



**Programmes for eradication, control and surveillance of animal diseases and zoonoses
submitted for obtaining EU financial contribution**

**Annex V: Programme for the eradication and surveillance of lumpy skin disease,
sheep and goat pox or sheep and goat plague**

Member States seeking an EU financial contribution for national programmes of eradication, control and surveillance shall submit online this document completely filled out by the 31 May of the year preceding its implementation (part 2.1 of Annex I to the Single Market Programme Regulation).

Due to the late adoption of the SMP regulation all programmes will be submitted to be approved technically for 2021 and 2022.

Therefore, this document shall also be filled out and submitted after selection of the options:

This programme is multiannual: "YES" Request for Union cofinancing from beginning 2021 to end of 2022.

If encountering difficulties:

- concerning the information requested, please contact SANTE-VET-PROG@ec.europa.eu.

- on the technical point of view, please contact SANTE-BI@ec.europa.eu, include in your message a printscreen of the complete window where the problem appears and the version of this pdf:

Instructions to complete the form:

1) You can attach documents (.doc, .xls, .pdf, etc) to complete your report using the button "Add attachments" on the last page of the form.

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4) Verify that your internet connection is active and then click on the "Submit notification" button and your pdf document will be sent to our server. A submission number will appear on your document. Save this completed document on your computer for your record.

5) For simplification purposes you are invited to submit multi-annual programmes.

6) You are invited to submit your programmes in English.

Document Version: 2021 2.1

Member state : ELLADA

Disease : Lumpy Skin Disease

Species : Bovines

This program is multi annual :

Type of submission :

Request of Union co-financing from beginning :

To end of

First year of implementation of the programme described in this document:

1. Contact data

Name

Phone

Email

Your job type

within the CA :

Submission Date

27/10/2021 13:16:36

Submission Number

1635329816994-17869



Standard requirements for the submission of programme for eradication, control and surveillance

2. *Historical data on the epidemiological evolution of the disease*

Provide a description on the target population (species, number of herds and animals present and under the programme), and the main results in the last 5 years (incidents, prevalence, qualification of herds and animals). The information is given for distinct periods if the measures were substantially modified.

(max. 32000 chars) :

Historical data

Since 2012, Lumpy Skin Disease (LSD) has been spreading on an unusually large scale throughout Middle Eastern countries. Turkey reported its first cases in 2013 while first cases of LSD in the European part of Turkey were reported in 2015.

In August 2015, LSD was confirmed for the first time in two different holdings of cattle, in Evros Prefecture, close to Evros River (natural border between Turkey and Greece). This was the first time that the disease was confirmed in the European territory. In 2015, a total of 117 outbreaks were confirmed in the Regional Units (RUs) of Eastern Macedonia and Thrace, Central Macedonia and the island of Limnos. Measures described in Directive 92/119/EEC, as well as in Implementing Decision of the Commission (EU) 2015/1500 were applied in all RUs characterized as Restricted Areas: surveillance and protection zones, stamping out, movement controls, sanitary burials. Also, emergency vaccination, as a supplementary measure against LSD was put in force. In 2016, a total of 104 outbreaks were confirmed in the Greek territory. In 2017, only two (2) outbreaks were confirmed in the RUs of Kerkyra and Karditsa. Concerning suspicions during the last three years, three (3) suspicions of LSD were notified to the Department of Infectious and Parasitic Diseases (Central Competent Authority-CCA) during 2017. In 2018, there was neither suspicion of LSD nor confirmation of the disease. In 2019, in the context of passive surveillance, three (3) clinical suspicions of LSD arose in the Region of Central Macedonia. On the 13th of March, a clinical suspicion was presented in a bovine animal in the RU of Thessaloniki. However, laboratory examination of skin lesions by the National Reference Laboratory (NRL) demonstrated that a vaccine strain caused the symptoms (post vaccination reaction). Later, on the 21st of June, another suspicion occurred in animals exhibiting clinical symptoms compatible with LSD in a herd in the RU of Pella. Following the laboratory examination of samples collected, it was proved to be negative for the LSD virus. Finally, a suspicion of LSD occurred in the RU of Imathia. Also, it was proven to be negative, following the laboratory examination. In 2020, one (1) suspicion of LSD was notified to the CCA, concerning a calf presenting clinical symptoms. Skin lesions were tested by the NRL and the vaccine strain of LSD was detected (post vaccination reaction).

Outbreaks and suspicions are summarized in Table 1 of the attached Annex.

Following the LSD epizootic, the following activities are in place:

A. Passive surveillance for Lumpy Skin Disease (LSD) is in place in the entire Greek territory and includes all bovine animals.

B. Active surveillance for LSD is implemented in high risk areas of the country in the framework of the Four (4) Exotic/Transboundary Diseases (TADs) Programme, that is Lumpy Skin Disease (LSD), Foot and Mouth Disease (FMD), Peste de Petit Ruminants (PPR) and Sheep and Goats Pox (SGP) hereon referred to as the TAD's programme; it includes clinical examination of 20 bovine animals in 15 herds per month per

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Regional Unit (RU) (that is 3600 bovine animals per year) in the Regions of Eastern Macedonia and Thrace (RUs of Evros, Rodopi, Xanthi, Kavala, Drama), of Central Macedonia (RUs of Serres, Kilkis, Chalkidiki, Pella, Imathia, Pieria) and of Northern Aegean (RUs of Lesvos, Limnos, Chios, Samos, Ikaria, Rodos, Kos, Karpathos). Unfortunately, in the Islands of Chios, Ikaria and Karpathos, the Programme has not been implemented, because no interest for the position of staff procured has been displayed (with the exception of Ikaria where the programme was implemented for a short period). Also, in certain RUs, targets were not achieved due to gaps in seasonal staff contract renewals.

C. However, clinical examination for LSD is also conducted in the framework of mandatory clinical examinations during the following activities throughout the year:

- a) in all bovine animals before their vaccination for LSD,
- b) in specific number of bovines in the framework of national control and eradication programmes for brucellosis, enzootic leukosis and tuberculosis,
- c) in all bovine animals before their movement, a procedure verified with the Animal Health Certificate issued by the Local Veterinary Authorities and accompanying animals throughout transport (national legislation),
- d) in all bovine animals during their ante mortem clinical examinations in slaughterhouses, including subsequent post mortem carcass inspections.

Findings of the aforementioned activities are included in Table 2 of the attached Annex.

D. Vaccination against LSD

As soon as the first outbreak of LSD was confirmed, the Greek Veterinary Authorities informed the European Commission on their intention to proceed to emergency vaccination as a supplementary measure against the disease, according to Directive 92/119. The vaccination was compulsory for all animals of susceptible species (cattle, buffaloes) within the Evros prefecture. Prior to vaccination, clinical examination of animals is compulsory. By way of exception, import of the vaccines was approved by the National Organization for Medicines according to article 9 of the Joint Ministerial Decision 282371/16-06-2006 in compliance with EC Directive 2001/82.

The vaccination campaign started on the 5th of September 2015 in the RU of Evros. It was gradually extended to the whole Greek territory by 2016, where it is being implemented ever since.

Regarding vaccination coverage per Region, data is provided in Table 3 of the attached Annex.

3. Description of the submitted programme

Provide a concise description of the programme with its main objective(s) (monitoring, control, eradication, qualification of herds and/or regions, reducing prevalence and incidence), the main measures (sampling and testing regimes, eradication measures to be applied, qualification of herds and animals, vaccination schemes), the target animal population, the area(s) of implementation and the definition of a positive case.

(max. 32000 chars) :

Surveillance activities

A. Passive surveillance for Lumpy Skin Disease (LSD) is in place in the entire Greek territory and includes all bovine animals. All clinical suspicions in bovine animals and buffaloes are being investigated by testing with molecular techniques in order to verify the presence or absence of the LSD virus. A DIVA real time PCR method has been developed by the NRL with which the field strain (wild strain) is differentiated from the vaccine strain.

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B. Enhanced active surveillance for LSD is implemented in high risk areas of the country in the framework of the Four (4) Exotic/Transboundary Diseases (TADs) Programme, that is Lumpy Skin Disease (LSD), Foot and Mouth Disease (FMD), Peste de Petit Ruminants (PPR) and Sheep and Goats Pox (SGP) hereon referred to as the TAD's programme; it includes clinical examination of 20 bovine animals in 15 herds per month per Regional Unit (RU) (that is 3600 bovine animals per year) in the Regions of Eastern Macedonia and Thrace (RUs of Evros, Rodopi, Xanthi, Kavala, Drama), of Central Macedonia (RUs of Serres, Kilkis, Chalkidiki, Pella, Imathia, Pieria) and of Northern Aegean (RUs of Lesvos, Limnos, Chios, Samos, Ikaria, Rodos, Kos, Karpathos). For the purpose of the programme, each RU or island is defined as the unit of epidemiological investigation. Specific targets are set regarding clinical examinations performed by permanent and seasonal veterinary staff in each unit. At least 15 bovine holdings are selected on a monthly basis, evenly distributed, in order to achieve geographical coverage in each RU or island. Each unit is further divided in three geographical sub-units based on their number of municipalities, farm animal population, farm density and specific geographical particularities. Five (5) bovine holdings located in each sub-unit are selected, adding up to the aforementioned sum of 15 bovine holdings per area on a monthly basis. In each holding, at least 20 bovine animals are clinically examined. Table 5 shows the total number of animals clinically examined in each unit.

C. However, clinical examination for LSD is also conducted in the framework of mandatory clinical examinations during the following activities throughout the year:

- a) in all bovine animals before their vaccination for LSD,
- b) in specific number of bovines in the framework of national control and eradication programmes for brucellosis, enzootic leukosis and tuberculosis,
- c) in all bovine animals before their movement, a procedure verified with the Animal Health Certificate issued by the Local Veterinary Authorities and accompanying animals throughout transport (national legislation),
- d) in all bovine animals during their ante mortem clinical examinations in slaughterhouses, including subsequent post mortem carcass inspections.

Findings of the aforementioned activities are included in Table 2 of the attached Annex.

Details regarding animal population under the programme, including type (commercial, non-commercial), number of cattle farms and number of cattle per farm type are included in Table 4 of the attached Annex.

Figure 1 (map) of the attached Annex shows high risk areas of the country where clinical surveillance is implemented in the framework of the TAD's programme.

Figure 2 (map) of the attached Annex shows bovine population density in high risk areas of the country where clinical surveillance is implemented in the framework of the TAD's programme.

It is thus concluded that for the purpose of early detection of the disease, active surveillance in high risk areas includes clinical examination of 378 bovine holdings at a frequency of five weeks interval in the framework of the TAD's programme. Nevertheless and as already mentioned hereabove, clinical surveillance is also implemented in many other cases. Combining all these activities, examined herds may reach the size of 2000-3000 herds {taking into consideration EFSA opinion on number of herds to be examined monthly (EFSA Journal 2018;16(10):5452) in order to achieve the objective of early detection of LSD} at a frequency of five weeks interval, by estimation. This situation is dynamic, as these actions are conducted at different timelines throughout the year and the exact number of clinical examinations is difficult to be calculated at a particular time frame.

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According to Chapter 11.9, Article 11.9.4(2) of the OIE Terrestrial Animal Health Code, when preventive vaccination is conducted in a country or zone free from LSD without the occurrence of a case of the disease, free status may be regained eight months following last vaccination, when clinical, virological and serological surveillance has demonstrated no occurrence of infection with LSD. We anticipate that enhanced clinical surveillance as a result of the aforementioned programme and the supplementary data obtained from all other activities in place will contribute greatly in acquiring free status in combination with necessary data on serological and virological testing, after vaccination is completed.”

D. Lumpy Skin Disease vaccination programme

LSD vaccination started from the RU of Evros in September 2015, while it has been extended to the entire Greek territory since 2016 and it is obligatory for all animals of susceptible species (bovines, buffalos). Owners of bovine holdings are compelled by national and EU legislation to keep their herd vaccinated/immunized on an annual base, in order to be able to trade bovines and to proceed to consignment of live animals for direct slaughter or other purposes. Vaccination is conducted exclusively with a homologous live attenuated vaccine against LSD. All animals subjected to vaccination must be marked with an individual labeling (tagging/ear tag) and must be registered in holding records. Also, a Central Veterinary Database has been developed for registration of vaccination data by the Official Veterinarians in the RUs. The vaccine offers immunity for a year and therefore, annual re-vaccination is required. A 28 days standstill of vaccinated animals is compulsory after vaccination {three (3) weeks to full disease protection and one (1) week to cover the maximum disease incubation period}.

The procedure of vaccination is under the control of the Official Veterinary Services (supply, storage and distribution of vaccines, vaccination, and destruction management of residual quantities). Nevertheless, private veterinarians approved by local and central Veterinary Services are authorized and encouraged to participate in implementation of the programme. Consequently, Official Veterinarians in Local Veterinary Services are responsible for: a) implementing the vaccination campaign in the entire RU of their jurisdiction, b) approving private veterinarians who can conduct the programme in compliance with official guidelines, c) registering vaccination data (number and identification code of animal and holding, number of doses used, batch of vaccines, etc) in the LSD Vaccinations Database, d) submitting requests to CCA for the number of vaccine doses needed, e) inspecting that vaccine doses are delivered under appropriate conditions and f) providing private veterinarians with vaccine doses. The CCA is responsible for: a) coordination of the programme, b) provision of guidelines concerning the vaccination procedure or duties of seasonal personnel, etc, c) managing all matters involved in the vaccination campaign, that is conducting tenders, taking care for proper distribution of vaccine doses, supervising vaccination coverage, processing data extracted from the LSD vaccinations database and addressing any problem presented during implementation of the programme.

Cross sectional serological surveys as a means of post vaccination monitoring is not included in the LSD programme and has not been conducted in Greece.

4. Measures of the submitted programme

4.1 Summary of measures under the programme

Duration of the programme : 2021 - 2022

Eradication

Standard requirements for the submission of programme for eradication, control and surveillance

- Testing
- Slaughter of animals tested positive
- Vaccination
- Surveillance
- Sampling

Other, please specify

4.1.1 Timeline for the eradication

Provide the timeline foreseen for the eradication with detailed justification (max. 32000 chars) :

Since August 2017, no outbreaks of the disease have been detected in Greece. However, taking into account the close proximity of Greece to countries where the disease occurs, surveillance of the disease, epidemiological assessment, controls in animal movements, as well as the course of the vaccination campaign are key elements for taking appropriate measures and preventing disease recurrence. LSD vaccination should be implemented before the season of vectors while active surveillance should be implemented after this period. However, in Greece, there is a wide variety of geographical and climatic particularities, making the overall definition of the vector season quite ambiguous. For instance, in the Islands, as well as in the southern part of the mainland, even during winter, temperatures are maintained relatively high. Thus, surveillance activities and vaccinations are in place throughout the year, with the majority of Local Veterinary Services planning vaccinations of cattle in spring, before their movement to summer pasture.

4.1.2 Interim targets in relation to the timeline for eradication

based on herd prevalence and herd incidence at different periods in link with the timeline for eradication (max. 32000 chars) :

The main target is to prevent disease recurrence and in case of suspicion to timely detect virus presence, in order to proceed to measures required against disease spread.

4.2 Organisation, supervision and role of all stakeholders involved in the programme

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Describe the authorities in charge of supervising and coordinating the departments responsible for implementing the programme and the different operators involved. Describe the responsibilities of all involved stakeholders. Explain which actions are taken to actively involve the stakeholders in the implementation of the programme.

(max. 32000 chars):

The stakeholders involved in the programme and their obligations are described herebelow:

1. The Central Competent Authority (CCA) - Department of Infectious and Parasitic Diseases of the Animal Health Directorate of Directorate General of Veterinary Services of the Ministry of Rural Development and Food is responsible for planning, coordination and management of the programme at national level (National Disease Control Center). The CCA assembles, analyzes and interprets epidemiological data, resulting from the implementation of vaccinations and surveillance activities on regional and national level. Also, it is responsible for conducting the tender to the purpose of vaccine doses supply and distribution to the Veterinary Services of each Regional Unit (Local Disease Control Centers) on an annual basis. Constant communication between CCA and the LDCCs is established regarding amount of doses needed, problems in movements of live animals, processing of epidemiological data, problems in completing vaccination campaign and conduction of epidemiological investigation in case of LSD suspicions. Also, the CCA is in charge of correspondence and communication with European and International Competent Authorities concerning targets and any other matter of the LSD vaccination programme.
2. The National Reference Laboratory (NRL) for LSD (Department of Molecular Diagnostic, FMD, Virological, Rickettsial and Exotic Diseases of the Directorate of Athens Veterinary Center of the Ministry of Rural Development and Food) is responsible for carrying out molecular diagnostic methods, as described in the OIE Manual of Diagnostic Tests: molecular techniques for virus genome detection (Real Time PCR) and DIVA PCR (differentiation between wild and vaccine strains of the virus).
3. The Veterinary Authorities in the Regional Units of the country have established Local Disease Control Centers (LDCCs) responsible for: a) implementation of vaccination programme in their jurisdiction area, b) supervision and control of private veterinarians participating in the vaccination programme, c) clinical surveillance of bovine herds prior to vaccination or in the framework of eradication programmes for Bovine Brucellosis, Enzootic Leukosis and Tuberculosis, d) implementation of measures described in the National Contingency Plan, in case of suspicion and/or confirmation of the disease, e) ensuring EU and national legislation is in place during movements or transportation for direct slaughter of susceptible animals. In certain Regional Units, seasonal veterinary staff has been recruited, funded by state budget, in order to perform LSD vaccinations, with the aim to enhance the outcomes of the vaccination campaign.
4. Farmers are obliged to comply with vaccination requirements in their herd, according to indications, recommendations and guidelines designated by the CCA and the local Veterinary Services.

The COVID-19 situation has affected the LSD vaccination campaign, as indeed most surveillance activities, mainly due to movement restrictions, as well as to teleworking, unfortunate sick leaves and/or quarantine measures (in certain RUs total ban movement was applied). Also, a long term constraint impeding the LSD vaccination programme is the under-staffing of the Central Competent Authority (CCA), the National Reference Laboratory and the Local Veterinary Authorities. Especially regarding insufficient personnel in the Regions/Regional Units, increased surveillance activities combined with insufficient number of vehicles available to conduct on farm visits causes constantly delays in programme implementation. The situation further deteriorated because of the COVID-19 pandemic, as many veterinarians refused to share one vehicle with more than one colleague. Regional Authorities regulate and control vehicle use and fuel availability and as a result it is difficult for the CCA to intervene, when vehicles and/or fuel expenses are not available for official veterinarians. Further, in some Regional Units distances are quite long, a large number of animals are kept outdoors and the farms are remote

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and difficult to reach, especially when climate conditions are adverse for long periods within the year. Outdoor animals are also difficult to handle, decreasing significantly the number of feasible daily vaccinations and demanding more than one visits to complete vaccinations. Finally, farmers are in many cases unwilling to cooperate, as they no longer acknowledge high risk for the disease, despite by the awareness efforts made by official veterinarians.

The CCA aiming to improve the country's vaccination coverage has proceeded in the following actions:

- a) Renewal of contracts of 29 seasonal veterinarians (working in Local Veterinary Services of Regional Units) and five (5) persons in the CCA (two in the National Reference Laboratory and three in the Department and Infectious and Parasitic Diseases) for 2021.
- b) Monitoring of seasonal personnel activities via daily records submitted to the CCA on a monthly basis (Circular No 275/42761/10.02.2021) (attached).
- c) Issuance of the Circular No 702/110314/21.04.2021 (attached) informing on the progress of the vaccination programme against LSD, in order to motivate Regional Units to enhance their vaccination coverage.
- d) Conducting five (5) teleconferences from 15/01/2021 to 09/04/2021 (instead of the planned on the spot visits, cancelled due to the COVID-19 pandemic restrictions) with overall 14 Regional Units where low vaccination coverage had been recorded (Achaia, Rethimno, Ileia, Aitolokarnania, Irakleio, Lesvos, Dodekanisa, Messinia, Corinthia, Kefallinia, Kozani, Fthiotida, Chios, Evoia), with the aim to discuss and detect causes and efficient solutions.
- e) The Ministry of Rural Development and Food signed a multi annual agreement with the supplier 'Intervet Hellas SA' for 600.000 vaccine doses concerning the vaccination periods 2021-2022 and 2022-2023.
- f) Issuance of the Joint Ministerial Decision regarding financial matters of seasonal staff contracts for 2022 is in progress.

Informative material regarding the disease has been uploaded on the Ministry's website (http://www.minagric.gr/images/stories/docs/agrotis/booeidi/ozodis_Photos_LSD_prot.pdf
http://www.minagric.gr/images/stories/docs/agrotis/booeidi/afisa_ozodh_dermatitida120815.pdf).

However, in order to raise awareness among Local Veterinary Authorities and subsequently among stakeholders who are in direct contact with the official veterinarians thereof regarding the importance of the LSD vaccination programme, the CCA issues at regular intervals informative Circulars (available if requested) concerning vaccination coverage in the entire Greek territory, as well as the obligation to register vaccinations performed in the digital database for this purpose. In this context and with the aim to detect and cope with issues affecting the programme's results, five (5) teleconferences from 15/01/2021 to 09/04/2021 (instead of the planned on the spot visits, due to the COVID-19 pandemic restrictions) with overall 14 Regional Units where low vaccination coverage had been recorded (Achaia, Rethimno, Ileia, Aitolokarnania, Irakleio, Lesvos, Dodekannisa, Messinia, Korinthia, Kefallinia, Kozani, Fthiotida, Chios, Evoia) have been conducted.

4.3 Description and demarcation of the geographical and administrative areas in which the programme is to be implemented

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Describe the name and denomination, the administrative boundaries, and the surface of the administrative and geographical areas in which the programme is to be applied. Illustrate with maps.

(max. 32000 chars):

Surveillance activities

A. Passive surveillance for Lumpy Skin Disease (LSD) is in place in the entire Greek territory and includes all bovine animals. All clinical suspicions in bovine animals and buffalos are being investigated by testing with molecular techniques in order to verify the presence or absence of the LSD virus. A DIVA real time PCR method has been developed by the NRL with which the field strain (wild strain) is differentiated from the vaccine strain.

B. Enhanced active surveillance for LSD is implemented in high risk areas of the country in the framework of the Four (4) Exotic/Transboundary Diseases (TADs) Programme, that is Lumpy Skin Disease (LSD), Foot and Mouth Disease (FMD), Peste de Petit Ruminants (PPR) and Sheep and Goats Pox (SGP) hereon referred to as the TAD's programme; it includes clinical examination of 20 bovine animals in 15 herds per month per Regional Unit (RU) (that is 3600 bovine animals per year) in the Regions of Eastern Macedonia and Thrace (RUs of Evros, Rodopi, Xanthi, Kavala, Drama), of Central Macedonia (RUs of Serres, Kilkis, Chalkidiki, Pella, Imathia, Pieria) and of Northern Aegean (RUs of Lesvos, Limnos, Chios, Samos, Ikaria, Rodos, Kos, Karpathos). For the purpose of the programme, each RU or island is defined as the unit of epidemiological investigation. Specific targets are set regarding clinical examinations performed by permanent and seasonal veterinary staff in each unit. At least 15 bovine holdings are selected on a monthly basis, evenly distributed, in order to achieve geographical coverage in each RU or island. Each unit is further divided in three geographical sub-units based on their number of municipalities, farm animal population, farm density and specific geographical particularities. Five (5) bovine holdings located in each sub-unit are selected, adding up to the aforementioned sum of 15 bovine holdings per area on a monthly basis. In each holding, at least 20 bovine animals are clinically examined. Table 5 of the attached Annex shows the total number of animals clinically examined in each unit.

C. Clinical examination for LSD is also conducted in the framework of mandatory clinical examinations during the following activities throughout the year:

- a) in all bovine animals before their vaccination for LSD,
- b) in specific number of bovines in the framework of national control and eradication programmes for brucellosis, enzootic leukosis and tuberculosis,
- c) in all bovine animals before their movement, a procedure verified with the Animal Health Certificate issued by the Local Veterinary Authorities and accompanying animals throughout transport (national legislation),
- d) in all bovine animals during their ante mortem clinical examinations in slaughterhouses, including subsequent post mortem carcass inspections.

D. Vaccination against LSD

As soon as the first outbreak of LSD was confirmed, the Greek Veterinary Authorities informed the European Commission on their intention to proceed to emergency vaccination as a supplementary measure against the disease, according to Directive 92/119. The vaccination was compulsory for all animals of susceptible species (cattle, buffaloes) within the Evros prefecture. Prior to vaccination, clinical examination of animals is compulsory. By way of exception, import of the vaccines was approved by the National Organization for Medicines according to article 9 of the Joint Ministerial Decision 282371/16-06-2006 in compliance with EC Directive 2001/82.

The vaccination campaign started on the 5th of September 2015 in the RU of Evros. It was gradually extended to the whole Greek territory by 2016, where it is being implemented ever since.

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All animals subjected to vaccination must be marked with an individual labeling (tagging/ear tag) and must be registered in holding records. Also, a Central Veterinary Database has been developed for registration of vaccination data by the Official Veterinarians in the RUs. The vaccine offers immunity for a year and therefore, annual re-vaccination is required. A 28 days standstill of vaccinated animals is compulsory after vaccination {three (3) weeks to full disease protection and one (1) week to cover the maximum disease incubation period}.

The procedure of vaccination is under the control of the Official Veterinary Services (supply, storage and distribution of vaccines, vaccination, and destruction management of residual quantities). Nevertheless, private veterinarians approved by local and central Veterinary Services are authorized and encouraged to participate in implementation of the programme. Consequently, Official Veterinarians in Local Veterinary Services are responsible for: a) implementing the vaccination campaign in the entire RU of their jurisdiction, b) approving private veterinarians who can conduct the programme in compliance with official guidelines, c) registering vaccination data (number and identification code of animal and holding, number of doses used, batch of vaccines, etc) in the LSD Vaccinations Database, d) submitting requests to CCA for the number of vaccine doses needed, e) inspecting that vaccine doses are delivered under appropriate conditions and f) providing private veterinarians with vaccine doses. The CCA is responsible for: a) coordination of the programme, b) provision of guidelines concerning the vaccination procedure or duties of seasonal personnel, etc, c) managing all matters involved in the vaccination campaign, that is conducting tenders, taking care for proper distribution of vaccine doses, supervising vaccination coverage, processing data extracted from the LSD vaccinations database and addressing any problem presented during implementation of the programme.

As indicated hereabove, implementation of the programme is under the supervision of the CCA and the Local Veterinary Authorities. The CCA assembles, analyzes and interprets epidemiological data on clinical examinations and vaccinations at local and national level. On the other hand, the Local Veterinary Authorities control field activities of the programme in the area of their jurisdiction. Data registration is performed by official veterinarians in the local veterinary services and involves clinical examinations in the Exotic Diseases Database and vaccinations in the LSD Vaccinations Database. The CCA uses these databases for supervising the quality of the implementation of field activities and for extracting data on vaccination coverage for each RU, as well as for the entire territory. In this way, vaccination coverage per RU is monitored and informative circulars are issued at regular intervals, providing guidelines and raising awareness on improving the progress of the vaccination campaign. Further, the Local Veterinary Services are able to monitor the vaccination campaign in their jurisdiction on a regular basis and proceed to corrective actions, if needed. Based on vaccination coverage, five (5) teleconferences from 15/01/2021 to 09/04/2021 (instead of the planned on the spot visits, due to the COVID-19 pandemic restrictions) were conducted with overall 14 Regional Units where low vaccination coverage had been recorded (Achaia, Rethimno, Ileia, Aitolokarnania, Irakleio, Lesvos, Dodekanisa, Messinia, Corinthia, Kefallinia, Kozani, Fthiotida, Chios, Evoia), with the aim to discuss causes and efficient solutions.

For the purpose of monitoring field activities at central level, monthly diaries of seasonal personnel activities by each RU are sent to the CCA (Circular No 275/42761/10.02.2021) (attached). As surveillance activities for LSD are also conducted in the framework of other activities as well, such as clinical surveillance in the framework of national programmes for other diseases (brucellosis, enzootic leukosis and tuberculosis), controls preceding animal movements and vaccinations which are overall under the supervision of the CCA and the Local Veterinary Authorities, relative non compliances which affect the progress of the vaccination campaign, such as non registration of animals and/or holdings are recorded and sanctions are imposed.

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4.4 Description of the measures of the programme

4.4.1 Notification of the disease

(max. 32000 chars):

Union and national legislation are implemented and as of 21-04-2021, provisions of the Animal Health Law are in force.

Specifically, according to article 4 of the Presidential Decree 138/1995 (A' 88) which was developed in compliance to the Directive 92/119/EC of the Council on the 17th December 1992 and the articles 14, 15 of National Contingency Plan (Ministerial Decision 258933/18-08-2008 – B' 1662), it is compulsory for all Official and private veterinarians, as well as livestock breeders and/or any other involved stakeholder to immediately notify any suspicion of Lumpy Skin Disease to Veterinary Services of the local Regional Unit where respective LDCCs have been established. Then, the LDCC informs the CCA that a suspicion of LSD arose, and an Official Veterinarian conducts clinical examination in all animals presenting clinical signs compatible with LSD. If the presence of the disease cannot be excluded by clinical examination, the Head of the LDCC is informed and a standard procedure is followed:

-At local level, thorough clinical examination of all animals in the holding and collection of appropriate samples is performed, followed by notification to the farmer of the suspicion for presence of LSD in the herd, notification of the suspicion to LDCC and the CCA. Further Regional Decisions for "Adoption of measures due to LSD suspicion in the holding", as well as "Adoption of measures due to LSD suspicion in the Regional Unit" are issued, notified to local Police Authorities, the Army, the Naval Authorities, Administrative Structures, associations of farmers and any other involved stakeholder.

-At central level, the CCA, notified for the LSD suspicion, activates the National Disease Control Center (NDCC) and disseminates the information to the National Group of Experts and the National Reference Laboratory. Immediate laboratory investigation is performed and the NRL notifies the results to the NDCC and LDCC.

-In case of negative results, measures are lifted.

-In case of confirmation of the disease, the NDCC immediately notifies the outbreak in the ADIS (formerly referred to as ADNS) platform and in the WAHIS system. Then, a thorough report is sent to the European Commission, including relative epidemiological data. At local level, the head of the LDCC informs the members and the Local Group of Experts. Relative Regional Decisions are issued, i.e. regarding "Adoption of measures in infected holding" "Adoption of measures in affected Regional Unit", etc notified to the owner of the holding and all involved stakeholders.

4.4.2 Target animals and animal population

(max. 32000 chars):

Passive surveillance: All bovine herds, across the entire country, throughout the year.

Active surveillance: Clinical examination of a specific number of bovine animals in specific Regions of the country considered as high risk is being carried out in the framework of the TAD's programme, including clinical examination of 20 bovine animals in 15 herds per month per Regional Unit (RU) (that is 3600 bovine animals per year) in the Regions of Eastern Macedonia and Thrace (RUs of Evros, Rodopi, Xanthi, Kavala, Drama), of Central Macedonia (RUs of Serres, Kilkis, Chalkidiki, Pella, Imathia, Pieria) and of Northern Aegean (RUs of Lesbos, Limnos, Chios, Samos, Ikaria, Rodos, Kos, Karpathos).

Clinical examination of all live bovine animals, as it is already mentioned hereabove, is also conducted

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during the implementation of national programmes for brucellosis, tuberculosis and enzootic bovine leukosis, as well as prior to LSD vaccinations and movements for slaughter or any other purpose.

Vaccination: All bovine animals in the entire Greek territory.

Cross sectional serological surveys as a means of post vaccination monitoring is not included in the LSD programme and has not been conducted in Greece.

Details regarding animal population under the programme, including type (commercial, non-commercial), number of cattle farms and number of cattle per farm type are included in Table 4 of the attached Annex, whilst Table 5 therein shows the number of animals in each unit to be clinically examined in the framework of the TAD's programme.

Figure 1 (map) of the attached Annex shows high risk areas of the country where clinical surveillance is implemented in the framework of the TAD' s programme.

Figure 2 (map) of the attached Annex shows bovine population density in high risk areas of the country where clinical surveillance is implemented in the framework of the TAD' s programme.

4.4.3 Identification of animals and registration of holdings including detailed reference to relevant Union legislation and its implementation in the Member State for this disease

(max. 32000 chars):

Central Veterinary Database

The Central Veterinary Database is an on-line digital tool which is used by Official Veterinarians for registering data of live animals and holdings. Concerning cattle livestock, this Database contains recordings of all bovine holdings and individual bovine animals (marked with ear-tag identity). The following information is registered therein: establishment data (owner's data, location of the holding, production type, etc), individual animal data (identification code, date of birth, movements, etc), co-housed herds, etc.

The local Veterinary Services are responsible for updating the data in the database, regarding relative changes as notified by the owner of the holding and recorded during on farm visits, as described herebelow:

The owner notifies the birth of each animal within seven (7) days following the placement of identification tags. Identification of the animal is carried out within 20 days after its birth. The owner also notifies all modifications in the herd (deaths, movements from/to the holdings, to the slaughterhouses, interruption of the function of the establishment, etc) within seven (7) days at the latest following each modification. Every notification represents a single procedure and is being performed the owner of the holding, who submits a specific form – formal declaration (which receives a protocol number by the Veterinary Service).

The system for the identification and registration of bovine animals is implemented in Greece in accordance to the Regulation 1760/2000/EU, as it has been amended and is in force.

Means of identification

Each bovine is identified by two ear tags providing information relating to the country and the code number of the establishment where the animal was born, as well as the individual identification number of the animal, according to the following structure:

-EL (two capital letters corresponding to the country of birth of the animal)

-XX (two numbers, corresponding to the code of the Regional Unit of the establishment where the animal was born)

-XXXXX (five numbers, corresponding to the code number of the establishment where the animal was

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born)

-XXXXX (five numbers, corresponding to the individual code number of the bovine)

The owners of the herd are responsible for the ensuring identification of the animals therein.

In cases of ear tags losses, their replacement is applied with ear tags reporting the same information with those provided on the previous tags.

Registration

The cattle owner is obliged to keep updated holding records including the following information: establishment data (identification code, owner data, production type, etc) and individual animal data (identification code, date of birth, sex, race, etc), as well as data related to their movements (date of import in the establishment, date of exit, establishment of origin/destination, etc).

Passports of bovine animals

A passport is issued for each bovine animal within 14 days from the notification of their birth and in any case before its departure from the establishment of birth. This passport accompanies the animal in each movement updated accordingly, including the information of the establishments to which the animal is transported.

LSD vaccinations database

The LSD vaccinations database is used for monitoring the evolvement of the vaccination campaign and functions as a tool for data extraction, which help to detect problems in the implementation of vaccinations at local and national level.

It is an online digital database designed for the registration of vaccinations by Official Veterinarians. It is a back office application which interconnects with the Central Veterinary Database. This interconnection ensures monitoring of the Programme.

Users handling the LSD vaccinations database are authorized by a specific administrator (both at local and central level). Regarding users in LDCCs, they can access information concerning only their local level of control. Users belonging to the CCA can access information concerning all Regional Units.

4.4.4 Rules of the movement of animals including detailed reference to relevant Union legislation and its implementation in the Member State for this disease

Please detail also the rules existing for transhumance and common grazing areas, if any.

(max. 32000 chars):

Union and national legislation are implemented and as of 21-04-2021, provisions of the Animal Health Law are in force.

It is compulsory to vaccinate bovine animals against LSD before movements, along with restrictions and prerequisites concerning other diseases for which national and union measures are applied.

In case of LSD suspicion and/or confirmation, the National Contingency Plan is activated and provisions of national and union legislation in force are implemented.

Current situation

Since the first outbreaks of the LSD epizootic in Greece, EU Implementing Decision 2015/1500 of 7

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September 2015 which referred to restrictions in the Regional Unit of Evros was applied. An amendment (2015/2055) of Implementing Decision 2015/1500 was issued on 15 November 2016, which established special conditions for the animals intended to be moved.

The Commission Implementing Decision 2016/2008 in 15 November 2016 was issued and defined Part I (Annex I) - "free zones with vaccination" and Part II – "infected zones" described in Annex I. This Implementing Decision establishes prohibition of dispatch of consignments of live bovine animals and captive wild ruminants from the areas of "infected zone" and "zone free with vaccination" of Annex I and the derogations from the above mentioned prohibition, which were used to define the way of movements of live animals between different zones within the country. Also, an established channeling procedure which is determined by the Article 12 of Commission Implementing Decision 2016/2008 regarding live bovines movements between Greece and Bulgaria after a bilateral agreement. The Implementing Decision 2016/2008 was amended on 29th of November 2019 which has been in force until the 20th of April 2021.

4.4.5 Tests used and sampling and testing schemes including detailed reference to relevant Union legislation and its implementation in the Member State for this disease (including herd frequency per region, animal coverage in each herd, interpretation rules of the test,...)

(max. 32000 chars) :

Laboratory Tests Used

For detection of Capripoxviruses (LSDV), the following laboratory procedure is conducted:

- DNA extraction technique depending on the different types of tissue or specimens sent to the National Reference Laboratory (e.g. skin lesions, blood, tissues, swabs).
- established Real Time PCR method for detection of the LSD virus, as well as DIVA PCR for differentiation of the LSD virus wild or vaccine strain.

Sampling Plans

Collection of blood samples, skin lesions, nasal and/or ocular swabs is carried out by official veterinarians of the Veterinary Services in the Regional Units, when clinical suspicion of the disease is raised during passive or active surveillance, according to the guidelines of the Department of Infectious and Parasitic Diseases of Animal Health Directorate of the Ministry of Rural Development and Food and as described in the Circular No 2630/94270/25-08-2016, as well as in the National Contingency Plan.

4.4.6 Vaccines used and vaccination schemes including detailed reference to relevant Union legislation and its implementation in the Member State for this disease

Explain also how the vaccination coverage is monitored by the official authorities

(max. 32000 chars) :

Vaccinations

The Hellenic National Organization for Medicines (EOF), according to Dir. 2001/82 art. 8, has approved (by exception) the import and use of two (2) specific live homologues vaccines for Lumpy Skin Disease, upon the request of the Central Veterinary Authority and the submission of relevant documentation by the companies/producers (Approval Documents in the Third Country etc) :

-"Lumpy Skin Disease Vaccine for Cattle", Onderstepoort Biological Products, OBP, South Africa

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(56221/26-8-2015/28-8-2015)

- "Lumpyvax" by MSD Animal Health-Intervet, South Africa (76596/27-10-2015/29-10-2015); this vaccine is the only pharmaceutical product currently used

The vaccination programme is implemented in the entire Greek territory and vaccination against LSD is obligatory for all bovine herds. The activities of the programme including definitions of terms and competent authorities, responsibilities, instructions for the implementation and recording of vaccination, passive and active surveillance of the disease are included in the Ministerial Decision 4349/135471/21-12-2017 (B' 4549).

The annual vaccination has been implemented since 2015 and it is scheduled that the total population of susceptible animals should be vaccinated for 2021.

Monitoring of Vaccination Coverage

Vaccination details are obligatory to be registered in the LSD Vaccination Database, which has specifically been designed for this purpose. Official Veterinarians are responsible for recording data, which are further used by the CCA to assess vaccination coverage across the country.

4.4.7 Measures in case of a positive result including detailed reference to relevant Union legislation and its implementation in the Member State for this disease

A description is provided of the measures as regards positive animals and detailed reference to the Union legislation provisions (slaughter, destination of carcasses, use or treatment of animal products, the destruction of all products which could transmit the disease or the treatment of such products to avoid any possible contamination, a procedure for the disinfection of infected holdings, a procedure for the restocking with healthy animals of holdings which have been depopulated by slaughter. A definition of a suspicion and of a confirmation should be provided, with detailed measures implemented in both situation and how the herd is requalified as free after a positive result. Detailed information should also be provided as regard the epidemiological investigations done, and the additional laboratory tests foreseen (culture, PCR, IFGamma, etc ...). Please mention if national guidelines are available.

(max. 32000 chars) :

Union and national legislation are implemented and as of 21-04-2021, provisions of the Animal Health Law are in force.

In case of LSD outbreak suspicion and/or confirmation, the Ministerial Decision 258933/18-08-2008 'National Contingency Plan for the diseases of Council Directive 92/119' (NCP) is being immediately activated. The NCP is primarily based on the Presidential Decree 138/1995 (Number of Publication: A' 88/17-05-1995) which harmonizes Council Directive 92/119 regarding 'Establishment of general rules against several animal diseases as well as special measures against swine vesicular disease transposing Council Directive 92/119/EEC'.

In case of suspicion of LSD, specific measures are immediately put in force including primarily official supervision of the affected holding, restrictions in animal movements, conduction of epidemiological investigation and collection of samples for laboratory testing. Lifting of measures takes place if negative results are obtained after laboratory testing.

On the other hand, in case of disease confirmation, the NDCC and LDCC are immediately activated. The CCA notifies disease outbreak to the ADIS and WAHIS platforms and provides related information to the European Commission. Specific measures are immediately put in force including primarily establishment of protection and surveillance zones, stamping out, movement restrictions, cleansing and disinfection of the affected holding and sanitary burial of carcasses. Also, an epidemiological survey is conducted. Further measures are taken upon, according to the epidemiological situation in the affected area (total

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standstill, involvement of other Authorities, etc). Restocking of the establishment is allowed only if and when permitted by the LDCC, according to the epidemiological situation of the disease and after verified cleansing and disinfection of the holding has been performed.

Duration of measure application is set for a minimum of 28 days, but may be prolonged, according to the epidemiological situation in the affected area.

4.4.8 Compensation scheme for owners of slaughtered and killed animals

(max. 32000 chars) :

Each year a Joint Ministerial Decision (Ministry of Rural Development and Food and Ministry of Financial Affairs) determines the way of calculation of compensation for farmers.

The issuance of the aforementioned Joint Ministerial Decision is carried out by the Department of Infectious and Parasitic Diseases of the Animal Health Directorate of the Directorate General of Veterinary Services of the Ministry of Rural Development and Food.

4.4.9 Control on the implementation of the programme and reporting including detailed reference to relevant Union legislation and its implementation in the Member State for this disease

Please indicate also when the last FVO audit has taken place and provide a table listing the recommendations and the actions taken by the national authorities to this regard.

Please mention if a Task Force subgroup visit has taken place and the state of play as regards the implementation of the recommendations suggested if any.

(max. 32000 chars) :

Implementation of the programme is under the supervision of the CCA and the Local Veterinary Authorities. The CCA assembles, analyzes and interprets epidemiological data on clinical examinations and vaccinations at local and national level. On the other hand, the Local Veterinary Authorities control field activities of the programme in the area of their jurisdiction. Data registration is performed by official veterinarians in the local veterinary services and involves clinical examinations in the Exotic Diseases Database and vaccinations in the LSD Vaccinations Database. The CCA uses these databases for supervising the quality of the implementation of field activities and for extracting data on vaccination coverage for each RU, as well as for the entire territory. In this way, vaccination coverage per RU is monitored and informative circulars are issued at regular intervals, providing guidelines and raising awareness on improving the progress of the vaccination campaign. Further, the Local Veterinary Services are able to monitor the vaccination campaign in their jurisdiction on a regular basis and proceed to corrective actions, if needed. Based on vaccination coverage, five (5) teleconferences from 15/01/2021 to 09/04/2021 (instead of the planned on the spot visits, due to the COVID-19 pandemic restrictions) were conducted with overall 14 Regional Units where low vaccination coverage had been recorded (Achaia, Rethimno, Ileia, Aitolokarnania, Irakleio, Lesvos, Dodekanisa, Messinia, Corinthia, Kefallinia, Kozani, Fthiotida, Chios, Evoia), with the aim to discuss causes and efficient solutions.

For the purpose of monitoring field activities at central level, monthly diaries of seasonal personnel activities by each RU are sent to the CCA (Circular No 275/42761/10.02.2021)(attached). As surveillance activities for LSD are also conducted in the framework of other activities as well, such as clinical surveillance in the framework of national programmes for other diseases (brucellosis, enzootic leukosis and tuberculosis), controls preceding animal movements and vaccinations which are overall under the supervision of the CCA and the Local Veterinary Authorities, relative non compliances which affect the

Standard requirements for the submission of programme for eradication, control and surveillance

progress of the vaccination campaign, such as non registration of animals and/or holdings are recorded and sanctions are imposed.

Cross sectional serological surveys as a means of post vaccination monitoring is not included in the LSD programme and has not been conducted in Greece.

5. *Benefits of the programme*

*A description is provided of the benefits of the programme on the economical and animal and public health points of view.
Describe*

- progress expected compared to the situation of the disease in the previous years, in line with the objectives and expected results
- cost efficiency of the programme including management costs

(max. 32000 chars) :

The main benefit of the programme in Greece is the high level of preparedness against LSD recurrence, as our country acts as the frontier for the whole European territory against areas where the disease occurs. Greece's geographical position, in combination with its proximity to third countries, the diversity of its geoclimatic conditions and the extensive land and marine borders, pose enormous risk of disease incursion.

The vaccination campaign in progress, the intensive passive and enhanced active clinical surveillance in place, as well as the clinical surveillance in the framework of related activities (before vaccination-animal movements-slaughter and in the context of national programmes against other diseases) have as results the early detection of new outbreaks of LSD, the timely investigation of clinical suspicions and the prevention of new outbreaks of the disease in preceding years.

On the other hand, in case the disease manages to pass through surveillance and reappears, it is the high level of immunization of vaccinated animals that will prevent further disease spread.

Benefits of the programme also include cost effectiveness, when taking into account the amount of direct and indirect costs which are involved in case of disease recurrence (costs related to herd depopulations, compensations, movement restrictions, etc).

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6. Targets

The blocks 7.1.1, 7.1.2.1, 7.1.2.2, 7.2, 7.3.1 and 7.3.2 are repeated multiple times in case of first year submission of multiple program.

6.1 Targets related to testing (one table for each year of implementation)

6.1.1 Targets on diagnostic tests for year : **2021**

Region	Type of the test	Target population	Type of sample	Objective	Number of planned tests	
Entire country-passive surveillance	PCR	Bovines	Skin lesions, blood, swab	confirmation of suspected cases	50	X
Total					50	
Add a new row						

	Total number of tests
ELISA	0
PCR	50

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6.1.1 *Targets on diagnostic tests for year :* **2022**

Region	Type of the test	Target population	Type of sample	Objective	Number of planned tests	
Entire country-passive surveillance	PCR	Bovines	Skin lesions, blood, swab	confirmation of suspected cases	100	X
Total					100	
Add a new row						

	Total number of tests
ELISA	0
PCR	100

6.1.2 *Targets on testing herds and animals*

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6.1.2.1 Targets on the testing of herds for year : 2021

Region	Animal species	Total number of herds	Total number of herds under the programme	Number of herds expected to be checked	Number of expected positive herds	Number of expected new positive herds	Number of herds expected to be depopulated	% positive herds expected to be depopulated	Target indicators			
									Expected % herd coverage	% positive herds Expected period herd prevalence	% new positive herds Expected herd incidence	
Entire country-passive s	Bovines	17 920	17 920	15	0	0	0	0,000	0,084	0,000	0,000	X
Total		17 920	17 920	15	0	0	0	0,000	0,084	0,000	0,000	
									Add a new row			

6.1.2.1 Targets on the testing of herds for year : 2022

Region	Animal species	Total number of herds	Total number of herds under the programme	Number of herds expected to be checked	Number of expected positive herds	Number of expected new positive herds	Number of herds expected to be depopulated	% positive herds expected to be depopulated	Target indicators			
									Expected % herd coverage	% positive herds Expected period herd prevalence	% new positive herds Expected herd incidence	
Entire country-passive s	Bovines	17 920	17 920	30	0	0	0	0,000	0,167	0,000	0,000	X
Total		17 920	17 920	30	0	0	0	0,000	0,167	0,000	0,000	

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Total		854 180	854 180	50	50	0	0	0	0,006	0,000	
									Add a new row		
Total number of animals expected to be slaughtered or culled : BOVINES								0			

6.2 Targets on vaccination or treatment

6.2.1 Targets on vaccination or treatment for year : **2021**

		Targets on vaccination or treatment programme								
Region	Animal species	Total number of herds in vaccination or treatment programme	Total number of animals in vaccination or treatment programme	Number of herds in vaccination or treatment programme	Number of herds expected to be vaccinated or treated	Number of animals expected to be vaccinated or treated	Number of doses of vaccine or treatment expected to be administered	Number of adults expected to be vaccinated	Number of young animals expected to be vaccinated	
Entire country	Bovines	17 920	854 180	17 920	17 920	854 180	854 180	776 057	78 123	X
Total		17 920	854 180	17 920	17 920	854 180	854 180	776 057	78 123	
							Add a new row			

6.2.1 Targets on vaccination or treatment for year : **2022**

		Targets on vaccination or treatment programme								
Region	Animal species	Total number of herds in vaccination or treatment programme	Total number of animals in vaccination or treatment programme	Number of herds in vaccination or treatment programme	Number of herds expected to be vaccinated or treated	Number of animals expected to be vaccinated or treated	Number of doses of vaccine or treatment expected to be administered	Number of adults expected to be vaccinated	Number of young animals expected to be vaccinated	

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Entire country	Bovines	17 920	854 180	17 920	17 920	854 180	854 180	776 057	78 123	X
Total		17 920	854 180	17 920	17 920	854 180	854 180	776 057	78 123	
							Add a new row			

Standard requirements for the submission of programme for eradication, control and surveillance

7. Detailed analysis of the cost of the programme

The blocks are repeated multiple times in case of first year submission of multiple program.

To facilitate the handling of your cost data, you are kindly requested to:

1. Fill-in the text fields IN ENGLISH
2. Limit as much as possible the entries to the pre-loaded options where available.
3. If you need to further specify a pre-loaded option, please keep the pre-loaded text and add your clarification to it in the same box.

7.1. Costs of the planned activities for year :

2021

1. Sampling							
Cost related to	<u>Specification</u>	Number of samples	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR
Sampling	Animals sampled	25	1.33	33.25	yes	45	14,96
Sampling	Sampling other than blood sampling	0	0	0	no	45	0
2. Testing							
Cost related to	<u>Specification</u>	Number of tests	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR
Testing	Serological test	0	0	0	no	45	0
Testing	PCR	50	30.1	1505	yes	45	677,25
				Add a new row			
3. Vaccines							

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Cost related to	<u>Specification</u>	Number of vaccine dosis	Average cost per dose in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
Vaccination	Vaccine doses used	854 180	1.1	939,598	yes	45	422 819,1	
4. Compensation paid to owners								
Cost related to	<u>Compensation of</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
5. Cleaning and disinfection								
Cost related to	<u>Specification</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
6. Slaughtering/culling costs								
Cost related to	<u>Specification</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
7. Other costs								
Cost related to	<u>Specification</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
Duly justified measures	Awareness campaign	1	5000	5000	yes	45	2 250	X
Duly justified measures	Clinical examinations of herds for the purposes of active surveillance	72 132	0	0	no	75	0	X
				ADD NEW ROW				
Total with Union funding request (€):				946,136.25	including	425,761.31		

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Total without Union funding request (€):	0	= requested EU contribution in €
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7.1. Costs of the planned activities for year :

2022

1. Sampling								
Cost related to	<u>Specification</u>	Number of samples	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
Sampling	Animals sampled	50	1.33	66.5	yes	45	29,93	
Sampling	Sampling other than blood sampling	0	0	0	no	45	0	
2. Testing								
Cost related to	<u>Specification</u>	Number of tests	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
Testing	Serological test	0	0	0	no	45	0	X
Testing	PCR	100	30.1	3010	yes	45	1 354,5	X
				Add a new row				
3. Vaccines								
Cost related to	<u>Specification</u>	Number of vaccine dosis	Average cost per dose in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR	
Vaccination	Vaccine doses used	854 180	1.1	939,598	yes	45	422 819,1	
4. Compensation paid to owners								

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Cost related to	<u>Compensation of</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR		
5. Cleaning and disinfection									
Cost related to	<u>Specification</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR		
6. Slaughtering/culling costs									
Cost related to	<u>Specification</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR		
7. Other costs									
Cost related to	<u>Specification</u>	Number of units	Unitary cost in EUR	Total amount in EUR	Union funding requested	Cofinancing rate	Requested Union contribution in EUR		
Duly justified measures	Awareness campaign	1	5000	5000	yes	45	2 250	X	
Duly justified measures	Clinical examinations of herds for the purposes of active surveillance	72 132	0	0	no	45	0	X	
				Total with Union funding request (€):					
				947,674.5	including		426,453.53		
				0	= requested EU contribution in €				

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7.2. Financial informaton

7.2.1. Identification of the implementing entities - financial circuits/flows

Identify and describe the entities which will be in charge of implementing the eligible measures planned in this programme which costs will constitute the reimbursement/payment claim to the EU. Describe the financial flows/circuits followed.

Each of the following paragraphs (from a to e) shall be filled out if EU cofinancing is requested for the related measure.

a) Implementing entities - **sampling**: who performs the official sampling? Who pays?

(e.g. authorised private vets perform the sampling and are paid by the regional veterinary services (state budget); sampling equipment is provided by the private laboratory testing the samples which includes the price in the invoice which is paid by the local state veterinary services (state budget))

(max. 32000 chars):

Sampling is performed by official veterinarians (permanent and seasonal staff). The costs are covered by the state budget.

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b) Implementing entities - **testing**: who performs the testing of the official samples? Who pays?
(e.g. regional public laboratories perform the testing of official samples and costs related to this testing are entirely paid by the state budget)

(max. 32000 chars):

Samples are tested in the National Reference for LSD (Virology Laboratory-National Reference Laboratory for Rabies in Animals, Department of Molecular Diagnostics, FMD, Virological, Rickettsial & Exotic Diseases, Directorate of Veterinary Center of Athens, Directorate General of Veterinary Services, Ministry of Rural Development and Food) by official veterinarians and laboratory staff.

c) Implementing entities - **compensation**: who performs the compensation? Who pays?
(e.g. compensation is paid by the central level of the state veterinary services,
or compensation is paid by an insurance fund fed by compulsory farmers contribution)

(max. 32000 chars):

Compensation to owners of holdings are covered by the state budget in line with National legislation. Evaluation of applications for compensation is performed by local veterinary authorities while the CCA approves and funds compensation costs.

d) Implementing entities - **vaccination**: who provides the vaccine and who performs the vaccination? Who pays the vaccine? Who pays the vaccinator?
(e.g. farmers buy their vaccine to the private vets, send the paid invoices to the local state veterinary services which reimburse the farmers of the full amount and the vaccinator is paid by the regional state veterinary services)

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(max. 32000 chars) :

Vaccines are provided by the CCA (following tender procedures). Vaccines are distributed to the Veterinary Authorities in Regional Units according to their needs.

Vaccinations can be performed by official veterinarians (relative costs are covered by the state budget), as well as by private veterinarians (paid by owner of the holding only for vaccination procedure and not vaccine doses.)

e) Implementing entities - **other essential measures**: who implements this measure? Who provide the equipment/service? Who pays?

(max. 32000 chars) :

Non applicable.

7.2.2 Co-financing rate (see provisions of applicable Work Programme)

The maximum co-financing rate is in general fixed at 50%. However based on provisions of Article 5.2 and 5.3 of the Regulation (EU) No 652/2014, we request that the co-financing rate for the reimbursement of the eligible costs would be increased:

Up to 75% for the measures detailed below

Up to 100% for the measures detailed below

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Please explain for which measures and why co-financing rate should be increased to 100% (max 32000 characters)

Vaccines should be co-financed at a rate of 100%, as it has been the case during these last years. Greece, due to our geographical location, should be facilitated to implement the LSD vaccination programme, in order to prevent recurrence of the

7.2.3. Source of funding of eligible measures

All eligible measures for which cofinancing is requested and reimbursement will be claimed are financed by public funds.

yes

no

7.2.4. Additional measures in exceptional and justified cases

In the "*Guidelines for the Union co-funded veterinary programmes*", it is indicated that in exceptional and duly justified cases, additional necessary measures can be proposed by the Member States in their application.

If you introduced these type of measures in this programme, for each of them, please provide detailed technical justification and also justification of their cost:

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Attachments

IMPORTANT :

- 1) The more files you attach, the longer it takes to upload them .
- 2) This attachment files should have one of the format listed here : [jpg](#), [jpeg](#), [tiff](#), [tif](#), [xls](#), [xlsx](#), [doc](#), [docx](#), [ppt](#), [pptx](#), [bmp](#), [pna](#), [pdf](#).
- 3) The total file size of the attached files should not exceed 2 500Kb (+- 2.5 Mb). You will receive a message while attaching when you try to load too much.
- 4) IT CAN TAKE **SEVERAL MINUTES TO UPLOAD ALL THE ATTACHED FILES**. Don't interrupt the uploading by closing the pdf and wait until you have received a Submission Number!
- 5) Only use letters from a-z and numbers from 1-10 in the attachment names, otherwise the submission of the data will not work.

List of all attachments

	Attachment name	File will be saved as (only a-z and 0-9 and - _) :	File size
	17869_13239.pdf	17869_13239.pdf	94 kb
	17869_13240.pdf	17869_13240.pdf	1580 kb
	17869_13241.pdf	17869_13241.pdf	629 kb
		Total size of attachments :	2304 kb