

Panel discussion

By *J. Christensen* and *V. Dantzer*

In their opening comments the panel members were asked to comment on three questions: (1) What disease frequency measures (e.g. incidence, prevalence, incidence density or risk (cumulative incidence)) can be used to compare disease occurrence among the Nordic countries, if any; (2) Can you mention some examples (e.g. disease, countries); and (3) Can we or should we make an effort to provide measurements of disease frequency that can be compared between countries?

After a good plenary discussion, it was generally recommended that we should be able to compare the disease frequency in the Nordic countries but also among countries in Europe. For some diseases, we can compare and trust the disease free status (e.g. the list A diseases). However, there are diseases present in the Nordic countries where it is difficult to compare the disease frequency (Salmonella and paratuberculosis). The problems are related to the situation in the countries (policy and history of disease control programs) and not least the lack of adequate diagnostic tests. One example of the latter, discussed several times during the meeting, is those for paratuberculosis. The main problem with monitoring this disease is

that the diagnostic tests available are far from perfect – both the sensitivity and specificity are too low.

The use of different monitoring and surveillance systems can not be avoided because the demographics and the disease control policy may differ between countries. However, if the monitoring and surveillance systems are well defined and documented it should be possible to compare disease frequencies among countries even if the systems differ. A good and published documentation is an advantage because it will ensure that the MO&SS can be adapted to the situation at hand in the respective country and make it possible to use the information on disease occurrence in risk analysis and comparison among countries.

It is thus important that the national authorities and the national veterinary laboratories follow up on these important issues, as the Nordic countries are and should remain a non-vaccinated area in the open European market for the list A and B infectious diseases. The recommendation is concerning: the diagnostic criteria and documentation of disease combined with MO&SS documentation.