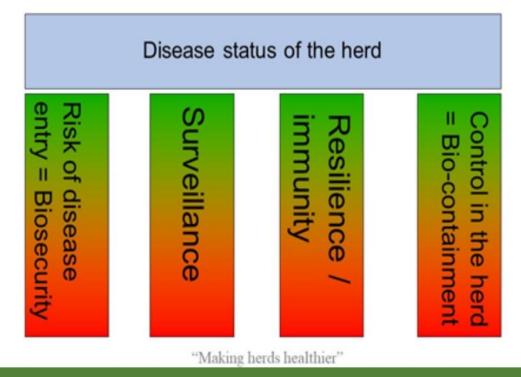
# The Paratuberculosis Newsletter Issue 2: July 2021

The official publication of the International Association for Paratuberculosis



The four pillars supporting the disease status of a herd



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Richard Merkal Memorial Fellowship Helping Hand Myhealthyherd Expanding membership 15<sup>th</sup> ICP Upcoming Events Database of Paratuberculosis articles published in the last five year: Financial Report- June 30, 2021 List of Johne's websites Recent publications to July 2021

#### Note from the Editor

Welcome to the July Newsletter. The LOC of the 15<sup>th</sup> ICP have decided that abstracts will need to be resubmitted as the Colloquium will have been delayed for two years and there will have been a lot of Johne's research carried out in that period. Abstract submission opened on July 19<sup>th</sup> and will remain open until October 29<sup>th</sup> at <u>https://www.icpdublin.com/abstract</u>

I am delighted to have received from Peter Orpin and Dick Sibley an outline of MyHealthyHerd Control Programme. I am hoping to make articles like this a feature of future Paratuberculosis Newsletters. Also included in this issue are the financial report for the first two quarters of 2021 for the IAP, Paratuberculosis News, Database of Paratuberculosis articles published in the last five years, Upcoming Events, List of Johne's websites and the launch of the all new 2nd edition of "Paratuberculosis. Organism, Disease, Control", and a list of recent publications on paratuberculosis. The next newsletter will be published in October. If you have any interesting items, please send them to me at <u>petermullowney29@gmail.com</u>

Best wishes,

Peter Mullowney

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Cover Photographs (from http://www.myhealthyherd.co.uk/).

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## IAP MEMBER SUPPORT AND RECOGNITION AWARDS

Call for the 15 ICP Edition Awards:

## - Richard Merkal Memorial Fellowship - Helping Hand

#### **Richard Merkal Memorial Fellowship**

The Association will provide funding for the participation of graduate students to attend each Colloquium of the Association. Selection will be based on potential for future contributions to the field and scientific merit of a submitted abstract. Funding will include air fare, lodging, general registration and a per diem for meals. All applicants must be members of the Association or sponsored by a member of the Association. The fellowships will not be open to applicants having residence in the same country in which the Colloquium is being held.

#### Award contents:

Each fellowship will include:

1) free full registration for the 15 ICP

2) Reimbursement for travel and lodging expenses, and a per diem for meals.

(Maximum reimbursement not to exceed US\$2000.)

3) Recognition at the ICP and acceptance of the abstract for an oral presentation in the appropriate session

#### Timetable:

Deadline for applications: Announcement of awards: October 29, 2021 February 1, 2022

Application for Richard Merkal Fellowship to attend the 15th International Colloquium on Paratuberculosis (15ICP) in Dublin, Ireland, June 13-16 2022

Name:					
Educational Qualifications:					
Current affiliation:					
Institution:					
Country:					
Group leader:					
Publications in Paratuberculosis Research:					
Abstract of intended presentation: Abstract should be submitted through the ICP15 web					
portal and a copy included in the application document here.					
STATEMENT OF PURPOSE (2 page limit): Importance of the results to be presented, and the					
candidate's goals for future work in the field of paratuberculosis.					

Applications should be sent by e-mail addressed to the Secretary-Treasurer of the IAP (rsweeney@vet.upenn.edu). The application must be a single Word or PDF document with the candidate's name in the file title and shall include the completed forms with statement of purpose and a copy of the abstract.

## **Helping Hand Fellowships**

The Association, based on the availability of funds and as determined by the Governing Board, will provide funding for individuals in need to participate in the Colloquium of The Association. Selection of these individuals will be based on the economic status of the individual's country of origin, a written statement of interest in paratuberculosis, potential for future contributions to the field, and scientific merit of a submitted abstract (Submission of a scientific abstract is required). Applicants may or not be members of the IAP.

Program specifications:

Each award will include:

1) free full registration for the 15 ICP

2) free IAP membership for 2022 and 2023

3) US\$1000 stipend for travel expenses (payable at the conclusion of the 15 ICP)

4) Recognition at the General Membership Meeting at the 15ICP

#### Timetable:

Deadline for applications: Announcement of awards: October 29, 2021 February 1, 2022

Application for Helping Hand Fellowship to attend 15th International Colloquium on Paratuberculosis (15ICP) in Dublin, Ireland, July 13-16, 2022

Name: Country of origin: Date of Birth: Educational Qualification: Current affiliation: Institution: Country: Group leader: Ph.D Thesis Title (if applicable): Area of Paratuberculosis Research: Publications in Paratuberculosis Research: STATEMENT OF PURPOSE (2 page limit): The applicant must provide a written statement (in English) explaining their interest and experience in paratuberculosis, what they know of the paratuberculosis situation in their country, and why they would like to attend the 15 ICP. ABSTRACT (An abstract for a presentation at the 15 ICP concerning any aspect of paratuberculosis is required). Abstract should be submitted through the ICP15 web portal

and a copy included in the application document here.

Applications should be sent by e-mail addressed to the Secretary-Treasurer of the IAP (rsweeney@vet.upenn.edu). The application must be a single Word or PDF document with the candidate's name in the file title and shall include the completed forms with statement of purpose and a copy of the abstract.

#### Myhealthyherd- Developing an online tool to tackle Johne's disease

#### Pete Orpin BVSc MRCVS, Dick Sibley BVSc FRCVS

Orcid ID 0000-0003-1675-9284

#### Introduction

In the UK we had an official program (CHeCs) which at that stage was based on annual whole herd blood tests. The costs of taking samples and then delivering an effective JD program with annual testing seemed prohibitive. There were no economic drivers within the dairy industry for demonstrating low prevalence as most animals were traded with no demonstrable disease provenance and there was no shortage of buyers. The farmers that embarked on annual JD testing were the problem herds. The risk of transmission was too high to be effectively controlled by Test and Cull approaches.

In 2001 the Foot and Mouth outbreak in the UK triggered the slaughter of 4 million cattle and these farms were all restocked by animals of unknown disease status. Unsurprisingly this led to dissemination of disease and in 2008 an epidemic of JD affected the UK dairy industry. A different approach would be required if we were to make progress.

#### Early work

In 2005 I undertook some work in my own practice looking at ways we could diagnose Johne's Disease in more cost-effective way<sup>1</sup>. Risk assessments have always been a key part of JD control but what seemed to stymie any progress was the cost of surveillance. Could we harness the power of the risk assessment to reduce the number of animals we could sample to establish disease status. This project had no funding. I had support from a local lab. We sampled 15 herds and at the same time quizzed the farmer about prior purchases. Farms with history of multiple purchases of animals had a 2.6x greater chance of testing positive and risk assessment appeared to be more sensitive than blood sampling in identifying highly infected herds.

At the same time the British Cattle Veterinary Association were looking for a new home for their Health Planning software. The cost of maintaining a CD based system with constant updates was prohibitive. After a discussion in the bar at BCVA with Professor Joe Brownlie and Dick Sibley Myhealthyherd was developed. We were teamed up with National Milk Records who kindly supported the programming cost for the first few years of development by provision of a talented programmer, Rob Dawkins. The program was developed as a web-based application to allow farmer, vet, program manager or lab access to the program at differing levels of permissions.

#### Myhealthyherd principles

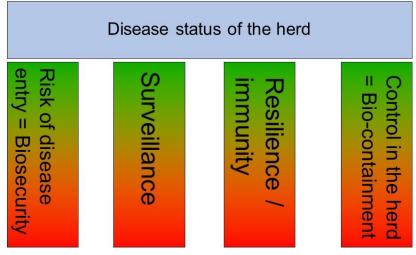
What was eminently clear by now is the traditional system of disease management based on Test and Treat was not working. Herd medicine was incorrectly described as Preventive medicine. So often this was not the case. The vet would wait for disease to occur and use herd surveillance to identify the cause and then seek to deploy vaccines to manage the outcomes. This process worked to some extent for diseases with good tests (BVD, Leptospirosis etc ) but completely failed with diseases with poor tests or long incubation periods ( Bovine TB, Johne's , Neospora) . Why wait for disease? Surely disease could be predicted. Dick and I had a planning day. Nothing sophisticated. A whole wall was covered with brown paper and armed with marker pens Myhealthyherd was developed. From this planning session it became blindingly obvious that risk assessments could be used to Predict and Prevent disease. We would base the program on these principles.

#### **Development of the 4 pillars**

In order to build a model we decided to use the traffic light system. We would avoid binary definitions of disease status. The status would be defined by risk levels. If you undertook robust (green) green surveillance and robust biosecurity risk management you could start to move to defining a robust disease status. That status could be made even more secure by building on the resilience pillar (vaccination, native resilience). Green does not mean disease freedom or zero risk. You can still get run over at a green traffic light, but the risks are so much lower. This avoids the problem with the farmer or vet pursuing disease freedom as the goal. This is patently very difficult to achieve with diseases such as JD.



The four pillars supporting the disease status of a herd





The problem though with Johne's within the UK nearly all the pillars were absent. Uncontrolled movement of animals combined with the development of higher risk herds with larger maternity areas led to an explosion of JD.

Traditionally, infectious disease control had a strong emphasis on surveillance (testing to determine prevalence and identify infected animals) and less emphasis on the three other pillars. Simply testing large number of animals alone will not control disease. Testing without regard to biosecurity, biocontainment and resilience had failed to control both JD and Bovine tuberculosis internationally.

We have utilised this model for all infectious diseases and indeed it works very well for COVID 19. There are no surprises that the worst COVID affected areas were highly populated cities with mass movement of people all highly susceptible to disease. Politicians initially sought to control the disease using 1-2 pillars with finally the most effective measures being found to be a combination of all 4 pillars (vaccination, lock downs, Track and Trace)

The program measured and analysed disease specific risks using algorithms to create a traffic light system of categorisation and then ranked individual risks to enable prioritisation of control. The program enabled the farmer and vet to identify farms at risk of developing diseases rather than simply monitoring disease once established. This promoted a "Predict and Prevent" approach to disease management, particularly useful for the control of chronic diseases with poor testing sensitivities such as Johne's Disease. Even farms with low prevalence, or where disease was not considered to be a problem, became engaged in preventive strategies, understanding the implications of their disease risks. The MHH program was used as the tool to deliver large funded regional health programs (Healthy Livestock Initiative, North West Development Agency). This flexible approach proved to be central to the development of NJMP<sup>2</sup>.

The analysis of disease risks was enlightening. Any large-scale JD scheme needed to be applicable to the highly variable farming systems to ensure engagement and sustainability. For example, of 2293 herds using the system, 54% of herds had introduced groups of animals of unknown JD status in the last 10 years. Only 24% of farms never introduced cattle to the farm.<sup>2,5</sup> Any National scheme would have to adapt to, and manage those established trading patterns rather than attempt to change them.

#### Development of the Infectious disease module

The Disease Manager module was then created within Myhealthyherd which would allow either a vet, farmer of third party ( with farmer permission) to contribute to the development of their own robust disease control plan. Ownership is a key element in success. The disease control plan must be developed with the skills and support of the local vet but has to be "owned" by the farmer.

"A one size all disease control plan" will never work. The only benefit of this approach is in the administration of what will become a failed scheme! No one farmer is the same. They all have differing levels of aspiration, resources and priorities. This has to be respected and managed.

The Disease Manager had to allow for this level of wide engagement. This approach has also been adopted by the UK framework for JD control, the National Johne's Management Plan<sup>3.4</sup>. This then sets the scene for "grading up". Farmers can start at a lower level with limited inputs and then with encouragement develop their infectious disease programs as confidence grows and priorities change.

The JD module was further enhanced by the addition of prevalence prediction tool allowing current test prevalence to be converted into a predicted true herd prevalence to drive further engagement. Farmers and vets often fail to grasp the importance of a single cow testing positive in a sample of 30 cows.

A further enhancement was the development of a Robustness Checker which could dynamically score the strength of the JD control plan developed by the vet. This allowed discussion to show the weaknesses in the plan.

Based on the options offered with the Myhealthyherd Johne's Management system, 6 control strategies were developed which would allow any farm to engage in the national framework: Biosecurity Protect and Monitor, Improved Farm Management (IFM), IFM and Strategic Testing, IFM

and Test and Cull, Breed to Terminal Sire and Firebreak Vaccination. The choice was veterinary driven and was dependent on farmer aspiration, resources, risks and prevalence.



National Johne's Management Plan - Summary

SECTION	STATUS TEXT	
Risk of Entry	Amber - moderate risks	Review
Risk of Spread	Red - high risks	Review
Control Strategy	Improved Farm Management and Strategic Testing	Review
Control Plan	Red - non robust	Review
Prevalence	\$ Similar	Review
Testing Programme	Investigation and monitoring using Milk Tests	Review
Training Record	None Entered	Review
Farmer Sign-Off	Not Signed Off	Review
Vet Sign-Off	27 July 2019	Review
	Save Plan	View Prior Plans

Fig 2. Graphic demonstrating the Myhealthyherd NJMP module for JD control

The program has been further developed to allow practices to track and manage their own disease programs. Surveillance or risk assessments can be scheduled, and a red clock icon appears when they are overdue. This makes the management of multiple disease control programs eminently possible at practice of regional level.

Lab results can be uploaded into the system and clinically interpreted by the vet. This has allowed vets and farmers to access their results and data from anywhere they have an internet signal.

The web-based system with multiple levels of access allowed for the use of the program in regional schemes providing a greater insight into local risk factors.

Summary

Disease control is never easy. Delivering a program across multiple herds is even more challenging. The use of tools really helps but will never substitute for the enthusiasm and ability of the well trained vet!

#### References

1. **Orpin, P., Duthie, S. and Grove-White, D.H., 2005.** The use of targeted sampling and risk factor analysis to investigate the presence of Johne's disease in dairy herds. Cattle Practice, 13, pp.219-225.

2.Orpin P. G , Sibley R.J (2014) Predict and Prevent versus Test and Treat Veterinary Record 2014;174:16 403-405

3. Orpin, P., Sibley, R.J., Throup, S., Braddock, A. (2017) The National Johne's Management

Plan: progress and future developments. Cattle Practice 25(2): 106-110

**4. Sibley. R.J, Orpin P.G (2016)** The National Johne's Management Plan: a national programme for the management of paratuberculosis in the UK dairy herd.5<sup>th</sup> ParaTB Forum

5. **Sibley R.J**. Biosecurity in the Dairy Herd In Practice 2010;**32**:7 274-280 doi:10.1136/inp.c3913

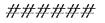
Useful websites CHeCs www.checs.co.uk/ Proceedings Dairy UK Johne's meeting <u>www.dairyuk.org</u> Action Johne's <u>www.actionjohnes.org.uk</u>

Myhealthyherd www.myhealthyherd.com

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#### **Expanding membership.**

As of June 2020, there are 178 members of the International Association of Paratuberculosis from 29 different countries. There are 39 countries with a population greater than 25 million that do not have a member. You will note later in the newsletter a list of recent publications on Paratuberculosis. There are a total of 63 publications, 14 United States of America; 4 Argentina, Germany, Ireland, Italy and Spain; 3 Australia, South Korea and United Kingdom; 2 Canada, India, Iran and Mexico and one each from Czech Republic, Estonia, France, Greece, Japan, Netherlands, New Zealand, Poland, Portugal, Slovenia, Switzerland and Tunisia. The authors of these articles will be written to inviting them to join if they are not already members and if they are from a country that does not have members asked to write a short paragraph for the next newsletter on the incidence of Johne's Disease and research carried out in their country. It would also be very helpful if each member could convince one of their co-workers to become a member of IAP.





# 15th International Colloquium for Paratuberculosis 13 -16 June 2022 *Céad Míle Fáilte* (one hundred thousand welcomes)

Unfortunately due to the global pandemic the conference that was due to take place in June 2020 was

postponed to April 2021. The committee has decided to postpone once more to June 2022. This decision was taken due to continued restrictions on gatherings/travel in Ireland and internationally. We apologise for any inconvenience this may cause but the health and safety of our speakers, delegates, organisers, and sponsors is of paramount importance to us.

We would like to thank our speakers, delegates, organisers, and sponsors for their continued support of the conference. We believe that we had put together a highly informative and innovative conference programme for 2020/2021 to benefit policy-makers, scientists and industry stakeholders.

Thanks to everyone's efforts we attracted a high number of delegates from a wide range of countries and so it is the committee's decision to postpone the conference again so we can meet in person to share our knowledge on Paratuberculosis.

In October 2020, the Local Organising Committee was faced with the decision of having to postpone again or to have a virtual conference in April 2021. It was decided by the LOC to go for a live conference in June 2022. We were delighted that the organisers of the 16<sup>th</sup> ICP in Jaipur, India agreed to this and have postponed their Colloquium until 2024.

The ICP 2021 Committee invites you to the 15<sup>th</sup> IAP Colloquium in Dublin, Ireland in June 2022. Delegates attending the conference can be assured of a productive and memorable colloquium, discover Irish heritage, culture and music and of course, experience the world renowned hospitality of Ireland.

# **Call for Abstracts**

Abstracts submitted/accepted for the 2020 conference have been cancelled. All authors are invited to re-submit new abstracts.

Abstract submission will open on the 19th July 2021. Abstracts must be submitted through the online system at <u>https://www.icpdublin.com/abstract</u> by clicking the "Submit Abstract" button before the deadline of midnight 29th October 2021. Notification of acceptance will be made on 16<sup>th</sup> February 2022.

Only contributions from registered participants will be published. One author at least per submitted paper must be registered for the Colloquium; abstracts for which no authors have registered will not be included in the abstracts book or programme.

Each presenting author may submit a maximum of 5 abstracts. Contributions will be reviewed by scientific sub committees. Instructions for poster or oral presentation will be included in the notification of acceptance.

#### **Condition of Acceptance**

- 1. Authors should ensure that the abstracts are written in acceptable standard English.
- 2. Please note that errors in the text will not be corrected; the content and literary standard of submitted abstracts is under the author's responsibility.
- 3. All abstracts will initially be reviewed, graded and accepted or rejected by the sub committees: they reserve the right to determine whether a submission is accepted as oral or poster presentation, or if it has to be set in another session. Notification of acceptance will be sent by the 16th February 2022

#### **Guidelines for abstract preparation**

- 1. Titles should clearly identify the contents of the abstract
- 2. Abstracts cannot exceed 300 words.
- 3. Please ensure the correct author is ticked as the presenting author.
- 4. Only abstracts submitted in English will be reviewed.

#### The abstract should contain the following:

- 1. Title
- 2. Authors
- 3. Affiliations
- 4. An introductory sentence indicating the purpose of the study
- 5. A brief description of methods
- 6. A summary of new and unpublished data
- 7. A conclusion

#### The following will not be permitted in the abstract submission

- 1. No images are accepted.
- 2. No bibliography.
- 3. No tables or graphs.

#### **Topics**

- 1. Diagnostics and detection
- 2. Host response and immunology
- 3. National Control programme
- 4. Pathogenomics, Genotyping and Map diversity
- 5. Epidemiology and Economics
- 6. Public health and Map in the environment

#### Abstract submission

The abstracts must be submitted through the online system closed midnight 29th October 2021

## Themes

Please see descriptions of the abstract themes below.

#### **National Control Programme theme**

This theme invites abstracts from researchers and programme managers and seeks to address any aspect of control programmes, such as the design, management and evaluation of programmes including methods for managing programme expectations, measuring motivations for programme engagement and compliance and lessons learnt on how to achieve effective Johne's control. The scope of this theme includes the topics of stakeholder engagement and knowledge transfer innovations.

#### **Diagnostics and Detection**

The Scientific Subcommittee for the themed session on Diagnostics and Detection invites submitted abstracts on all aspects of this topic including: diagnostic test application and evaluation, matrix evaluation, novel diagnostic test development and evaluation, diagnostic test validation, investigation of novel diagnostic biomarkers, assessment of novel antigens.

#### **Epidemiology and Economics**

Abstracts should be sent to this stream if they deal with the epidemiology of paratuberculosis infection; the impacts of that infection in terms of animal or herd-level production; and/or the economic impacts of infection or control measures.

#### Host Response and Immunology Theme.

This theme invites abstracts that relate to any aspect of the innate or acquired immunological host response to M. avium subsp., paratuberculosis. These can include, but are not necessarily limited to, responses from any host species, the immunological responses to experimental and field vaccines, variation in immunological response to different Map strains, immunological correlates of disease outcome, and factors that influence immune responses to Map

#### Pathogenomics, Genotyping and Map diversity

The Pathogenomics, Genotyping and MAP diversity sub-theme will consider abstracts in the following areas:

- Application of MAP genomics to transmission studies
- 'Omics' investigations of pathogen biology
- Exploration of host-pathogen interactions
- MAP evolutionary studies

#### Public Health and MAP in the environment

Abstracts will be considered by the Public Health and MAP in the Environment Sub-Committee, for oral or poster presentation, on the following topics:

- Studies reporting new evidence for/against the involvement of MAP in human disease;
- Studies reporting the occurrence of viable MAP in animal-derived foods or environmental sources (drinking water, rivers, other) that were carried out to assess risk of human exposure to MAP;
- Studies describing environmental monitoring for MAP at farm level;

- Studies describing temporal and spatial distribution of MAP outside the farm environment and/or survival mechanisms used by MAP to persist in the environment;
- Studies describing methods capable of reducing MAP contamination on pasture or in slurry at farm level.
- Studies principally describing development of new detection methods for MAP, or validating new methods for detection of MAP in milk, should not be submitted to this Sub-Committee, but should instead be submitted to the Diagnostics and Detection Sub-Committee for consideration.

# Please contact <u>icp2022@abbey.ie</u> if you have any questions

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## **Upcoming Events**

15th International Colloquium for Paratuberculosis

13th - 16th June 2022 Dublin, Ireland

Seventh International Conference on Mycobacterium bovis

7th - 10th June, 2022 Galway, Ireland

World Buiatrics Congress 2020

The 31st WBC has been postponed to September 4th - 8th, 2022.

16th International Symposium of Veterinary Epidemiology and Economics

August 7-12, 2022 in Halifax, Nova Scotia, Canada.

16th ICP 2024 Jaipur, India

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## **Database of Paratuberculosis articles published in the last five years**

A searchable database of all the articles included in the Paratuberculosis Newsletter for the last five years is now available at <a href="http://www.paratuberculosis.net/references.php">http://www.paratuberculosis.net/references.php</a> .

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# International Association for

# Paratuberculosis

112 Barnview Road Kennett Square, PA 19348 USA

## Financial Report- June 30, 2021

	Checking	Money Marke	t	PayPal	Total
Open (1/1/21) Close Q2 (6/30/21)	\$40,216.76. \$14,916.76	\$14,350.74 \$44,367.05		\$ 790.56 \$ 593.28	\$ 55,358.06 \$ 59,877.09
INCOME Dues Interest Royalties	<u>1/1/21 to 6/30/</u> \$ 4,715.00 \$ 2.06 \$ 14.25	<u>21</u>	<u>7/1/21</u> \$ \$	<u>to 12/31/21</u>	<u>Annual Total</u> \$ \$
Total	\$ 4731.31		\$		\$
EXPENSES PayPal /Wire fees	1/1/20 to 6/30/ \$ 212.28	20	7/1/20 \$	to 12/31/20	Annual Total \$
Total	\$ 212.28		\$		\$

Respectfully Submitted,

Raymond W. Sweeney, VMD Secretary-Treasurer

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## List of Johne's websites

Below is a list of websites that give information about paratuberculosis in different countries. If your organisation has a website that you would like to see included please send details to <a href="mailto:petermullowney29@gmail.com">petermullowney29@gmail.com</a>

## Argentina

Universidad Nacional de Mar Del Plata: Veterinary bacteriology research and diagnosis
 laboratory

## Australia

- Animal Health Australia
- Australia and New Zealand Standard Diagnostic Procedures, April 2002

#### Austria

• Lymphatic fluid used for the first time to diagnose bovine paratuberculosis

## Belgium

• Paratuberculosis control for milking herds

## Brazil

• Animal Health Australia

#### Canada

- Johne's Education, Management and Assistance Program (Ontario)
- Beef Cattle Research Council
- <u>Alberta Johne's Initiatives</u>
- British Columbia Testing
- <u>Canadian Johne's Disease Initiative</u>

#### Chile

• Publications of Miguel Salgado

## Colombia

<u>Universidad De Antioquia</u>

#### Czech Republic

Veterinary Research Institute

## Denmark

<u>Statens Serum Institut</u>

## France

- World Organization for Animal Health (O.I.E)
- Bovine Paratuberculosis Control
- Biology, Epidemiology and Risk Analysis in animal health

## Germany

• Frederic Loeffler Institute

## Greece

• Department of Veterinary Medicine, University of Thessaly

#### India

• ICAR-Central Institute for Research on Goats

## Ireland

- Animal Health Ireland
- <u>Report of the Scientific Committee of the Food Safety Authority of Ireland (2009)</u>

#### Italy

• Istituto Zooprofilattico Sperimentale della Lombardia

## Japan

• National Institute of Animal Health (NARO)

## Mexico

<u>Universidad Nacional Autonoma de Mexico</u>

## Netherlands

- VeeproHolland
- GD Animal Health

## New Zealand

- Johne's Disease Research Consortium (New Zealand)
- <u>New Zealand Deer Industry.</u>

## Norway

• Norwegian Veterinary Institute

## Panama

• Indicisat

## Saudi Arabia

• King Faisal University College of Veterinary Medicine

## Slovenia

• Veterinary Faculty, National Veterinary Institute, Ljubljana

## Spain

- produccionanimal.com Interview with Valentin Perez
- interview with Joseba Garrido, Director of the Animal Health Department of Neiker-Tecnalia

## Switzerland

• Federal Food Safety and Veterinary Office

## Thailand

• National Institute of Animal Health (NIAH)

## United Kingdom

- National Johne's Management Plan (NJMP) (U.K.)
- National Animal Disease Information Service
- PBD Biotech
- <u>Vetstream</u>
- Kaz Strycharczyk, of Black Sheep Farm Health gives advice on Johne's in Farmer's Weekly
- <u>Action Johnes</u>
- <u>Scottish Agricultural College</u>
- My Healthy Herd

## **United States**

- Johne's Information Center (University of Wisconsin-Madison)
- Human Paratuberculosis Foundation, Inc
- USDA Animal and Plant Inspection Service
- U.S. Voluntary Bovine Johne's Disease Control Program.
- <u>The Mycobacterial Diseases of Animals (MDA) multi-state initiative</u> (U.S.A.)
- Johne's on the Cattle Site
- Overview of Paratuberculosis By Michael T. Collins from Merck Manual
- <u>Center for Food safety and Public Health (Iowa State)</u>
- Hato Sano (Colorado State)
- The Cattle Site (Some interesting videos on Johne's)

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## **Recent publications to July 2021**

Most of these articles were published between March 2021 and June 2021.

Aitken JM, Phan K, Bodman SE, Sharma S, Watt A, George PM, Agrawal G, Tie ABM. (2021) <u>A Mycobacterium species for Crohn's disease?</u>

Pathology. 2021 Jun 19:S0031-3025(21)00234-8. doi: 10.1016/j.pathol.2021.03.003. Online ahead of print. PMID: 34158180

Alonso MN, Garcia VS, Moyano RD, Romero MA, Gugliotta LM, Travería GE, Romano MI, Gonzalez VDG. (2021)

<u>New and rapid strategies for the diagnosis of bovine paratuberculosis "in situ" using latex particles.</u> J Immunol Methods. 2021 Jun 19; 496:113085. doi: 10.1016/j.jim.2021.113085. Online ahead of print. PMID: 34157319

Alonso N, Griffa N, Moyano RD, Mon ML, Colombatti Olivieri MA, Barandiaran S, Vivot MM, Fiorini G, Canal AM, Santangelo MP, Singh M, Romano MI. (2021) <u>Development of a lateral flow immunochromatography test for the rapid detection of bovine</u> <u>tuberculosis</u>. J Immunol Methods. 2021 Apr;491:112941. doi: 10.1016/j.jim.2020.112941. Epub 2020 Dec 13.

J Immunol Methods. 2021 Apr;491:112941. doi: 10.1016/j.jim.2020.112941. Epub 2020 D PMID: 33321133

AlQasrawi D, Naser E, Naser SA. (2021) <u>Nicotine Increases Macrophage Survival through alpha7nAChR/NF-kappaB Pathway in</u> <u>Mycobacterium avium paratuberculosis Infection.</u> Microorganisms. 2021 May 18;9(5):1086. doi: 10.3390/microorganisms9051086. PMID: 34070119

AlQasrawi D, Qasem A, Naser SA. (2020)

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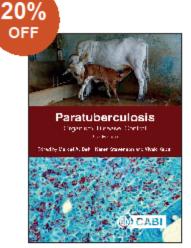
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