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**FINAL REPORT OF A SERIES OF MISSIONS TO
EVALUATE THE OPERATION OF FOOT AND MOUTH
DISEASE AND CLASSICAL SWINE FEVER
CONTINGENCY PLANS IN MEMBER STATES, 1999-2002**



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ABBREVIATIONS AND SPECIAL TERMS USED IN THE REPORT

ASF	African Swine Fever
CA	Competent Authority
CP	Contingency Plan
CSF	Classical Swine Fever
FMD	Foot-and-Mouth Disease

FVO	Food and Veterinary Office
LDCC	Local Disease Control Centre
NDCC	National Disease Control Centre
NRL	National Reference Laboragory
OIE	Office International des Epizooties
UK	United Kingdom (England, Scotland, Wales and Northern Ireland)

1. EXECUTIVE SUMMARY

Member States are very aware of the threats posed by FMD and CSF to the health status of their national livestock populations. All those visited had contingency plans in place, although in some cases, more attention was needed to their updating. The Commission needs to take action, in co-operation with the Member States, to ensure a regular review and updating of the programmes.

In a small number of Member States, either no, or insufficient, action had been taken to establish National Disease Control Centres. The planned use of regional, in addition to national and local, control centres in a few Member States risked causing confusion as to the division of responsibilities. Equally, expert groups had not been properly set up in all the Member States.

Deficiencies were noted in respect of sheep and, to a lesser extent, pig identification, and registration of small holdings, which could have made the tracing of animals during disease outbreaks difficult.

No significant problems were identified in relation to the provision of adequate financial and human resources to respond to emergencies (although this assumed a rapid expansion of the existing services, and the use of outside expertise). However, a major epidemic could pose serious problems in its early stages. Certain operational and resource issues, including equipment shortfalls, needed to be resolved in some Member States if a rapid, effective, response to outbreaks and subsequent control activities was to be guaranteed.

There was considerable variation in the quality and extent of training provided under the contingency plans. More attention was needed to the operation of regular simulation exercises, involving all those concerned in the response to disease outbreaks, to provide practical training for all the staff involved. These exercises should, where possible, be carried out in high-risk areas, eg. borders with other countries, high livestock density areas, areas where CSF infected wild pigs are known to exist, etc. Furthermore, a greater effort in the training of veterinary practitioners, and others who would be called upon in emergencies, was needed.

Member States should consider involving neighbouring countries in simulation exercises, so that cross-border issues can be identified and resolved.

National reference laboratories, with one exception, were adequately equipped and resourced to allow surveillance and diagnosis of both diseases to be carried out rapidly and effectively. It was noted that accreditation of these laboratories to EN or ISO standards was restricted to only a few Member States.

Arrangements for the destruction and disposal of animals, animal products and fomites from infected premises were generally satisfactory, although large numbers of outbreaks risked overburdening resources in some Member States.

Further efforts were needed to ensure that the agricultural industry was kept adequately informed of the nature of, and risks posed by, these diseases.

2. INTRODUCTION

As part of the annual FVO mission programmes, a series of missions has been completed to all Member States to evaluate the controls over, and operation of, national contingency plans to deal with outbreaks of Foot and Mouth Disease (FMD) and/or Classical Swine Fever (CSF).

In recognition of the risks posed by CSF and FMD, Community legislation has been introduced which requires each Member State to draw up a contingency plan and a manual of operations for the two diseases. The evaluation of the contingency plans was based upon the criteria laid down in Commission Decision 91/42/EEC¹ of 8 January 1991 laying down the criteria to be applied when drawing up contingency plans for the control of foot-and-mouth disease, in application of Article 5 of Council Directive 90/423/EEC². The contingency plans for the control of FMD and CSF of each Member State are approved by Commission Decisions 93/455/EEC³ and 1999/246/EC⁴ respectively.

In addition, the detailed Commission guidelines:

Contingency plans for epidemic diseases (ref. VI/5211/95)

Guidelines for FMD contingency plans in non-vaccinating countries (ref. VI/6319/98, rev. 1)

were taken into account.

This series of missions was completed by the end of 2002 (see Annex I). All Member States were visited. Efforts to complete this series were hampered by the need to respond to animal health emergencies (including the FMD outbreaks in 2001 and CSF outbreaks in 2001 and 2002), and the limited inspection resources available. It should be noted that the missions straddled the major FMD epidemic in 2001, which had a significant impact on the manner in which Member States were developing their contingency plans.

Reports of the missions in individual Member States are available on the Health and Consumer Protection Directorate General Internet site at:

http://europa.eu.int/comm/food/fs/inspections/vi/reports/index_en.html.

¹ OJ L 023 , 08/01/1991 p. 29

² OJ L 224 , 18/08/1990 p. 13

³ OJ L 213, 24.08.1993 p. 20

⁴ OJ L 93, 08.04.1999 p. 24

3. DISEASE SITUATION

3.1. Farmed animals

Outbreaks of CSF have been reported in France, Germany, Italy, Luxembourg, Spain and the United Kingdom during the period covered by this report. Outbreaks of FMD have been reported in France, Greece, Ireland, the Netherlands and United Kingdom.

3.2. Wild animals

CSF infection in wild pigs has been reported in Austria, Belgium, France, Germany and Luxembourg.

4. COMPETENT AUTHORITY CONTROL SYSTEMS

Competent authorities in the Member States visited are either organised on the basis of a central, pyramidal, management system, or through devolved systems, where the supervision and operation of control systems is managed from regional, rather than central, level. In this latter case, it is particularly important that additional systems are put in place to ensure the management of official services at all levels, and the effective co-ordination of control activities by these services, in responding to disease outbreaks.

Operational procedures were in place, which established clear chains of command such that all countries should be able to respond rapidly and effectively to disease outbreaks.

5. FARM REGISTRATION & ANIMAL IDENTIFICATION

In general terms, procedures for the registration of livestock holdings were in place. Computerised databases were widely used, especially for cattle holdings, but operational problems were reported. It was noted that records of the existence of small holdings, in particular holdings with small ruminants, could be incomplete, and the EU rules for derogating some of them from this requirement were not always respected. Delays existed in entering data, and in updating the databases, which could affect the speed and efficiency of animal tracing and identification.

Herd registers were widely used at farm level, both to record the number and types of animals on the premises, and the movements of animals. Some shortfalls were seen in individual holdings, and with the need regularly to check registers.

The identification of cattle was generally satisfactory, although delays in initial marking of calves were sometimes noted. Sheep identification fell short of EU requirements in several Member States, although those with existing disease eradication programmes (*Brucella melitensis*) generally had fewer problems. Nonetheless, the experience of the FMD epidemic in 2001 has indicated that this is a potential problem area. Wide variations within and between Member States in the procedures for pig identification and registration raised doubts as to the effectiveness of some of the systems evaluated.

6. IMPLEMENTATION OF CONTINGENCY PLANS

6.1. Legislative considerations

Contingency plans for either or both FMD and CSF are approved by the Commission for all the Member States.

All Member States were judged to have effective legislative provisions in place to allow a proper response to disease outbreaks. During the reporting period new EU legislation entered into force for CSF⁵ and new legislation for FMD was in preparation.

6.2. Financial and human resources

The need to provide adequate emergency funding to deal with outbreaks had been addressed in all Member States. Although separate funds were not generally available, it was stated that special arrangements would be made to ensure that necessary finance was released following an outbreak(s). In general, arrangements were in place to ensure that compensation would be paid within 60 days of an outbreak (although this was not always established in national legislation). In some Member States, compensation will only be paid if animal health provisions laid down in legislation are respected. Non-compliance can lead to prosecution, financial penalties and reduction of compensation.

All Member States were certain that sufficient human resources could be made available to deal with disease outbreaks. It must, however, be remembered that the speed and extent of disease spread can impose very severe demands upon the relevant services, especially in the early days of the outbreaks. The use of veterinary practitioners in "non-sensitive" monitoring and control activities following disease outbreaks was widely anticipated.

6.3. National disease control centres (NDCC)

The principle of setting up NDCCs was recognised in all the Member States visited. Their duties were generally well defined, and included in the operational manuals developed by the national authorities. Permanent facilities and equipment for the NDCCs were not always available, or fell short of the minimum consistent with an immediate response to emergencies. In a few instances, little practical action had been taken to complete the establishment of the NDCC, raising doubts as to whether this could be done sufficiently quickly in the event of a disease outbreak.

In some Member States, communication and management links between the NDCC and local disease control centres (LDCCs) needed to be upgraded. NDCCs did not always have the power to direct LDCCs, nor to supervise them in the performance of their duties. In addition, NDCCs were sometimes

⁵ Council Directive 2001/89/EC of 23 October 2001 on Community measures for the control of classical swine fever; OJ L316, 01.12.2001, p. 5

entirely dependent upon the LDCCs keeping them informed of disease developments.

In several Member States, reflecting the regionalised politico-administrative structure, regional disease control centres existed. These tended to replicate the duties of the NDCCs, leading to some uncertainty as to the distribution of responsibilities both in relation to disease planning, and in the response to outbreaks.

6.4. Local disease control centres (LDCC)

All the Member States, with the exception of Luxembourg due to its particular situation, had either set up, or made arrangements for, LDCCs. The LDCCs were responsible for undertaking the immediate response to confirmed disease outbreaks, and for operating control measures within their immediate area. LDCCs are often set up in existing local veterinary offices. However, temporary LDCCs could be established closer to the outbreaks. They would be made up of local veterinary and support staff, transferred from their routine duties. Additional training for these staff had not always been provided, and the budget for such training was sometimes very limited.

Written operational instructions were available and the role of the LDCCs was generally understood. Details of emergency contact points, farms, hauliers etc were available in most of the Member States visited.

Arrangements were in place for the necessary administrative and informatics support to be made available at short notice. However, emergency field equipment, eg. guns, disinfectants, sample transport media, protective clothing, warning notices etc, was sometimes incomplete or out of date.

6.5. Expert groups

With four exceptions, action had been taken to set up expert groups to advise the national authorities in the event of disease outbreaks. The duties of these groups were well established and were incorporated into the contingency plans. However, the actual status of the groups varied from an empty shell, without even the names of potential staff having been identified, to a permanent body, fully staffed, trained and equipped, and with access to reinforcements at very short notice.

Expert groups were often charged with the responsibility of carrying out immediate epidemiological investigations into disease outbreaks. Some experts provide their expertise to other Member States where outbreaks occurred.

6.6. Instructions for dealing with disease outbreaks

All Member States, except Greece (which had made available more general instructions) and Luxembourg (which had made available circulars but not complete instructions), had prepared and distributed operational manuals, detailing the action to be taken in response to suspect and confirmed outbreaks at all levels of the official services. Although most covered the

actions required in a satisfactory manner, and had been kept up-to-date, in a few instances they lacked the detailed instructions necessary (especially at local level) to be sure that an effective response would be undertaken.

In some Member States, the operation manuals were being, or were going to be, reviewed in light of experience gained during recent FMD or CSF outbreaks.

Manuals had not always been made available to veterinary practitioners, who would have a major role to play in certain aspects of the response to disease outbreaks.

6.7. National reference laboratories (NRL)⁶

All Member States had nominated national reference laboratories for FMD and CSF. In five cases (four for FMD and one for CSF), this was the reference laboratory of a neighbouring Member State. In some Member States, regional laboratories are also involved in CSF monitoring and diagnosis activities.

NRLs were, with minor exceptions, found to be operating to a high standard in terms of virus handling (where this was authorised), and the reception and performance of tests on suspect materials. However, one NRL was found not to have any capability for FMD virus isolation or serological testing (any material was sent to the World Reference Laboratory, Pirbright, UK), even though this capability was included in the national contingency plan.

In one other Member State, minor deficiencies in relation to the operation of the laboratory, biosecurity conditions and the availability of material and equipment were noted.

Although most laboratories were working towards either ISO or EN accreditation, only a few had so far achieved this goal. Furthermore, in a few cases, Good Laboratory Practice standards could not be demonstrated, with a lack of harmonised technical manuals, and documented recording systems.

The laboratories visited were found to be satisfactorily funded and, with some exceptions, equipped to carry out the tests required in the event of disease outbreaks. They were all involved in regular CSF (and, less often, FMD) sampling programmes at national level.

Good co-operation appeared to exist between the different NRLs and the CSF Community Reference Laboratory in Hanover. However, no formal follow-up of the results of ring tests initiated by this Laboratory was undertaken. In addition, there is no legal obligation at EU level on national laboratories to send virus samples to the Community Reference Laboratory for typing⁷.

⁶ In Belgium and Italy, only the NRLs for FMD and CSF respectively were visited.

⁷ This issue was resolved in Council Directive 2001/89/EC and Commission Decision 2002/106/EC.

Some laboratories had relatively limited facilities to process samples in the event of initial outbreaks, but all had well-established plans for a rapid increase in throughput in response to emergencies. The storage capacity for samples in two laboratories was rather small. The time between material being sent to the laboratories, and initial results becoming available, was acceptable.

6.8. Emergency vaccination programmes

The immediate use of vaccination against CSF outbreaks was not considered as an option by the Member States. In only three countries were stocks of vaccine maintained. In one of these Member States, where CSF is endemic in wild boar, an oral vaccination campaign was in an experimental phase.

All Member States can draw FMD antigen from the EU antigen bank. In addition, some maintain vaccine stocks, either at national level or in the International Vaccine Bank. No action would be taken by the national authorities to initiate FMD vaccination programmes without initial agreement in the Standing Committee on the Food Chain and Animal Health.

In general, little evidence of detailed planning for the introduction of emergency vaccination was found. Nevertheless future policy with regard to emergency vaccination is under consideration in some Member States, based on experiences during recent FMD outbreaks.

6.9. Training programmes

The frequency and depth of training provided to official veterinarians varied widely. In most Member States, extensive, detailed, training programmes for the official services were in place, which included simulation exercises to practice the operation of the contingency plans. However, in others, training was limited and poorly structured, with little or no evidence of simulation exercises having been undertaken.

Simulation exercises were organised at national, regional and/or local level. In some Member States, these were restricted to paper exercises only. In others, not all people dealing with disease outbreaks were involved. In one Member State, a FMD simulation exercise took place following a suspicion of FMD. However no analysis has been carried out after the simulation. Two Member States took the view that the experience acquired in previous outbreaks of CSF, ASF and bluetongue was enough to maintain the knowledge and skills required to deal with emergencies.

In general, simulation and other training exercises for veterinary practitioners, farmers, police, army etc, who might be called upon to assist in the operation of contingency plans, were only infrequently undertaken.

Training of laboratory personnel was generally sufficient to allow them to maintain and develop their expertise.

6.10. Publicity programmes

In many Member States, especially those where neither FMD nor CSF has been recorded for some time, only limited publicity/farmer education material was available (although this was less of a problem in Member States visited after the FMD epidemic in 2001).

6.11. Disposal of animals, animal products and fomites

The on-farm slaughter of animals, followed by their direct transfer to a rendering plant with other waste material, was the most widely planned means of disposal. In these cases, national authorities generally considered that there was sufficient rendering capacity available to deal with all but the most severe crises, although this might require extensive transport of carcasses (with a potential for disease spread, unless properly controlled). Most authorities had no contract/agreement with rendering plants in place, but rendering plants were often obliged by law to accept carcasses from disease outbreaks.

Where there was insufficient rendering capacity, disposal by burial or burning would be undertaken, if this did not lead to excessive environmental problems. Intermediate storage in a coldstore, with release of material as rendering capacity became available, was also an option in one Member State.

The most common way of killing of animals was electrocution, unless very young animals or small numbers were involved. In these cases the animals would be killed by using euthanasia drugs. Additional guidance on the humane slaughter of animals was needed in some Member States.

Satisfactory cleaning and disinfection facilities were available at most of the abattoirs and rendering plants visited, although the risk of cross-contamination between dirty and clean vehicles was noted. Absence of systems in place to verify that vehicles transporting carcass and waste material were leakproof was also noted in some Member States. In some cases, unsuitable disinfectants were in use, which would have been ineffective against FMD/CSF virus.

7. FOLLOW-UP ACTIONS BY THE COMMISSION'S SERVICES

For all missions started after 1 July 1999, the national authorities were asked to provide a written response, indicating the steps taken to address the report's recommendations. The missions to Belgium and Italy were completed before this provision was introduced. Responses have been received and found to be satisfactory for Austria, Denmark, Finland, France, Germany, Portugal, the Netherlands, Ireland and Sweden. The responses received from Greece and Spain have been found incomplete. The missions to Luxembourg and the United Kingdom are too recent for a final response to have been received.

A further series of FVO missions to review the operation of OIE list A disease contingency plans in all Member States has started in 2003. It will take full account of recent changes in EU legislation, as well as the other actions outlined below.

The Commission has taken a number of steps to address the issues identified in these reports, and in light of the recent disease outbreaks within the European Union. These have included:

- modifications to existing legislation to approve contingency plans for Austria, Sweden and Finland, following their accession to the EU.
- modifications to the lists of laboratories authorised to handle live FMD virus
- Council Directive 2001/89/EC of 23 October 2001 on Community measures for the control of classical swine fever
- a new Council Directive on FMD controls, agreed in June 2003

Both of these Directives take full account of the importance of contingency planning in disease controls, and reflect the lessons learned not only from recent outbreaks, but also the conference on the prevention and control of FMD held under the Belgian Presidency in December 2001 and the issues identified in the FVO reports.

- completing stocks of FMD antigen, and improving the legal base for stocks kept in the EU bank, so as to facilitate the introduction of vaccination programmes (the possibility of vaccination is a clear provision of recent legislation on epidemic disease controls)
- Member States are submitting revised contingency plans, taking account of the new rules laid down in the above legislation
- a system of information on contingency planning exercises carried out by Member States has been established by the Commission's services
- legislative measures are being introduced to improve the identification of small ruminants and pigs
- a poster campaign in respect of imported animal products was created through Commission Decision 2002/995/EC⁸

⁸ Commission Decision 2002/995/EC of 9 December 2002 laying down interim safeguard measures with regard to imports of products of animal origin for personal consumption *OJ L 353*, 30/12/2002 P. 0001 - 0009

8. ANNEX I MISSIONS UNDERTAKEN TO EVALUATE FMD/CSF CONTINGENCY PLANS

Member State	Ref. No.	Plan(s) covered	Dates
Austria	1094/2000	FMD & CSF	3 - 7 April 2000
Belgium	1019/1999	FMD	16 - 18 March 1999
Denmark	1215/1999	FMD & CSF	13 - 17 December 1999
France	3381/2001	FMD & CSF	5 - 16 November 2001
Finland	1096/2000	FMD & CSF	3 - 7 April 2000
Germany	1097/2000	FMD & CSF	28 February - 3 March 2000
Greece	8551/2002	FMD & CSF	15 - 19 April 2002
Ireland	8511/2002	FMD & CSF	28 January - 1 February 2002
Italy	1143/1999	CSF	14 - 18 June 1999
Luxembourg	8655/2002	FMD & CSF	16 – 20 December 2002
Netherlands	8535/2002	FMD & CSF	17 - 21 June 2002
Portugal	1245/2000	FMD & CSF	27 - 30 November 2000
Spain	3163/2001	FMD & CSF	12 - 16 February 2001
Sweden	1108/2000	FMD & CSF	6 - 10 March 2000
United Kingdom	8545/2002	FMD & CSF	4 – 8 November 2002