



Eradication of rinderpest from South Sudan

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Outline

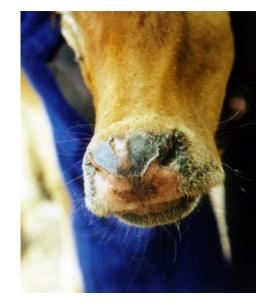
- > What is rinderpest?
- Global rinderpest eradication programme
- South Sudan rinderpest eradication programme



Calves affected by rinderpest during the 1998 rinderpest outbreak in Lopit, South Sudan: lacrimation, nasal discharge, mucosal erosions, dehydration, diarrhoea.

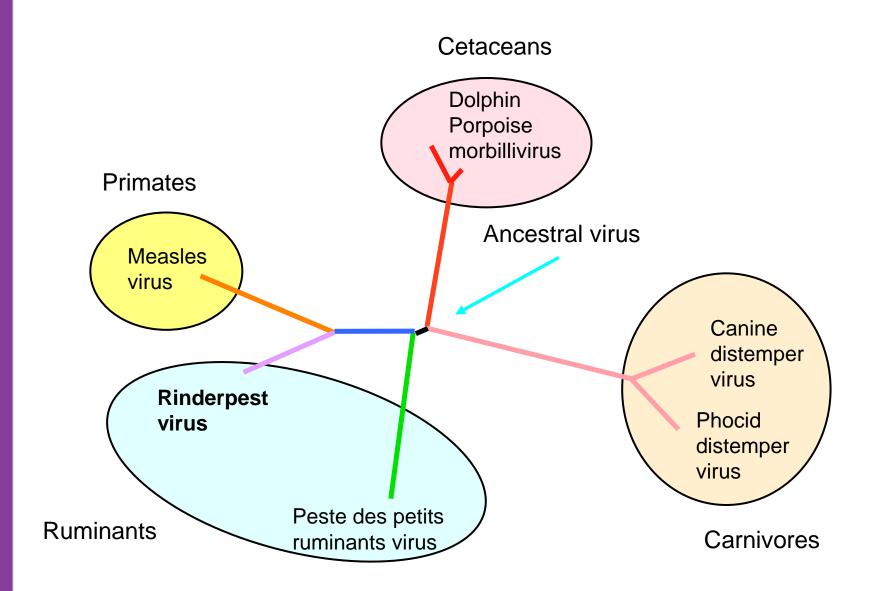








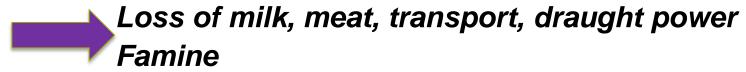




MORBILLIVIRUS PHYLOGENY

History and distribution

- Originated in Asia
- Frequent epidemics across Europe and Asia trade, war
- > 1880-90s African pandemic



- Successful elimination:
 - Europe early 20th century
 - southern Africa by 1905
 - East and southeast Asia 1950s-60s
- Endemic or repeated introductions
 - India, Pakistan
 - Middle East and Arabian peninsula
 - Sub-Saharan Africa

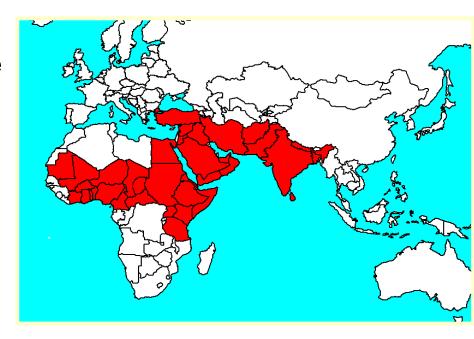
Rinderpest Eradication

Feasibility

- No reservoir or carrier status
- Transmission by direct contact
- Short infectious period
- Lifelong immunity
- Safe, effective, cheap vaccine
- Limited distribution

Impact

- Food security
- Livelihoods
- Trade
- Political will



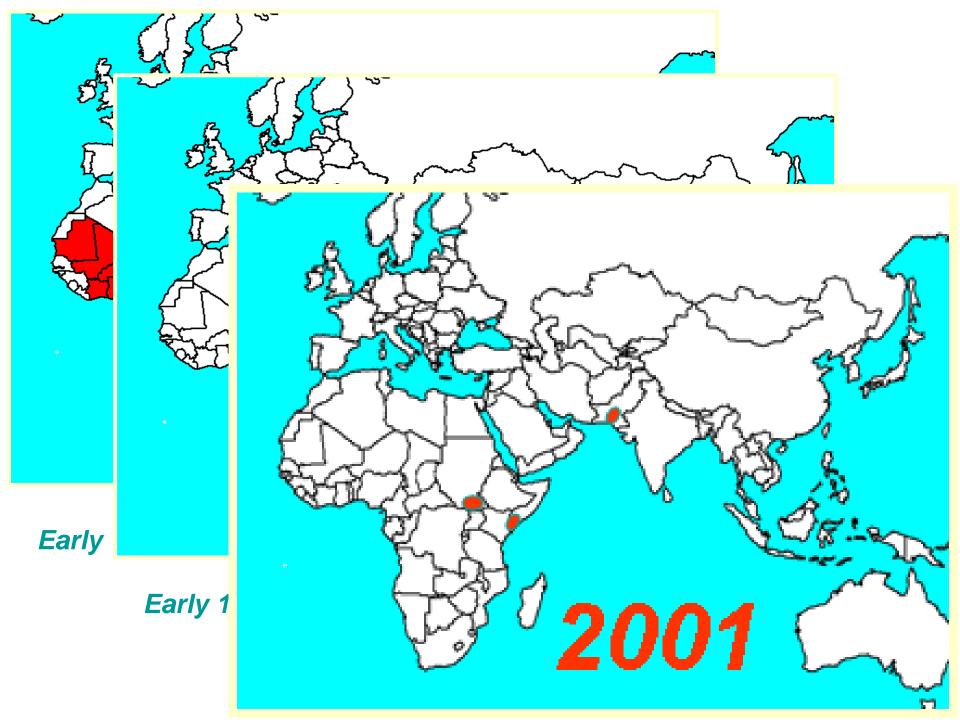
Key international stakeholders

- United Nations Food and Agriculture Organisation (FAO)
 - Regional coordination since 1940s
 - Global Rinderpest Eradication Programme (GREP) operational from 1994
 - Coordination, technical guidance and assistance
 - Goal of eradication by 2010
- World Organisation for Animal Health (OIE)
 - guidelines for surveillance and accreditation of freedom – "The OIE Pathway"
 - diagnostic and vaccine standards
 - scientific commission and ad hoc rinderpest group









Global Freedom from Rinderpest 2011

- Declared in mid-2011 by OIE and FAO
- Rinderpest virus no longer circulating in domestic or wild animals
 - Last confirmed outbreak Kenya 2001
 - No vaccine in use
 - No evidence of virus circulation
 - All countries accredited rinderpest infection free by OIE
- Pending virus and vaccine stocks



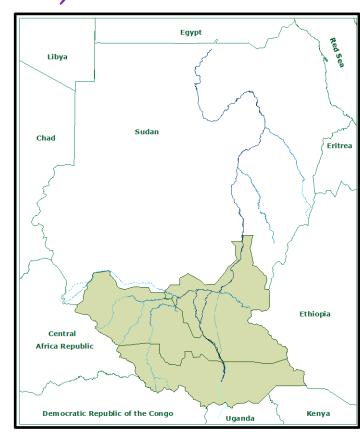




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South Sudan (1980s-90s)

- large area
- climatic extremes
- 8 million people pastoralist, agropastoralist
- > 10 million cattle, 20 million sheep and goats
- Chronic conflict from 1956 to 2005 (except 1972 -1983)
 - Millions killed, displaced or refugees
 - Destruction of infrastructure, disruption of trade, lack of social services, prevention of development
- 1989 Operation Lifeline Sudan
 - consortium of UN agencies and NGOs, providing humanitarian relief



South Sudan – endemic focus of rinderpest

- Introduced to southern Sudan during African pandemic (1890s), periodic epidemics with major impact on livelihoods
- Early attempts at control through vaccination:
 - 1960s JP15, 1970s GTZ, Government of Sudan
- Resumption of conflict in 1983
 - animal health services disrupted → increase in livestock diseases, rinderpest widespread - 1980s, early 1990s endemic focus

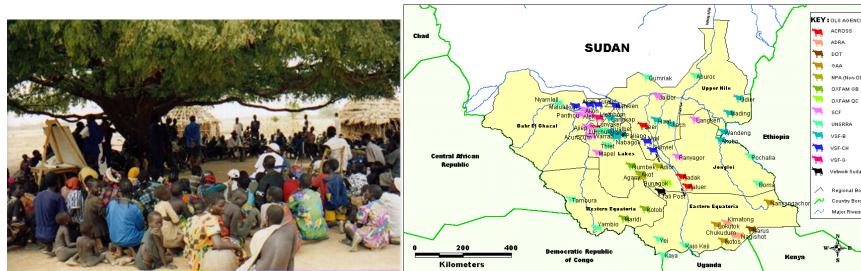
Calves affected by rinderpest during the 1998 Torit outbreak, Eastern Equatoria, southern

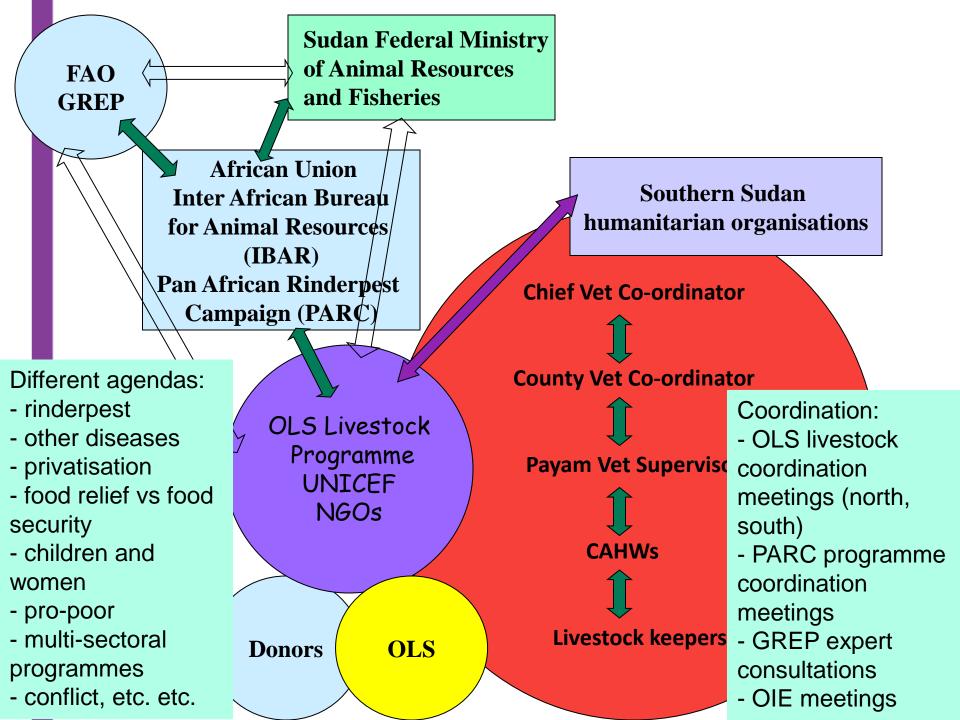


Operation Lifeline Sudan: Livestock Programme

- Community-based animal health programme from 1992
 - Led by UNICEF with international and indigenous NGOs and local counterparts (12-15 NGOs)
- Goal: food security and protection of livelihoods
- Objective: increased livestock productivity through control of major epidemic and endemic diseases
 - baseline assessments: rinderpest highest priority
 - community workshops, selection and 2-week training of community based animal health workers – CAHWs
 - basic kit of medicines and equipment, cold chain, heat stable rinderpest vaccine, vaccination equipment
 - training of supervisors and coordinators (4-9 months)
 - supervision by field vets

OLS LIVESTOCK PROGRAMME (SOUTHERN SECTOR): AGENCY LOCATIONS

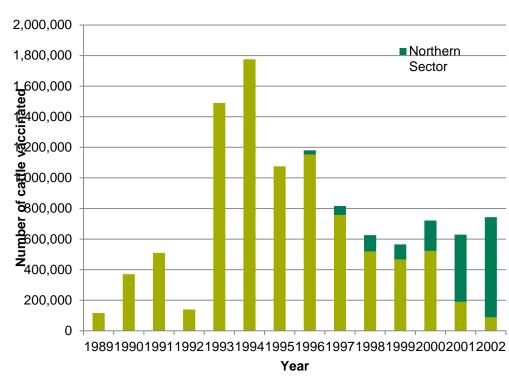




Vaccination Phase 1992-02

- annual mass vaccination for at least 3 years
- free of charge
- > ear notching
- local planning of vaccination campaigns – community meetings, timing with cattle movements
- CAHWs carried heat stable vaccine to cattle camps – up to 30 days outside cold chain
- supervision
- > sero-monitoring
- rinderpest outbreaks widespread in 1993, reduced over the years, only one outbreak in 1998

Southern Sudan rinderpest vaccination figures 1989 - 2002



Challenges

- Security
- > Extreme weather conditions
- > Famine
- > Human disease
- Lack of infrastructure
- Limited transport
- Limited communications
- Limited resources
- Technical;
 - cattle numbers, migration
 - cold chain
 - other priorities
 - appropriate equipment
 - laboratory services



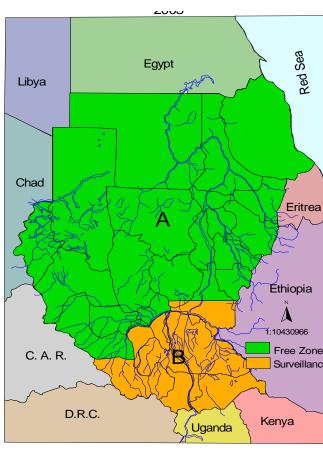


OIE pathway – demonstrating freedom from infection

- Five years of disease freedom, no vaccination with;
 - outbreak reporting system
 - investigation and lab diagnosis of outbreaks
 - random sample surveys clinical disease
 - purposive surveys in high risk areas clinical disease, serology, wildlife
 - random sample serological surveys in final two years

Demonstrating freedom 2002-07

- 2001 plan: AU-IBAR PACE Programme, Gov of Sudan and FAO
 - Zonation
 - Stop vaccination by mid-2002
 - Five years surveillance
 - 3 years reporting and investigation of rinderpest outbreaks, active clinical surveillance
 - final 2 years sero-surveillance
- VSF Belgium contracted by to co-ordinate and implement in the SPLM-administered areas in the south
 - focus on ending vaccination, establishing surveillance system, emergency-preparedness
 - within OLS framework, after 2005 in partnership with Government of Southern Sudan MARF
- FMARF implemented northern PACE Sudan project



Strategy

- Integration of rinderpest eradication activities into community-based animal health service
- Collaboration and co-ordination with all other livestock agencies
- Strengthening network of animal health workers
 - 1500 CAHWs, 200 AHAs, 40 vets
- Promoting participation of all stakeholders
- Training and awareness raising
 - community dialogue guidelines, CAHW training module, training course for AHAs and vets
- Appropriate communication methods for awareness-raising:
 - cloth flip charts, photo-cards, posters, songs, t-shirts
- Motivation of animal health workers; payments, reward





Surveillance system

- Objectives
 - detect any remaining foci of rinderpest
 - provide evidence of freedom from rinderpest (meeting requirements of OIE)
- Adapted surveillance methods pastoralist communities, CAHW/AHA network
 - Outbreak reporting and investigation
 - Active clinical surveillance
 - Wildlife surveillance
 - Serological surveillance





Cloth flip charts for community meetings – clinical signs, reporting outbreaks

Outbreak reporting and investigation

- All stakeholders encouraged to report outbreaks
- Investigation animal health worker, vet
- Sampling kits
- Penside tests
- Samples to RP reference laboratories



Reward 1000 US\$

Active Clinical Surveillance

- Cattle camp surveillance; visits by AHAs
 - livestock keeper interviews
 - observation of herd
- Market surveillance; visits by AHAs
 - livestock keeper/trader interviews
 - observation of cattle on sale



Participatory Disease Searching

- > Targeted "high rinderpest risk" areas
- > Team of CAHWs, AHAs, led by vet
 - animal health workers; key informants, liaison, translators
- Duration 1-3 weeks
 - semi-structured group interviews, mapping, timelines, ranking
 - observation of cattle, sampling of clinical cases



Wildlife surveillance: Boma National Park 2004

- PACE wildlife specialist,
 NGOs, wildlife personnel,
 animal health workers
- Local information locate wildlife
- > 48 blood samples collected from white-eared kob, buffalo, eland and roan antelope
- > RP and PPR cELISA

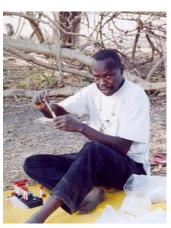


Serological surveys 2005-6, 2006-7

- > Objective: to demonstrate absence of infection
- > Survey design:
 - 2 strata, random sample of 314 herds per stratum (95% confidence level, expected prevalence 1%),
 - 25 samples per herd (2-3 yr cattle) (95% confidence level, expected prevalence 20%, test sensitivity 70%)
- Sampling frame; dry season cattle camps, villages
- Field teams; vets, AHAs and CAHWs
- dialogue with livestock keepers, ageing, blood sampling, ear-tagging

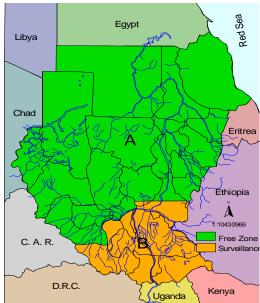








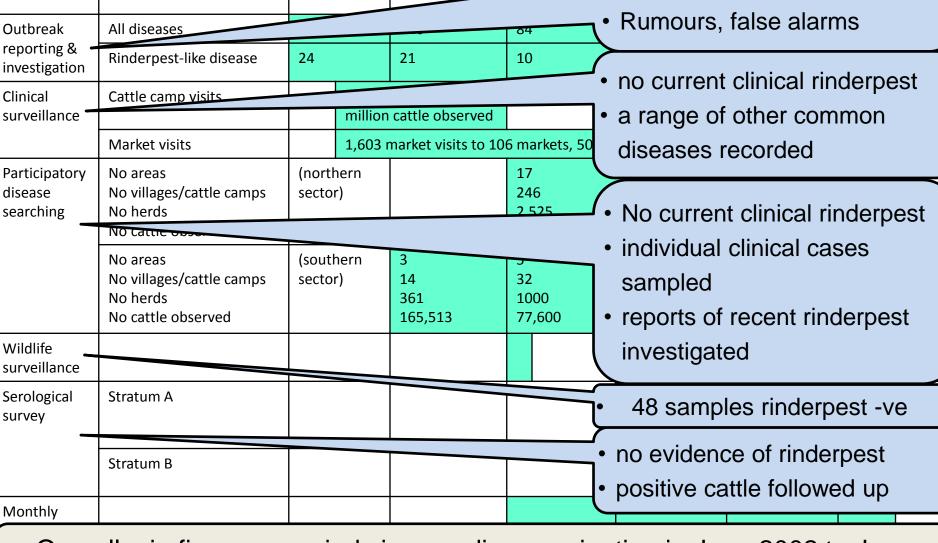




Surveillance Results

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	2002		2003	20	04	2005		2006		2007 (Jan-June)	
All diseases	98		116	84		56		22		8	
Rinderpest-like disease	24		21	10		13		2		0	
Cattle camp visits											
Market visits	1,603 market visits to 106 markets, 50,000 cattle observed										
No areas No villages/cattle camps No herds No cattle observed	(northern sector) (southern sector)			17 246 2,525 67,150					6 26 334 39,417		
No areas No villages/cattle camps No herds No cattle observed			3 14 361 165,513	10	00	2 8 87 10,000					
Stratum A						5+ve /948 sera		0+ve/ 1090 sera			
Stratum B											
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Surveillance Results



2004

Confirmed as other disease

(MCF, HS, FMD, ECF etc.)

Individual RP-like cases

Overall – in five year period since ending vaccination in June 2002 to June 2007, no evidence of recent or current rinderpest virus circulation

Provided data for FMARF's application to OIE for recognition of freedom from rinderpest 2007

In 2008, Sudan recognised by OIE as free from rinderpest



Discussion

- Network of CAHWs and AHAs
- Motivation of animal health workers;
 - training, information, feedback, incentives
- Stakeholder coordination and collaboration
 - promoting and maintaining participation, common goal
- > Communication;
 - awareness and training, information sharing
- Understanding of context
 - culture, livestock production system, diseases, local knowledge and practices
- > Flexibility;
 - constant changes, adaptation, rapid decision-making, resource mobilisation
- Expert support;
 - appreciation of difficult conditions

Acknowledgements

- VSF Belgium Rinderpest Project personnel
- > CAHWs, AHAs, Stockpersons and Vet Assistants, field veterinarians
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- FAO South Sudan
- > Federal Ministry of Animal Resources and Fisheries, Government of Sudan
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