD *surveillance* programme should include the following:

1) An *early warning system* for the timely reporting and investigation of suspected *cases*, in accordance with Article 1.4.5.; this includes awareness campaigns to sensitise *veterinarians, veterinary paraprofessionals*, owners, keepers, and other stakeholders of the bovine sector to stimulate prompt reporting;

2) A procedure for the rapid collection and transport of appropriate samples and sample types from suspected *cases* to a *laboratory* for confirmatory testing;

3) Implementation of regular and frequent clinical inspection of individual animals at risk of *infection* with LSDV, which may include animals that were imported from infected countries or *zones*, animals in high-risk areas with high *vector* activity or near infected *zones*, or around *establishments* such as *slaughterhouses/abattoir*s or live animal markets;

4) A system for recording, managing and analysing *surveillance* and diagnostic data.

When a free country or *zone* is adjacent to an infected country, enhanced *surveillance* in the free country or *zone* should be carried out over an appropriate distance from the border with the infected country, based upon ecology, geography, climate, history of *infection* and other relevant factors.

Article 11.9.17.

Surveillance for demonstrating freedom from LSD

In addition to the relevant provisions of Article 1.4.6., the following strategies should be used by Member Countries seeking to demonstrate freedom in accordance with Articles 11.9.3. and 11.9.4.

1. Clinical surveillance

Clinical *surveillance* is a key component of *surveillance* for detecting *infection* with LSDV and involves adequate physical examination of animal hosts. It should be conducted by farmers, *veterinarians* or *veterinary paraprofessionals* trained to recognise clinical signs compatible with LSD and to initiate appropriate reporting, sampling and investigation procedures. For clinical *surveillance* purposes, a suspected *case* should be defined as an animal host showing clinical signs compatible with LSD, particularly characteristic skin nodules, or uncharacteristic clinical signs in a high-risk environment, or

having an epidemiological link that warrants investigation for *infection* with LSDV, or other relevant links. *Surveillance* should be designed to provide a high level of confidence of detection, with an adequate number of animal hosts examined at an appropriate frequency by trained personnel, with all investigations, including their results (confirmed or ruled out), being documented and recorded.

2. Serological and virological surveillance

As a complement to clinical *surveillance*, serological and virological testing of animal hosts may be used to detect the presence of *infection* with LSDV, and may help a faster recovery of a free status. The study population used should be representative of the population at risk in the country or *zone*.

Virological *surveillance* is particularly useful for confirming *infection* in suspected *cases*, for differential diagnosis and, where appropriate, for characterisation of detected LSDV.

Serology may provide useful evidence of previous exposure to LSDV through the detection of antibodies against LSDV. Positive test results may indicate an ongoing or past *infection*, since animals may remain seropositive for a significant period after recovery from the disease. LSDV serology is not suitable for early detection.

Serological and virological *surveillance* programmes should take into account *vaccination* programmes in the country or *zone* and vaccine strains being used. In the absence of marker vaccines, it is not possible to differentiate vaccinated and unvaccinated animals via serological methods and therefore any serological *surveillance* targeting viral exposure should be restricted to unvaccinated animals. Identification and recording of vaccinated animals may minimise interference with serological *surveillance* and assist with recovery of free status.

In specific circumstances when clinical signs compatible with LSD are observed in recently vaccinated bovines (i.e. so called 'Neethling response'), it is possible to use nucleic acid identification methods to determine whether the clinical signs are caused by a field strain or recombinant, or a Neethling vaccine strain.

Article 11.9.18.

Prevention and control programmes for lumpy skin disease

This article describes important components of prevention and control programmes for LSD, complementary to Chapter 4.19. Important components of a prevention and control programme include a combination of *biosecurity*, *stamping-out policy*, movement controls, *vaccination*, *risk communication and surveillance*. These programmes should be implemented by affected Member Countries that wish to attain a free status from LSD.

Prevention of LSD relies on *biosecurity*, awareness programmes and movement controls undertaken in accordance with the trade articles in this chapter, and preferably based on a *risk analysis*.

Member Countries may apply a *vaccination* programme for the prevention and control of LSD, in accordance with Chapter 4.18.

The following components of an *official control programme* should be in place as relevant:

- *Laboratory* capacity: Member Countries should have systems in place for the collection and submission of samples to a *laboratory* that performs diagnostic testing, to confirm *cases* or to assess immune status of vaccinated animals.

- *Biosecurity:* LSDV is stable for long periods in the environment and on fomites and therefore *biosecurity*, as well as cleaning and *disinfection* of affected *establishments* and safe disposal of carcasses, by-products and waste are important components of prevention of spread. *Biosecurity* should apply to all actors in the production chain including service providers like *veterinarians*.

- *Stamping-out policy: a* complete *stamping-out policy* is useful for the rapid control of *outbreaks* of *infection* with LSDV. In situations where LSD is endemic, Member Countries may choose to implement a modified *stamping-out policy* that involves the *killing* of clinical cases, in order to progressively reduce

the prevalence. In any situation, compensation should be considered to facilitate compliance.

- Movement controls*:* the control of the movements of live animals is a key measure to avoid the spreading of the virus from the affected *establishment(s)* or *zone(s)*. It may require coordinated actions of *Veterinary Services* with other relevant authorities. *Animal identification* in accordance with Chapter 4.2. and *animal traceability* should be in place to support the application of movement controls.

- *Vector* control and *surveillance*: multiple *vectors* can transmit LSDV and a small number can be sufficient to cause transmission. *Vector* control, including *vector* proofing or applying insect repellents or insecticides to *establishments* and *animals,* may reduce disease transmission but is not sufficient to stop the spread. Virus *surveillance* in *vectors* may be considered as a supplement to the other *surveillance* strategies in animal hosts as described in Articles 11.9.15. to 11.9.17, notably to inform on high-risk areas. When *vector surveillance* is considered, a sampling plan in accordance with Chapter 1.5. should take into account the biology and ecology of the different *vector* species, noting many are mechanical *vectors*. The plan should also consider the distribution and density of animal hosts in the country or *zone* and sampling methods should be adjusted to the *vector* of concern.

- *Vaccination: vaccination* is a critical control tool for LSD, which should be applied in accordance with a *vaccination* strategy, as described in Chapter 4.18. It may be used to reduce the impact of LSD in endemic areas, as a tool for control and eradication (in endemic areas or for emergency response to disease incursion), or as a preventive tool in high-risk free *zones*. Eradication of LSD from an infected country or *zone* necessitates at least a two-year *vaccination* programme, given viral persistence and the risk of overwintering in tick *vectors*.

- Post-vaccination monitoring*:* measuring the effectiveness of *vaccination* programmes is recommended and may be done using serological methods, epidemiological methods and *vaccination* records and coverage measures.

- Collaboration with all relevant stakeholders is essential and *risk communication* should be designed in accordance with Chapter 2.1.

~~Article 11.9.15.~~

~~**Surveillance**~~

~~1. General principles of surveillance~~

~~A Member Country should justify the *surveillance* strategy chosen as being adequate to detect the presence of *infection* with LSDV even in the absence of clinical signs, given the prevailing epidemiological situation in accordance with Chapter 1.4. and Chapter 1.5. and under the responsibility of the *Veterinary Authority*.~~

~~The *Veterinary Services* should implement programmes to raise awareness among farmers and workers who have day-to-day contact with livestock, as well as *veterinary paraprofessionals*, *veterinarians* and diagnosticians, who should report promptly any suspicion of LSD.~~

~~In particular Member Countries should have in place:~~

~~a) a formal and ongoing system for detecting and investigating *cases*;~~

~~b) a procedure for the rapid collection and transport of samples from suspected *cases* to a *laboratory* for diagnosis;~~

~~c) a system for recording, managing and analysing diagnostic and *surveillance* data.~~

~~2. Clinical surveillance~~

~~Clinical *surveillance* is essential for detecting *cases* of *infection* with LSDV and requires the physical examination of susceptible animals.~~

Surveillance based on clinical inspection provides a high level of confidence of detection of disease if a sufficient number of clinically susceptible animals is examined regularly at an appropriate frequency and investigations are recorded and quantified. Clinical examination and *laboratory* testing should be pre-planned and applied using appropriate types of samples to clarify the status of suspected *cases*.

Virological and serological surveillance

An active programme of *surveillance* of susceptible populations to detect evidence of *infection* with LSDV is useful to establish the status of a country or *zone*. Serological and molecular testing of bovines and water buffaloes may be used to detect presence of *infection* with LSDV in naturally infected animals.

The study population used for a serological survey should be representative of the target population (population at *risk)* in the country or *zone* and should be restricted to susceptible unvaccinated animals. Identification of vaccinated animals may minimise interference with serological *surveillance* and assist with recovery of free status.

Surveillance in high-risk areas

Disease-specific enhanced surveillance in a free country or zone should be carried out over an appropriate distance from the border with an infected country or zone, based upon geography, climate, history of infection and other relevant factors. The surveillance should be carried out over a distance of at least 20 kilometres from the border with that country or zone, but a lesser distance could be acceptable if there are relevant ecological or geographical features likely to interrupt the transmission of LSDV. A country or zone free from LSD may be protected from an adjacent infected country or zone by a protection zone established and maintained in accordance with Chapter 4.4.

Annex 17. Chapter 12.11. Infection with I-AB and I-C Variants of Venezuelan Equine Encephalitis Virus (Venezuelan Equine Encephalomyelitis)

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 12.11.

INFECTION WITH I-AB AND I-C VARIANTS OF VENEZUELAN EQUINE ENCEPHALITIS VIRUS (VENEZUELAN EQUINE ENCEPHALOMYELITIS)

Article 12.11.1.

General provisions

Venezuelan equine encephalomyelitis (VEE) is a *vector*-borne disease of significant importance to public health transmitted by the bites of culicine mosquitoes. While multiple mammalian species including humans are susceptible, while sylvatic rodents are the reservoir.

The causal agent of the VEE comprises a complex of six antigenic subtypes (I-VI), each currently considered a separate viral species. Equids are the considered amplifying hosts of the I-AB and I-C variants of the virus, which are the only ones associated with epidemics in equids and humans.

For the purposes of the *Terrestrial Code*, VEE is defined as an *infection* of equids (hereafter 'animal host') with the I-AB or I-C variants of Venezuelan equine encephalitis virus (hereafter 'VEEV/IABC').

The following defines the occurrence of *infection* with VEEV/IABC:

1) VEEV/IABC has been isolated and identified as such in a sample from an animal host; or

2) nucleic acid specific to VEEV/IABC has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with VEE, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to VEEV/IABC.

For the purposes of the *Terrestrial Code*, the *incubation period* shall be seven days.

~~For the purposes of the *Terrestrial Code*,~~ and the *infective period* shall also be seven days.

Standards for diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

Article 12.11.2.

Safe commodities

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any VEE-related conditions regardless of the *animal health status* of the country or *zone* of origin:

1) *meat* and *meat products*;

2) processed hides and skins;

3) processed hooves;

4) gelatine and collagen;

5) *protein meal*;

6) extruded dry pet food and coated ingredients after extrusion;~~.~~

7) rendered fat.

Article 12.11.3.

Country or zone free from VEE

A country or *zone* may be considered free from VEE when:

1) the historical freedom provisions as described in point 2 b) of Article 1.4.6. are met;~~the *infection* has been notifiable in the entire country for at least the past 24 months;~~

OR

2) for at least the past 24 months;~~either:~~

a) the *infection* has been notifiable in the entire country;~~the historical freedom provisions as described in point 2 b) of Article 1.4.6. are met; or~~

b) *surveillance* in accordance with Article 12.11.10. has demonstrated ~~no evidence~~ the absence of *infection* with VEEV/IABC in the country or *zone* ~~for at least the past 24 months~~;

c) ~~for at least the past 24 months,~~ appropriate *biosecurity* and *sanitary measures* to prevent the introduction of *infection* have been in place; in particular, the importations or movements of animal hosts and their *commodities* into the country or *zone* have been carried out in accordance with this chapter or other relevant chapters of the *Terrestrial Code*, including Chapter 2.1. 'Import risk analysis'.

Article 12.11.4.

Compartment free from VEE

The establishment of a *compartment* free from VEE should follow the relevant provisions laid down in Article 12.11.3. and in Chapters 4.4. and 4.5.

Animal hosts in the free *compartment* should be protected against culicine mosquitoes by the application of an effective *biosecurity* management system, other preventive measures, and measures in accordance with Article 12.11.9.

Article 12.11.5.

Country or zone infected with VEE

A country or *zone* should be considered as infected with VEE when the conditions for freedom from VEE are not met.

Article 12.11.6.

Recovery of free status

Should a *case* of VEE occur in a previously free country or *zone*, ~~its~~ free status may be recovered in accordance with Article 12.11.3.

Article 12.11.7.

Recommendations for importation of equids from countries, zones or compartments free from VEE

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical signs of VEE on the day of shipment;

2) were kept in a country, *zone* or *compartment* free from VEE since birth or for at least the past 14~~90~~ days prior to shipment.

Article 12.11.8.

Recommendations for importation of equids from countries or zones infected with VEE

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical signs consistent with VEE on the day of shipment; and

2) either,

   a) were vaccinated against VEE~~V~~ in accordance with the manufacturer's instructions at least 30~~60~~ days prior to shipment; or

   b) were isolated prior to shipment for at least seven days in a *vector*-protected *quarantine centre* ~~for at least seven days prior to shipment, which is~~ located in an area of demonstrated low *vector* activity, were subjected to a nucleic acid detection test at least ~~between~~ two ~~to five~~ days after entry into the *quarantine centre* with negative results, and were protected from culicine mosquito bites at all times during transportation from the *quarantine centre* to the *place of shipment* in accordance with Article 12.11.9.

Article 12.11.8bis.

Recommendations for importation of equine semen

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1. the donor animals:

   a. were kept since birth or for at least 14 days prior to collection of the semen in a country, *zone* or *compartment* free from VEE; or

   b. showed no clinical signs of VEE for seven days before and seven days after collection;

2. the semen was collected, processed and stored in accordance with Chapter 4.6. and 4.7., as relevant.

Article 12.11.8ter.

Recommendations for importation of equine oocytes and embryos

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1. the donor animals:

   a. were kept since birth or for at least 14 days prior to collection of the oocytes or embryos in a country, *zone* or *compartment* free from VEE;

   b. showed no clinical sign of VEE for seven days before and seven days after collection;

2. for embryos, the semen used to inseminate the donors complied with Articles 12.11.8bis.;

3. the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8. to 4.10., as relevant.

Article 12.11.9.

Protecting equids from culicine mosquito bites

1) Vector-protected quarantine centre

The means of protection of the *quarantine centre* should ~~at least comprise~~ include the following:

a) appropriate physical barriers at entry and exit points, ~~for example~~ such as a double-door entry-exit system;

b) openings of the building are *vector* screened with mesh of appropriate gauge;

c) *vector surveillance* and *vector* control within and around the building;

d) measures to limit or eliminate larval habitats for *vectors* in the vicinity of the *quarantine centre,* such as removal of standing water;

e) Standard Operating Procedures for the operation of the *quarantine centre* and for the transport of equids to the place of *loading*.

2) During transportation

When transporting unvaccinated equids through countries or *zones* infected with VEEV/IABC, *Veterinary Authorities* should require that strategies to protect equids from the bites of culicine mosquito ~~bites~~ are in place, considering the local ecology of the *vector*.

a) Transport by land

Risk management strategies should include:

i) treating animals with an *approved* repellent to prevent bites prior to and during transportation, in *means of transport* disinfected and disinsected with *approved* disinfectants and insecticides;

ii) *loading*, transporting and *unloading* animals at times of low *vector* activity, and avoiding areas of known high *vector* activity;

iii) ensuring that the *means of transport* do not stop en route during dawn or dusk, or overnight, unless the *means of transport* is *vector*-protected (e.g. fitted with mosquito-proof nets);

iv) using historical, current or modelling information on VEEV/IABC and *surveillance* for *vectors* at common stopping and offloading points to identify low-risk ports and transport routes.

b) Transport by air

Prior to *loading* the equids, *containers* ~~are~~ should be sprayed with an *approved* insecticide.

Containers in which equids are being transported, and the cargo hold of the aircraft should be sprayed with an *approved* insecticide when the doors have been closed and prior to take-off. All possible insect harbourages should be treated. The insecticide sprayers should be retained for inspection on arrival.

In addition, during any stopover in countries or *zones* where *infection* with VEEV/IABC occurs, prior to the opening of any aircraft door and until all doors are closed, netting of appropriate gauge impregnated with an *approved* insecticide should be placed over all *containers*.

Article 12.11.10.

Surveillance for VEE

Surveillance ~~of~~ for VEE should be carried out in accordance with Chapter 1.4. and with the following recommendations.

1) The primary objective of *surveillance* for VEE, including both epizootic and enzootic variants, is to mitigate animal health and public health *risks* through early detection and rapid response. *Surveillance* enables the *Veterinary Authority* to coordinate effectively and in a timely manner with public health and other relevant *Competent Authorities*, under athe One Health approach, to facilitate facilitating the exchange of information critical to protecting both animal health and human health. It also supports the safe *international trade* of equids.

2) Equids are amplifying hosts of VEEV/IABC and key sentinel species for the presence of the VEEV epizootic variants. In some cases, they may also act as useful sentinels for enzootic variants providing valuable early warning of virus circulation in endemic regions. As such, they should be targeted by *surveillance*.

3) *Early warning systems* for VEE should be capable of identifying epidemic events. *Veterinary Authorities* should promote awareness campaigns to sensitise the owners and keepers of equids, *veterinarians* and the public health authorities of the disease risks.

   Clinical and syndromic *surveillance* to detect signs of *infection* with VEEV/IABC in animal hosts are essential components of an *early warning system*. Clinical disease in animal hosts is characterised by fever, anorexia, and severe depression. In severe *cases*, it can progress to neurological signs and death. Clinical *surveillance* targeted at neurological signs in equids can provide reinforced evidence of the occurrence of an epidemic. However, clinical signs are not pathognomonic per se. Suspect *cases* should always be confirmed by laboratory testing, that which should include sequencing and taking into account the epidemiological situation. Because VEEV mutates rapidly Given that other VEEV subtypes (e.g. I-E, I-D, II) have on occasion been associated with disease in equids or humans, and small genetic changes may give rise to new epizootic variants, it is important to monitor molecular and epidemiological data for changes in transmission and genetic diversity, especially in endemic lineages, to detect newly emerging epizootic strains.

4) Considering the epidemiological situation in association with prevailing agricultural practices (ie.eg., rice culture cultivation) and weather conditions favouring the emergence of a large population of mosquitoes, an epidemic of VEEV/IABC should be suspected when there is an increased number of equids showing clinical signs consistent with *infection* with VEEV/IABC or reports of infection in humans. This is especially the case for countries or *zones* where *infection* with VEEV/IABC has occurred, or countries or *zones* adjacent to a country or *zone* in which epidemics have been reported. Ecological conditions can be assessed through the sharing and analysis of meteorological data, including information accessed through remote sensing to estimate precipitation and water levels, and especially through the monitoring of *vector* activity.

5) In epidemic situations, *surveillance* should be conducted to define the extent of the epidemic area for the purpose of disease prevention and control.

6) *Surveillance* for *vectors* conducted in accordance with Chapter 1.5. may be helpful in identifying *vector* activity and a situation conducing conducive to the risk of transmission for of VEEV/IABC. However, testing large numbers of mosquitoes to detect VEEV/IABC circulation is of low sensitivity and, therefore, is not recommended as a routine procedure. Rather, *animal*-based *surveillance* strategies are preferred to detect VEEV/IABC circulation.

Annex 18. Chapter 14.4. Infection with Chlamydia abortus (Enzootic Abortion of Ewes and Ovine Chlamydiosis)

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 14.4.

INFECTION WITH *CHLAMYDIA ABORTUS* (ENZOOTIC ABORTION OF EWES AND OVINE CHLAMYDIOSIS)

Article 14.4.1.

General provisions

For the purposes of the *Terrestrial Code*, enzootic abortion of ewes (EAE), also known as ovine chlamydiosis ~~or ovine enzootic abortion~~, is defined as an *infection* of domestic sheep and goats (hereafter 'animal hosts') with ~~by the bacterium~~ *Chlamydia abortus*.

The following defines the occurrence of infection with *Chlamydia abortus*:

1) *Chlamydia abortus* (excluding vaccine strains) has been isolated and identified as such in a sample from an animal host; or

2) antigen or nucleic acid specific to *Chlamydia abortus* has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with *infection* with *Chlamydia abortus*, or epidemiologically linked to a *case* of *infection* with *Chlamydia abortus*; or

3) antibodies specific to *Chlamydia abortus*, which are not the consequence of *vaccination*, have been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with *infection* with *Chlamydia abortus*, or epidemiologically linked to a *case* of *infection* with *Chlamydia abortus*.

~~Susceptible animals become infected through ingestion of infectious materials. In lambs and non-pregnant ewes, the *infection* remains latent until conception. Ewes exposed to *infection* late in pregnancy may not exhibit signs of *infection* until the subsequent pregnancy. Countries should take account of these risk factors.~~

Standards for ~~diagnostic tests~~ diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

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CHAPTER 14.9.

INFECTION WITH SHEEPPOX VIRUS (SHEEPPOX) AND GOATPOX VIRUS (GOATPOX)

Article 14.9.1.

General provisions

For the purposes of the *Terrestrial Code*, sheeppox or goatpox is defined as an *infection* of domestic sheep ~~or~~ and goats~~,~~ (hereafter 'animal hosts'), with sheeppox virus (SPPV) or goatpox virus (GTPV), belonging to the genus *Capripoxvirus*.

The following defines the occurrence of *infection* with SPPV or GTPV:

1) SPPV or GTPV has been isolated and identified as such in a sample from an animal host; or

2) nucleic acid specific to SPPV or GTPV, excluding vaccine strains, has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with sheeppox or goatpox, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion by previous association with or exposure to SPPV or GTPV; or

3) antigens specific to capripoxviruses, which are not the consequence of *vaccination*, have~~has~~ been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with sheeppox or goatpox, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion by previous association with or exposure to SPPV or GTPV; or

4) antibodies specific to capripoxviruses, which are not the consequence of *vaccination*, have been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with sheeppox or goatpox, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion by previous association with or exposure to SPPV or GTPV.

For the purposes of the *Terrestrial Code*, the *incubation period* for sheeppox and goatpox shall be 21 days.

Standards for diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

Article 14.9.2.

Safe commodities

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any sheeppox- ~~and~~ or goatpox-related conditions regardless of the *animal health status* of the country or *zone* of origin:

1) ultra high temperature (UHT) *milk* and *milk products* thereof;

~~1~~2) skeletal muscle *meat* of animals slaughtered in a~~n approved~~ *slaughterhouse/abattoir* and subjected to ante- and post-mortem inspections in accordance with Chapter 6.3., with favourable results;

~~2~~3) heat-treated *meat products* in a hermetically sealed container with ~~a~~an F_0 value of 3 or above;

~~3~~4) ~~processed~~ hooves and horns;

5~~4~~) gelatine and collagen;

6~~5~~) *protein meal*;

7~~6~~) extruded dry pet food and coated ingredients after extrusion;

8) rendered fat.

Article 14.9.3.

Country or zone free from sheeppox and goatpox

A country or *zone* may be considered free from sheeppox and goatpox when:

1) the country or *zone* is historically free as described in point 2 b) of Article 1.4.6.;

OR

2) a) *infection* with SPPV and GTPV has been a *notifiable disease* in the entire country for at least the past two years;

~~2)~~ b) for at least the past two years, appropriate *biosecurity* and *sanitary measures* to prevent the introduction of *infection* have been in place; in particular, the importations or movements of animal hosts and other *commodities* into the country or *zone* have been carried out in accordance with this chapter or other relevant chapters of the *Terrestrial Code,* including Chapter 2.1. 'Import risk analysis';

~~3) *vaccination* is prohibited and no *vaccination* has taken place for at least the past eight months~~;

~~4)~~ c) and either:

~~a) the country or *zone* is historically free as described in point 2 b) of Article 1.4.6.; or~~

i~~b~~) ~~*vaccination* has been prohibited, and~~ for at least two years, *vaccination* has been prohibited, and ~~since the cessation of *vaccination*,~~ a clinical *surveillance* programme in accordance with Article 14.9.22. has been in place in the entire country or *zone* and there has been no *case* in the country or *zone*; or

ii~~c~~) ~~*vaccination* has been prohibited, and~~ for at least twelve months, *vaccination* has been prohibited, and ~~since the cessation of *vaccination*~~, a clinical, virological and serological *surveillance* programme in accordance with Article 14.9.22. has been in place in the entire country or *zone* and there has been no *case* in the country or *zone*.

In order to maintain its status, a country or *zone* free from sheeppox and goatpox should:

3) comply with points ~~1),~~ 2) a) and 2) b)~~3)~~ above and ~~*vaccination*~~ continue~~s~~ to ~~be~~ prohibit~~ed~~ed *vaccination*;

4) conduct *surveillance* in accordance with Articles 14.9.20. ~~and~~ to 14.9.2~~1~~2.

Article 14.9.4.

Compartment free from sheeppox and goatpox

The establishment of a *compartment* free from sheeppox and goatpox should follow the relevant provisions laid down in this chapter and in Chapters 4.4. and 4.5.

~~Animal hosts in the *compartment* should be protected against all potential transmission routes including fomite and *vector* borne transmission by the application of an effective *biosecurity* management system.~~

Article 14.9.5.

Country or zone infected with SPPV and GTPV

A country or *zone* ~~should be~~ is considered as infected with SPPV and GTPV when the conditions for freedom from sheeppox and goatpox are not met.

Article 14.9.6.

Recovery of free status of the country or zone

Should a *case* of *infection* with SPPV or GTPV occur in a previously free country or *zone*, ~~its~~ free status may be recovered eight months after the cleaning and *disinfection* of the last infected *establishment* or the last *vaccination*, whichever occurred last, provided that:~~,~~

1) a *stamping out policy* has been implemented;

2) clinical, virological and serological *surveillance* conducted in accordance with Article 14.9.22. has demonstrated the absence of *infection*.

Otherwise, Article 14.9.3. applies.

Article 14.9.7.

Recommendations for importation of domestic sheep and goats from countries, zones or compartments free from sheeppox and goatpox

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical signs of sheeppox and goatpox on the day of shipment;

2) were kept since birth or for at least 21 days prior to shipment in the free country, *zone* or *compartment*.

Article 14.9.8.

Recommendations for importation of domestic sheep and goats from countries or zones infected with SPPV and GTPV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical signs of sheeppox and goatpox on the day of shipment;

2) originated from *establishments* where no *case* of sheeppox or goatpox has occurred~~were kept since birth or in a *quarantine centre* for the past 42 days prior to shipment in an *establishment* where no *case* of sheeppox and goatpox occurred during that period~~; and

3) either~~EITHER~~

a) have not been vaccinated against sheeppox and goatpox, were kept in a *quarantine centre* for the 42 days prior to shipment, and were subjected to a serological test at least 35 days after entering the *quarantine centre*, with negative results;

OR

b) were vaccinated using a live attenuated vaccine ~~following~~ in accordance with the manufacturer's ~~guidelines~~ instructions ~~not less than~~between ~~28 days~~four weeks and one year prior to shipment.

Article 14.9.9.

Recommendations for importation of semen of domestic sheep and goats from countries, zones or compartments free from sheeppox and goatpox

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor ~~males~~animals:

a) showed no clinical signs of sheeppox and goatpox on the day of semen collection;

b) were kept in a free country, *zone* or *compartment* since birth or for at least 21 days prior to semen collection; and

2) the semen was collected, processed and stored in accordance with Chapters 4.6. and 4.7.

Article 14.9.10.

Recommendations for importation of semen of domestic sheep and goats from countries or zones infected with SPPV and GTPV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor ~~males~~animals:

a) ~~have been~~ were kept for at least 42 days prior to semen collection in a *semen collection centre* where no *case* of *infection* with SPPV and GTPV was reported during that period;

b) showed no clinical signs of sheeppox and goatpox during that period and for the following 21 days; and

EITHER

c) were vaccinated regularly against sheeppox and goatpox using a live attenuated vaccine ~~following~~ in accordance with the manufacturer's ~~guidelines~~ instructions; the first *vaccination* being administered at least~~not less than 28 days~~ four weeks prior to the first semen collection; ~~and~~

OR

d) have not been vaccinated against sheeppox and goatpox; and

i) were subjected to a serological test to detect antibodies specific to capripoxviruses, with negative results, at least every 28 days throughout the collection period and one test at least 28 days after the final collection for this consignment; OR

ii) were subjected to an agent detection test at the commencement and conclusion of, and at least every 28 days during semen collection for this consignment, with negative results;

2) the semen was collected, processed and stored in a *semen collection centre* in accordance with Chapters 4.6. and 4.7.

Article 14.9.11.

Recommendations for importation of oocytes or embryos of domestic sheep and goats from countries, zones or compartments free from sheeppox and goatpox

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals:

a) showed no clinical signs of sheeppox and goatpox on the day of collection;

b) were kept in a free country, *zone* or *compartment* since birth or for at least 21 days prior to collection; and

2) the semen used to fertilise the oocytes complied with the conditions referred to in Article 14.9.9. or Article 14.9.10., as relevant;

3) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8. and 4.10., as relevant.

Article 14.9.12.

Recommendations for importation of oocytes or embryos of domestic sheep and goats from countries or zones infected with SPPV and GTPV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals:

a) have been kept for at least 42 days prior to the collection of oocytes or embryos, in an *establishment* where no *case* of *infection* with SPPV ~~and~~ or GTPV was reported during that period;

b) showed no clinical signs of sheeppox and goatpox during that period and for the following 21 days; and

EITHER

c) were vaccinated regularly against sheeppox and goatpox using a live attenuated vaccine ~~following~~ in accordance with the manufacturer's ~~guidelines~~ instructions; the first *vaccination* being administered at least~~not less than~~ ~~28 days~~four weeks prior to the first collection;

OR

d) have not been vaccinated against SPPV and GTPV and were subjected to a serological test to detect antibodies specific to capripoxviruses, with negative results, on the day of collection and at least 28 days after collection;

2) the semen used to fertilise the oocytes complied with the conditions referred to in Article 14.9.9. or Article 14.9.10., as relevant;

3) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8. and 4.10., as relevant.

Article 14.9.13.

Recommendations for importation of fresh meat and meat products except products listed in Article 14.9.2. from countries, zones or compartments free from sheeppox and goatpox

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the entire consignment of fresh *meat* comes from animals ~~which~~that:

1) were kept since birth or for at least 21 days prior to slaughter~~shipment~~ in ~~the~~a free country, *zone* or *compartment*;

2) have been slaughtered in a~~n~~ ~~approved~~ *slaughterhouse/abattoir* and have been subjected to ante- and post-mortem inspections in accordance with Chapter 6.3., with favourable results.

Article 14.9.14.

Recommendations for importation of meat products except products listed in Article 14.9.2. from countries or zones infected with SPPV and GTPV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the entire consignment of *meat products* comes from animals ~~which~~ that:

a) showed no clinical signs of sheeppox and goatpox within 24 hours before *slaughter*;

b) have been slaughtered in a~~n approved~~ *slaughterhouse/abattoir* and have been subjected to ante- and post-mortem inspections in accordance with Chapter 6.3., with favourable results;

2) the *meat products* were processed using a heat treatment to a minimum internal temperature of 65°C for at least 30 minutes;

3) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of SPPV and GTPV.

Article 14.9.15.

Recommendations for importation of milk and milk products from domestic sheep and goats except products listed in Article 14.9.2. from countries, zones or compartments free from sheeppox and goatpox

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that these products come from animals ~~which~~ that have been kept in a country, *zone* or *compartment* free from sheeppox and goatpox for at least 21 days prior to *milk~~ing~~* collection.

Article 14.9.16.

Recommendations for importation of milk and milk products from domestic sheep and goats except products listed in Article 14.9.2. from countries or zones infected with SPPV and GTPV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that these products:

1) originated from animals kept in *establishments* that for at least 21 days prior to ~~at the time~~ of *milk* collection were not infected or suspected ~~to be~~of being infected with ~~were not subjected to restrictions due to sheeppox~~ SPPV and ~~goatpox~~GTPV;

2) were subjected to one of the following treatments:

   a) pasteurisation;

   b) ~~pH maintained at less than 6 for more than one hour;~~

   ~~c)~~ any combination of ~~control~~ risk mitigation measures with an equivalent performance.

Article 14.9.17.

Recommendations for importation of ~~skins,~~ wool and hair from domestic sheep and goats from countries, zones or compartments free from sheeppox and goatpox

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that these products originated from animals that:

1) showed no clinical signs of sheeppox and goatpox;

2) were kept since birth or for at least 21 days prior to harvesting in a free country, *zone* or *compartment*.

Article 14.9.18.

Recommendations for importation of wool and hair from domestic sheep and goats from countries or zones infected with SPPV and GTPV

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that:

1) these products:

   a) were derived from animals complying with Article 14.9.8.; or

   b) have been washed by immersion in a water-soluble detergent with sodium hydroxide or potassium hydroxide held at 60 to 70°C for a minimum of 10 minutes;

2) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of SPPV and GTPV.

Article 14.9.19.

Recommendations for importation of skins from domestic sheep and goats

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that:

1) these products were derived from *animals* that had been kept in a country or *zone* free from sheeppox and goatpox since birth or for at least the past 42 days;

OR

2) these products were:

   a) derived from *animals* ~~which~~ that ~~had undergone~~ were subjected to ante- and post-mortem inspections in accordance with Chapter 6.3. , including visual inspection of skins, with favourable results and no evidence of scabs; and

   b) dry-salted or wet-salted for a period of at least 14 days prior to dispatch; or

   c) treated for a period of at least seven days in salt (NaCl) with the addition of 2% sodium carbonate (Na_2CO_3); or

   d) dried for a period of at least 42 days at a temperature of at least 20°C; ~~and~~

AND

3) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of SPPV and GTPV.

Article 14.9.20.

Principles of surveillance for sheeppox and goatpox

Articles 14.9.20. to 14.9.22. define the principles and provide guidance on *surveillance* for sheeppox and goatpox, complementary to Chapters 1.4. and ~~Chapter~~ 1.5.

The purposes of *surveillance* may be the early detection of *cases*, the ~~measurement and gathering~~ collection and analysis of data ~~for~~ to inform the design of, and ~~control programmes, the~~ monitor~~ing~~ ~~of~~ prevention and control or eradication programmes, or ~~for~~ the demonstration of freedom ~~of~~ from *~~infection~~* sheeppox and goatpox in a country, *zone* or *compartment*.

The following ~~I~~important components of the epidemiology of sheeppox and goatpox ~~that~~ should be considered when planning *surveillance* programmes ~~are~~:

- Multiple routes of transmission including direct contact, aerosols, *vector*-borne, ~~and~~ via fomites and from the environment;
- Skin lesions and scabs contain high viral loads which are important sources ~~for~~ of transmission;
- The absence of carrier states, subclinical *infection*, or latent *infection*;
- A long *incubation period* of up to 21 days;

- Ability of the virus to potentially survive for several months in the environment under ~~appropriate~~ favourable conditions.

Article 14.9.21.

Surveillance for early warning of sheeppox and goatpox

An ongoing *surveillance* programme for sheeppox and goatpox should be in place, ~~and be~~ designed to ensure the timely detection and confirmation of the ~~presence~~ occurrence of *infection* with SPPV or ~~*infection* with~~ GTPV in the country, *zone* or *compartment* ~~in a timely manner~~.

The sheeppox and goatpox *surveillance* programme should include the following:

1) An *early warning system* for the timely reporting and investigation of suspected ~~animals~~ *cases*, in accordance with Article 1.4.5.; this includes awareness campaigns to sensitise *veterinarians, veterinary paraprofessionals*, owners, keepers, and other stakeholders of the sheep and goat sector to stimulate prompt reporting;

2) A procedure for the rapid collection and transport of appropriate samples and sample types from suspected *cases* to a *laboratory* for confirmatory testing;

~~2~~3) Implementation~~, as relevant,~~ of regular and frequent clinical inspection of animals at risk of *infection* with sheeppox and goatpox, ~~that~~ which may~~, for instance,~~ include animals that were imported from infected countries or *zones*, animals in high-risk areas adjacent to infected countries or *zones*, or animals in or around *establishments* such as *slaughterhouses/abattoir*s or live animal markets;

~~3~~4) A system for recording, managing and analysing *surveillance* and diagnostic data~~the submission of Ssamples from suspected *cases* should be sent to a *laboratory* for confirmatory testing~~.

~~*Veterinary Authority* should develop *early warning systems* to detect sheeppox or goatpox, and promote awareness campaigns to informsensitise *veterinarians,* owners, keepers, and other stakeholders of in the domestic sheep and goat~~ industry.

Article 14.9.22.

Surveillance for demonstrating freedom from sheeppox and goatpox

In addition to the relevant provisions in Article 1.4.6., the following strategies ~~may~~ should be used by Member Countries seeking to demonstrate freedom in accordance with Articles 14.9.3. and 14.9.6.

1. Clinical surveillance

   Clinical *surveillance* is ~~essential~~ a key component of *surveillance* for detecting any *case* of *infection* with SPPV or GTPV and requires the adequate physical examination of animal hosts. This should be based on a *surveillance* programme that is designed to provide a high level of confidence of detection of disease and requires a sufficient number of ~~clinically susceptible animals~~ animal hosts to be examined regularly at an appropriate frequency, ~~and~~ with all investigations being documented and recorded ~~and quantified~~.

2. Serological and virological surveillance

As an ~~addition~~complement to clinical *surveillance,* serological and virological testing of domestic sheep and goats may be used to detect the presence of *infection* with SPPV and GTPV, and to recover free status. The study population should be representative of the target population (population at risk) in the country or *zone.*

Serological and virological *surveillanc*e programmes should take into account *vaccination* programmes in the region and *vaccine* strains being used. For serological testing, *infection* of sheep or goat with *Orfvirus* can lead to increased serum antibodies and cross-reactive false positive results. It is not possible to differentiate vaccinated and unvaccinated animals via serological methods; ~~and~~ therefore, ~~any~~ serological *surveillance* should be restricted to unvaccinated animals.

~~In some circumstances it is possible to differentiate between wild-type and vaccine strains using nucleic acid identification methods.~~

Given the limitations outlined above, nucleic acid identification (molecular) testing methods should be incorporated in the *surveillance* programmes to enable differentiation among *capripoxviruses*, as well as to distinguish between vaccine strains and field strains.

Article 14.9.23.

Prevention and control programmes for sheeppox and goatpox

This article describes important components of prevention and control programmes, complementary to Chapter 4.19. Important components of a prevention and control programme for sheeppox and goatpox include a combination of *biosecurity*, *stamping-out policy*, *animal traceability*, movement controls, *vaccination*, *surveillance* and *risk communication*. These programmes should be ~~used~~ implemented ~~when~~ by affected Member Countries that wish to attain a free status from sheeppox and goatpox.

Prevention of sheeppox and goatpox relies on *biosecurity*, awareness programmes and movement controls undertaken in accordance with the *sanitary measures* recommended in this chapter and preferably based on a *risk analysis*. Member Countries may also apply a *vaccination* programme in accordance with Chapter 4.18. in areas of high risk. ~~*Protection zones* in accordance with Article 4.4.6. may be established.~~

The following components of an *official control programme* should be in place as relevant

- *Laboratory* capacity: Member Countries ~~are advised to~~ should have systems in place for the collection and submission of samples to a *laboratory* that performs diagnostic testing to confirm ~~suspected~~ *cases*~~.~~ or to assess immune status of vaccinated animals.

- *Biosecurity:* SPPV and GTPV are stable for long periods of time in the environment and on fomites and therefore *biosecurity*, as well as cleaning and *disinfection* of affected *establishments* and safe disposal of dead animals, by-products and waste are important components of prevention of spread. *Biosecurity* should apply to all actors in the production chain including service providers ~~like~~ such as *veterinarians* and shearers.

- *Stamping-out policy:* a *stamping-out policy* including the *killing* of all susceptible animals in the *flock* or *epidemiological unit* is useful for the rapid control of outbreaks of *infection* with sheeppox ~~and~~ or goatpox. In endemic situations, Member Countries may choose to implement a modified *stamping-out policy* that only involves the removal of selected animals such as clinical or in-contact animals ~~which could assist~~ in order to progressively reduc~~e~~ing the prevalence ~~of disease~~. ~~Zoning and movement controls are important in instances where a *stamping-out policy* is applied.~~ In any situation, c~~C~~ompensation should be considered to facilitate compliance.

- Movement controls*:* ~~movement~~ the control~~s~~ of the movements of animals and *animal products* ~~are~~ is a key measure~~important~~ to ~~stop~~ prevent direct and indirect transmission, in particular for live animals, as they present the highest risk of ~~virus~~ transmission. It may require coordinated actions of *Veterinary Services* with other relevant authorities. *Animal identification* in accordance with Chapter 4.2. and *animal traceability*

should be in place to support the application of movement controls. Movement controls may also be applied as part of zoning in accordance with Chapter 4.4. Attention should be given to the management of common grazing and transhumance practices which represent an important route of virus transmission.

- *Vaccination: vaccination*, especially using live attenuated vaccines, may be used to control and potentially eradicate sheeppox and goatpox in endemic areas, or in a high-risk free country or *zone* to prevent the introduction or spread of SPPV and GTPV or as an emergency measure in response to *outbreaks* in a formerly free country or *zone*. Any vaccine used should comply with a *vaccination* strategy as described in Chapter 4.18. ~~Member Countries may consider having in their legal framework the provisions for emergency *vaccination* using live attenuated vaccines.~~ Post-vaccination monitoring should be used to measure the effectiveness of *vaccination* programmes and may be ~~done~~ conducted using ~~approaches like~~ ~~such as~~ serological methods, epidemiological methods and *vaccination* records and coverage measures.

- *Vector* control: although transmission of SPPV and GTPV by *vectors* is possible, it is not the main transmission route and therefore other measures should be prioritised over~~implemented prior to~~ *vector* control measures. *Vector* control may include the elimination of *vector* reproduction sites, *vector* protection or applying insect repellents or insecticides to *establishments*.

~~As with all prevention and control programmes, c~~Collaboration with stakeholders is essential and *risk communication* should be designed in accordance with Chapter 2.1.

Annex 20. Terminology

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

_____

TERMINOLOGY: USE OF THE TERMS 'NOTIFY', 'NOTIFIABLE DISEASE', 'REPORT' AND 'REPORTABLE DISEASE'

Article 3.2.12.

[…]

6. regular and timely official *notification* or report to WOAH, World Trade Organization, trading partners and other relevant organisations of changes in *animal* disease status, regulations and *sanitary measures* and systems, in accordance with the procedures established by these organisations, including Chapters 1.1. and 1.3.;

[…]

Article 3.4.1.

[…]

Veterinary legislation should, at a minimum, provide a basis for *Competent Authorities* to meet their obligations and the recommendations as defined in the *Terrestrial Code* and the relevant recommendations of the Codex Alimentarius Commission. It should also comply with the relevant requirements of international instruments related to the mitigation of biological threats. In addition, there is an obligation for World Trade Organization (WTO) Members under the Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) to ~~notify~~ report to the WTO of changes in *sanitary measures*, especially changes in legislation that affect trade, and provide relevant information.

[…]

Article 4.2.1.

1. *Animal identification* and *animal traceability* are tools for addressing *animal* health (including zoonoses) and food safety issues. These tools may significantly improve the effectiveness of activities such as: the management of disease *outbreaks* and food safety incidents, *vaccination* programmes, *herd* or *flock* husbandry, zoning or compartmentalisation, *surveillance*, early warning, early response and reporting and *notification* systems, *animal* movement controls, inspection, certification, fair practices in trade and the utilisation of veterinary drugs, *feed* and pesticides at farm level.

[…]

Article 4.3.3.

1. Desired outcomes

Desired outcomes should be defined through consultation between the *Veterinary Authority* and interested parties, which should include those in the *animal* production and processing chain, private sector

veterinarians, scientific research organisations and other public and private organisations. Desired outcomes may be defined in terms of any or all of the following:

a. *animal* health (e.g. disease *surveillance*, reporting and *notification*; detection and control of disease; *vaccination* programmes);

[…]

Article 4.5.7.

Emergency response and ~~notification~~ reporting

Early detection, diagnosis and ~~*notification*~~ reporting of *notifiable diseases* are critical to minimise the consequences of *outbreaks*.

In the event of suspicion of occurrence of the disease for which the *compartment* was defined, the free status of the *compartment* should be immediately suspended. If confirmed, the status of the *compartment* should be immediately revoked and *importing countries* should be ~~notified~~ ~~reported~~ informed following the provisions of Article 5.3.7.

In *case* of an occurrence of any infectious disease not present in accordance with the baseline *animal* health report of the *compartment* referred to in Article 4.5.4., the management of the *compartment* should ~~notify~~ report to the *Veterinary Authority*, and initiate a review to determine whether there has been a breach in the *biosecurity* measures. If a significant breach in *biosecurity*, even in the absence of *outbreak*, is detected, export certification as a free *compartment* should be suspended. Disease free status of the *compartment* may only be reinstated after the *compartment* has adopted the necessary measures to re-establish the original *biosecurity* level and the *Veterinary Authority* re-approves the status of the *compartment*.

[…]

Article 4.5.8.

[…]

The *Veterinary Authority* has the final authority in granting, suspending and revoking the status of a *compartment*. The *Veterinary Authority* should continuously supervise compliance with all the requirements critical to the maintenance of the *compartment* status described in this chapter and ensure that all the information is readily accessible to the *importing countries*. Any significant change should be ~~notified~~ reported to the *importing country*.

Article 4.15.5.

[…]

Bee-keepers should:

3. immediately ~~notify~~ report to the *Veterinary Authority* or other *Competent Authority* of any suspicion of a *notifiable* ~~*listed*~~ *disease* of bees in the breeding apiary and in other epidemiologically linked apiaries;

[…]

Article 5.1.4.

Responsibilities in case of an incident related to importation

1. *International trade* involves a continuing ethical responsibility. Therefore, if within the recognized *incubation periods* of the various diseases subsequent to an export taking place, the *Veterinary Authority* becomes aware of the appearance or reappearance of a disease which has been specifically included in the *international veterinary certificate*, there is an obligation for this *Veterinary Authority* to ~~notify~~ inform the *importing country*, so that the imported *commodities* may be inspected or tested and appropriate action be taken to limit the spread of the disease should it have been inadvertently introduced.

[…]

3. In *case* of suspicion, on reasonable grounds, that an official certificate may be fraudulent, the *Veterinary Authorities* of the *importing country* and *exporting country* should conduct an investigation. Consideration should also be given to ~~notifying~~ informing any third country that may have been implicated. All associated

consignments should be kept under official control, pending the outcome of the investigation. The *Veterinary Authorities* of all countries involved should fully cooperate with the investigation. If the certificate is found to be fraudulent, every effort should be made to identify those responsible so that appropriate action can be taken in accordance with the relevant legislation.

Article 5.9.5.

[…]

8. Responsible quarantine officials should immediately ~~notify~~ report to the *Veterinary Authority* of any severe ~~and/~~or unusual illnesses and deaths occurring in quarantined non-human primates.

[…]

Article6.6.5.

[…]

8. The responsible *veterinarian* should evaluate the results of *surveillance* testing for Salmonella and supervise the implementation of appropriate control measures. These results should be available to the *veterinarian* before marketing if a veterinary certificate for *flock* Salmonella status is required. When required by the *Competent Authority*, the *veterinarian* or other person responsible for ~~*notification*~~ reporting should ~~notify~~ report to the *Competent Authority* if the presence of Salmonella of the relevant serotype is confirmed.

[…]

Article 7.3.6.

[…]

At the time of certification, the *veterinarian* should ~~notify~~ inform the *animal* handler or the driver of any factors affecting the fitness of *animals* to travel for a particular *journey*.

Article 7.4.4.

[…]

3. Facilities and equipment

Specific arrangements should be made to ensure that holding and loading facilities including ramps, trucks, and air-conditioning *units* are available at departure, all in transit and arrival airports. This should include identification of specific staff who are responsible and the method of contacting them, e.g. telephone number and address.

Specific ~~*notification*~~~~reports~~ instructions should be given to all those responsible for providing facilities or equipment at the destination and in transit stops immediately before departure.

Containers should be loaded so as to ensure access can be made to the animals at all times.

[…]

Article 7.8.6.

[…]

4. Advice on zoonotic *risks* and *notifiable diseases*

The use of some species of *animals* poses a significant *risk* of the transmission of zoonotic disease, e.g. some nonhuman primates. The *veterinarian* should be consulted to identify sources of *animals* that minimise these *risks* and to ~~advice~~advise on measures that may be taken in the *animal* facility to minimize the *risk* of transmission, e.g. personal protective equipment, appropriate *disinfection* procedures, air pressure

differentials in *animal* holding rooms, etc. *Animals* brought into the institution may carry *notifiable diseases* ~~that require *notification* to government officials~~. It is important that the *veterinarian* be aware of, and comply with, these requirements.

[…]

Article 7.9.5.

[…]

1. b. Animal health management

[…]

Cattle at higher *risk* of disease or *distress* will require more frequent inspection by *animal handlers*. If *animal handlers* are not able to correct the causes of ill-health or *distress* or if they suspect the presence of a ~~listed reportable~~ *notifiable disease* they should seek advice from those having training and experience, such as *veterinarians* or other qualified advisers.

[…]

Article 7.10.4.

[…]

1. b. Animal health management, preventive medicine and veterinary treatment

[…]

If persons in charge are not able to identify the causes of diseases, ill-health or *distress*, or to correct these, or if they suspect the presence of a ~~reportable~~ *notifiable disease*, they should seek advice from *veterinarians* or other qualified advisers. Veterinary treatments should be prescribed by a *veterinarian*.

[…]

Article 8.1.1.

[…]

Anthrax ~~should be~~ is a *notifiable disease* in the ~~whole~~ entire country.

[…]

Article 8.2.2.

[…]

1. AD is a *notifiable disease* in the ~~whole~~ entire country, and all clinical signs suggestive of AD are subjected to field and *laboratory* investigations;

[…]

Article 8.7.3.

[…]

2. A country or a *zone* may be considered free from EHD when *infection* with EHDV is a *notifiable disease* in the entire country, importation of *animals* and their semen or embryos is carried out in accordance with this chapter and either:

[…]

Article 8.15.2.

[…]

a. it has a record of regular and prompt *animal* disease ~~reporting~~ *notification* in accordance with Chapter 1.1.;

b. *infection* with rabies virus is a *notifiable disease* in the entire country and any change in the epidemiological situation or relevant events are ~~reported~~ notified in accordance with Chapter 1.1.;

[…]

Article 8.15.4.

[…]

a. it has a record of regular and prompt *animal* disease ~~reporting~~ *notification* in accordance with Chapter 1.1.;

b. dog-mediated rabies is a *notifiable disease* in the entire country and any change in the epidemiological situation or relevant events are ~~reported~~ notified in accordance with Chapter 1.1.;

[…]

Article 8.15.11.

[…]

For its *official control programme* for dog-mediated rabies to be endorsed by WOAH, the Member Country should:

1. have a record of regular and prompt *animal* disease ~~reporting~~ *notification* in accordance with Chapter 1.1.;

[…]

The Member Country's *official control programme* for dog-mediated rabies will be included in the list of programmes endorsed by WOAH only after the submitted evidence has been accepted by WOAH. Retention on the list requires an annual update on the progress of the *official control programme* and information on significant changes concerning the points above. Changes in the epidemiological situation and other significant events should be ~~reported~~ notified to WOAH in accordance with Chapter 1.1.

[…]

Article 8.17.4.

[…]

However, rinderpest should still be a *notifiable disease* in the ~~whole~~ entire territory and countries are still required to carry out general *surveillance* in accordance with Chapter 1.4. to detect rinderpest should it recur and to comply with WOAH notification ~~reporting~~ obligations concerning the occurrence of unusual epidemiological events in accordance with Chapter 1.1.

[…]

Article 8.19.3.

[…]

1. the *infection* is a *notifiable disease* in the entire country;

[…]

Article 8.23.3.

[…]

1. the *infection* is a *notifiable disease* in the entire country for at least the past two years;

[…]

Article 9.1.3.

[…]

2. acarapisosis is a *notifiable disease* in the ~~whole~~ entire country or *zone*, and all clinical signs suggestive of acarapisosis are subjected to field and *laboratory* investigations;

[…]

Article 9.2.3.

[…]

2. American foulbrood is a *notifiable disease* in the ~~whole~~ entire country or *zone*, and all clinical signs suggestive of American foulbrood are subjected to field and *laboratory* investigations;

[…]

Article 9.3.3.

[…]

2. European foulbrood is a *notifiable disease* in the ~~whole~~ entire country or *zone*, and all clinical signs suggestive of European foulbrood are subjected to field and *laboratory* investigations;

[…]

Article 9.4.3.

[…]

2. the presence of *A. tumida* is a *notifiable disease* in the ~~whole~~ entire country, and all signs suggestive of *A. tumida infestation* are subjected to field and *laboratory* investigations;

[…]

Article 9.5.3.

[…]

2. the presence of *Tropilaelaps* spp. is a *notifiable disease* in the ~~whole~~ entire country or *zone*, and all clinical signs suggestive of Tropilaelaps spp. *infestation* are subjected to field and *laboratory* investigations;

[…]

Article 9.6.3.

[…]

2. the presence of *Varroa* spp. is a notifiable disease in the ~~whole~~ entire country or *zone*, and all clinical signs suggestive of varroosis are subjected to field and *laboratory* investigations;

[…]

Article 10.9.2.

[…]

1. ND is a *notifiable disease* in the ~~whole~~ entire country, an ongoing ND awareness programme is in place, and all ~~notified~~ reported suspect occurrences of ND are subjected to field and, where applicable, *laboratory* investigations;

[…]

Article 11.7.2.

[…]

1. the disease is a *notifiable disease* in the entire country;

[…]

Article 11.7.3.

[…]

1. the disease is a *notifiable disease* in the ~~whole~~ entire country;

[…]

Article 11.8.2.

1. Qualification

[…]

a. the disease or suspicion of the disease is a *notifiable disease*;

[…]

Article 11.10.3.

1. A country or a *zone* may be considered free from *infection* with *Theileria* when the disease is a *notifiable disease* in the entire country, importation of bovines and water buffaloes and their *commodities* is carried out in accordance with this chapter, and:

[…]

Article 12.6.4.

A country, *zone* or *compartment* may be considered free from EI provided that *infection* with EIV is a *notifiable disease* in the ~~whole~~ entire country and it shows evidence, through an effective *surveillance* programme, planned and implemented in accordance with the general principles in Chapter 1.4., that no *case* of *infection* with EIV occurred in the past two years. The *surveillance* may need to be adapted to parts of the country, *zone* or *compartment* depending on historical or geographical factors, industry structure, *population* data, movements of equids within and into the country, *zone* or *compartment*, wild equine *populations* or proximity to recent *outbreaks*.

[…]

Article 14.8.3.

[…]

i. scrapie has been a *notifiable disease* in the entire country for at least 25 years; and

[…]

_____

GLOSSARY

POULTRY

means all birds reared or kept in captivity for the production of ~~any commercial *animal* products *commodities*~~ *animal products* or for breeding for this purpose.~~, and fighting cocks used for any purpose.~~, ~~and all birds used for restocking supplies of game or for breeding for this purpose, until they are released from captivity.~~

~~Birds that are kept in a single household, the products of which are used within the same household exclusively, are not considered *poultry*, provided that they have no direct or indirect contact with *poultry* or *poultry* facilities.~~

~~Birds that are kept in captivity for other reasons, including those that are kept for shows, racing, exhibitions, zoological collections and competitions, and for breeding or selling for these purposes, as well as pet birds, are not considered *poultry*, provided that they have no direct or indirect contact with *poultry* or *poultry* facilities.~~

CHAPTER 4.7.

HEALTH REQUIREMENTS FOR DONOR AND TEASER ANIMALS IN SEMEN COLLECTION CENTRES

Article 4.7.1.

General considerations

The objective of this chapter is to provide general animal health recommendations to minimise the risk of donor and teaser *animals* introducing or spreading *listed diseases* within a *semen collection centre* or transmitting *listed diseases* through semen.

The recommendations in this chapter apply to bovine, ovine, caprine, porcine, equine and cervid donor and teaser *animals*, before entry into and during their stay in a *semen collection centre*.

Chapter 4.6. provides recommendations for the collection, processing and storage of semen, as well as for *biosecurity* and conditions for managing and housing *animals* in a *semen collection centre.* The recommendations in this chapter should be applied in conjunction with those in Chapter 4.6. Similarly, *sanitary measures* for disease prevention and control should be applied to donor and teaser *animals* throughout the entire process from entry into the pre-isolation facility, to the dispatch of semen from the *semen collection centre.* The recommendations in this chapter help ensure that the risk of transmission of *listed diseases* through the trade of semen collected at the *semen collection centre* is negligible. This can be achieved by ensuring that the *subpopulation* of the *semen collection centre* maintains a free *animal health status*, or if not free from *listed disease(s)* that may be transmitted through semen, by applying the relevant recommendations in the disease-specific chapters.

In addition to the responsibilities described in Article 4.6.2., the supervising *veterinarian* should ensure that the health of donor and teaser *animals* is monitored, that applicable *surveillance*, prevention and control measures under this chapter are implemented, and that documentation, including records of procedures, treatments and testing, and staff training, is kept up-to-date and accessible.

Relevant animal health information on the origin of donor and teaser *animals* should be available to support the assessment of the risk to the *semen collection centre*. To ensure the safe entry of donor and teaser *animals* into the *semen collection centre*, the recommendations for trade described in the disease-specific chapters should be applied, taking into account the *animal health status* of the country, *zone* or *compartment* of origin.

When *laboratory* testing is undertaken, it should be carried out in accordance with the relevant provisions in the *Terrestrial Manual*.

Standards for diagnosis and vaccines, as well as information on the epidemiology of *listed diseases*, are described in the *Terrestrial Manual*.

Article 4.7.2.

Health requirements for entry of animals to the semen collection centre

Any *animal* entering the *semen collection centre* should comply with the health requirements and risk mitigation measures for *listed diseases* in accordance with the respective disease-specific chapters, taking into account the *animal health status* of the country, *zone* or *compartment* of origin, with the aim of preserving the *animal health status* in the *semen collection centre.*

Even when semen is considered as a *safe commodity* for some *listed diseases*, the health requirements and *sanitary measures* regarding such diseases for *animals* entering the *semen collection centre* should be applied to prevent the introduction or spread of the respective *pathogenic agents* among the other resident *animals* in the *semen collection centre*.

Article 4.7.3.

Surveillance

Surveillance, *monitoring*, and an *early warning system* in accordance with Chapter 1.4 and the respective disease-specific chapters of the *Terrestrial Code* and *Terrestrial Manual* should be implemented and aimed at the early detection of *listed diseases* or changes in the health status of the *subpopulation* within the *semen collection centre*.

The *surveillance* programme applied at the *semen collection centre* should be risk-based. It may include periodic sampling and laboratory diagnostic testing for relevant *listed diseases* in accordance with the requirements of the *Veterinary Authority*, in order to substantiate and maintain the *animal health status* in the *semen collection centre*.

The supervising *veterinarian* should communicate directly with the *Veterinary Authority* in the event of detection of a *case* of any *listed disease* or a serious adverse hygiene event. In this situation, the appropriate *sanitary measures* should be applied, aiming to control the *listed disease* and prevent its spread within the *semen collection centre*. In addition, trading partners should be informed and certification for trade in semen should comply with the relevant conditions of the disease-specific chapters.

Article 4.7.4.

Verification of compliance

In addition to the auditing recommendations in Chapter 4.6., the *Veterinary Authority* should periodically verify compliance with the *surveillance* and animal health requirements of this chapter, including those used to substantiate the *animal health status* of the *subpopulation* of the *semen collection centre*.

CHAPTER 4.14

CLEANING AND DISINFECTION

Article 4.14.1.

Purpose and scope

The implementation of cleaning and *disinfection* is a crucial component of disease prevention and control, particularly for *biosecurity*. The purpose of this chapter is to provide recommendations on the planning, implementation and monitoring of cleaning and *disinfection* to prevent the introduction, establishment, spread or persistence of *pathogenic agents*.

This chapter describes general principles for the planning and implementation of cleaning and *disinfection* methods to inactivate or destroy *pathogenic agents*, as well as roles and responsibilities of relevant actors. These methods can be applied to *establishments*, equipment, *means of transport* or other vehicles, *containers*, waste materials, humans and fomites during routine *biosecurity* activities or during disease *outbreaks*.

For additional methods for the inactivation or destruction of *pathogenic agents* in *animal products*, reference should be made to the relevant articles of disease-specific chapters of the *Terrestrial Code*.

Article 4.14.2.

General principles

The aim of cleaning and *disinfection* is to eliminate or reduce the load of *pathogenic agents* to a level appropriate to prevent further *infection*. To achieve this, it is a prerequisite to remove organic material and biofilms protecting the *pathogenic agents* by thorough cleaning before the application of a *disinfection* method to inactivate or destroy the *pathogenic agents*.

Appropriate planning of the cleaning and *disinfection* process is required to achieve effective results. The efficiency and effectiveness of the cleaning and *disinfection* process should be evaluated.

Throughout the cleaning and *disinfection* process, all detergents and disinfectants should be used in accordance with the manufacturer's instructions including the method of application, adequate contact time, safety in use, surface and material types, and safe and proper disposal. Water used throughout the process should not be a source of recontamination with *pathogenic agents*.

Article 4.14.3.

Planning

A cleaning and *disinfection* plan (hereafter 'the plan') should be developed at the *establishment* level, taking into account the following:

1. *pathogenic agent* of concern and its transmission pathways;

2. epidemiological context (e.g. disease *outbreak* vs. prevention);

3. likelihood and scale of contamination;

4. items to be cleaned and disinfected, their surface porosity, material type, resistance to chemical damage, and accessibility for cleaning and *disinfection;*

5. facility design and architecture;

6. critical areas and timing where cleaning and *disinfection* should be targeted;

7. weather and other environmental conditions;

8. safety of personnel, including the use of appropriate personal protective equipment taking into account the product or application method used;

9. safety of *animals* that may come into contact with residual disinfectants in the environment during or after cleaning and *disinfection*;

10. potential for environmental contamination;

11. resources needed such as personnel, water and equipment;

12. management of waste and effluent.

The plan should also specify how the effectiveness of cleaning and *disinfection* will be evaluated. The plan should be regularly reviewed to ensure that the process remains effective and efficient. Any changes to the plan should also be documented.

Article 4.14.4.

Steps of cleaning and disinfection

1. Cleaning – Cleaning is the most critical part of the procedure. If proper cleaning does not take place, *disinfection* is generally ineffective. The physical or chemical cleaning process should be compatible with the disinfectant chosen. Cleaning should consist of the following steps:

    a) Dry cleaning to remove dirt and organic material;

    b) Soaking of surfaces with water and detergent to loosen remaining organic material. Detergent is important to remove fats and biofilms which may interfere with the effectiveness of the disinfectant. The contact time should be adequate to allow the detergent to work effectively;

    c) Washing to remove detergent and residual organic material using clean water and applying pressure (e.g. water pressure, scrubbing);

    d) Complete drying is required before *disinfection* to avoid dilution of the disinfectant resulting in a reduction of its efficacy.

2. *Disinfection* methods can consist of physical or chemical means and these can be combined. Steps a) and b) below refer to chemical *disinfection* methods but alternative methods of *disinfection* are described in Article 4.14.7.

    a) After steps 1 a) to d) above have been completed, the disinfectant should be applied.

    b) Drying is necessary to allow the disinfectant to work and to avoid *animals* coming into contact with residues of the disinfectant.

3. Methods to evaluate the efficacy of the cleaning and *disinfection* procedure are recommended:

    a) To assess the effectiveness of cleaning, the following methods can be used:

        – visual examination;

– ultraviolet fluorescence;

– biochemical methods (e.g. adenosine triphosphate bioluminescence);

b) To assess the effectiveness of *disinfection*, the following methods can be used:

– biochemical methods (e.g. adenosine triphosphate bioluminescence) testing at least 12 hours after disinfection;

– microbiological methods for pathogenic agent detection;

– use of sentinel animals susceptible to the *pathogenic agent* of concern.

When complete cleaning and *disinfection* are not feasible or their effectiveness is uncertain, a waiting period may be applied to avoid contact between a *population* to be introduced and potential sources of *pathogenic agents*. The effectiveness of this measure to inactivate or destroy *pathogenic agents* depends on the persistence of the pathogenic agent of concern, the length of waiting period, and other conditions, and should be assessed accordingly.

Article 4.14.5.

Types of materials, equipment, premises and environments to be cleaned and disinfected

Cleaning and *disinfection* can be applied to a range of materials, equipment, premises and environments, and their characteristics should be taken into account when selecting appropriate cleaning and *disinfection* methods, including:

1. Surfaces: When surfaces of *establishments*, *means of transport* or other vehicles, *containers*, equipment, or fomites are to be cleaned and disinfected, their composition and physical characteristics should be considered. Increased porosity, degradation and roughness of a surface negatively influence the ease of cleaning and *disinfection* by retaining organic material and *pathogenic agents*. Some disinfectants or *disinfection* methods may be incompatible with or corrosive to certain materials or surface types.

2. Water: When water or water lines are to be cleaned and disinfected, the quality of the water should be evaluated before choosing an appropriate disinfectant. The physical and chemical characteristics of the water may affect the effectiveness of some disinfectants. Biofilms may be present in water lines, and should be removed prior to *disinfection*. For drinking water, the potential toxicity of the disinfectant should be taken into consideration.

3. *Feed* and *feed ingredients*: When *feed* or *feed ingredients* are to be disinfected, in addition to measures in Chapter 6.4, physical (e.g. heat, steam) and chemical (e.g. acids) *disinfection* procedures can be applied. A waiting period to inactivate or destroy *pathogenic agents* can be used depending on the pathogenic agent of concern. Potential toxicity of the disinfectant should be taken into consideration.

4. Air: Methods of air *disinfection* may include the use of ultraviolet (UV) light, filtration, and fumigation. After fumigation, a waiting period may be required before introducing animals into the facility.

5. Manure, carcasses, farm waste (litter), wastewater (effluent): Composting as described in Chapter 4.13. can be an effective *disinfection* method.

6. Pastures and soil: Effective *disinfection* of pastures and soil is difficult to achieve. Resting of pastures, drying of soil, exposure to UV light and application of alkaline chemicals (e.g. slaked lime) may reduce survival of some *pathogenic agents*.

Article 4.14.6.

Types and selection of detergents

There are two main types of detergents. Alkaline cleaners are used to remove organic compounds based on carbon (e.g. fats, proteins, animal waste). Acid cleaners are used to remove inorganic compounds (e.g. rust, corrosion, scale deposits).

Article 4.14.7.

Types of disinfectants

Disinfection of surfaces can be achieved through physical inactivation of *pathogenic agents* (e.g. heat, UV, ionising radiation) or by using chemical compounds (disinfectants). A combination of both can also be applied.

Types of chemical disinfectants commonly used include the following:

1. Acids and alkalis are types of disinfectants which are detrimental to various *pathogenic agents* by changing the pH of the environment. Strong inorganic acids are hazardous to use as disinfectants.

2. Aldehydes exhibit broad-spectrum activity against bacteria, including spores, fungi and viruses but some are toxic, irritating and potentially carcinogenic, so precautions need to be taken when using these substances. Glutaraldehyde is known to be able to remain effective in the presence of high concentrations of organic material.

3. Alcohols are compounds that are mostly used to disinfect hard material surfaces, or as hand or skin antiseptics. They exhibit a rapid and broad-spectrum antimicrobial activity against some bacteria (not spores), viruses and fungi.

4. Phenolic compounds are, in general, stable, non-corrosive, less prone to inactivation by organic material, but can cause irritation.

5. Oxidising agents (peroxide-based disinfectants) are broad-spectrum.

6. Halogens are divided into two types, being the chlorine compounds and the iodine compounds or iodophors. Halogens should not be used in the presence of organic material, hard water and detergents. Halogens are broad-spectrum disinfectants that can be used for surface *disinfection* in low organic pollution environments.

7. Quaternary ammonium compounds (QACs) are surface-active compounds used in disinfectant formulations to enhance penetration. The spectrum is rather narrow and effective against Gram-positive vegetative bacteria, yeast, fungi and some viruses (especially enveloped). The QACs should not be used in the presence of anionic detergents, hard water and organic material.

Few antibacterial agents are actively sporicidal. Disinfectants that are sporicidal, i.e. glutaraldehyde, formaldehyde, peracetic acid and hydrogen peroxide, often require higher concentrations and longer contact times for this effect than for bactericidal activity.

In practice, combination products that contain multiple chemicals are often used. These mixtures of active compounds are aimed at reducing toxicity (lower dosage per compound), increasing activity and penetration, and providing a broader antimicrobial spectrum. Care should be taken when combining products in the field because antagonistic effects may occur when chemical agents or detergents are combined.

Article 4.14.8.

Selection of disinfectants

The selection of the appropriate disinfectant should be based on:

1. the *pathogenic agent* of concern, including its susceptibility to the disinfectant and its intrinsic ability to survive in the environment;

2. disinfectant characteristics, including toxicity for users and animals, recommended concentration, recommended contact time, stability, storage conditions, safety precautions, application method, corrosiveness, and cost;

3. field conditions, including organic load, type of surface, temperature, weather, water hardness, relative humidity, and the presence of other chemicals; and

4. applicable national or local regulations.

Article 4.14.9.

Roles and responsibilities

The *Veterinary Authority* or the other relevant *Competent Authority* is responsible for the approval of products used for cleaning and *disinfection*. The *Veterinary Authority* is responsible for the legislative frameworks and general policies for the veterinary use of detergents and disinfectants, including for *stamping-out policies* or other regulated *outbreak* control measures.

When required by the epidemiological context or for *international trade* purposes, the *Veterinary Authority* should have an active role in the enforcement, oversight, and verification of cleaning and *disinfection* plans.

Veterinarians, *veterinary paraprofessionals* and other relevant advisors should provide advice on planning and implementation of cleaning and *disinfection* to all relevant actors. This advice should be aligned with the policies and legislation, where available.

Animal breeders, owners, managers, keepers, and transporters, as well as other relevant actors, are responsible for the planning, implementing and monitoring cleaning and *disinfection* under routine and emergency circumstances, and should seek advice from veterinarians, *veterinary paraprofessionals* or other relevant advisors.

CHAPTER 8.21.

INFECTION WITH WEST NILE VIRUS (WEST NILE DISEASE)

Article 8.21.1.

General provisions

West Nile disease (WND) is a zoonotic disease caused by West Nile virus (WNV). WNV is maintained in a mosquito–*wild* bird–mosquito transmission cycle, whereas humans and equids are dead-end hosts. Some *poultry* and reptile species may be susceptible, but they do not play a significant role in the epidemiology of WND.

For the purposes of the *Terrestrial Code*, WND is defined as an *infection* of avian species of the orders Passeriformes, Ciconiiformes, Charadriiformes, Falconiformes, Strigiformes, Columbiformes and Accipitriformes (hereafter 'animal hosts') with WNV.

The following defines the occurrence of *infection* with WNV:

1) WNV has been isolated and identified as such in a sample from an animal host; or

2) nucleic acid or antigen specific to WNV has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with WND, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to WNV; or

3) seroconversion specific to WNV has been detected in an animal host; or

4) antibodies specific to WNV, which are not the consequence of *vaccination*, have been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with WND, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to WNV.

For the purposes of the *Terrestrial Code*, the *incubation period* in animal hosts for WND shall be 10 days.

Standards for diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

Article 8.21.2.

Safe commodities

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any WND-related conditions, regardless of the *animal health status* of the country or *zone* of origin:

1) equids and other equid *commodities*;

2) poultry and other poultry *commodities*;

3) semen from animal hosts;

4) eggs and egg products from animal hosts;

5) *fresh meat* and *meat products* from animal hosts;

6) extruded dry pet food and coated ingredients after extrusion, from animal hosts;

7) feathers and down from animal hosts.

Article 8.21.3.

Country or zone free from WND

A country or *zone* may be considered free from WND when:

1) WND has been a *notifiable disease* in the entire country for at least the past two years;

2) appropriate *biosecurity* and *sanitary measures* to prevent the introduction of *infection* have been in place; in particular, the importation or movements of animal hosts into the country or *zone* have been carried out in accordance with this chapter or other relevant chapters of the *Terrestrial Code*, including Chapter 2.1. 'Import risk analysis', for at least two years; and

3) *surveillance* in accordance with Articles 8.21.10. and 8.21.13. has been in place in the entire country or *zone* and there has been no *case* in the country or *zone* for at least the past two years.

Due to the wide range of susceptible *wild* birds, historical freedom as described in Article 1.4.6. does not apply to WND.

Article 8.21.4.

Compartment of captive animal hosts free from WND

The establishment of a *compartment* free from WND should follow the provisions laid down in this chapter and in Chapters 4.4. and 4.5.

Animal hosts in the free *compartment* should be protected from the bites of culicine mosquitoes in accordance with Article 8.21.9.

Article 8.21.5.

Country or zone infected with WNV

A country or *zone* should be considered as infected with WNV when the conditions for freedom in Article 8.21.3. from WND are not met.

Article 8.21.6.

Recovery of free status

Should a *case* of *infection* with WNV occur in a previously free country or *zone*, the free status may be recovered in accordance with Article 8.21.3.

Article 8.21.7.

Recommendations for importation of animal hosts from countries, zones or compartments free from WND

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the animals showed no clinical signs of WND on the day of shipment;

2) the animals were kept in a country, zone or *compartment* free from WND since birth or for at least 20 days prior to shipment.

If the animals were exported from a *zone* free from WND, either the animals:

1) did not transit through an *infected zone* during transportation to the *place of shipment*; or

2) were protected from culicine mosquito bites at all times when transiting through an *infected zone*.

Article 8.21.8.

Recommendations for importation of animal hosts from countries or zones infected with WNV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the animals showed no clinical signs of WND on the day of shipment;

2) the animals were isolated in a *vector*-protected *quarantine centre*, located in an area of demonstrated low *vector* activity, for at least 20 days prior to shipment;

3) a statistically appropriate number of samples of the animals were subjected during that period to an agent identification test, with negative results, carried out on a sample collected within three days prior to shipment;

4) the animals were protected from culicine mosquito bites at all times during transportation to the *place of shipment*.

Article 8.21.9.

Protecting animals from culicine mosquito bites

1) Vector-protected quarantine centre

The means of protection of the *quarantine centre* should include the following:

a) appropriate physical barriers at entry and exit points, such as a double-door entry-exit system;

b) openings of the building are *vector* screened with mesh of appropriate gauge;

c) *vector surveillance* and *vector* control within and around the building;

d) measures to limit or eliminate breeding sites for *vectors* in the vicinity of the *quarantine centre*;

e) Standard Operating Procedures for the operation of the *quarantine centre* and for the transport of avian species to the *place of loading.*

2) During transportation

When transporting avian species through countries or *zones* infected with WNV, *Veterinary Authorities* should require that strategies to protect the animals from the bites of culicine mosquitoes are in place, considering the local ecology of the *vector*.

a) Transport by road

Risk management strategies should include:

i) treating animals with an *approved* repellent to prevent bites prior to and during transportation, in a *means of transport* disinfected and disinsected with an *approved* disinfectant and insecticide;

ii) *loading*, transporting and *unloading* animals at times of low *vector* activity and avoiding areas of known high *vector* activity;

iii) ensuring the *means of transport* do not stop in route during dawn or dusk, or overnight, unless the *means of transport* is *vector* protected (e.g. fitted with mosquito-proof nets);

iv) using historical, ongoing or modelling information on WND or WNV circulation and *surveillance* for *vectors* at common stopping and offloading points to identify low risk ports and transport routes.

b) Transport by air

Prior to *loading* the animals, *containers* should be sprayed with an *approved* insecticide.

Containers in which animals are being transported, and the cargo hold of the aircraft should be sprayed with an *approved* insecticide when the doors have been closed and prior to take-off. All possible insect harbourages should be treated. The insecticide sprayers should be retained for inspection on arrival.

In addition, during any stopover in countries or *zones* where *infection* with WNV occurs, prior to the opening of any aircraft door and until all doors are closed, netting of appropriate gauge impregnated with an *approved* insecticide should be placed over all *containers*.

Article 8.21.10.

Principles of surveillance for WND

Articles 8.21.10. to 8.21.13. define the principles of and provide guidance on *surveillance* for WND, complementary to Chapters 1.4. and 1.5.

The objectives of *surveillance* for WND are for the *Veterinary Authority* to coordinate in a timely manner with public health and other relevant *Competent Authorities*, to share information to mitigate risks to animal health and human health, and to facilitate safe *international trade*.

An epidemic should be suspected when ecological conditions favour the breeding of large numbers of mosquito *vectors* with the concurrent or consequent occurrence of an increased number of equids and avian species showing clinical signs or pathological lesions consistent with *infection* with WNV, or reports of *infection* in humans. This is especially relevant for countries or *zones* where *infection* with WNV has occurred, or countries or *zones* adjacent to a country or *zone* in which epidemics or epizootics have been reported. Ecological conditions can be assessed through sharing and analysis of meteorological data, data on precipitation and water levels, and monitoring of mosquito *vector* activity in order to determine areas with different levels of risk.

1) Clinical surveillance

Most susceptible animals infected with WNV do not show clinical signs. However, clinically affected equids demonstrate behavioural changes, muscle fasciculation, hypersensitivity, mild to severe ataxia, recumbency, and death. While fever is not a consistently recognised feature of the disease in equids, the high susceptibility of equids should be taken into consideration and equids should be considered as sentinels in any surveillance programme for WND. Some avian species, including Passeriformes, such as corvids, can show ataxia, anorexia and neurological signs.

Clinical surveillance targeted at neurological signs in susceptible animals can improve the sensitivity of clinical surveillance. However, clinical signs are not pathognomonic, thus, suspected cases detected by clinical surveillance should always be confirmed by laboratory testing.

2) Serological surveillance

Given the limitations and challenges of direct viral detection due to low and short viraemia observed in equids and most avian species, antibody testing is currently the main strategy for estimating population exposure. It can complement clinical and *vector surveillance* by identifying silent transmission and improving *early warning system* through active strategies. It is worth noting that cross-reactivity is commonly observed among *orthoflaviviruses*, which may require additional testing.

3) Virological surveillance

Molecular and antigen detection and virus isolation for WNV are beneficial in terms of phylogenetic analysis.

Virological *surveillance* can be conducted to:

a) confirm clinically suspected *cases*;

b) identify virus transmission in at-risk *populations*;

c) follow up positive serological results;

d) better characterise the genotype of circulating virus in a country or *zone*.

Early detection of WNV in *vectors* and susceptible animals should trigger the rapid intensification of integrated *surveillance* activities to better define public health risk. Timely sharing of data on *cases* and human infections, including geolocation, and infected *vectors* between public health and the other *Competent Authorities* is essential to support targeted response measures.

Article 8.21.11.

Surveillance for demonstrating freedom from WND

Surveillance systems intended to demonstrate freedom from *infection* should have sufficient sensitivity to detect infection in animal hosts and other susceptible species in accordance with Chapter 1.4.

Article 8.21.12.

Surveillance for wild populations

The objectives of *surveillance* in *wild* avian species are to identify virus circulation to determine the level of risk in a geographical area and to identify the avian species affected. Such *surveillance* is useful to characterise the strain of the circulating virus and to identify potential amplifying species. The *surveillance* also contributes to the *early warning system* allowing the implementation of prevention and control measures in line with the One Health approach.

Molecular methods can be used to identify WNV in targeted organs of avian carcasses, and in cloacal and oral swabs from live avian species.

Article 8.21.13.

Surveillance for vectors

Vector surveillance aims to detect and identify virus circulation, demonstrate the abundance and distribution of *vectors* and define the level of risk in a geographical area and details of seasonality. *Vector surveillance* has particular relevance to determine potential areas of spread. Routine *vector surveillance* may be maintained at fixed *surveillance* sites selected according to suitable ecoclimatic conditions

Vector surveillance should be based on scientific sampling techniques targeting *Culex* mosquitoes. The choice of the number and types of traps to be used in *vector surveillance* and the frequency of their use should take into account the biology and ecology of the target *vector* species and the size and ecoclimatic characteristics of the area to be surveyed.

While *vector surveillance* can contribute to understanding virus circulation, its routine use for detecting active transmission may be limited, as *infection* rates in *vectors* are often low and detections may therefore be infrequent. For this reason, *vector*-based approaches are best used in conjunction with, or to complement, animal-based *surveillance* systems, which are generally more sensitive for identifying virus transmission.

Article 8.21.14.

Prevention and control

The *Veterinary Authority* should coordinate effectively and in a timely manner with public health and other relevant *Competent Authorities*, under the One Health approach, to facilitate the exchange of information critical to protecting both animal health and human health.

Environmental interventions and the implementation of preventive measures may include *vaccination* of equids in affected areas, and *vector* control actions such as the use of insecticides and repellents. In parallel, risk communication should promote personal protective measures, including reducing mosquito exposure, improving vector protection of *establishments*, and eliminating standing water in domestic environments.

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CHAPTER 10.4.

INFECTION WITH HIGH PATHOGENICITY AVIAN INFLUENZA VIRUSES

Article 10.4.1.

General provisions

1) This chapter deals with the *listed disease*, *Poultry*, other birds and a number of mammals, including humans, are susceptible to *infection* with high pathogenicity avian influenza A viruses of high pathogenicity.

2) For the purposes of the *Terrestrial Code*:

a) *Infection* with Hhigh pathogenicity avian influenza virus means is defined as an *infection* of: *poultry*, except *poultry* kept within a single household and the products of which are used exclusively within that household; fighting cocks used for any purpose; and birds used for restocking game, or bred for that purpose, until release (hereafter 'animal hosts') with by any influenza A virus that has been determined to be of as high pathogenicity in birds in accordance with the *Terrestrial Manual*.

b) The following defines the An occurrence of *infection* with a high pathogenicity avian influenza virus:

1i) high pathogenicity avian influenza virus has been isolated in a sample from an animal host and identified as such;is defined by the isolation and identification of the virus or

2ii) the detection of specific viral ribonucleic acid, with characteristics of high pathogenicity avian influenza virus has been detected in a one or more samples from an animal host*poultry*.

c) The *incubation period* at the *flock*-level for high pathogenicity avian influenza is shall be 14 days.

Standards for diagnosis and vaccines, including pathogenicity testing, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

Article 10.4.1bis

Special provisions

3) For the purposes of this chapter, 'commercial poultry' means a *subpopulation* of *poultry*, defined by the *Veterinary Authority*, that is reared or kept in *establishments* in which *biosecurity* is implemented to effectively separate it from other birdsthat and which that produces *commodities* intended for formal the domestic market or for *international trade*.

4) Standards for diagnostic tests and vaccines, including pathogenicity testing, are described in the *Terrestrial Manual*.

35) Although the objective of this chapter is to mitigate animal and public health risks posed by *infection* with high pathogenicity avian influenza viruses, other influenza A viruses of avian host origin (i.e. low

pathogenicity avian influenza viruses) may have the potential to exert a negative impact on animal and public health. This chapter includes monitoring considerations for low pathogenicity avian influenza viruses because some, especially H5 and H7 subtypes, have the potential to mutate into high pathogenicity avian influenza viruses. A sudden and unexpected increase in virulence of low pathogenicity avian influenza viruses in *poultry* is notifiable as an *emerging disease* in accordance with Article 1.1.4.

6) *Infection* of domestic and *captive wild* birds with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences, and *infection* of birds other than *poultry*, including *wild* birds, with influenza A viruses of high pathogenicity, are notifiable in accordance with Article 1.3.3. Such notifications do not affect the high pathogenicity avian influenza status of the country or *zone* in *poultry* or commercial poultry, and a Member Country should not impose bans on the *international trade* of *poultry commodities* in response to such *notifications*.

4. A *notification* of *infection* of birds other than *poultry*, including *wild* birds, with influenza A viruses of high pathogenicity, or of *infection* of domestic or *captive wild* birds with low pathogenicity avian influenza viruses does not affect the high pathogenicity avian influenza status of the country or *zone*. A Member Country should not impose bans on the international trade of *poultry commodities* in response to such *notifications*, or to other information on the presence of any non-notifiable influenza A virus in birds.

5. This chapter includes *monitoring* considerations for low pathogenicity avian influenza viruses because some, especially H5 and H7 subtypes, have the potential to mutate into high pathogenicity avian influenza viruses.

7) Information reported in accordance with Article 1.1.5. on the presence of non-notifiable influenza A virus in birds or on the presence of influenza A virus of high pathogenicity in mammals do not affect the high pathogenicity avian influenza status of the country or *zone*, and a Member Country should not impose bans on the *international trade* of *poultry commodities* in response to such bans.

6~~8~~) The use of *vaccination* against avian influenza may be recommended under specific conditions. Any vaccine used should comply with the standards described in the *Terrestrial Manual*. *Vaccination* does ~~will~~ not affect the high pathogenicity avian influenza status of a free country or *zone*, if *surveillance* supports the absence of *infection*, in accordance with Article 10.4.28., in particular point 2. *Vaccination* can be used as an effective complementary control tool when a *stamping-out policy* alone is not sufficient. Whether to vaccinate or not should be decided by the *Veterinary Authority* on the basis of the avian influenza situation as well as the ability of the *Veterinary Services* to implement the *vaccination* strategy, as described in Chapter 4.18.

7. Standards for diagnostic tests and vaccines, including pathogenicity testing, are described in the *Terrestrial Manual*.

[…]

Article 10.4.3.

Country or zone free from high pathogenicity avian influenza in ~~poultry~~animal hosts

A country or *zone* may be considered free from high pathogenicity avian influenza in *~~poultry~~ animal hosts* when:

1) *infection* with high pathogenicity avian influenza viruses is a *notifiable disease* in the entire country, as ~~well as~~is *infection* of domestic and captive wild birds with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences, and *infection* of birds other than animal hosts, including wild birds, with influenza A viruses of high pathogenicity;

2) an ongoing awareness programme is in place to encourage reporting of suspicions of high pathogenicity avian influenza;

3) absence of *infection* with high pathogenicity avian influenza viruses, based on *surveillance*, in accordance with Chapter 1.4. and Articles 10.4.26. to 10.4.30., has been demonstrated in the country or *zone* for the past 12 months;

4) an awareness programme is in place related to avian influenza ~~viruses~~ *risks* and the specific *biosecurity*

and management measures to address them;

5) *commodities* are imported in accordance with Articles 10.4.7. to 10.4.22.

Surveillance should be adapted to parts of the country or existing *zones* depending on historical or geographical factors, industry structure, population data and proximity to recent *outbreaks* or the use of *vaccination*.

Article 10.4.3.bis

Country or zone free from high pathogenicity avian influenza in commercial poultry

A country or *zone* may be considered free from high pathogenicity avian influenza in commercial poultry when ~~the country or *zone* meets~~ the conditions in points 1., 2., 4. and 5. ~~in~~ of Article 10.4.3. are met, and for the past 12 months:

1) absence of *infection* with high pathogenicity avian influenza viruses, based on *surveillance*, in accordance with Chapter 1.4. and Articles 10.4.26. to 10.4.30., has been demonstrated in commercial poultry in the country or *zone*;

2) commercial poultry *establishments* in the country or *zone* are *approved* and they implement~~are~~ *biosecurity* designed to minimize direct and indirect contact between commercial poultry and ~~effectively separated from~~ other birds~~, including *poultry* other than commercial poultry, and *wild* birds, by *biosecurity*, effectively implemented and supervised~~;

3) the *Veterinary Authority* has current knowledge of the distribution of all commercial poultry *establishments* and the *biosecurity* they implement;

4) in case~~s~~ of occurrences of high pathogenicity avian influenza virus in other animal hosts~~*poultry* other than commercial poultry~~:

   a) the *Veterinary Authority* performs an epidemiological investigation that concludes there has been no direct or indirect contact with commercial poultry ~~or~~ and that the likelihood of exposure to commercial poultry is considered negligible;

   b) a *stamping-out policy* is applied to all occurrences of high pathogenicity avian influenza virus~~es~~ in ~~*poultry* other than commercial poultry~~other animal hosts;~~.~~

   c) an occurrence of *infection* with a high pathogenicity avian influenza virus~~es~~ in other animal hosts does not affect the *animal health status* of commercial poultry when the conditions of this article are met.

Article 10.4.4.

Compartment free from high pathogenicity avian influenza

The *establishment* of a *compartment* free from high pathogenicity avian influenza ~~in commercial poultry,~~ should follow the provisions laid down in ~~be in accordance with relevant requirements of~~ this chapter and ~~the principles described~~ in Chapters 4.4. and 4.5.

[…]

Article 10.4.6.

Recovery of free status ~~in poultry or commercial poultry~~

If *infection* with high pathogenicity avian influenza virus has occurred in ~~*poultry*~~ animal hosts in a previously free country or *zone*, the free status may be regained after a minimum period of 28 days ~~(i.e. two *flock* level~~

~~*incubation periods*)~~ after a *stamping-out policy* has been completed (i.e. after the *disinfection* of the last affected *establishment*), provided that *surveillance* in accordance with Articles 10.4.26. to 10.4.30., in particular point 3 of Article 10.4.28., has also been carried out during that period and has demonstrated the absence of *infection*.

The same applies to *infection* with high pathogenicity avian influenza viruses in commercial poultry.

If a *stamping-out policy* is not implemented, Article 10.4.3. or 10.4.3.bis applies.

[…]

Annex 26. Chapter 10.X. Infection with Influenza A Viruses of High Pathogenicity and Infection with Low Pathogenicity Avian Influenza Viruses Having Proven Natural Transmission to Humans Associated with Severe Consequences

MEETING OF THE WOAH TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Toulouse, 8 to 17 September 2026

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CHAPTER 10.X.

INFECTION WITH INFLUENZA A VIRUSES OF HIGH PATHOGENICITY AND INFECTION WITH LOW PATHOGENICITY AVIAN INFLUENZA VIRUSES HAVING PROVEN NATURAL TRANSMISSION TO HUMANS ASSOCIATED WITH SEVERE CONSEQUENCES

Article 10.X.1.

General provisions

For the purposes of the *Terrestrial Code*, *infection* with influenza A viruses of high pathogenicity is defined as *infection* of birds other than 'animal hosts' defined in Article 10.4.1., including wild birds, with influenza A viruses of high pathogenicity.

For the purposes of the *Terrestrial Code*, i*nfection* with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences is defined as *infection* of domestic and *captive wild* birds with low pathogenicity avian influenza viruses having proven natural transmission to humans associated with severe consequences.

Notifications of these *listed diseases* do not affect the high pathogenicity avian influenza status of a country or *zone,* as described in Articles 10.4.3. and 10.4.3bis.

Standards for diagnosis and vaccines, including pathogenicity testing, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

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CHAPTER 14.7.

INFECTION WITH PESTE DES PETITS RUMINANTS VIRUS

Article 14.7.1.

General provisions

Animals susceptible to peste des petits ruminants (PPR) are primarily domestic sheep and goats. Bovines, camelids, suids and some *wild* ruminant species can also be infected and may act as sentinels indicating the spill-over of peste des petits ruminants virus (PPRV) from domestic sheep and goats. While *wild* ruminants can be infectious and as such, should be subjected to *sanitary measures* for *international trade*, only domestic sheep and goats play a significant epidemiological role.

For the purposes of the *Terrestrial Code*, PPR is defined as an *infection* of domestic sheep and goats (hereafter 'animal hosts') with PPRV.

This chapter deals not only with the occurrence of clinical signs caused by PPRV, but also with the presence of *infection* with PPRV in the absence of clinical signs.

The following defines the occurrence of *infection* with PPRV:

1) PPRV, excluding vaccine strains, has been isolated and identified as such in a sample from an animal host; or

2) antigen or nucleic acid specific to PPRV, excluding vaccine strains, has been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with PPR, or epidemiologically linked to a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to PPRV; or

3) antibodies specific to PPRV, which are not the consequence of *vaccination*, have been detected in a sample from an animal host showing clinical signs or pathological lesions consistent with PPR, or epidemiologically linked to a confirmed or suspected case, or giving cause for suspicion of previous association with or exposure to PPRV.

For the purposes of the *Terrestrial Code*, the *incubation period* for *infection* with PPRV shall be 21 days.

Standards for diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

Article 14.7.2.

Safe commodities

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any PPR-related conditions regardless of the *animal health status* of the country or *zone* of origin:

1) heat-treated *meat products* in a hermetically sealed container with an F_0 value of 3 or above;

2) ultra-high temperature (UHT) milk and products thereof;

3) gelatine and collagen;

4) limed hides, pickled pelts, and semi-processed leather;

5) rendered fat;

6) *protein meal*;

7) extruded dry pet food and coated ingredients after extrusion.

Article 14.7.3.

Country or zone free from PPR

A country or *zone* may be considered free from PPR when:

1) the country or zone is historically free as described in point 2b) of Article 1.4.6.;

OR

2) for at least the past two years;

   a) there has been no *case* of *infection* with PPRV;

   b) the *Veterinary Authority* has current knowledge of, and authority over, all domestic sheep and goats in the country or *zone*;

   c) appropriate *surveillance* has been implemented in accordance with Articles 14.7.21. to 14.7.26.;

   d) measures to prevent the introduction of the *infection* have been in place: in particular, the importations or movements of *commodities* into the country or *zone* have been carried out in accordance with this chapter or other relevant chapters of the *Terrestrial Code*, including Chapter 2.1. 'Import risk analysis';

   e) no *vaccination* against PPR has been carried out.

Article 14.7.4.

Compartment free from PPR

The establishment of a *compartment* free from PPR should follow the relevant provisions laid down in this chapter and in Chapters 4.4. and 4.5.

Article 14.7.5.

Country or zone infected with PPRV

A country or *zone* is considered as infected with PPRV when the conditions for freedom from PPR are not met.

[Article 14.7.6.] under preparation linked with revision of Chapter1.6.

Establishment of a containment zone within a country or zone previously free from PPR

In the event of limited *outbreaks* within a country or *zone* previously free from PPR, including within a *protection zone*, a *containment zone*, which includes all epidemiologically linked *outbreaks*, may be

established, in accordance with Chapter 4.4., to minimise the impact on the rest of the country or *zone*.

For this to be achieved and for the Member Country to take full advantage of this process, the *Veterinary Authority* should submit as soon as possible to WOAH, in addition to the requirements of Chapters 4.4. and 4.Y., documented evidence in compliance with Article 1.6.X. [under preparation].

Article 14.7.7.

Recovery of free status

Should a *case* of *infection* with PPRV occur in a previously free country or *zone*, its status may be recovered three months after:

1) the *disinfection* of the last affected *establishment*, where a *stamping-out policy*, without *vaccination*, and *surveillance* in accordance with Articles 14.7.21. to 14.7.26. are applied; or

2) the *disinfection* of the last affected *establishment*, or the slaughter or *killing* of all vaccinated animals, whichever occurred last, where a *stamping-out policy* with emergency *vaccination*, and *surveillance* in accordance with Articles 14.7.21. to 14.7.26. are applied.

Otherwise, Article 14.7.3. applies.

Article 14.7.8.

Recommendations for importation of domestic sheep and goats from countries or zones free from PPR

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign of *infection* with PPRV on the day of shipment;

2) were kept in a PPR free country or *zone* since birth or for at least the past 21 days.

Article 14.7.9.

Recommendations for importation of wild ruminants from countries or zones free from PPR

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign suggestive of PPR on the day of shipment;

2) come from a PPR free country or *zone*;

3) if the country or *zone* of origin has a common border with a country infected with PPRV:

   a) were captured at a distance from the border that precludes any contact with animals in an infected country, the distance having been defined in accordance with the biology of the species exported, including home range and long-distance movements;

   OR

   b) were kept in a *quarantine centre* for at least 21 days prior to shipment.

Article 14.7.10.

Recommendations for importation of domestic sheep and goats from countries or zones infected with PPRV where an official control programme exists

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary*

certificate attesting that the animals:

1) showed no clinical sign of *infection* with PPRV for at least 21 days prior to shipment;

2) were kept in *isolation* either:

   a) for 42 days prior to shipment, in an *establishment* that is not a *quarantine centre* and *infection* with PPRV did not occur within this *establishment* and within a 10-kilometre radius and in any other *establishment* to which this *establishment* is epidemiologically linked during 42 days before *isolation*; or

   b) for at least the 21 days prior to shipment in a *quarantine centre*;

3) either:

   a) were not vaccinated against PPR and were subjected to a serological test for PPRV *infection* with negative results at least 14 days after entry into *isolation* and no more than 21 days prior to shipment; or

   b) were vaccinated against PPR prior to *isolation* and were subjected to a virological test for PPRV *infection* with negative results at least 14 days after entry into the *isolation* and no more than 21 days prior to shipment.

4) were not exposed to any source of PPRV during their transportation from the *establishment* to the *place of shipment*.

Article 14.7.11.

Recommendations for importation of wild ruminants from countries or zones infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign suggestive of *infection* with PPRV for at least 21 days prior to shipment;

2) were kept in a *quarantine centre* for at least 21 days prior to shipment;

3) were subjected to a virological test for PPRV *infection* with negative results at least 14 days after entry into quarantine and no more than 21 days prior to shipment.

Article 14.7.12.

Recommendations for importation of semen of domestic sheep and goats from countries or zones free from PPR

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals showed no clinical sign of *infection* with PPRV on the day of the collection of the semen and during the following 21 days;

2) the donor animals were kept in a country or *zone* free from PPR for at least 21 days prior to collection;

3) the semen was collected, processed and stored in accordance with Chapters 4.6. and 4.7.

Article 14.7.13.

Recommendations for importation of semen of domestic sheep and goats and wild ruminants from countries or zones infected with PPRV, where an official control programme exists

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary*

certificate attesting that the donor animals:

1) showed no clinical sign suggestive of *infection* with PPRV for at least 21 days prior to collection of the semen and during the following 21 days;

2) were kept, for at least 21 days prior to collection, in an *establishment* or *semen collection centre* where no *case* of PPR was reported during that period, which was not situated in a PPRV infected *zone* and into which no susceptible animals had been introduced during the 21 days prior to collection;

3) were subjected to a diagnostic test for PPRV *infection* with negative results at least 14 days after entry into the *establishment* or semen *collection centre* and at least 21 days prior to collection of the semen.

Article 14.7.14.

Recommendations for importation of oocytes and embryos of domestic sheep and goats and wild ruminants from countries or zones free from PPR

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals were kept in an *establishment* located in a country or *zone* free from PPR for at least 21 days prior to oocytes or embryo collection;

2) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant;

3) semen of domestic sheep and goats, and *wild* ruminants, used to fertilise the oocytes, complies with the requirements in Article 14.7.12. or Article 14.7.13.

Article 14.7.15.

Recommendations for importation of oocytes and embryos of domestic sheep and goats and wild ruminants from countries or zones infected with PPRV, where an official control programme exists

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals:

    a) and all other animals in the *establishment* showed no clinical sign suggestive of PPRV *infection* at the time of collection and during the following 21 days;

    b) were kept, for at least 21 days prior to collection, in an *establishment* where no *case* of PPR was reported during that period, and into which no susceptible animals had been introduced during the 21 days prior to collection;

    c) were subjected to a diagnostic test for PPRV *infection* with negative results within 21 days prior to collection;

2) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant;

3) semen of domestic sheep and goats, used to fertilise the oocytes, complies with the requirements in Article 14.7.12. or Article 14.7.13.

Article 14.7.16.

Recommendations for importation of fresh meat and meat products other than casings from domestic sheep and goats

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the entire consignment of *meat* comes from animals which:

1) showed no clinical signs of *infection* with PPRV within 24 hours before *slaughter*;

2) have been slaughtered in an *approved slaughterhouse/abattoir* and have been subjected to ante- and post-mortem inspections in accordance with Chapter 6.3., with favourable results.

Article 14.7.17.

Recommendations for importation of milk and milk products (other than those listed in Article 14.7.2.) from domestic sheep and goats from countries or zones infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) these products:

   a) originate from *flocks* which at the time of *milk* collection were not infected or suspected of being infected with PPRV for at least the past 21 days, and have been subjected to a heat treatment at a minimum temperature of 72°C for at least 15 seconds;

   or

   b) have been subjected to a treatment that has been demonstrated to inactivate PPRV in *milk;*

2) the necessary precautions were taken after treatment to avoid contact of the products with any potential source of PPRV.

Article 14.7.18

Recommendations for importation of animal products (not covered elsewhere in this chapter) of domestic sheep and goats, and wild ruminants from countries or zones infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the products were processed as follows depending on the type of product:

   a) the products were subjected to a heat treatment to a minimum internal temperature of 70°C for at least 30 minutes;

   or

   b) the products were completely dried and had no trace on them of skin, flesh or tendon and were adequately disinfected.

2) the necessary precautions were taken after processing to avoid contact of the products with any potential source of PPRV.

Article 14.7.19.

Recommendations for importation of wool, hair, raw hides and skins from domestic sheep and goats from countries or zones infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the products were processed in premises controlled and approved by the *Veterinary Authority* of the *exporting country*;

2) the products were treated:

   a) for wool and hair, in accordance with one of the following methods:

i) industrial washing, which consists of the immersion of the wool in a series of baths of water, soap and sodium hydroxide (soda) or potassium hydroxide (potash);

ii) chemical depilation by means of slaked lime or sodium sulphide;

iii) fumigation with formaldehyde in a hermetically sealed chamber for at least 24 hours;

iv) industrial scouring which consists of the immersion of wool in a water-soluble detergent held at 60-70°C;

v) storage of wool at 4°C for four months, 18°C for four weeks or 37°C for eight days.

b) for raw hides and skins, by treatment for at least 7 days with salt (NaCl) containing 2% sodium carbonate (Na_2CO_3);

3) the necessary precautions were taken after processing to avoid contact of the products with any potential source of PPRV.

Article 14.7.20.

Recommendations for importation of casings of domestic sheep and goats from countries or *zones* infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the products have been treated for at least 30 days either with dry salt (NaCl) or with saturated brine ($a_w < 0.80$), or with phosphate-supplemented salt containing 86.5% NaCl, 10.7% Na_2HPO_4 and 2.8% Na_3PO_4 (weight/weight/weight), either dry or as a saturated brine ($a_w < 0.80$), and kept at a temperature of 20°C or more during this entire period.

Article 14.7.21.

Principles of surveillance for PPR

Articles 14.7.21. to 14.7.26. define the principles and provide guidance on *surveillance* for PPR, complementary to Chapter 1.4.

The purposes of *surveillance* may be the early detection of *cases*, the collection and analysis of data for the design and monitoring of prevention and control programmes, or the demonstration of freedom from *infection* in a country, *zone* or *compartment*.

The following important components of the epidemiology of PPR should be considered when planning PPR *surveillance* programmes:

1) Multiple routes of transmission exist including direct contact, aerosols, fomites and environmental contamination;

2) The animal hosts are often kept in extensive, mobile systems with high population turnover;

3) Spill-over *infection* from animal hosts to *wild* ruminants and camelids may occur, which may cause clinical disease, and to bovines and suids, in which *infection* is generally subclinical;

4) Currently available serological tests cannot differentiate vaccinated *animals* from *animals* previously infected with PPRV;

5) Serological tests have not been validated for *wild* ruminants;

6) Serological tests may yield false positive results due to cross-reactivity with antibodies against other *morbilliviruses*;

7) Clinical disease is often severe, characterised by pneumo-enteritis, ocular and nasal discharges, erosive lesions of mucous membranes, abortions, with high mortality; however, subclinical *infection* may also occur;

8) There is no PPRV carrier state;

9) The *incubation period* is up to 21 days;

10) PPRV can survive from several hours in warm environments to more than a month in cold environments;

11) *Infection* and *vaccination* induce lifelong immunity;

12) Various *animals* susceptible to *infection* with PPRV, including *wild* ruminants, may be used as sentinels to detect virus circulation and spill-over from animal hosts.

13) Serological *surveillanc*e programmes should take into account the presence of vaccinated *animals*, test sensitivity and specificity, and the potential for false positive results depending on the test specificity. Vaccinated *animals* should be individually identified and traced to ensure that they do not disrupt *surveillance* efforts.

Article 14.7.22.

Surveillance for early warning of PPR

An ongoing *surveillance* programme for PPR should be in place and be designed to rapidly detect the presence of *infection* with PPRV in the country, *zone* or *compartment*.

The PPR *surveillance* programme should include the following:

1) An *early warning system* with reporting leading to subsequent investigation of suspected *cases*, in accordance with Article 1.4.5.;

2) Samples from suspected *cases* should be submitted to a *laboratory* for confirmatory testing;

3) Regular clinical inspection for case detection, and laboratory testing of subclinical *animals*, targeting high-risk *subpopulations*, such as *animals* imported from areas where *infection* with PPRV occurs or is suspected, *populations* bordering or with frequent animal movements from areas of virus circulation, and *animals* in or around high-risk *establishments,* such as *slaughterhouses/abattoir*s or live animal markets.

The *Veterinary Authority* should conduct disease awareness campaigns for stakeholders in the domestic sheep and goat sector, including *veterinarians,* owners, keepers and *wildlife* rangers.

An effective *early warning system* is expected to identify suspected cases that require investigation to confirm or exclude *infection* with PPRV. Accordingly, even in PPR free countries and *zones*, suspected *cases* that are subsequently ruled out should be expected.

Article 14.7.23.

Surveillance for demonstrating freedom from PPR

In addition to the provisions in Article 1.4.6., the following strategies may be used by Member Countries seeking to demonstrate freedom in accordance with Article 14.7.3. or 14.7.4.

1. Clinical surveillance

   Clinical *surveillance* is essential for detecting *cases* of *infection* with PPRV and requires the physical examination of animal hosts. It should be based on a *surveillance* programme designed to provide a high level of confidence for the detection of disease through regular examination of domestic sheep and goats, with investigations recorded and documented.

Surveillance for demonstrating freedom should also include the investigation of suspected *cases* reported through the *early warning system* described in Article 14.7.22.

Participatory *surveillance,* as a form of targeted *surveillance* based on relevant stakeholders' knowledge of disease occurrence and distribution, may complement clinical *surveillance*, particularly in extensive production systems.

2. Serological and virological surveillance

In addition to clinical *surveillance,* serological and virological testing of domestic sheep and goats should be used to detect the presence or demonstrate the absence of *infection* with PPRV. Testing should be performed by a *laboratory* approved for PPR diagnosis. The study population should be representative of the population at risk in the country or *zone.* Risk-based approaches may be used to enhance the efficiency and cost-effectiveness of *surveillance*.

In the event of unexpected results, it is recommended to contact a WOAH Reference Laboratory for PPR for support, and where appropriate, submit samples for confirmatory diagnosis.

Article 14.7.24.

Surveillance for recovery of free status

In addition to the provisions in Article 14.7.7., the following *surveillance* strategies may be used by Member Countries seeking to recover free status:

1) The source of the re-introduction of PPRV should be thoroughly investigated, including through genome sequencing;

2) *Surveillance* should be conducted in accordance with Articles 14.7.21. to 14.7.26. to demonstrate the absence of virus circulation;

3) The surveillance strategy should be reviewed and updated, as appropriate, taking into account the findings of the epidemiological investigation and the current epidemiological situation.

Article 14.7.25.

Surveillance in a vaccinated subpopulation

Where *vaccination* is implemented in a country or *zone* as a key element to prevent and control PPR in high-risk or endemic areas, *surveillance* should support the assessment of the PPR status of the country or *zone*. The objectives of *surveillance* in a vaccinated *subpopulation* should include:

1) Early detection of clinical disease or the introduction of PPRV;

2) Demonstration of the absence of clinical disease or *infection* with PPRV;

3) Evaluation of population immunity following *vaccination*.

Detection of low-level PPRV circulation in vaccinated *subpopulations* may be challenging, as *outbreaks* may be limited and serological tests cannot differentiate antibodies induced by *vaccination* from those resulting from *infection*. Targeted serological *surveillance* of unvaccinated animals, including young domestic sheep and goats whose maternally-derived antibodies have waned (over four months old), may be used to detect prior *infection*. Absence of seropositivity in these animals supports the absence of PPRV circulation. Susceptible animals other than domestic sheep and goats may also be used as sentinels to support the detection of PPRV circulation and as evidence of spill-over from domestic sheep and goats.

Post-vaccination evaluation surveys should be conducted to assess population immunity through serological surveillance in vaccinated *subpopulations*. High levels of population immunity indicate a high level of protection against PPRV circulation.

Article 14.7.26.

Surveillance in wild ruminants

Some *wild* ruminant species can be infected with PPRV and may act as sentinels indicating the spill-over of PPRV from animal hosts. Where *wild* ruminants may act as sentinels of PPRV circulation, Member Countries may incorporate *surveillance* of *wild* ruminant *populations* into their surveillance strategies. The following principles should be applied:

1) Coordinate *surveillance* activities between the *Veterinary Authority*, the authority responsible for wildlife, and other relevant agencies, as appropriate;

2) Coordinate *surveillance* activities with regional partners;

3) Target clinical *surveillance* in areas where animal hosts interact with *wild* ruminants;

4) When investigating *wild* ruminants suspected of being infected with PPRV, diagnostic samples should be collected and submitted to a *laboratory* for virological testing. If *infection* is confirmed, field investigations should be conducted to identify the animal hosts that are the source of spill-over;

5) Opportunities to collect samples from *wild* ruminants during activities conducted for purposes other than PPR *surveillance* or control (e.g. *wild* ruminant management or conservation activities) may be used if appropriate.

Article 14.7.27.

WOAH endorsed official control programme for PPR

This article describes the important components of an *official control programme* for PPR suitable for endorsement by WOAH. These components are complementary to Chapters 1.4., 4.18. and 4.19.

An *official control programme* for PPR should include the following components:

1) An appropriate legal framework should be established to support *vaccination*, *notification*, *sanitary measures* and compensation for a *stamping-out policy*, where applicable.

2) An *official control programme* should be developed and implemented with defined objectives, timelines and performance indicators to assess the effectiveness of the control measures and monitor progress towards *eradication*, including cessation of *vaccination*.

3) An epidemiological assessment should identify *subpopulations* at risk by taking into account animal movement patterns and links with other at-risk *subpopulations*, including transboundary movement and *international trade*, to target control measures towards *subpopulations* at higher risk.

4) Effective and sustainable *vaccination* of high-risk *subpopulations* should be implemented taking into account the epidemiological situation in neighbouring countries, regional harmonisation of *vaccination* programmes and animal movement patterns. *Vaccination* programmes should be followed by post-*vaccination* evaluation to assess their effectiveness and inform subsequent *vaccination* activities.

5) Awareness and training programmes should be carried out for all relevant stakeholders to promote disease reporting and implementation of control measures, including appropriate training on PPR prevention and control for *veterinarians* and *veterinary paraprofessionals*.

6) S*urveillance* programmes should be developed, implemented and regularly updated in accordance with Chapter 1.4. and Articles 14.7.21. to 14.7.26.; Member Countries should demonstrate their capacity to detect and investigate suspected cases through clinical and laboratory diagnosis, including appropriately trained personnel, reporting of suspected cases, collection and testing of samples, participation in proficiency testing and further characterisation of circulating PPRV strains, when feasible. *Surveillance* should be conducted primarily in animal hosts and may include, where appropriate, *wild* ruminants and other susceptible animals, acting as sentinels for PPRV circulation.

7) Movement controls of *animals* and their *commodities* should be implemented to prevent transmission with animal movements presenting the highest risk of virus transmission. *Animal identification* and animal *traceability* in accordance with Chapters 4.2. and 4.3. should be in place to support the application of movement controls. Movement controls may also be applied as part of zoning in accordance with Chapter 4.4. Attention should be given to management of common grazing and transhumance practices which represent an important route of virus transmission.

8) Member Countries should establish and maintain preparedness and rapid response capacity for PPR. A Member Country should demonstrate the capacity and resources to implement a rapid and effective response to confirmed *cases*. Preparedness and response procedures should be documented in a contingency plan approved by the *Veterinary Authority*.

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CHAPTER 14.7.

INFECTION WITH PESTE DES PETITS RUMINANTS VIRUS

Article 14.7.1.

General provisions

Animals susceptible to ~~P~~peste des petits ruminants (PPR) ~~susceptible animals~~ are primarily domestic sheep and goats~~.~~ ~~although cattle~~ Bovines, camelids~~, suids~~ ~~camels, buffaloes~~ and some *wild* ruminant species can also be infected and may act as sentinels indicating the spill over of peste des petits ruminants virus (PPRV) from domestic ~~small ruminants~~sheep and goats. ~~Even if some~~SomeWhile *wild* ~~small~~ ruminants can be infectious~~infective~~, and as such, should be subjected to *sanitary measures* for *international trade*~~,~~ ~~only~~Only~~only~~ domestic sheep and goats play a significant epidemiological role.

For the purposes of the *Terrestrial Code*, PPR is defined as an *infection* of domestic sheep and goats (hereafter 'animal hosts') with PPRV.

This chapter deals not only with the occurrence of clinical signs caused by PPRV, but also with the presence of *infection* with PPRV in the absence of clinical signs.

The following defines the occurrence of *infection* with PPRV ~~*infection*~~:

1) PPRV, excluding vaccine strains, has been isolated and identified as such in a sample from an ~~domestic sheep or goat~~ animal host ~~or a product derived from it~~; or

2) antigen or ~~ribo~~nucleic acid specific to PPRV, excluding vaccine strains, has been ~~identified~~ detected in samples from an animal host~~domestic sheep or goat~~ showing clinical signs or pathological lesions consistent with PPR, or epidemiologically linked to ~~an *outbreak* of PPR~~ a confirmed or suspected *case*, or giving cause for suspicion of previous association with or exposure to~~contact with~~ PPRV; or

3) antibodies specific to PPRV ~~antigens~~, which are not the consequence of *vaccination*, have been detected in a sample from an animal host~~domestic sheep or goat~~ showing clinical signs or pathological lesions consistent with PPR, ~~with either~~ or epidemiologically linked ~~epidemiological links~~ to a confirmed or suspected case, ~~*outbreak* of PPR~~ or giving cause for suspicion of previous association with or exposure to ~~contact with~~ ~~showing clinical signs consistent with recent *infection* of~~ PPRV.

For the purposes of the *Terrestrial Code*, the *incubation period* for *infection* with PPRV shall be 21 days.

Standards for ~~diagnostic tests~~ diagnosis and vaccines, as well as information on the epidemiology, are described in the *Terrestrial Manual*.

Article 14.7.2.

Safe commodities

~~When authorising import or transit through their territory of semi-processed hides and skins (limed hides, pickled pelts, and semi-processed leather, e.g. wet blue and crust leather) which have been submitted to~~

~~the usual chemical and mechanical processes in use in the tanning industry, *Veterinary Authorities* should not require any PPR-related conditions regardless of PPR status of the *exporting country* or *zone*.~~

When authorising the importation or transit of the following *commodities*, *Veterinary Authorities* should not require any PPR-related conditions regardless of the *animal health status* of the country or *zone* of origin:

1) heat-treated *meat products* in a hermetically sealed container with an F_0 value of 3 or above;

2) ~~U~~ultra-high temperati~~t~~ure (UHT) milk and ~~derivatives~~products thereof;

3~~2~~) gelatine and collagen;

4~~3~~) ~~semi-processed hides and skins (~~limed hides, pickled pelts, and semi-processed leather~~, e.g. wet blue and crust leather) which have been submitted to the usual chemical and mechanical processes in use in the tanning industry~~:

5~~4~~) ~~tallow~~rendered fat;

6) *protein meal*;

7) extruded dry pet food and coated ingredients after extrusion.

Article 14.7.3.

Country or zone free from PPR

A country or *zone* may be considered free from PPR when ~~the relevant provisions in point 2 of Article 1.4.6. have been complied with, and when within the proposed free country or *zone* for at least the past 24 months~~:

1) the country or zone is historically free as described in point 2b) of Article 1.4.6.;

OR

2) for at least the past two years;

a) there has been no *case* of *infection* with PPRV;

b) the *Veterinary Authority* has current knowledge of, and authority over, all domestic sheep and goats in the country or *zone*;

~~3)~~ c) appropriate *surveillance* has been implemented in accordance with Articles 14.7.21~~275.~~ to 14.7.26~~331~~:

~~a) point 2 b) of Article 1.4.6. where historical freedom can be demonstrated; or~~

~~b) Articles 14.7.21275. to 14.7.26331. where historical freedom cannot be demonstrated;~~

~~4)~~ d) measures to prevent the introduction of the *infection* have been in place: in particular, the importations or movements of *commodities* into the country or *zone* have been carried out in accordance with this chapter or~~and~~ other relevant chapters of the *Terrestrial Code*, including Chapter 2.1. 'Import risk analysis';

~~5)~~ e) no *vaccination* against PPR has been carried out.~~;~~

~~6) no animals vaccinated against PPR have been introduced since the cessation of *vaccination*.~~

~~The country or *zone* will be included in the list of countries or *zones* free from PPR in accordance with Chapter 1.6.~~

~~Retention on the list requires annual reconfirmation of compliance with all points above and relevant provisions under point 4 of Article 1.4.6. Documented evidence should be resubmitted annually for points 1~~

to 4 above. Any changes in the epidemiological situation or other significant events should be notified to WOAH in accordance with Chapter 1.1.

Article 14.7.4.

PPR free c__**C**__**ompartment free from PPR**

A PPR free The establishment of a *compartment* free from PPR can be established in either a PPR free country or *zone* or in an infected country or *zone*. In defining such a *compartment* the principles of Chapters 4.4. and 4.5. should be followed.

The establishment of a *compartment* free from PPR should follow the relevant provisions laid down in this chapter and in Chapters 4.4. and 4.5.

Domestic sheep and goatsAnimal hosts in the PPR free *compartment* should be separated from any other susceptible animals susceptible to *infection* with PPRVhosts by the effective application of aan *biosecurity plan*effective *biosecurity* management system.

A Member Country wishing to establish a PPR free *compartment* free from PPR should:

1) have a record of regular and prompt animal disease reporting and if not PPR free from PPR, have an *official control programme* and a *surveillance* system for PPR in place in accordance with Articles 14.7.275. to 14.7.331. that allows an accurate knowledge of the *prevalence* of PPR in the country or *zone*;

2) declare for the PPR free *compartment* that:

   a) no *infection* with PPRV has occurredthere has been no *outbreak* of PPR during the past 24 months;

   b) no evidence of PPRV *infection* has been found during the past 24 months;

   cb) *vaccination* against PPR is prohibited;

   dc) no small ruminant in the *compartment* has been vaccinated against PPR within the past 24 months;

   ed) animals, semen and embryos only enter the *compartment* in accordance with relevant articles in this chapter;

   fe) documented evidence shows that *surveillance* in accordance with Articles 14.7.275. to 14.7.331. is in place;

   gf) an *animal identification* and *traceability* system in accordance with Chapters 4.2. and 4.3. is in place;

3) describe in detail:

   a) the animal subpopulation in the *compartment*; and

   b) the *biosecurity plan* to mitigate the risks of *infection* withfor PPRV *infection*.

The *compartment* should be approved by the *Veterinary Authority*.

Article 14.7.5.

PPRV infected c__**C**__**ountry or zone infected with PPRV**

A country or *zone* shall be is considered as PPRV infected with PPRV when the conditions in points 1 to 56 of Article 14.7.3.for freedom from PPRrequirements for freedom from acceptance as a PPR free country or *zone* are not metfulfilled.

[Article 14.7.6.] *under preparation linked with revision of Chapter 1.6.*

Establishment of a containment zone within a ~~PPR free~~ country or zone previously free from PPR

In the event of limited *outbreaks* within a ~~PPR free~~ country or *zone* previously free from PPR, including within a *protection zone*, a ~~single~~ *containment zone*, which includes all epidemiologically linked *outbreaks* ~~*cases*~~, ~~can~~ may be established, ~~for the purposes of~~ in accordance with ~~Article~~ Chapter 4.4.~~7.~~, to minimise ~~minimising~~ the impact on the ~~entire~~ rest of the country or *zone*.

For this to be achieved and for the Member Country to take full advantage of this process, the *Veterinary Authority* should submit as soon as possible to WOAH, in addition to the requirements of Chapters 4.4. and 4.Y., documented evidence in compliance with Article 1.6.X. [under preparation]~~as soon as possible to WOAH that:~~

~~1) the *outbreaks* are limited based on the following factors:~~

~~a) immediately on suspicion, a rapid response including *notification* has been made;~~

~~b) standstill of animal movements has been imposed, and effective controls on the movement of other *commodities* mentioned in this chapter are in place;~~

~~c) epidemiological investigation (trace-back, trace-forward) has been completed;~~

~~d) the *infection* has been confirmed;~~

~~e) the primary *outbreak* has been identified, and investigations on the likely source of the *outbreak* have been carried out;~~

~~f) all *cases* have been shown to be epidemiologically linked;~~

~~g) no new *cases* have been found in the *containment zone* with a minimum of two *incubation periods* as defined in Article 14.7.1. after the stamping-out of the last detected *case* is completed;~~

~~2) a *stamping-out policy* has been applied;~~

~~3) the susceptible animal population within the *containment zones* is clearly identifiable as belonging to the *containment zone*;~~

~~4) increased passive and targeted *surveillance* in accordance with Articles 14.7.27. to 14.7.33. in the rest of the country or *zone* has not detected any evidence of *infection*;~~

~~5) animal health measures that effectively prevent the spread of the PPRV to the rest of the country or *zone*, taking into consideration physical and geographical barriers, are in place;~~

~~6) ongoing *surveillance* is in place in the *containment zone*.~~

~~1) on suspicion, a standstill has been imposed on the suspected *establishments* and effective controls on the movement of animals and other *commodities* are in place in the country or *zone*;~~

~~2) on confirmation, the standstill and movement controls described in point 1 have been reinforced;~~

~~3) epidemiological investigations into the likely source of the *outbreaks* have been carried out;~~

~~4) *surveillance* in accordance with Articles 14.7.25. to 14.7.31. is in place in the *containment zone* and in the rest of the country or *zone*;~~

~~5) measures that prevent the spread of PPRV to the rest of the country or *zone*, taking into consideration physical and geographical barriers, are in place.~~

~~The free status of the areas outside the *containment zone* is suspended while the *containment zone* is being established. The free status of these areas may be reinstated irrespective of Article 14.7.7., once the *containment zone* has been approved by WOAH as complying with Chapter 4.4. and is clearly established, by complying with points 1 to 6~~5 ~~above. It should be demonstrated that *commodities* for *international trade*~~

have originated outside the *containment zone*.

In the event of recurrence of *infection* with PPRV in the *containment zone*, established in accordance with point 4 a) of Article 4.4.7., the approval of the *containment zone* is withdrawn, and the free status of the whole country or *zone* is suspended until the relevant requirements of Article 14.7.7. are fulfilled.

In the event of occurrence of *infection* with PPRV in the outer zone of a *containment zone* established in accordance with point 4 b) of Article 4.4.7., the approval of the *containment zone* is withdrawn and the free status of the whole country or *zone* is suspended until the relevant requirements of Article 14.7.7. are fulfilled.

The recovery of the PPR free status of the *containment zone* should be achieved within 24 months of its approval and follow the provisions of Article 14.7.7., otherwise the status of the rest of the country or *zone* is suspended.

Article 14.7.7.

Recovery of free status

Should an *outbreak* *case* of *infection* with PPRV occur in a previously free country or *zone*, its status may be recovered six three months after the *disinfection* of the last affected *establishment*, provided that:

1) a *stamping-out policy* has been implemented;the disinfection of the last affected *establishment*, where a *stamping-out policy*, without *vaccination*, and *surveillance* in accordance with Articles 14.7.21. to 14.7.26. are applied; or

2) *surveillance* in accordance with Article 14.7.302. has been carried out with negative results.the *disinfection* of the last affected *establishment*, or the slaughter or *killing* of all vaccinated animals, whichever occurred last, where a *stamping-out policy* with emergency *vaccination*, and *surveillance* in accordance with Articles 14.7.21. to 14.7.26. are applied.

Otherwise, Article 14.7.3. applies.

The PPR free status of the country or *zone* will be reinstated regain the status of free country or *zone* only after the submitted evidence, based on the provisions of Chapter 1.12., has been accepted by WOAH.

Article 14.7.8.

Recommendations for importation of domestic sheep and goats from PPR free countries or zones free from PPR

For domestic sheep and goats

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign of *infection* with PPRV on the day of shipment;

2) were kept in a PPR free country or *zone* since birth or for at least the past 21 days.

Article 14.7.9.

Recommendations for importation of wild ruminants from PPR free countries or zones free from PPR

For wild ruminants

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign suggestive of PPRV *infection* on the day of shipment;

2) come from a PPR free country or *zone*;

3) if the country or *zone* of origin has a common border with a country ~~considered~~ infected with PPRV:

a) were captured at a distance from the border that precludes any contact with animals in an infected country, the distance ~~should~~ having been defined in accordance with the biology of the species exported, including home range and long distance movements;

OR

b) were kept in a *quarantine* *centre*~~*station*~~ for at least 21 days prior to shipment.

Article 14.7.10.

Recommendations for importation of domestic sheep and goats from countries or zones ~~considered~~ infected with PPRV where an official control programme exists

~~For domestic sheep and goats~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign ~~suggestive~~ of ~~PPRV~~ *infection* with PPRV for at least ~~the~~ 21 days prior to shipment;

2) were kept in *isolation* either:

a) ~~were kept since birth, or for at least the 21 days prior to shipment,~~ for 42 days prior to shipment, in an *establishment* ~~where no *case* of PPR was reported during that period, and that the *establishment* was not situated in a PPRV infected *zone*~~that is not a *quarantine centre* and *infection* with PPRV did not occur within this *establishment* and within a 10-kilometre radius and in any other *establishment* to which this *establishment* is epidemiologically linked during 42 days before *isolation*; or

b) ~~were kept in a *quarantine station*~~ for at least the 21 days prior to shipment in a *quarantine centre*;

3) either:

a) were not vaccinated against PPR and were ~~submitted~~ subjected to a ~~diagnostic~~ serological test for PPRV *infection* with negative results at least 14 days after entry into *isolation* and no more than 21 days prior to shipment; or

b) were vaccinated against PPR ~~with live attenuated PPRV vaccines at least 21 days~~ prior to *isolation* and were subjected to a virological test for PPRV *infection* with negative result at least 14 days after entry into the *isolation* and no more than 21 days prior to shipment;

4) were not exposed to any source of PPRV during their transportation from the *establishment* to the ~~final destination~~ *place of shipment*.

~~Article 14.7.10bis.~~

~~**Recommendations for importation of domestic sheep and goats destined for slaughter from a countries or zones infected with PPRV**~~

~~*Veterinary Authorities* of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:~~

~~1) showed no clinical sign suggestive of a PPRV *infection* for at least the 21 days prior to shipment;~~

~~2) were not vaccinated against PPR;~~

~~3) were kept in a *quarantine centre* for at least the 21 days prior to shipment;~~

~~4) should be transported under the supervision of the *Veterinary Authority* directly from the *quarantine centre* in sealed *vehicles*;~~

~~5) if transiting an infected *zone*, the animals were not exposed to any source of PPRV during transportation to the *place of shipment*.~~

Article 14.7.11.

Recommendations for importation of wild ruminants from countries or zones ~~considered~~ infected with PPRV

~~For wild ruminants~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the animals:

1) showed no clinical sign suggestive of ~~PPRV~~ *infection* with PPRV for at least ~~the~~ 21 days prior to shipment;

2) were kept in a *quarantine centre* for at least 21 days prior to shipment;

3) were ~~submitted~~ subjected to a ~~diagnostic~~ virological test for PPRV *infection* with negative results at least 14 days after entry into quarantine and no more than 21 days prior to shipment;

~~3) were kept in a *quarantine station* for at least the 21 days prior to shipment.~~

Article 14.7.12.

Recommendations for importation of semen of domestic sheep and goats from ~~PPR free~~ countries or zones free from PPR

~~For semen of domestic sheep and goats~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals showed no clinical sign of *infection* with PPRV on the day of the collection of the semen and during the following 21 days;

2) the donor animals were kept in a ~~PPR free~~ country or *zone* free from PPR for at least ~~the~~ 21 days prior to collection;

3) the semen was collected, processed and stored in accordance with Chapters 4.6. and 4.7.

Article 14.7.13.

Recommendations for importation of semen of domestic sheep and goats and wild ruminants from countries or zones ~~considered~~ infected with PPRV, where an official control programme exists

~~For semen of domestic sheep and goats~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the donor animals:

1) showed no clinical sign suggestive of ~~PPRV~~ *infection* with PPRV for at least ~~the~~ 21 days prior to collection of the semen and during the following 21 days;

2) were kept, for at least ~~the~~ 21 days prior to collection, in an *establishment* or *semen collection centre* where no *case* of PPR was reported during that period, which was not situated in a PPRV infected *zone* and into which no susceptible animals had been ~~added~~ introduced during ~~the~~ 21 days prior to collection;

3) ~~were not vaccinated against PPR and~~ were ~~submitted~~ subjected to a diagnostic test for PPRV *infection* with negative results at least 14 days after entry into the *establishment* or semen *collection centre* and at least 21 days prior to collection of the semen.~~;~~

~~OR~~

~~4) were vaccinated against PPR with live attenuated PPRV vaccines at least 21 days prior to semen collection.~~

Article 14.7.14.

Recommendations for importation of oocytes and embryos of domestic sheep and goats and ~~captive~~ wild ruminants from ~~PPR free~~ countries or zones free from PPR

~~For embryos of domestic sheep and goats and captive wild ruminants~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals were kept in an *establishment* located in ~~a PPR free~~ a country or *zone* free from PPR for at least 21 days prior to oocytes or embryo collection;

2) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant;

3) semen of domestic sheep and goats, and *wild* ruminants, used to fertilise the oocytes, complies ~~at least~~ with the requirements in Article 14.7.12. or Article 14.7.13.

Article 14.7.15.

Recommendations for importation of oocytes and embryos of domestic sheep and goats and wild ruminants from countries or zones ~~considered~~ infected with PPRV, where an official control programme exists.

~~For embryos of domestic sheep and goats~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) the donor animals:

   a) and all other animals in the *establishment* showed no clinical sign suggestive of PPRV *infection* at the time of collection and during the following 21 days;

   b) were kept, for at least ~~the~~ 21 days prior to collection, in an *establishment* where no *case* of PPR was reported during that period, and into which no susceptible animals had been ~~added~~ introduced during the 21 days prior to collection;

   c) ~~were not vaccinated against PPR and~~ were subjected to a diagnostic test for PPRV *infection* with negative results ~~at least~~within 21 days prior to collection;

   ~~OR~~

   ~~d) were vaccinated against PPR with live attenuated PPRV vaccines at least 21 days prior to embryo collection;~~

2) the oocytes or embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant;

3) semen of domestic sheep and goats, used to fertilise the oocytes, complies ~~at least~~ with the requirements in Article 14.7.12. or Article 14.7.13.

~~Article 14.7.16.~~

~~**Recommendations for importation of embryos of captive wild ruminants from countries or zones considered infected with PPRV**~~

~~For embryos of captive wild ruminants~~

~~*Veterinary Authorities* of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:~~

~~1) the donor animals:~~

~~a) showed no clinical sign suggestive of *infection* with PPRV for at least the 21 days prior to embryo collection;~~

~~b) were not vaccinated against PPR and were subjected to a diagnostic test for PPRV *infection* with negative results at least 21 days prior to collection;~~

~~c) were kept, for at least the 21 days prior to collection, in an *establishment* where no *case* of PPR or of *infection* with PPRV was reported during that period, and to which no susceptible animals had been added during the 21 days prior to collection;~~

~~2) the embryos were collected, processed and stored in accordance with Chapters 4.8., 4.9. and 4.10., as relevant.~~

Article 14.7.16~~17~~.

Recommendations for importation of fresh meat and meat products other than casings from domestic sheep and goats

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the entire consignment of *meat* comes from animals which:

1) showed no clinical signs of *infection* with PPRV within 24 hours before *slaughter*;

2) have been slaughtered in an approved *slaughterhouse/abattoir* and have been subjected to ante- and post-mortem inspections in accordance with Chapter 6.3., with favourable results.

~~Article 14.7.18.~~

~~**Recommendations for importation of milk and milk products from sheep and goats from PPR free countries or zones free from PPR**~~

~~For milk and milk products from sheep and goats~~

~~*Veterinary Authorities* of *importing countries* should require the presentation of an *international veterinary certificate* attesting that these products come from animals which have been kept in a PPR free country or *zone* free from PPR for at least the 21 days prior to milking.~~

Article 14.7.17~~19~~.

Recommendations for importation of milk and milk products (other than those listed in Article 14.7.2.) from domestic sheep and goats from countries or zones ~~considered~~ infected with PPRV

~~For milk from sheep and goats~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) these products~~the *milk*~~:

a) originate~~s~~ from *flocks* which at the time of milk collection were not infected or suspected of being infected with PPRV for at least the past 21 days, and ~~has~~ have been subjected to a heat treatment~~ed~~ at a minimum temperature of 72°C for at least 15 seconds~~which were not subjected to any restrictions due to PPR at the time of *milk* collection~~; OR

~~b) has been processed to ensure the destruction of the PPRV in accordance with one of the procedures referred to in Articles 8.8.35. and 8.8.36. has~~ have been subjected to a treatment that

has been demonstrated to inactivate PPRV in *milk;*

2) the necessary precautions were taken after treatment to avoid contact of the products with any potential source of PPRV.

~~Article 14.7.20.~~

~~**Recommendations for importation of milk products from sheep and goats from countries or zones considered infected with PPRV**~~

~~For milk products from sheep and goats~~

~~*Veterinary Authorities of importing countries should require the presentation of an international veterinary certificate attesting that:~~

~~1) these products are derived from *milk* complying with the requirements of Article 14.7.19.;~~

~~2) the necessary precautions were taken after processing to avoid contact of the *milk products* with any potential source of PPRV.~~

~~Article 14.7.21.~~

~~**Recommendations for importation of products of sheep and goats, other than milk, fresh meat and their products from PPR free countries or zones free from PPR**~~

~~For products of sheep and goats, other than milk, fresh meat and their products~~

~~*Veterinary Authorities of importing countries should require the presentation of an international veterinary certificate attesting that the products are derived from animals:~~

~~1) which have been kept in a PPR free country or *zone* free from PPR since birth or for at least the past 21 days;~~

~~2) which have been slaughtered in an approved *slaughterhouse/abattoir* and have been subjected to ante- and post-mortem inspections with favourable results.~~

~~Article 14.7.22.~~

~~**Recommendations for importation of meal and flour from blood, meat, defatted bones, hooves, claws and horns from sheep and goats from countries or zones considered infected with PPRV**~~

~~For meal and flour from blood, meat, defatted bones, hooves, claws and horns from sheep and goats~~

~~*Veterinary Authorities of importing countries should require the presentation of an international veterinary certificate attesting that:~~

~~1) the products were processed using heat treatment to a minimum internal temperature of 70°C for at least 30 minutes;~~

~~2) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of PPRV.~~

Article 14.7.18~~22~~

Recommendations for importation of animal products (not covered elsewhere in this chapter) of domestic sheep~~,~~ and goats, and wild ruminants from countries or zones ~~considered~~ infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:

1) ~~I~~the products were processed as follows depending on the type of product:

a) the products were subjected to a heat treatment to a minimum internal temperature of 70°C for at least 30 minutes; or

b) the products were completely dried and had no trace on them of skin, flesh or tendon and were adequately disinfected;

2) ~~I~~the necessary precautions were taken after processing to avoid contact of the products~~*commodities*~~ with any potential source of PPRV.

~~Article 14.7.23.~~

~~**Recommendations for importation of hooves, claws, bones, horns hunting trophies from sheep, goats and wild ruminants from countries or zones considered infected with PPRV**~~

~~For hooves, claws, bones and horns, hunting trophies and preparations destined for museums from sheep and goats~~

~~*Veterinary Authorities* of *importing countries* should require the presentation of an *international veterinary certificate* attesting that:~~

~~1) the products were completely dried and had no trace on them of skin, flesh or tendon or were adequately disinfected; and~~

~~2) the necessary precautions were taken after processing to avoid contact of the *commodities* with any potential source of PPRV.~~

Article 14.7.19~~24~~3.

Recommendations for importation of wool, hair, raw hides and skins from domestic sheep and goats from countries or zones infected with PPRV

~~For wool, hair, raw hides and skins from sheep and goats~~

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that: ~~the products were processed in accordance with one of the following, in premises controlled and approved by the *Veterinary Authority* of the *exporting country*:~~

1. the products were processed in premises controlled and approved by the *Veterinary Authority* of the *exporting country*; ~~For wool and hair, in accordance with one of the following methods:~~

2. the products were treated:

a) for wool and hair, in accordance with one of the following methods:

i. industrial washing, which consists of the immersion of the wool in a series of baths of water, soap and sodium hydroxide (soda) or potassium hydroxide (potash);

ii. chemical depilation by means of slaked lime or sodium sulphide;

iii. fumigation with formaldehyde in a hermetically sealed chamber for at least 24 hours;

iv. industrial scouring which consists of the immersion of wool in a water-soluble detergent held at 60-70°C;

v. storage of wool at 4°C for four months, 18°C for four weeks or 37°C for eight days.

~~2.~~ b) ~~F~~for raw hides and skins, by treatment for at least 7 days with salt (NaCl) containing 2% sodium carbonate (Na_2CO_3);~~:~~

~~a) treatment for at least 728 days with salt (NaCl) containing 2% sodium carbonate (Na2CO3).~~

~~And~~

3. ~~T~~the necessary precautions were taken after processing to avoid contact of the ~~*commodities*~~ products with any potential source of PPRV.

~~Article 14.7.25.~~

~~**Recommendations for importation from countries or zones considered infected with PPRV**~~

~~For products of animal origin from sheep and goats intended for pharmaceutical or surgical use~~

~~*Veterinary Authorities* should require the presentation of an *international veterinary certificate* attesting that these products:~~

~~1) come from animals which were slaughtered in an approved *slaughterhouse/abattoir* and have been subjected to ante- and post-mortem inspections with favourable results;~~

~~2) were processed to ensure the destruction of the PPRV in accordance with one of the procedures referred to in Article 8.8.26. or in Articles 8.8.31. to 8.8.34. as appropriate and in premises controlled and approved by the *Veterinary Authority* of the *exporting country*.~~

Article 14.7.20~~26~~4.

Recommendations for importation of ~~Procedures for the inactivation of the PPRV in~~ casings of domestic sheep and goats from countries or *zones* infected with PPRV

Veterinary Authorities of *importing countries* should require the presentation of an *international veterinary certificate* attesting that the ~~For the inactivation of PPRV in *casings*~~products ~~of sheep and goats,~~ have been treated ~~the following procedures should be used: treatment~~ for at least 30 days either with dry salt (NaCl) or with saturated brine (a_w< 0.80), or with phosphate supplemented salt containing 86.5% NaCl, 10.7% Na_2HPO_4 and 2.8% Na_3PO_4 (weight/weight/weight), either dry or as a saturated brine (a_w< 0.80), and kept at a temperature of 20°C or more during this entire period.

Article 14.7.21.

Principles of surveillance for PPR

Articles 14.7.21. to 14.7.26. define the principles and provide guidance on *surveillance* for PPR, complementary to Chapter 1.4.

The purposes of *surveillance* may be the early detection of *cases*, the collection and analysis of data for the design and monitoring of prevention and control programmes, or the demonstration of freedom from *infection* in a country, *zone* or *compartment*.

The following important components of the epidemiology of PPR should be considered when planning PPR *surveillance* programmes:

1) Multiple routes of transmission exist including direct contact, aerosols, fomites and environmental contamination;

2) The animal hosts are often kept in extensive, mobile systems with high population turnover;

3) Spill-over *infection* from animal hosts to *wild* ruminants and camelids may occur, which may clinical cause disease, and to bovines and suids, in which *infection* is generally subclinical;

4) Currently available serological tests cannot differentiate vaccinated *animals* from *animals* previously infected with PPRV;

5) Serological tests have not been validated for *wild* ruminants;

6) Serological tests may yield false positive results due to cross-reactivity with antibodies against other *morbilliviruses*;

7) Clinical disease is often severe, characterised by pneumo-enteritis, ocular and nasal discharges, erosive lesions of mucous membranes, abortions, with high mortality; however, subclinical *infection* may also occur;

8) There is no PPRV carrier state;

9) The *incubation period* is up to 21 days;

10) PPRV can survive from several hours in warm environments to more than a month in cold environments;

11) *Infection* and *vaccination* induce lifelong immunity;

12) Various *animals* susceptible to *infection* with PPRV, including *wild* ruminants, may be used as sentinels to detect virus circulation and spill-over from animal hosts.

13) Serological *surveillance* programmes should take into account the presence of vaccinated *animals*, test sensitivity and specificity, and the potential for false positive results depending on the test specificity. Vaccinated *animals* should be individually identified and traced to ensure that they do not disrupt *surveillance* efforts.

Article 14.7.22.

Surveillance for early warning of PPR

An ongoing *surveillance* programme for PPR should be in place and be designed to rapidly detect the presence of *infection* with PPRV in the country, *zone* or *compartment*.

The PPR *surveillance* programme should include the following:

1) An *early warning system* with reporting leading to subsequent investigation of suspected *cases*, in accordance with Article 1.4.5.;

2) Samples from suspected *cases* should be submitted to a *laboratory* for confirmatory testing;

3) Regular clinical inspection for case detection, and laboratory testing of subclinical *animals*, targeting high-risk *subpopulations*, such as *animals* imported from areas where *infection* with PPRV occurs or is suspected, *populations* bordering or with frequent animal movements from areas of virus circulation, and *animals* in or around high-risk *establishments*, such as *slaughterhouses/abattoirs* or live animal markets.

The *Veterinary Authority* should conduct disease awareness campaigns for stakeholders in the domestic sheep and goat sector, including *veterinarians*, owners, keepers and *wildlife* rangers.

An effective *early warning system* is expected to identify suspected cases that require investigation to confirm or exclude *infection* with PPRV. Accordingly, even in PPR free countries and *zones*, suspected *cases* that are subsequently ruled out should be expected.

Article 14.7.23.

Surveillance for demonstrating freedom from PPR

In addition to the provisions in Article 1.4.6., the following strategies may be used by Member Countries seeking to demonstrate freedom in accordance with Article 14.7.3. or 14.7.4.

1.Clinical surveillance

Clinical *surveillance* is essential for detecting *cases* of *infection* with PPRV and requires the physical examination of animal hosts. It should be based on a *surveillance* programme designed to provide a high level of confidence for the detection of disease through regular examination of domestic sheep and goats, with investigations recorded and documented.

Surveillance for demonstrating freedom should also include the investigation of suspected *cases* reported through the *early warning system* described in Article 14.7.22.

Participatory *surveillance*, as a form of targeted *surveillance* based on relevant stakeholders' knowledge of disease occurrence and distribution, may complement clinical *surveillance*, particularly in extensive production systems.

2. Serological and virological surveillance

In addition to clinical *surveillance*, serological and virological testing of domestic sheep and goats should be used to detect the presence or demonstrate the absence of *infection* with PPRV. Testing should be performed by a *laboratory* approved for PPR diagnosis. The study population should be representative of the population at risk in the country or *zone*. Risk-based approaches may be used to enhance the efficiency and cost-effectiveness of *surveillance*.

In the event of unexpected results, it is recommended to contact a WOAH Reference Laboratory for PPR for support, and where appropriate, submit samples for confirmatory diagnosis.

Article 14.7.24.

Surveillance for recovery of free status

In addition to the provisions in Article 14.7.7., the following *surveillance* strategies may be used by Member Countries seeking to recover free status:

1) The source of the re-introduction of PPRV should be thoroughly investigated, including through genome sequencing;

2) *Surveillance* should be conducted in accordance with Articles 14.7.21. to 14.7.26. to demonstrate the absence of virus circulation;

3) The surveillance strategy should be reviewed and updated, as appropriate, taking into account the findings of the epidemiological investigation and the current epidemiological situation.

Article 14.7.25.

Surveillance in a vaccinated subpopulation

Where *vaccination* is implemented in a country or *zone* as a key element to prevent and control PPR in high-risk or endemic areas, *surveillance* should support the assessment of the PPR status of the country or *zone*. The objectives of *surveillance* in a vaccinated *subpopulation* should include:

1) Early detection of clinical disease or the introduction of PPRV;

2) Demonstration of the absence of clinical disease or *infection* with PPRV;

3) Evaluation of population immunity following *vaccination*.

Detection of low-level PPRV circulation in vaccinated *subpopulations* may be challenging, as *outbreaks* may be limited and serological tests cannot differentiate antibodies induced by *vaccination* from those resulting from *infection*. Targeted serological *surveillance* of unvaccinated animals, including young domestic sheep and goats whose maternally-derived antibodies have waned (over four months old), may be used to detect prior *infection*. Absence of sero-positivity in these animals supports the absence of PPRV circulation. Susceptible animals other than domestic sheep and goats may also be used as sentinels to support the detection of PPRV circulation and as evidence of spill-over from domestic sheep and goats.

Post-vaccination evaluation surveys should be conducted to assess population immunity through serological surveillance in vaccinated *subpopulations*. High levels of population immunity indicate a high level of protection against PPRV circulation.

Article 14.7.26.

Surveillance in wild ruminants

Some *wild* ruminant species can be infected with PPRV and may act as sentinels indicating the spill-over of PPRV from animal hosts. Where *wild* ruminants may act as sentinels of PPRV circulation, Member Countries may incorporate *surveillance* of *wild* ruminant *populations* into their surveillance strategies. The following principles should be applied:

1) Coordinate *surveillance* activities between the *Veterinary Authority*, the authority responsible for wildlife, and other relevant agencies, as appropriate;

2) Coordinate *surveillance* activities with regional partners;

3) Target clinical *surveillance* in areas where animal hosts interact with *wild* ruminants;

4) When investigating *wild* ruminants suspected of being infected with PPRV, diagnostic samples should be collected and submitted to a *laboratory* for virological testing. If *infection* is confirmed, field investigations should be conducted to identify the animal hosts that are the source of spill-over;

5) Opportunities to collect samples from *wild* ruminants during activities conducted for purposes other than PPR *surveillance* or control (e.g. *wild* ruminant management or conservation activities) may be used if appropriate.

Article 14.7.27.

WOAH endorsed official control programme for PPR

This article describes the important components of an *official control programme* for PPR suitable for endorsement by WOAH. These components are complementary to Chapters 1.4., 4.18. and 4.19.

An *official control programme* for PPR should include the following components:

1) An appropriate legal framework should be established to support *vaccination*, *notification*, *sanitary measures* and compensation for a *stamping-out policy*, where applicable.

2) An *official control programme* should be developed and implemented with defined objectives, timelines and performance indicators to assess the effectiveness of the control measures and monitor progress towards *eradication*, including cessation of *vaccination*.

3) An epidemiological assessment should identify *subpopulations* at risk by taking into account animal movement patterns and links with other at-risk *subpopulations*, including transboundary movement and *international trade*, to target control measures towards *subpopulations* at higher risk.

4) Effective and sustainable *vaccination* of high-risk *subpopulations* should be implemented taking into account the epidemiological situation in neighbouring countries, regional harmonisation of *vaccination* programmes and animal movement patterns. *Vaccination* programmes should be followed by post-*vaccination* evaluation to assess their effectiveness and inform subsequent *vaccination* activities.

5) Awareness and training programmes should be carried out for all relevant stakeholders to promote disease reporting and implementation of control measures, including appropriate training on PPR prevention and control for *veterinarians* and *veterinary paraprofessionals*.

6) S*urveillance* programmes should be developed, implemented and regularly updated in accordance with Chapter 1.4. and Articles 14.7.21. to 14.7.26.; Member Countries should demonstrate their capacity to detect and investigate suspected cases through clinical and laboratory diagnosis, including appropriately trained personnel, reporting of suspected cases, collection and testing of samples, participation in proficiency testing and further characterisation of circulating PPRV strains, when feasible. *Surveillance* should be conducted primarily in animal hosts and may include, where appropriate, *wild* ruminants and other susceptible animals, acting as sentinels for PPRV circulation.

7) Movement controls of *animals* and their *commodities* should be implemented to prevent transmission with animal movements presenting the highest risk of virus transmission. *Animal identification* and animal

traceability in accordance with Chapters 4.2. and 4.3. should be in place to support the application of movement controls. Movement controls may also be applied as part of zoning in accordance with Chapter 4.4. Attention should be given to management of common grazing and transhumance practices which represent an important route of virus transmission.

8) Member Countries should establish and maintain preparedness and rapid response capacity for PPR. A Member Country should demonstrate the capacity and resources to implement a rapid and effective response to confirmed *cases*. Preparedness and response procedures should be documented in a contingency plan approved by the *Veterinary Authority*.

~~Article 14.7.275.~~

~~Introduction to~~ Principles ~~of~~ ~~surveillance~~ ~~of PPR~~

~~Articles 14.7.275. to 14.7.331. define the principles and provide a guide for the *surveillance* of for PPR in accordance with Chapter 1.4. applicable to Member Countries seeking recognition of country or zonal freedom from PPR. Guidance is provided for Member Countries seeking reestablishment of freedom following an *outbreak* and for the maintenance of PPR free status.~~

~~*Surveillance* strategies employed for demonstrating freedom from PPR at an acceptable level of confidence should be adapted to the local situation. *Outbreaks* of PPR may vary in severity with differing clinical presentations believed to reflect variations in host resistance and variations in the virulence of the attacking strain. Experience has shown that *surveillance* based on a predefined set of clinical signs (e.g. searching for 'pneumo-enteritis syndrome') increases the sensitivity of the system. In the case of peracute cases the presenting sign may be sudden death. In the case of sub-acute (mild) cases, clinical signs are displayed irregularly and are difficult to detect.~~

~~Where they exist, susceptible domestic species, and *feral* populations of these species, should be included in the design of the *surveillance* strategy.~~

~~*Surveillance* for PPR should be in the form of a continuing programme designed to establish that the whole country or *zone* is free from PPRV *infection*.~~

~~Article 14.7.286.~~

~~General conditions and methods for surveillance~~

~~1) A *surveillance* system in accordance with Chapter 1.4. should be under the responsibility of the *Veterinary Authority*. A procedure should be in place for the rapid collection and transport of samples from suspected *cases* to a *laboratory* for PPR diagnosis.~~

~~2) The PPR *surveillance* programme should:~~

~~a) include an *early warning system* throughout the production, marketing and processing chain for reporting suspected *cases*. Farmers and workers who have day-to-day contact with livestock, as well as diagnosticians, should report promptly any suspicion of PPR. They should be supported directly or indirectly (e.g. through private *veterinarians* or *veterinary paraprofessionals*) by government information programmes and the *Veterinary Authority*. All significant epidemiological events consistent with PPR, such as pneumo-enteritis syndrome, should be reported and investigated immediately. Where suspicion cannot be resolved by epidemiological and clinical investigation, samples should be taken and submitted to a *laboratory*. This requires that sampling kits and other equipment be available to those responsible for *surveillance*. Personnel responsible for *surveillance* should be able to call for assistance from a team with expertise in PPR diagnosis and control;~~

~~b) implement, when relevant, regular and frequent clinical inspection and serological testing of high-risk groups of animals, such as those adjacent to a PPRV infected country.~~

~~An effective *surveillance* system will periodically identify animals with signs suggestive of PPR that require follow-up and investigation to confirm or exclude that the cause of the condition is PPRV. The rate at which such suspected *cases* are likely to occur will differ between epidemiological situations and cannot therefore be predicted reliably. Applications for freedom from PPRV *infection* should, in consequence, provide details~~

of the occurrence of suspected *cases* and how they were investigated and dealt with. This should include the results of *laboratory* testing and the control measures to which the animals concerned were subjected during the investigation (quarantine, movement stand-still orders, etc.).

Article 14.7.29[7].

Surveillance strategies

1. Clinical surveillance

Clinical *surveillance* aims to detect clinical signs of PPR by close physical examination. Clinical *surveillance* and epidemiological investigations are the cornerstone of all *surveillance* systems and should be supported by additional strategies such as virological and serological *surveillance*. Clinical *surveillance* may be able to provide a high level of confidence of detection of disease if sufficiently large numbers of clinically susceptible animals are examined. It is essential that clinical *cases* detected be followed up by the collection of appropriate samples such as ocular and nasal swabs, blood or other tissues for virus isolation or virus detection by other means. Sampling units within which suspicious animals are detected should be classified as infected until fully investigated.

Active search for clinical disease can include participatory disease searching, tracing backwards and forwards, and follow-up investigations. Participatory *surveillance* is a form of targeted active *surveillance* based upon methods to capture livestock owners' perceptions on the prevalence and patterns of disease.

The labour requirements and the logistical difficulties involved in conducting clinical examinations should be taken into account.

PPRV isolates may be sent to a WOAH Reference Laboratory for further characterisation.

2. Virological surveillance

Given that PPR is an acute *infection* with no known carrier state, virological *surveillance* should only be conducted as a follow-up to clinically suspected *cases*.

3. Serological surveillance

Serological *surveillance* aims to detect antibodies against PPRV. Positive antibody test results can have four possible causes:

a) natural *infection* with PPRV;

b) *vaccination* against PPR;

c) maternal antibodies derived from an immune dam (maternal antibodies in small ruminants can be found only up to six months of age);

d) heterophile (cross) and other non-specific reactions.

It may be possible to use serum collected for other survey purposes for PPR *surveillance*. However, the principles of survey design described in this chapter and the requirement for a statistically valid survey for the presence of PPRV should not be compromised.

The discovery of clustering of seropositive reactions should be foreseen. It may reflect any of a series of events, including but not limited to the demographics of the population sampled, vaccinal exposure or the presence of field strain *infection*. As clustering may signal field strain *infection*, the investigation of all instances must be incorporated in the survey design.

The results of random or targeted serological surveys are important in providing reliable evidence that PPRV

infection is not present in a country or *zone*. It is therefore essential that the survey be adequately documented.

Article 14.7.3028.

Surveillance in wildlife

Where a population of a susceptible *wildlife* species may act as sentinels indicating the spill over of PPRV from domestic sheep and goats, serosurveillance data should be collected.

Obtaining meaningful data from *surveillance* in *wildlife* can be enhanced by close coordination of activities in a region. Both purposive and opportunistic samplings are used to obtain material for analysis in national or reference *laboratories*. The latter are required because many countries do not have adequate facilities to perform the full testing protocol for detecting antibodies against PPRV in *wildlife* sera.

Targeted sampling is the preferred method to provide *wildlife* data to evaluate the status of *infection* with PPRV. In reality, the capacity to perform *wildlife* sampling is minimal in most countries. However, samples can be obtained from hunted animals, and these may provide useful background information.

Article 14.7.3129.

Additional surveillance requirements for Member Countries applying for WOAH recognition of PPR free status

The strategy and design of the *surveillance* programme will depend on the prevailing epidemiological circumstances in and around the country or *zone* and should be planned and implemented in accordance with the conditions for status recognition described in Article 14.7.3. and methods in this chapter, to demonstrate absence of PPRV *infection* during the preceding 24 months. This requires the support of a *laboratory* able to undertake identification of PPRV *infection* through virus, antigen or viral nucleic acid detection and antibody tests.

The target population for *surveillance* aimed at identifying disease and *infection* should cover significant populations within the country or *zone* to be recognised as free from PPRV *infection*.

The strategy employed should be based on an appropriate combination of randomised and targeted sampling requiring *surveillance* consistent with demonstrating the absence of PPRV *infection* at an acceptable level of statistical confidence. The frequency of sampling should be dependent on the epidemiological situation. *Risk*-based approaches (e.g. based on the increased likelihood of *infection* in particular localities or species) may be appropriate to refine the *surveillance* strategy. The Member Country should justify the *surveillance* strategy chosen as adequate to detect the presence of PPRV *infection* in accordance with Chapter 1.4. and the epidemiological situation. It may, for example, be appropriate to target clinical *surveillance* at particular subpopulations likely to exhibit clear clinical signs.

Consideration should be given to the risk factors for the presence of PPRV, including:

1) historical disease patterns;

2) critical population size, structure and density;

3) livestock husbandry and farming systems;

4) movement and contact patterns, such as market and other trade-related movements;

5) virulence and infectivity of the strain.

The sample size selected for testing should be large enough to detect *infection* if it were to occur at a predetermined minimum rate. The sample size and predetermined minimum disease prevalence determine the level of confidence in the results of the survey. The applicant Member Country should justify the choice of design, minimum prevalence and confidence level based on the objectives of *surveillance* and the epidemiological situation, in accordance with Chapter 1.4. Selection of the minimum prevalence in particular should be based on the prevailing or historical epidemiological situation.

Irrespective of the survey design selected, the sensitivity and specificity of the diagnostic tests employed are key factors in the design, sample size determination and interpretation of the results obtained.

Irrespective of the testing system employed, *surveillance* design should anticipate the occurrence of false positive reactions. If the characteristics of the testing system are known, the rate at which these false positives are likely to occur can be calculated in advance. There should be an effective procedure for following up positives to subsequently determine with a high level of confidence, whether they are indicative of *infection* or not. This should involve both supplementary tests and follow-up investigation to collect diagnostic material from the original sampling unit as well as *herds* or *flocks* which may be epidemiologically linked to it.

The principles involved in *surveillance* for disease or *infection* are technically well defined in Chapter 1.4. The design of *surveillance* programmes to demonstrate the absence of PPRV *infection* should be carefully followed to ensure the reliability of results. The design of any *surveillance* programme, therefore, requires inputs from professionals competent and experienced in this field.

Article 14.7.320.

Additional surveillance requirements for recovery of free status

Following an *outbreak* of PPR in a Member Country at any time after recognition of PPR freedom, the origin of the virus strain should be thoroughly investigated. In particular it is important to determine if this is due to the re-introduction of virus or re-emergence from an undetected focus of *infection*. Ideally, the virus should be isolated and compared with historical strains from the same area as well as those representatives of other possible sources.

After elimination of the *outbreak*, a Member Country wishing to regain the free status should undertake *surveillance* in accordance with this chapter to demonstrate the absence of PPRV *infection*.

Article 14.7.331.

The use and interpretation of serological tests for serosurveillance of PPR

Serological testing is an appropriate tool to use for PPR *surveillance* where *vaccination* has not been practised. There is only one serotype of virus and the tests will detect antibodies elicited by *infection* with all PPRV but the tests cannot discriminate between antibodies against field *infection* and those from *vaccination* with attenuated vaccines. This fact compromises serosurveillance in vaccinated populations and meaningful serosurveillance can only commence once *vaccination* has ceased for several years. Antibodies against virulent and vaccine strains of PPRV can be detected in small ruminants from about 14 days post *infection* or *vaccination* and peak around 30 to 40 days. Antibodies then persist for many years, possibly for life, although titres decline with time.

It is necessary to demonstrate that positive serological results have been adequately investigated.

Article 14.7.342.

WOAH endorsed official control programme for PPR

A Member Country may, on a voluntary basis, apply for endorsement of its *official control programme* for PPR in accordance with Chapter 1.6., when it has implemented measures in accordance with this article.

For a Member Country's *official control programme* for PPR to be endorsed by WOAH, the Member Country should provide a detailed *official control programme* for the control and eventual eradication of PPR in the country or *zone*. This document should address and provide documented evidence on the following:

1) epidemiology:

   a) the detailed epidemiological situation of PPR in the country, highlighting the current knowledge and gaps;

   b) the main production systems and movement patterns of sheep and goats and their products within and into the country and, where applicable, the specific *zone*;

2) *surveillance* and diagnostic capabilities:

a) PPR *surveillance* in place, in accordance with Chapter 1.4. and Articles 14.7.275. to 14.7. 331.;

b) diagnostic capability and procedures, including regular submission of samples to a *laboratory* that performs diagnostic testing and further characterisation of strains;

c) serosurveillance conducted in susceptible species, including *wildlife*, to serve as sentinels for PPRV circulation in the country;

3) *vaccination*:

a) *vaccination* is compulsory in the target population and is practised in accordance with Chapter 4.18.;

b) detailed information on *vaccination* campaigns, in particular:

i) the strategy that is adopted for the *vaccination* campaign;

ii) target *populations* for *vaccination*;

iii) target geographical area for *vaccination*;

iv) monitoring of *vaccination* coverage, including serological monitoring of population immunity;

v) the strategy to identify vaccinated animals;

vi) technical specification of the vaccines used and description of the vaccine licensing procedures in place;

vii) use of vaccines fully compliant with the standards and methods described in the *Terrestrial Manual*;

viii) the proposed strategy and work plan including the timeline for transition to the cessation of *vaccination*;

4) the measures implemented to prevent the introduction of the pathogenic agent and to ensure the rapid detection of all PPR *outbreaks*;

5) an emergency preparedness plan and an emergency response plan to be implemented in case of PPR *outbreaks*;

6) work plan and timelines of the *official control programme*;

7) performance indicators for assessing the effectiveness of the control measures to be implemented;

8) monitoring, evaluation and review of the *official control programme* to demonstrate the effectiveness of the strategies.

The Member country will be included in the list of countries having a WOAH endorsed *official control programme* for PPR in accordance with Chapter 1.6.

Retention on the list requires an annual update on the progress of the *official control programme* and information on significant changes concerning the points above.
