World Organisation for Animal Health

Georgina Limon-Vega - - UNITED_KINGDOM

WOAH Reference Laboratory Reports Activities 2025

This report has been submitted: 17 janvier 2026 15:53

LABORATORY INFORMATION

***Name of disease (or topic) for which you are a designated WOAH Reference Laboratory:**	Lumpy skin disease
***Address of laboratory:**	Ash road
***Tel:**	+44-1483 23.24.41
***E-mail address:**	georgina.limon-vega@pirbright.ac.uk
Website:	https://www.pirbright.ac.uk/our-science/non-vesicular-reference-laboratory
***Name (including Title) of Head of Laboratory (Responsible Official):**	Prof Bryan Charleston, Institute Director
***Name (including Title and Position) of WOAH Reference Expert:**	Dr Georgina Limon-Vega, Group Leader
***Which of the following defines your laboratory? Check all that apply:**	Research agency

TOR1: DIAGNOSTIC METHODS

1. Did your laboratory perform diagnostic tests for the specified disease/topic for purposes such as disease diagnosis, screening of animals for export, surveillance, etc.? (Not for quality control, proficiency testing or staff training)

Yes

Diagnostic Test	Indicated in WOAH Manual (Yes/No)	Total number of test performed last year	
Indirect diagnostic tests		Nationally	Internationally
ELISA	Yes	8	0
SNT	Yes	0	0
Direct diagnostic tests		Nationally	Internationally
Capripox real-time PCR	Yes	160	1

TOR2: REFERENCE MATERIAL

2. Did your laboratory produce or supply imported standard reference reagents officially recognised by WOAH?

No

3. Did your laboratory supply standard reference reagents (nonWOAH-approved) and/or other diagnostic reagents to WOAH Members?

Yes

Type of reagent available	Related diagnostic test	Produced/ provide	Amount supplied nationally (ml, mg)	Amount supplied internationally (ml, mg)	No. of recipient WOAH Member Countries	Country of recipients
LSDV isolate	PCR	PROVIDE	0	1ml	1	JAPAN,
LSDV nucleic acid	PCR	PROVIDE	0	100ul	1	ZAMBIA,
LSDV bovine serum	ELISA	PROVIDE	0	2ml	1	ZAMBIA,

4. Did your laboratory produce vaccines?

Not applicable

5. Did your laboratory supply vaccines to WOAH Members?

TOR3: NEW PROCEDURES

6. Did your laboratory develop new diagnostic methods for the designated pathogen or disease?

No

7. Did your laboratory validate diagnostic methods according to WOAH Standards for the designated pathogen or disease?

No

8. Did your laboratory develop new vaccines for the designated pathogen or disease?

9. Did your laboratory validate vaccines according to WOAH Standards for the designated pathogen or disease?

TOR4: DIAGNOSTIC TESTING FACILITIES

10. Did your laboratory carry out diagnostic testing for other WOAH Members?

Yes

Name of WOAH Member Country seeking assistance	Date	Which diagnostic test used	No. samples received for provision of diagnostic support	No. samples received for provision of confirmatory diagnoses
PERU	2025-12-01	PCR	1	0

11. Did your laboratory provide expert advice in technical consultancies on the request of an WOAH Member?

Yes

Name of the WOAH Member Country receiving a technical consultancy	Purpose	How the advice was provided
PERU	Discuss sending samples	Email
SAUDI ARABIA	Discuss available reference materials	Email
COLOMBIA	Ability to send samples for testing	email

TOR5: COLLABORATIVE SCIENTIFIC AND TECHNICAL STUDIES

12. Did your laboratory participate in international scientific studies in collaboration with WOAH Members other than the own?

Yes

Title of the study	Duration	Purpose of the study	Partners (Institutions)	WOAH Member Countries involved other than your country
Building enhanced diagnostic capacity for foot-and-mouth disease and lumpy skin disease in Zambia	12 months	Improve capacity of Zambia animal health laboratories to detect FMD and LSD	Central Veterinary Research Institute (CVRI) National Livestock Epidemiology and Information Centre (NALEIC)	ZAMBIA
Understanding and controlling lumpy skin disease in Indian cattle	36 months	Develop assays to measure cellular immune responses following vaccination and infection and improve existing assays. Quantify humoral and cellular immune response following infection and vaccination. Identify factors driving differences in disease transmission and severity within India. Generate risk predictive maps for LSDV. Assess vaccine performance and duration of immunity over time under field conditions.	National Institute of Veterinary Epidemiology and Disease Informatics (NIVEDI)	INDIA

13. In exercising your activities, have you identified any regulatory research needs* relevant for WOAH?

No

TOR6: EPIZOOLOGICAL DATA

14. Did your Laboratory collect epidemiological data relevant to international disease control?

Yes

If the answer is yes, please provide details of the data collected:
As part of a recent animal study conducted at Pirbright we collected biological samples and data to quantify humoral and cellular immune response following LSD infection and vaccination with a homologous vaccine. We have generated habitat suitability maps for Stomoxys and Culicoides in India and Bangladesh We have conducted a pilot study to optimize protocols for field collection of Stomoxys and Culicoides in India.

15. Did your laboratory disseminate epidemiological data that had been processed and analysed?

No

16. What method of dissemination of information is most often used by your laboratory? (Indicate in the appropriate box the number by category and list the details in the box)

a) Articles published in peer-reviewed journals:

b) International conferences:

c) National conferences:

d) Other (Provide website address or link to appropriate information):

TOR7: SCIENTIFIC AND TECHNICAL TRAINING

17. Did your laboratory provide scientific and technical training to laboratory personnel from other WOAH Members?

Yes

a) Technical visit : 10

b) Seminars : 0

c) Hands-on training courses: 1

d) Internships (>1 month) 0

Type of technical training provided (a, b, c or d)	Country of origin of the expert(s) provided with training	No. participants from the corresponding country
A	ZAMBIA	10
C	KOREA (REP. OF)	1

TOR8: QUALITY ASSURANCE

18. Does your laboratory have a Quality Management System?

Yes

Quality management system adopted	Certificate scan (PDF, JPG, PNG format)	
ISO 1725	UKAS accreditation (PDF)	

19. Is your quality management system accredited?

Yes

Test for which your laboratory is accredited	Accreditation body
ELISA	UKAS
Real-time PCR (Bowden et al)	UKAS

20. Does your laboratory maintain a "biorisk management system" for the pathogen and the disease concerned?

Yes

All our management systems are built around UK legislation, some is based on WHO and WOAH, but not directly translatable as it's updated into UK law before it's applied. All facilities have their operational risk assessment and specific activity risk assessments where required. We have a process in place for reporting incidents relating to biorisk, including an investigation process and lessons learned. There is also an inspection and audit programme which monitors compliance with Biorisk related legislation including SAPO, COSHH (where it relates to human pathogens), and GM (contained use). We are inspected by the HSE as part of a proactive intervention plan, where parts of our biorisk management system are scrutinised and sampled to check compliance and we are also visited and inspected by the National Counter Terrorism Security Office (NaCTSO) to ensure any 'dual-use' materials are being held securely.

TOR9: SCIENTIFIC MEETINGS

21. Did your laboratory organise scientific meetings related to the pathogen in question on behalf of WOAH?

No

22. Did your laboratory participate in scientific meetings related to the pathogen in question on behalf of WOAH?

No

TOR10: NETWORK WITH WOAH REFERENCE LABORATORIES

23. Did your laboratory exchange information with other WOAH Reference Laboratories designated for the same pathogen or disease?

Yes

24. Are you a member of a network of WOAH Reference Laboratories designated for the same pathogen?

No

25. Did you organise or participate in inter-laboratory proficiency tests with WOAH Reference Laboratories designated for the same pathogen during the past 2 years?

Yes

Purpose of the proficiency test:	Role of your Reference Laboratory (organiser/ participant)	No. participating Laboratories	Participating WOAH Ref. Labs/ organising WOAH Ref Lab
The aim of this PT was to evaluate the ability of the participating laboratories to identify the absence or presence of antibodies to capripox (CAPX) viruses in serum of ruminants and/or to assess the ability of the participating laboratories to detect CAPX virus DNA in different matrices	Participant	11	Organiser - Sciensano, Belgium

26. Did your laboratory collaborate with other WOAH Reference Laboratories for the same disease on scientific research projects for the diagnosis or control of the pathogen of interest?

No

TOR11: OTHER INTERLABORATORY PROFICIENCY TESTING

27. Did your laboratory organise or participate in inter-laboratory proficiency tests with laboratories other than WOAH Reference Laboratories for the same pathogen during the past 2 years?

Yes

Purpose for inter-laboratory test comparisons1	Role of your reference laboratory (organizer/participant)	No. participating laboratories	Name of the test	WOAH Member Countries
The aim of this PT was to evaluate the ability of the participating laboratories to identify the absence or presence of antibodies to capripox (CAPX) viruses in serum of ruminants and/or to assess the ability of the participating laboratories to detect CAPX virus DNA in different matrices	Participant	11	ELISA and PCR	AUSTRALIA, GERMANY, KOREA (REP. OF), LAOS, MALAYSIA, MYANMAR, SWITZERLAND, THAILAND, VIETNAM,

TOR12: EXPERT CONSULTANTS

28. Did your laboratory place expert consultants at the disposal of WOAH?

Yes

Kind of consultancy	Location	Subject (facultative)
Revise WOAH chapter 11.9 Infection with LSDV, specifically period for free status (ongoing)	remote	WOAH Terrestrial Animal Health Standards Commission (Code Commission) – first meeting
Revise DISCONTOOLS chapter on Lumpy Skin Disease	remote	Update DISCONTOOLS LSD chapter

29. Additional comments regarding your report:

Yes

Regarding TOR 10 and 11, 36 EU laboratories also participated, but since the UK has left the EU we are no longer privy to this information.

Countries affected with LSDV throughout 2025 in Europe are obliged to use the EURL for diagnostic support. Additionally due to the cost of shipping infectious material I would expect affected countries from endemic regions in Africa to reach out to the WOAH reference laboratory in South Africa.

Dr Limon-Vega has been providing advice to the UK and contributing to discussions regarding the renewal of LSDV vaccine banks, as well as several rapid risk assessments and online meetings related to the potential entry of LSD into the UK following reports of LSD cases in Italy, France, and Spain.

Dr Carrie Batten has been involved in a FAO led simulation exercise regarding LSDV.

Dr Carrie Batten has supported the UK Office for SPS Trade Assurance regarding LSDV risks associated with new trade partners.

Dr Carrie Batten has joined the ad hoc group to revamp the WOAH's Register of Diagnostic Kits. The first meeting was held in late November and Dr Batten has been appointed as chair.

The Pirbright institute has invested resource into preparing BVDV free stocks of capripoxvirus reference strains. We continue to make our large collection of capripoxviruses and related reagents available on request.