NATIONAL STRATEGY FOR CONTROL OF BRUCELLOSIS IN SHEEP AND GOATS
Action plan for implementation of vaccination campaign of replacement animals against brucellosis in sheep and goats in 2014

Contents
1. Introduction ............................................................................................................................... 2
2. General characteristics of the 2014 vaccination campaign: ......................................................... 3
3. The vaccine .............................................................................................................................. 4
4. Distribution plan ....................................................................................................................... 5
5. Contracts with private veterinarians ......................................................................................... 5
6. Procedures for private veterinarians ....................................................................................... 6
   6.1. Vaccine ............................................................................................................................ 6
   6.2. Documentation .................................................................................................................. 6
   6.2.1. Certificate for vaccination ......................................................................................... 6
   6.2.2. Reporting of non vaccination ....................................................................................... 7
   6.2.3. Reporting form of vaccinated flocks ............................................................................. 7
   6.3. Vaccination of flocks ......................................................................................................... 7
7. Procedures for official veterinarians ....................................................................................... 9
   7.1. Assignment of vaccine vials .............................................................................................. 9
   7.2. Supervision of vaccination ............................................................................................... 9
   7.3. Post-vaccination monitoring ............................................................................................. 10
8. Procedures for regional Chief veterinary officer ..................................................................... 11
9. Post vaccination monitoring ..................................................................................................... 12
10. Identification and registration ............................................................................................... 13
11. Budget ................................................................................................................................... 13
12. Payment for vaccination ......................................................................................................... 13
13. Surveillance ............................................................................................................................ 14
   13.1. Collection of data on vaccinated flocks and animals ......................................................... 14
   13.2. Surveillance on the efficacy of the vaccination performed ............................................... 14
   13.3. Collection of data regarding coverage of flocks with vaccination .................................. 14
   13.4. Epidemiological investigation of abortions ...................................................................... 14
   13.5. Investigation after human case reporting ........................................................................ 15
14. National Veterinary Epidemiology Unit .................................................................................. 16
15. Communication plan .............................................................................................................. 17
16. Public health .......................................................................................................................... 17
1. Introduction

State Veterinary Service of Republic of Albania is supported by the European Union to improve the animal health situation with regards to brucellosis in sheep and goats and to minimize the human health hazard from this disease. A uniform national disease control programme against brucellosis started in 2012 when the first mass vaccination campaign was performed. In 2013, the mass vaccination campaign was repeated. According to the adopted strategy, from 2014 onwards the national brucellosis control programme will continue by vaccinating replacement animals. This approach has achieved notable results: the number of human cases from fell 440 in 2011 and 442 in 2012, to 301 in 2013 and this is mostly attributed to the successful implementation of the vaccination campaign. However, the veterinary surveillance by reporting and investigation of abortions remains at low level and should be strengthened.

The Veterinary Directorate has assured sufficient budget for implementation of the 2014 vaccination campaign against brucellosis in sheep and goats. The Delegation of the European Union in Tirana provided vaccine through a supply contract: private veterinarians will be paid from the national budget for doing the vaccination.
## 2. General characteristics of the 2014 vaccination campaign:

<table>
<thead>
<tr>
<th>Target territory:</th>
<th>Whole country.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timing for vaccination:</td>
<td>Starting from June 2014 until the end of 2014 or until all replacement animals are vaccinated.</td>
</tr>
<tr>
<td>Target population:</td>
<td>All replacement animals older than 3 months of age in all flocks. If replacement animals at the time of visit are younger than 3 months, they should be vaccinated in the last 2 weeks of pregnancy or after lambing.</td>
</tr>
<tr>
<td>Distribution of vaccine:</td>
<td>Start at 31st May according to the distribution plan.</td>
</tr>
<tr>
<td>Pregnant animals:</td>
<td>Pregnant animals must not be vaccinated. In case that replacement animals are already pregnant, they should be vaccinated in the last 2 weeks of pregnancy or after lambing.</td>
</tr>
<tr>
<td>Cold chain:</td>
<td>Cold chain shall be strictly respected. More instructions are given below.</td>
</tr>
<tr>
<td>Safety:</td>
<td>All contracted private veterinarians shall use personal protective equipment. More instructions are given below.</td>
</tr>
<tr>
<td>Documentation and Reporting:</td>
<td>Contracted private veterinarians shall provide the required documents and strictly respect time limits for reporting. More instructions are given below.</td>
</tr>
<tr>
<td>Monitoring activities:</td>
<td>PAZA II project will support the State Veterinary Services in monitoring activities. More instructions are given below.</td>
</tr>
<tr>
<td>Payment:</td>
<td>Payment shall be authorized by the regional Chief veterinary officers following the procedure explained below.</td>
</tr>
<tr>
<td>Post vaccination monitoring:</td>
<td>Veterinary Directorate will prepare a post vaccination monitoring plan to assess the effectiveness of the 2014 vaccination campaign.</td>
</tr>
</tbody>
</table>
3. The vaccine

A total of 600,000 doses of Rev1 OCUREV® vaccine produced by CZV-Spain will be provided through an EU international tender.

Supplied vaccine is in vials of 50 doses (300,000 doses) and 25 doses (300,000 doses).

On 29th and 30th May a total of 300,000 doses arrived and were stored at the central cold store at ISUV. The vaccines were in vials with 50 doses and batch number 141332. Production is March 2014 and expire date March 2015. The remaining 300,000 doses are expected to arrive in Tirana on first half of June.

The cold store and its proper functioning is under ISUV control.

Potency testing of the vaccine is not foreseen in 2014.
4. Distribution plan

Distribution of vaccine to district offices starts on 31st May in accordance with the distribution plan (Attachment 1).

5. Contracts with private veterinarians

For implementation of 2014 vaccination campaign it is foreseen that more than 600 private veterinarians will be contracted. The Contracts shall be concluded by the regional Chief veterinary officers and private veterinarians. The template of a contract is given in Attachment 2.

The regional Chief veterinary officers shall submit the list of contracted private veterinarians per allocated village to the Director Veterinary Directorate and NVEU before the start of the vaccination campaign and not latter than 16th June 2014. The format of the information shall be:

<table>
<thead>
<tr>
<th>Name of private veterinarian</th>
<th>Contract number</th>
<th>Village</th>
<th>Municipality</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Commented [TK2]: NBC please add the distribution plan as attachment

Commented [TK3]: NBC please add the contract as attachment

Commented [TK4]: NBC please add correct table
6. Procedures for private veterinarians

Each private veterinarian will be given a “Process verbal” with the list of farmers and villages where s/he needs to complete the vaccination. Since the list of farmers within an area is changing all the time, the private veterinarian needs to have good overview of the number of farmers and animals within his area. The vaccination campaign is a continuous process and is deemed to be concluded only when all farms and all replacement animals within farms are vaccinated.

6.1. Vaccine

In order to retain its potency, the vaccine must be kept at the required temperature regime (between +2 and +8°C) through all the time until the application. If the vaccine is not kept appropriately it may lose its potency and the vaccination will be ineffective.

Therefore, each private veterinarian that performs the vaccination needs to be careful in respecting the cold chain. Each private veterinarian must have cold box to transport the vaccine from the district office to the refrigerator where it will be kept until field visits where vaccination will be carried out. In order to assure the potency of the vaccine, the private veterinarians shall follow these simple instructions:

- Take the vaccine vials from the district office only in the properly chilled cold box.
- Place the assigned vaccine vials in a refrigerator (2-8°C) where is safe and out of reach of children. Do not leave them in the cold box at all time!
- Keep the cold packs in a deep freezer. Place the cold packs in the cold box only before going in the field to perform the vaccination. Place only the required number of vials foreseen for that day in the cold box.
- Do not leave the vaccine vials unnecessarily outside the cold box.
- Respect the time limit for use of reconstituted vaccine - 4 hours. Carefully plan the time of vaccination and the number of animals that you are going to vaccinate in order to avoid unnecessary loss of vaccine.

6.2. Documentation

6.2.1. Certificate for vaccination

Since 2012, the national vaccination campaign against brucellosis has foreseen that the private veterinarian who performs the vaccination will issue a “Certificate for vaccination”. This is a standard that is used as a supporting documentation for the “Process Verbal” in proving the performed vaccination.

Please follow these simple steps:

- Properly fill all required fields in the Certificate.
- Sign the Certificate.
- Assure that the farmer signs the Certificate.
- Give one copy to the farmer.
6.2.2. Reporting of non-vaccination

If a private veterinarian does not vaccinate a flock that is listed on the "Process verbal" and is foreseen to be vaccinated in 2014, s/he needs to fill the document "Reporting of non-vaccination". The reason for non-vaccination of a flock may be:

a) The farmer refuses to vaccinate his animals that are not pregnant;
b) The farmer does not keep animals anymore; and
c) Other, e.g.: animals were pregnant, etc.

In any case, the private veterinarian needs to report this to the responsible official veterinarian with the provided form, appropriately filled and signed by the farmer. The form must be forwarded to the official veterinarian together with the "Reporting form of vaccinated flocks".

6.2.3. Reporting form of vaccinated flocks

Reporting of the number of vaccinated farms and animals is done by using "Reporting form of vaccinated flocks". For each farmer that is on the "Process verbal" the private veterinarian must either report the number of vaccinated animals and provide a "Certificate for vaccination" or provide the form for "Reporting of non-vaccination". If the private veterinarian performed vaccination in farms not listed in the "Process verbal" then these should also be reported by adding them on the list and providing "Certificate for vaccination".

All above mentioned forms (Certificate for vaccination, Reporting non vaccination, and Form for reporting of vaccinated flocks) must be handed to the responsible official veterinarian every 14 days. This is of utmost importance in order to organize a proper post vaccination monitoring campaign to assess the effect of the vaccination. The fulfillment of this requirement (proper reporting) is part of the vaccination process and will be also taken into account when the payment is done. Reporting by telephone which was a practice in the previous years is considered as unofficial and may not be taken into account as proper way to report the number of vaccinated animals and flocks.

In 2014, documents are printed by PAZA II project and are distributed to the district offices together with the vaccines. Copies of the "Certificate for vaccination", "Report of non vaccination" and "Reporting form of vaccinated flocks" are given in Attachments 3, 4 and 5.

6.3. Vaccination of flocks

It is not feasible to expect that all target animals will be vaccinated within few months. The main reason for this is that there are different types of flocks which practice different breeding patterns (uncontrolled breeding in different parts of the year/controlled breeding/repeated breeding/summer pastures/etc.). These facts pose some difficulties in achieving the final objective, i.e. vaccinate all replacement animals in 2014.
However, in order to achieve the best results and contribute to the improved human health, this principal approach have to be followed:

Vaccination campaign lasts throughout the year and until all replacement animals in all flocks in the allocated villages have been properly vaccinated. Sometimes this will require several visits of a flock or village. In cases when certain flocks or animals do not fulfill the conditions for vaccination, vaccination must be performed when the conditions are fulfilled. This needs to be done as soon as possible but may be done until end of 2014.

If farmers intend to move their animals to the summer pastures, this shall be, if possible, postponed until the animals are vaccinated. If this is not possible or the flocks have already moved to the summer pastures, then these flocks are to be vaccinated when they return from the summer pastures and fulfill general conditions for vaccination (not pregnant).

When vaccination is performed, the private veterinarian shall follow these simple instructions:

- **Protect yourself!** The vaccine is consists of live attenuated bacteria which is health hazard for humans. If the vaccine comes in contact with mucosa of mouth, nose, eyes and/or an open (even micro) skin wound, it may produce infection. Do not eat or smoke while handling the vaccine. Pregnant woman must not perform the vaccination. During all times when you handle the vaccine: wear gloves, mask, googles and protective coat.

- **Do not vaccinate pregnant animals!** Vaccination of pregnant animals will pose very high risk of abortion! Check if the replacement animals already have been bred. If the farmer is not sure if his/her animals are pregnant it is better to leave them and vaccinate them after lambing season.
7. Procedures for official veterinarians

In accordance with availability the regional CVO will allocate to each official veterinarian a certain number of contracted private veterinarians that shall be under his/her authority for control. Each official veterinarian shall have the following responsibilities:

7.1. Assignment of vaccine vials
The official veterinarian will assign a number of doses (vials) in accordance with the "Process verbal" to each private veterinarian. He/she shall follow these instructions:

- Make record for all assigned vaccine vials in given format:

<table>
<thead>
<tr>
<th>Name of veterinarian</th>
<th>Number of vials</th>
<th>Number of doses</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Not assign vaccine vials to a private veterinarian if he/she does not have properly chilled cold box.
- Provide one copy of these instructions (Action plan) to each private veterinarian.

7.2. Supervision of vaccination
The supervision will be performed by official veterinarians during the vaccination process supported by PAZA II project field coordinators who will organize the transportation to the designated farms.

Responsible person for making the overall plan for supervision is the regional Chief Veterinary Officer. In the preparation of the overall supervision plan the regional Chief Veterinary Officer shall take in consideration following principles:

1) The number of private veterinarians that shall be supervised during the implementation of the vaccination campaign shall be in the range of 10-20% of the total number of the private veterinarians that are contracted to perform the vaccination in the region and in any case it shall not be less than five and not more than ten private veterinarians for each region. The exact number and names of private veterinarians that will be supervised will be given by the regional Chief Veterinary Officer who will also allocate the official veterinarians that will perform the supervision.

2) Supervision of the work of the private veterinarians shall be performed mainly until 15th July 2014.

3) Supervision shall be carried out during the regular work of the private veterinarian.

4) At least one village shall be supervised for each private veterinarian. Selection of village shall be done by the official veterinarian in relation to the work plan of the private veterinarian.

5) Within selected village, supervision shall be performed in all flocks that are foreseen to be vaccinated during the day. As a general rule, villages for supervision shall be selected if more than two farmers are foreseen to be vaccinated during the day.
The regional Chief Veterinary Officer will prepare and submit to the Director of the Veterinary Department of the Ministry of Agriculture not later than 27.06.2014 the overall plan. The template for preparation of the overall plan is given in Excel format as an Attachment to this Action plan.

Each official veterinarian allocated to perform the supervision shall undertake all necessary measures towards implementation of this work plan and coordinate activities with the PAZA II field coordinator.

During the implementation of the supervision, the team (official veterinarian and the PAZA II field coordinator) will use the checklist that is attached to this Action Plan.

### 7.3. Post-vaccination monitoring

The control of the vaccination process will continue with implementation of a post vaccination monitoring programme. The post vaccination monitoring will include:

- Sampling of limited number of flocks and animals to control the serological response after vaccination.
- Interview with limited number of farmers to assess the appropriateness of performed vaccination.

The details of the post vaccination monitoring are given below.

**Responsible person for performing the control on the designated farms is the official veterinarian.**

For each private veterinarian under his/her responsibility, the official veterinarian will prepare and sign report in a given format Attachment 6. The report gives an overview of the activities in regards to the supervision and monitoring process performed for each private veterinarian.
Regional Chief veterinary officers are responsible to coordinate and overview the implementation of the vaccination campaign in their regions. It is their responsibility to assure that the 2014 vaccination campaign is implemented as it is foreseen. For this purpose, in addition to the steps described below they may undertake additional measures to assure that the vaccination have been implemented in accordance with the foreseen standards.

The regional CVO have the following obligations:

1. Assure and enforce coordinated approach of correct measures in accordance with this Action plan for the implementation of the 2014 vaccination campaign.

2. Assure that PVPs that have been contracted to perform the vaccination receive these and additional instructions and have clear knowledge on the implementation of 2014 vaccination campaign.

3. Authorize the payment of each PVP using following procedure:
   a. Field control has been implemented as foreseen with this Action Plan with favorable results.
   b. Administrative control on fulfillment of the obligation of each private veterinarian has been performed by checking the documentation submitted by each private veterinarian and report signed by official veterinarian.
   c. Serological post vaccination control has been performed with favorable results.

4. Prepare overall control plan and assure it is implemented.

5. Implement corrective measures in case of non-compliance.
9. Post vaccination monitoring

The success of the vaccination will be controlled by implementation of statistically valid post vaccination monitoring. The post vaccination monitoring will have two objectives:

a) To estimate the immune response in vaccinated replacement animals.

b) To some extent to estimate the performance of each private veterinarian.

Blood samples to assess the immune response in vaccinated replacement animals should be collected between 21 and 42 days post vaccination. The delayed collection of blood samples will eventually decrease the number of “serologically positive” animals as antibody levels decline, at which point it becomes impossible to distinguish vaccinated from unvaccinated animals and therefore to assess the efficacy of the vaccination campaign. Therefore, for a proper implementation of the post vaccination monitoring it is of utmost importance to report the vaccinated flocks in the prescribed time frame:

- Private veterinarians reports the number of vaccinated flocks within 14 days after vaccination.
- District data managers enters data of vaccinated flocks within 7 days after reporting.

This approach will leave 21 days for organization and implementation of the collection of blood samples in the field.

The number and the particular flocks that shall be tested in the frame of the post vaccination reporting will be communicated to the regional Chief veterinary officer. The regional Chief veterinary officer may decide to test more flocks and animals in the region based on risk analysis or given a suspicion that the vaccination was not done in accordance with the procedures.

The field sampling will be performed by the official veterinarians supported by PAZA regional coordinators. Samples shall be sent to the ISUV for laboratory testing using the form for submission of samples for laboratory analysis [Attachment 7]. In case when the results are unsatisfactory, regional Chief veterinary officer will take all necessary measures to correct the situation. This may include strengthen control on performance of the private veterinarian that perform the vaccination, canceling of the contract, etc. When non satisfactory results are observed on performance of certain private veterinarian, than enforced sero monitoring including two additional flocks will be performed. If unsatisfactory results continue for the particular private veterinarian, he/she should be excluded from the further work on vaccination campaign and the payment shall not be done.

On the same day when sampling is going to be carried out, the official veterinarian and the PAZA II field coordinator will perform monitoring in several additional flocks from the same village. Selection of the flocks will be done on the site. As a general rule, as much as possible flocks from the same village should be included in the monitoring. For the monitoring, the form given in Attachment 8 shall be used.

Already adopted procedure for sending specimens using the provided boxes and service of the Posta Shqiptare should be used.

Commented [TK7]: NBC: please use the correct name of the form and provide Albanian version as attachment.
10. Identification and registration

The Veterinary Directorate has assured sufficient budget for continuation of the identification and registration of animals which in 2014 will be performed only on replacement animals that were vaccinated. The identification and registration shall be done in accordance with the procedure...

In case when a new flock exists which is not on the list of the “Process verbal” beside the vaccination of animals a form for registering of new flocks shall be used (Attachment 3). Newly registered flocks shall be entered in the database within 7 days after reporting and before the data on vaccination is reported.

11. Budget

Activities in relation to this plan will be implemented utilizing following financial resources:

- Costs for supplying the vaccine in 2014 in total of 600,000 doses are covered by EU funded project Supply of vaccines against brucellosis in sheep and goats.
- Costs for application of the vaccine at range of 50 ALL per vaccinated animal are covered by the budget of the Ministry of Agriculture, Rural Development and Water Administration. Total budget for implementation of vaccination of replacement animals in 2014 is estimated to XX ALL.

12. Payment for vaccination

Payment for the performed vaccination may be done only if following is fulfilled:

1. Authorized veterinarian has reported all performed vaccination in the approved format as prescribed with procedures of ADI/RUDA database.
2. The official veterinarian supported by PAZA II field coordinator has conducted allocated number of field controls with favorable results. In case of unfavorable results, the official veterinarian shall inform the regional Chief veterinary officer who will decide on appropriate corrective measures which may include serological testing of animals within these flocks.
3. In order for a flock to be classified as “protected” a threshold of 80% of sero-positive animals is set. In case that proportion of seropositive animals is less than 80%, additional two flocks shall be tested on sero-conversion. If the sero-conversion in two of the tested flocks is satisfactory than payment for 2014 vaccination may be done excluding for the flock that gain unsatisfactory results. If the sero-conversion in two of the tested flocks is less than 80% than payment for vaccination in 2014 must not be done. The contract with the private veterinarian shall be canceled.

The above requirements must be reported to the regional Chief veterinary officer (in prescribed format) by the official veterinarian.
13. Surveillance

In a situation where a mass vaccination is performed and by that the serological status of the animal become inconclusive, serological surveillance in animals to calculate prevalence and/or incidence rates is of limited value. However, surveillance is of essential importance to monitor the success of the control programme that is being implemented. Therefore, the elements of surveillance in animals includes:

13.1. Collection of data on vaccinated flocks and animals
Collection of data on vaccinated flocks and animals have been elaborated above.

13.2. Surveillance on the efficacy of the vaccination performed
The post vaccination monitoring to assess the efficacy of the vaccination performed has been elaborated above.

13.3. Collection of data regarding coverage of flocks with vaccination
The aim is to estimate the proportion of the coverage of flocks i.e. number of flocks that have been vaccinated (and protected) over the total number of flocks that exist.

Associated problem with this estimate is that it is extremely difficult to provide the target i.e. the list of all existing flocks in the district/region/country. Already noted insufficiency when comparing the number of registered flocks (with the Farm register) and the number of vaccinated flocks (as reported by the private veterinarian) precludes that there is certain discrepancy between these two numbers. Reasons for this may be summarized as: a) improper implementation of Farm register; and b) improper reporting of vaccinated farms.

Strong efforts should be paid in near future to establish a procedure in the frame of the identification and registration system for reporting of new farms with small ruminants as well to report if the farmer no longer keeps animals.

13.4. Epidemiological investigation of abortions
The objective is to eventually identify flocks where new infections in animals took place and induce abortions. Such reporting may well serve also for early detection of human infections.

After confirmation of the abortion, using the form for sample collection (Attachment 10 the previous one) and in accordance with the procedure as prescribed with ADI/RUDA database (Form A and B), the official veterinarian (private veterinarian) shall took samples and send them to the ISUV where bacteriological examination will be performed. Further investigation in regard to the history of the disease in the flock, its vaccination history, eventual previous movement of animal(s) so to try to identify the source of infection shall be performed by the official veterinarian. The regional Chief veterinary officer will bring final decision based on all findings which may include additional vaccination of all animals in the flock.
If the outbreak is confirmed to have occurred as a result of the purchase of animals that were not reported to the private veterinarian and further have not been vaccinated in accordance with the approved procedures, the farmer should not be eligible to apply for the subsidies and the veterinary inspector will issue procedure for prosecution in accordance with the Law. The regional CVO will issue a list to the competent authority for direct payments with all farmers that have infringe the law and in particular activities prescribed with this strategy.

13.5. Investigation after human case reporting

As report on abortion storm may be a first sign of infection in humans, confirmed human cases may be a sign of an active presence of the disease in animals.

Therefore, in case of report of human case, the official veterinarian shall implement the investigation in a flock to find if vaccination was performed in a flock, if new introductions of animals have took place, their vaccination status, eventual abortion storm, etc. If this is the case, sanctions to the farmers should be applied and vaccination of all eligible animals performed. Final decision based on all findings may include additional vaccination of all animals in the flock.
14. National Veterinary Epidemiology Unit

The National Veterinary Epidemiology Unit (NVEU) in close consultation with the Director of Veterinary Directorate has the overall responsibility to collect data, prepare documents and other relevant data for coordinated approach in implementation of 2014 vaccination campaign and coordinate and instruct the regional Chief veterinary officers in accordance with this Action plan. For this reason, the NVEU will use the existing databases in animal health and identification and registration and perform field visits. In particular, the NVEU will perform at least following activities:

- Prepare assessment of the number of replacement animals for vaccination in 2014;
- Prepare the distribution list of vaccines;
- Give instructions to the private veterinarians, official veterinarians and regional Chief veterinary officers on coordinated approach in implementation of the campaign;
- Oversee the entry of data by district data managers;
- Perform daily and milestone assessment and prepare statistical analysis and quality checks of the entered data;
- Give recommendations on the corrective measures;
- Coordinate the implementation with regional Chief veterinary officers
- Organize and assist the implementation of post vaccination monitoring;
- Perform overall analysis of the 2014 vaccination campaign.
15. Communication plan

The PAZA II project will support training, workshops, public awareness and communication activities, including:

1) Implementation of a communication plan to promote acceptance and active cooperation from farmers.
2) Implementation of a communication plan to prevent the disease in farmers and raise awareness in general public and consumers.
3) In-service refresher training for veterinary officers and private veterinarians.

16. Public health

Veterinary Directorate supported by PAZA II project will cooperate with National Food Authority, Public Health Institute, Ministry of Education and sport and representatives of other key stakeholder groups on all levels (central, regional, district and commune) to adopt and actively promote public awareness in general public and consumers by:
- identification and mobilization of local medical personnel to create an awareness on brucellosis;
- exchanging of information on public health aspects on brucellosis;
- prepare guidelines on prevention;
- assessment of national legislation in regards to brucellosis;
- preparation and distribution of awareness materials (publications and promotional materials) in conformity with the EU’s visibility requirements and the requirements of Albanian consumers and food producers, processors and distributors;
- organize and conduct workshops.

Another important objective of the cooperation with the public health authorities will be to establish a common procedure for data exchange on occurrence of the disease. This objective will be achieved by regular meetings on central, regional and district level and finally by amending of the national animal health database (ADI) to exchange data with the national human health database.