

[^{F1}][^{F2}ANNEX B

TUBERCULOSIS

Textual Amendments

- F1** Substituted by [Council Directive 97/12/EC of 17 March 1997 amending and updating Directive 64/432/EEC on health problems affecting intra-Community trade in bovine animals and swine.](#)
- F2** Substituted by [Commission Regulation \(EC\) No 1226/2002 of 8 July 2002 amending Annex B to Council Directive 64/432/EEC.](#)

1. IDENTIFICATION OF THE AGENT

The presence of *Mycobacterium bovis* (*M. bovis*), agent of bovine tuberculosis, in clinical and post-mortem specimens may be demonstrated by examination of stained smears or immunoperoxidase techniques and confirmed by cultivation of the organism on primary isolation medium.

Pathological material for the confirmation of *M. bovis* should be taken from abnormal lymph nodes and parenchymatous organs such as lungs, liver, spleen, etc. In the cases where the animal does not present pathological lesions, samples from the retropharyngeal, bronchial, mediastinal, supramammary, mandibular and some mesenteric lymph nodes and liver should be collected for examination and culture.

Identification of isolates may be usually carried out by determining cultural and biochemical properties. The polymerase chain reaction (PCR) may also be employed for the detection of the *M. tuberculosis* complex. DNA analysis techniques may prove to be faster and more reliable than biochemical methods for the differentiation of *M. bovis* from other members of the *M. tuberculosis* complex. Genetic fingerprinting allows distinguishing between different strains of *M. bovis* and will enable patterns of origin, transmission and spread of *M. bovis* to be described.

The techniques and media used, their standardisation and the interpretation of results must conform to that specified in the OIE Manual of Standards for Diagnostic Tests and Vaccines, Fourth Edition, 2000, Chapter 2.3.3 (bovine tuberculosis).]]