



# Diagnosis and passive surveillance in Southern countries

**G. Dauphin**

FAO, Rome

OFFLU Liaison Officer, in charge of laboratories



# Definition of passive surveillance



- Detection of suspicions: clinical cases
- Based on poultry keepers/vets/field teams
- Is essential for disease detection
- Requires precise case definition



## Challenges of HPAI Passive Surveillance in Southern countries (1)



- Infrastructure: vet services/private vets
- Rare contacts between poultry keepers and vets
- Establish confidence btw vet services/farmers
- Private/public relationship?
- High proportion of village poultry
- Poultry populations = huge (chickens and ducks)
- Short-lived animals
- No denominator: poultry census?

## Challenges of HPAI Passive Surveillance in Southern countries (2)



- Incentives to report HPAI suspicions?
- Culling/compensation schemes? Do vets know how to react to a suspicion?
- Differential diagnosis with Newcastle disease?
- Case definition in vaccinated populations?
- Short-lived animals
- Fatigue
- Sustainability of active HPAI passive surveillance?

## Passive surveillance in the long term



- Need for traceability systems
- HPAI focus and not poultry health
- General poultry health issues= no data
- H5N1 cases detected: not linked to risk-based surveillance, but to passive surveillance
- Communication and information: critical

# PDSR system in Indonesia



Food and Agriculture Organization of the United Nations

Animal Production and Health Division

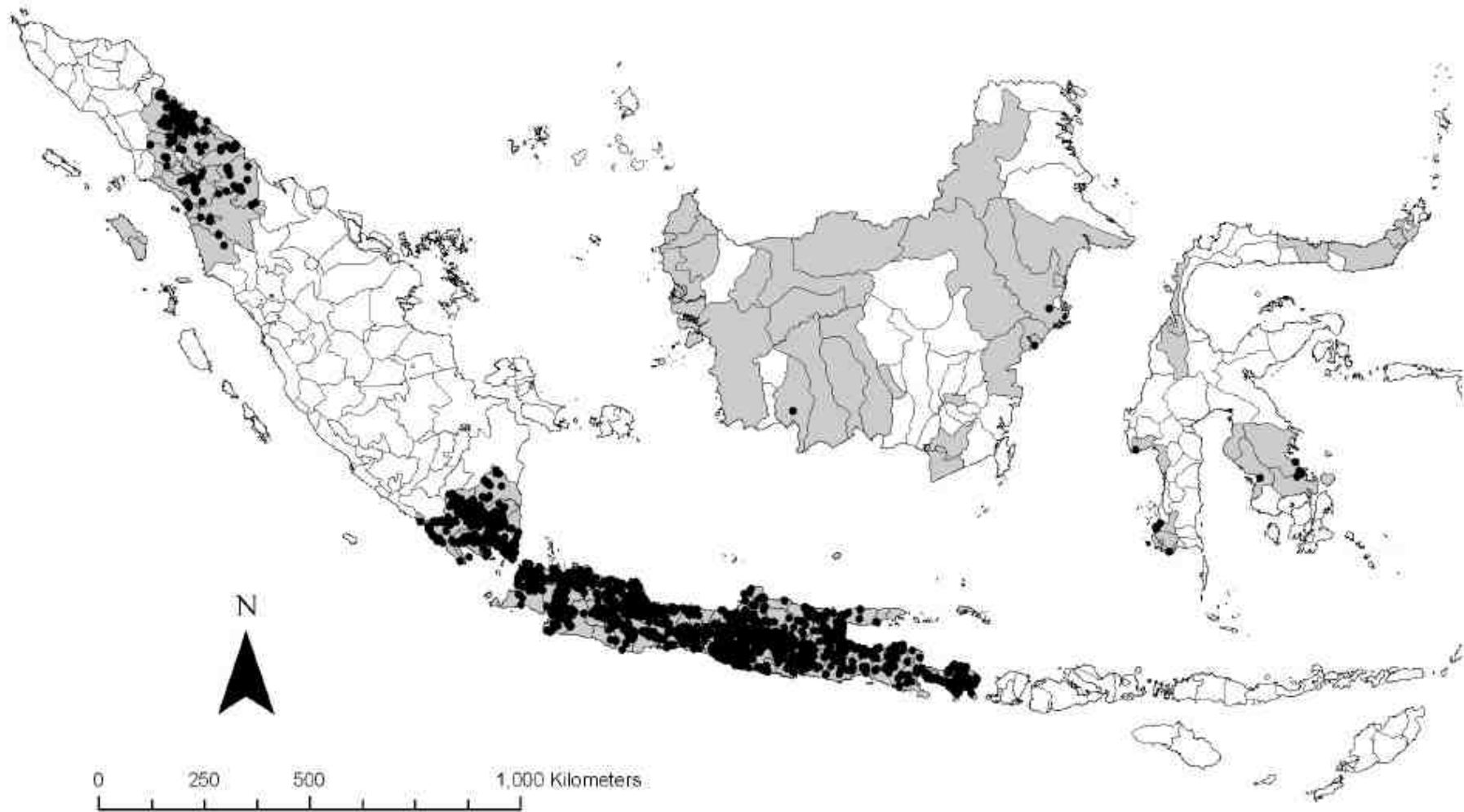
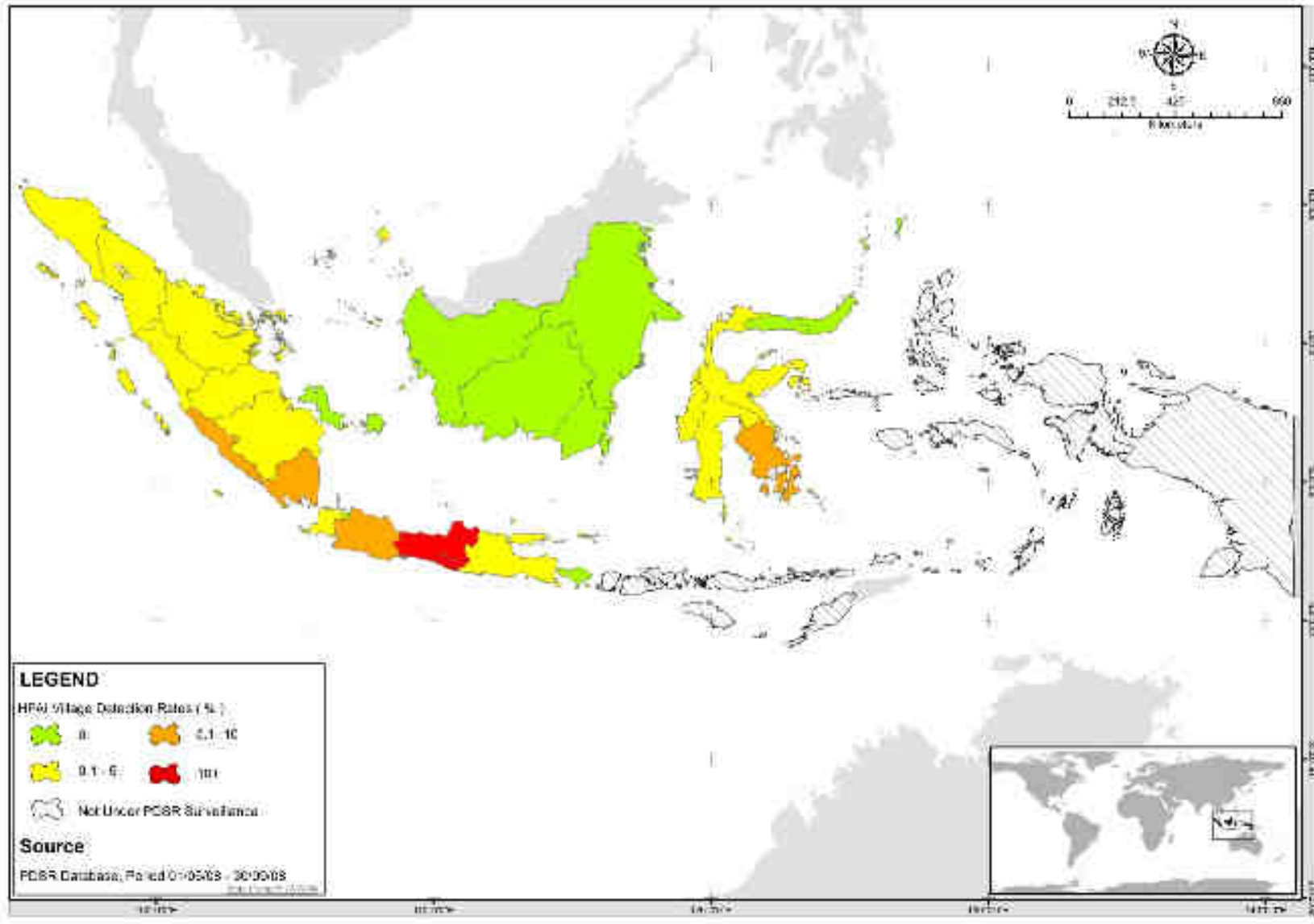


Figure 2: Map showing the location of districts where PDS interviews were conducted from 1 January 2006 – 5 April 2008 (Grey). The black dots indicate the location of the detection of HPAI during PDS interviews in the period 1 January 2006 – 5 April 2008.

# PDSR system





# Nigeria:

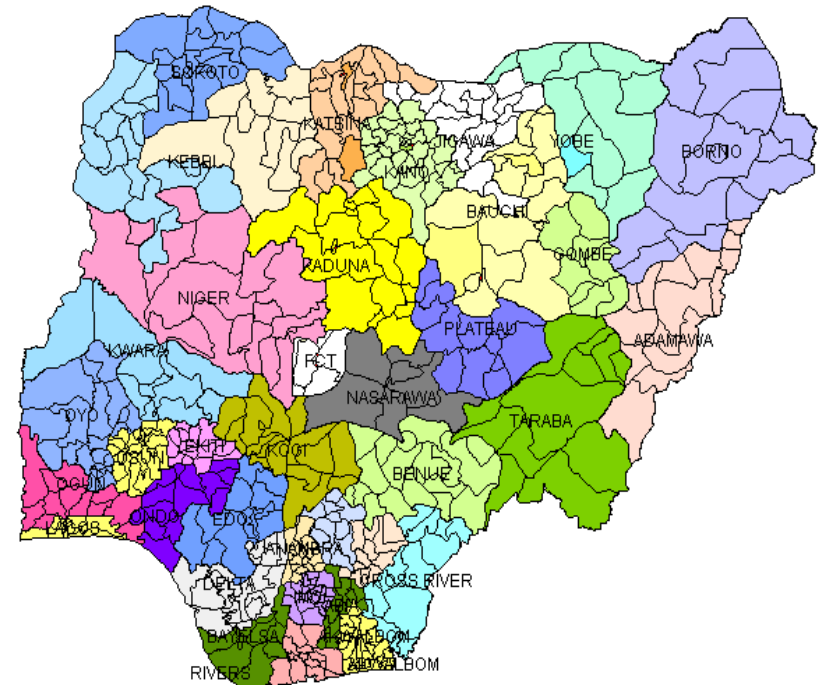
## Passive surveillance



### Main Features

- Immediate report system – daily report
- Monthly Disease reports
  - Covers all OIE listed diseases
  - All Area Veterinary Offices (on LGA basis)
    - 774
    - Specific forms and guidelines
- Abattoir report – (all major abattoirs)
- Case data capture form for all TADs (in case of confirmed outbreak)
- Performance Indicators and sanctions

### Map - Area Vet offices



# Nigeria: Performance Indicators and Sanctions



- Number of Immediate notifications received within time limit
- Number of Monthly reports received versus Number expected
- Number of abattoir reports received versus number expected
- Timeliness of reporting
- Accuracy, Quality and Completeness of the report
- Follow up and Timeliness of action taken in case of confirmed outbreak
- **Apply sanctions where necessary**

# Summary of Samples collected in Nigeria, 2006-2008



SN	ACTIVITY	Number of Samples collected	No of samples Positive for HPAI
1	<b>Targeted Surveillance at Wetland areas and major poultry farms (NVRI – Oct – Dec 2005)</b>	1200	0
2	<b>Passive surveillance (suspicions as at 31<sup>st</sup> October 2008)</b>	1590	300
3	<b>Specialist Diagnostic Teams (Investigations)</b>	471	0
4	<b>Nation wide Random surveillance</b>	12,145	0
5	<b>Targeted surveillance at LBM (1<sup>st</sup> and 2nd phase)</b>	13,876	5
6	<b>Wild bird surveillance (exercise still on-going)</b>	536	0

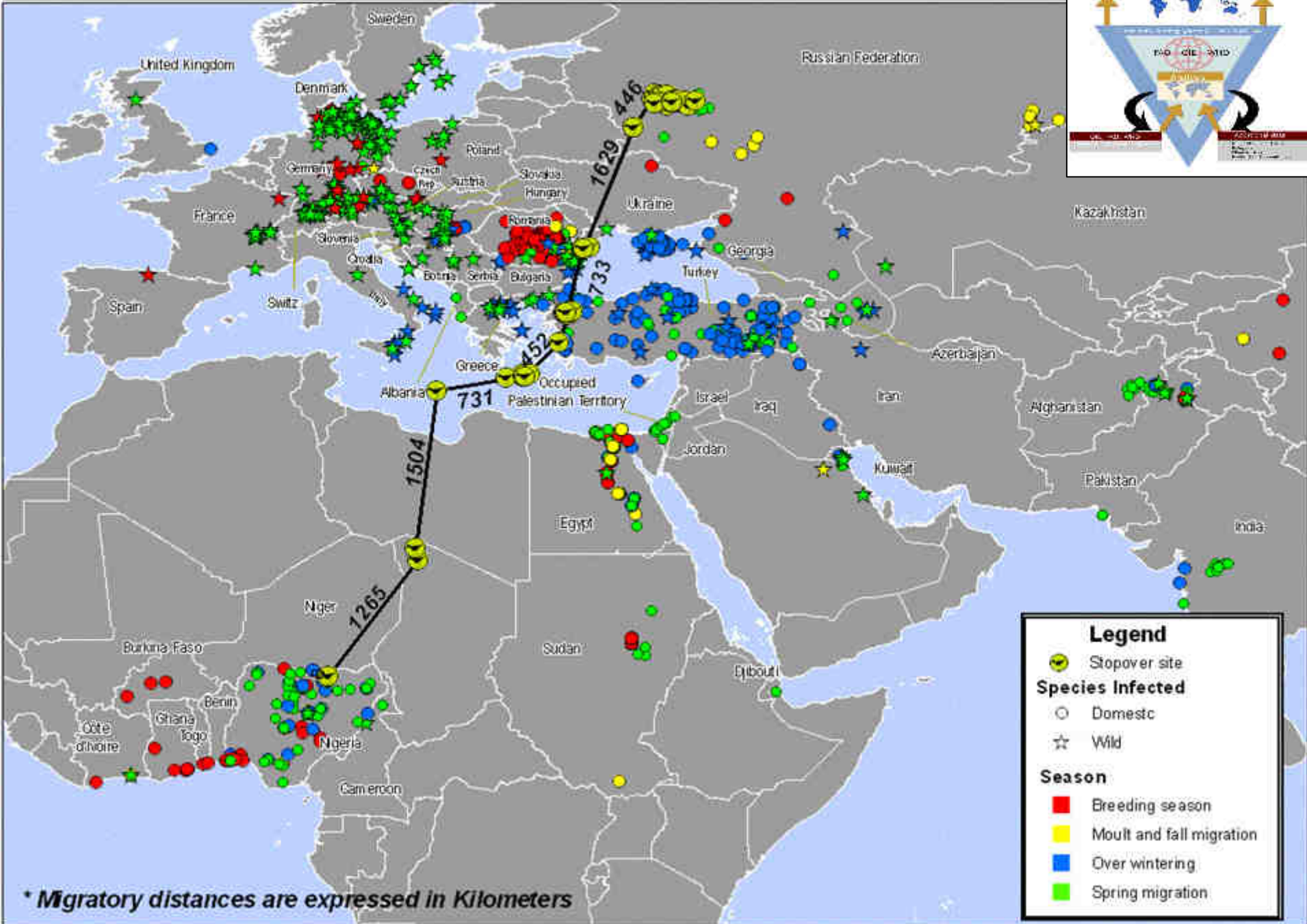
Source Tony Joanis, Vom, Nigeria

# Surveillance in Bangladesh



	Visits	Suspect cases	Confirmed cases
Backyard	150.000	1.021	0
Commercial farms	2.037	489	16

# 2005 - 2007 HPAI outbreaks and migratory path



\* Migratory distances are expressed in Kilometers

# Diagnostic capacities



- Very variable: no capacity to whole genome sequencing
- Most severely infected countries: Egypt, Indonesia, Vietnam, China, Pakistan, India, Nigeria, (Bangladesh): good testing capacities.
- Many countries: capacities still weak
- Use of rapid antigen detection tests





## West and Central Africa laboratory network

# General observations from country reports

- Very variable ranging from no functional facilities to good laboratories
- General organisation and good lab practices: weak
- Biosafety levels deficient
- No BSL3 (few virus isolation)
- Basic equipment/training provided
- Low amounts of reagents
- Low number of samples submitted to labs
- Needs in training + reagents (esp. molecular biology)



## West and Central Africa laboratory network: annual meeting December 2007



### Average numbers of samples collected for AIV tests (serology + virology)- 20 countries

	Year	
	2006	2007
including Nigeria	791	822
excluding Nigeria	317	296



# Proficiency test for 26 countries (Oct/Nov 08) organised by IZVSVe and FAO



## **Western Africa**

Benin  
Tchad  
Burkina faso  
Cote d'Ivoire  
Sénégal  
Ghana  
Mali  
Niger  
Nigeria  
Guinea Conakry#

## **Middle East**

Saudi Arabia  
Iran  
Jordan  
Egypt

## **SADC Africa**

Tanzania  
Namibia  
South Africa

## **Northern Africa**

Morocco  
Tunisia  
Algeria

## **Eastern Africa**

Ethiopia  
Sudan  
Kenya

## **Central Africa**

Centrafrican Rep#  
Cameroun  
RD Congo

#only serology



# Serological proficiency test panel

10 coded sera



Sera	HI titre
H5N1	1:512
H5N2	1:256
H5N2	1:64
H7N1	1:256
H7N1	1:32
H9N2	1:1024
NDV	1:512
NDV	1:64
H10N1	1:64
SPF	-

## Techniques:

- ELISA AI type A Ab
- ELISA H5 Ab
- AGID
- Haemagglutination inhibition test

## Expected Information:

- Negative/Positive AI
- Specific Ab subtype
- HI titre

# Virus proficiency test panel

10 coded antigens



Virus	EID <sub>50</sub>
A/mallard /It/3401/05 H5N1	10 <sup>4.83</sup>
A/mallard /It/3401/05 H5N1	10 <sup>4.83</sup>
A/duck/It/775/04 H5N3	10 <sup>4.84</sup>
A/turkey/It/2962/03 H7N1	10 <sup>6.37</sup>
A /turkey/It/2962/03 H7N1	10 <sup>5.37</sup>
Ulster 2C NDV	10 <sup>5.26</sup>
Ulster 2C NDV	10 <sup>4.26</sup>
A/mallard/It/3817-34/05 H9N2	10 <sup>5.03</sup>
A/cockatoo/England/72 H4N8	10 <sup>5.60</sup>
Allantoic fluid	-

## Techniques:

Conv./Real-time RT-PCR  
 - gene M  
 - H5  
 - H7

## Expected Information:

Virus identification



## Proficiency test

Participants	26
Submitted results (Dec)	21
Serology and molecular results	14
Conv. RT-PCR	11
Real-time RT-PCR	9
Lack of reagents	5

# Serological assays (21 labs)



Test	Number of labs that performed the test	Labs that gave $\geq 90\%$ correct results
HI test	18/21	8/18
ELISA test	9/21	8/9
AGID	13/21	6/13



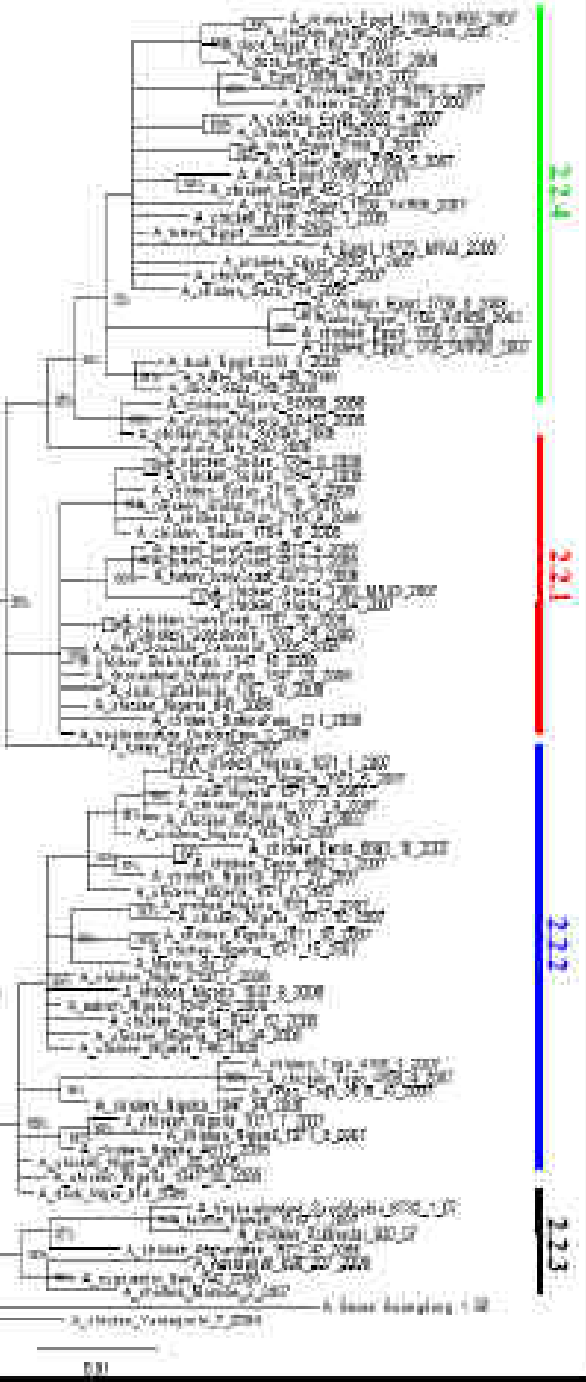
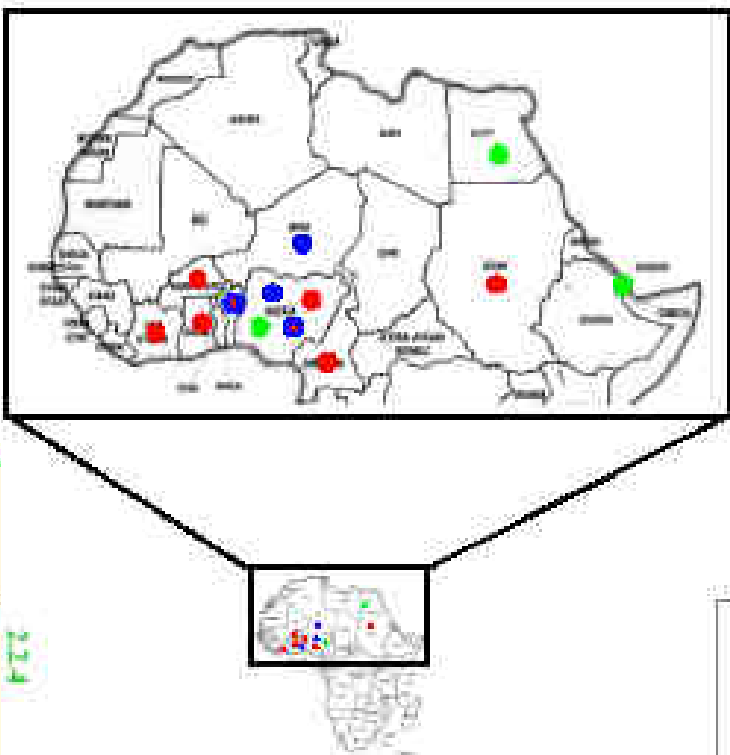
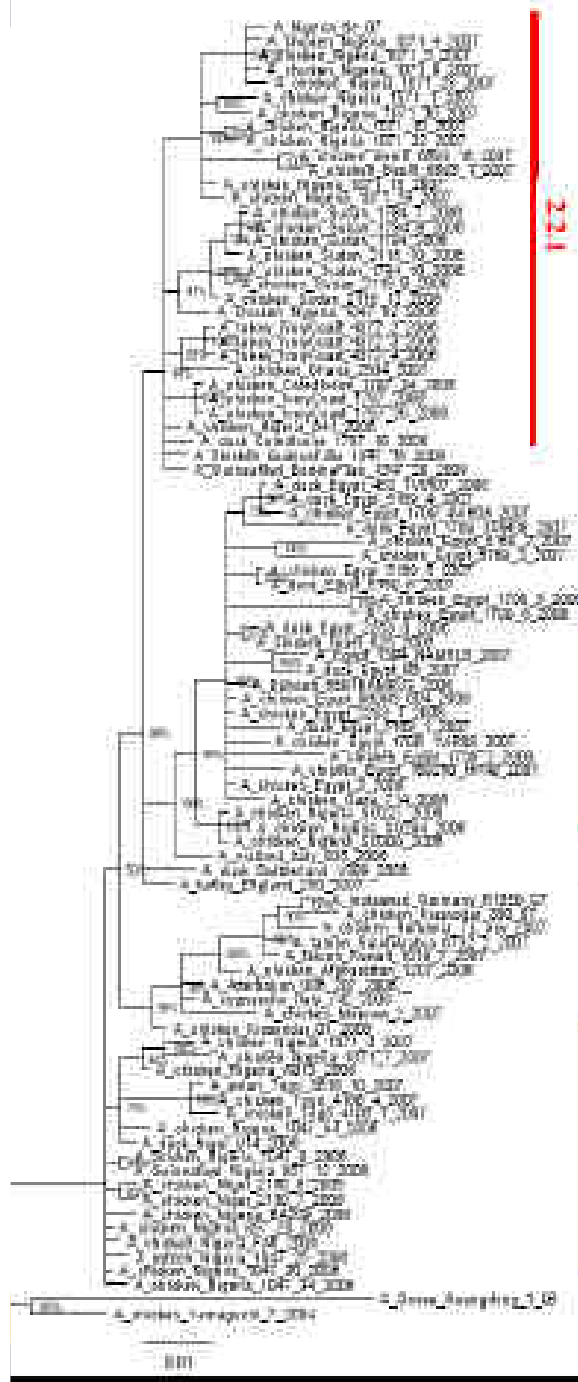
# Molecular diagnosis

Test	Number of labs that performed the test	Labs that gave $\geq 66\%$ correct results
<b>Conv. M</b>	<b>10/14</b>	<b>7/10</b>
<b>Conv. H5</b>	<b>11/14</b>	<b>7/11</b>
<b>Real-time M</b>	<b>9/14</b>	<b>7/9</b>
<b>Real-time H5</b>	<b>8/14</b>	<b>5/8</b>

# How to improve diagnosis?



- Sustain efforts and investment
- Regional laboratory and epidemiosurveillance networks
- Twinning/collaborations with international laboratories (FAO/OIE reference laboratories)
- Collaborations with human health sector
- Provision to countries of good quality reagents and of standard protocols (ex. EU protocols)
- Regular proficiency tests
  - ex. IZSVe in 2008
  - ex. AAHL (8 Indonesian labs, PCR/sero)
  - ex. Croatian lab for Balkan region



IZSve, Padova



# Conclusions

## Passive surveillance



- Challenging, especially in backyard poultry
- Variable sensitivity.
  - Depends of compensation mechanisms, field teams, sectors, commitment of national authorities...
- Much focused on HPAI
- Information/communication = critical
- Public/private partnership = critical

# Conclusions



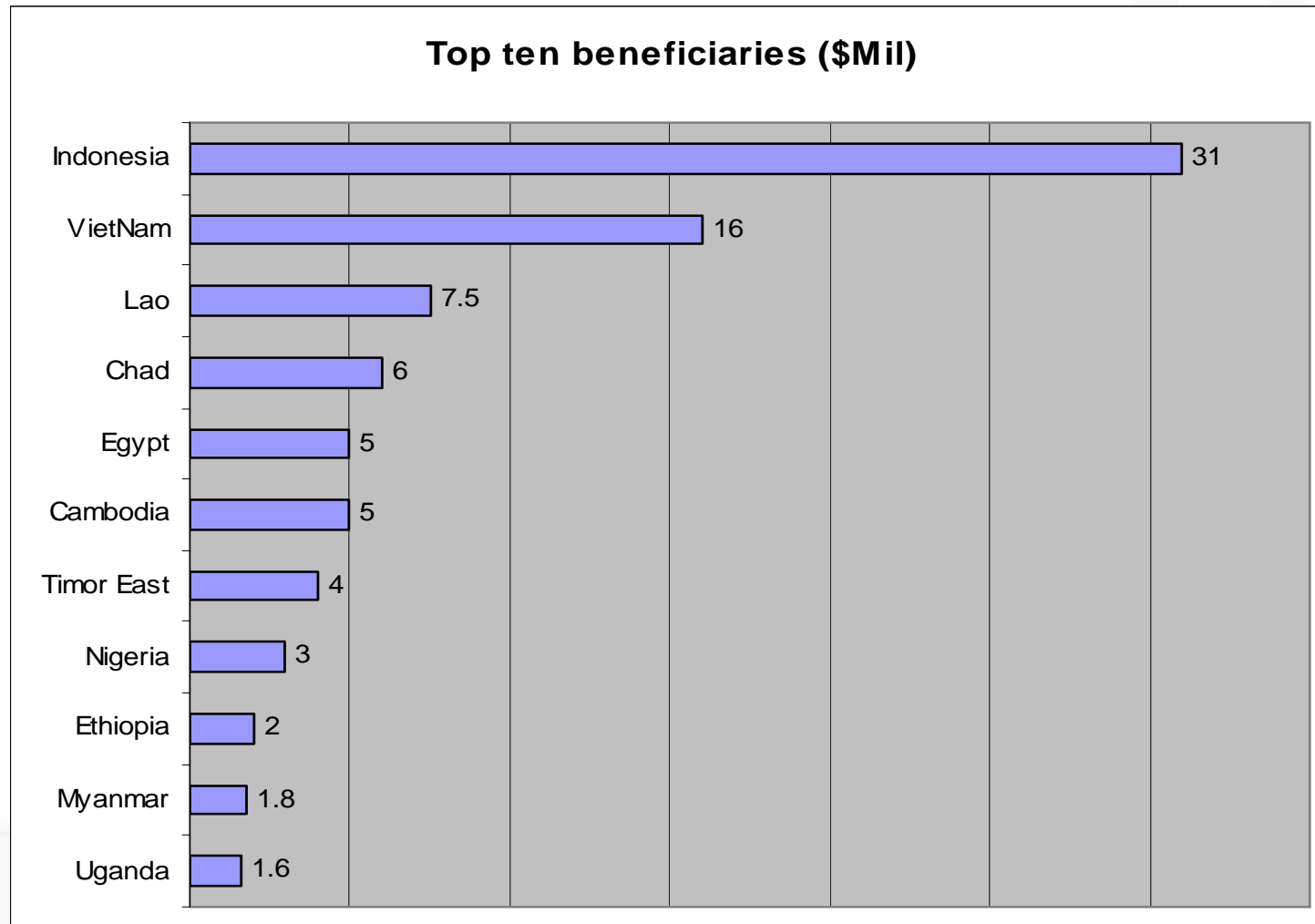
- HPAI crisis (FAO: 300 millions \$-5 years): diagnostic and surveillance capacities have much improved, especially in infected countries but it is still limited in many countries
- Quality of laboratory results and sensitivity of HPAI surveillance are still questionable in many countries
- Insufficient number of samples and provision of reagents
- False sense of security: investments in lab capacities + surveillance but few stimulation exercises + fatigue + lack of QA
- Sustainability of HPAI surveillance and detection?



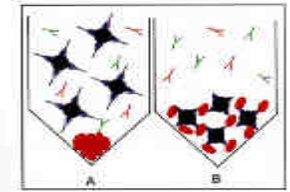
# Thank you for your attention...



# Funding: Main country allocation

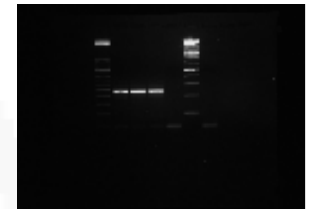


# HI test : 18/21 countries



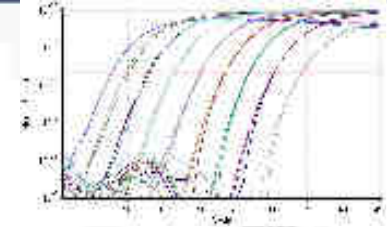
Countries	% of correct result
1	100%
7	90%
4	80%
2	70%
3	60%

## Conventional RT-PCR



	Countries	% of correct result
Gene M	4	100%
	3	80%
	3	60%
H5	5	100% (3/3)
	2	66%(2/3)
	4	33%(1/3)
H7	4	100% (2/2)
	1	0% (0/2)

# Real-time RT-PCR



	Countries	% of correct result
Gene M	3	100%
	2	90%
	2	80%
	1	60%
	1	50%
H5	5	100% (3/3)
	2	33%(1/3)
	1	0% (0/3)
H7	3	100% (2/2)
	1	50% (1/2)
	1	0% (0/2)