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Generic Exotic Animal Disease Contingency Plan

Covering Foot and Mouth Disease, Avian Influenza, Newcastle
Disease & Classical Swine Fever

Version 1.0

(replacing the FMD Contingency Plan version 4.0
& avian influenza / Newcastle disease Contingency Plan version 1.0)

DRAFT

Defra

Exotic Animal Disease Generic Contingency Plan

**Covering Foot and Mouth Disease, Avian
Influenza, Newcastle Disease & Classical Swine
Fever**

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Ministerial Foreword

FOREWORD

I am very pleased to be able to write this foreword for the Contingency Plan for exotic animal diseases. It sets out the structures and systems that would be implemented in an outbreak of disease and describes the Government's capability to provide the resources to implement the control policies.

It is generic – it would apply in the event of an outbreak of foot and mouth disease, avian influenza, Newcastle disease or classical swine fever. These are the subject of disease specific annexes explaining the requirements for tackling each disease. But it would also provide the basis for dealing with other exotic diseases.

The plan is soundly based in the Animal Health and Welfare Strategy for Great Britain; it reflects the importance of a close partnership with those who would be involved in controlling an outbreak including farmers and the rural community who share responsibility for preventing the spread of disease. We are separately increasing activity both to be able to respond to disease outbreaks elsewhere in the world and to prevent incursions of disease into this country.

This Plan demonstrates the advances that have been made since 2001. Liaison with operational partners has improved, policies and plans are consulted on and then made publicly available to provide the basis for a wider understanding of how Government would deal with an outbreak. Fuller engagement with scientists, modellers and researchers is identifying better ways of managing a disease outbreak and eradicating the disease. Exercise Hornbeam – a national foot and mouth disease exercise that took place in June 2004 – provided a valuable check on our plans and has identified issues that are being taken forward in this version. This Plan is however a living document and its annual revision provides a valuable opportunity to review, revise and update the arrangements.

The State Veterinary Service becomes an Agency of Defra in April 2005. The Agency will take the lead in delivering Defra policy for the control and eradication of an outbreak of exotic disease. It will be supported by Defra, its agencies and its operational partners and together we will ensure that we are able to work effectively on the basis of published plans to deal with an outbreak of exotic animal disease.

These plans provide clear structures and systems and help to achieve cooperation and effective delivery. They demonstrate the progress that the department has made and is continuing to make in improving its emergency preparedness and contingency planning.

BEN BRADSHAW
Parliamentary Under-Secretary (Commons)

Part I

GENERIC PLAN

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SECTION 1 – Background & Introduction

For the purpose of this Contingency Plan the term disease, unless otherwise specified is taken to mean foot and mouth disease, avian influenza, Newcastle disease or classical swine fever.

Purpose

1.1 This Plan summarises the Government's objectives for controlling and eradicating an outbreak of an exotic animal disease and the structures, systems and arrangements that would be implemented to deliver those objectives. It follows the guidance produced by the Cabinet Office Civil Contingencies Secretariat.

1.2 This year, for the first time there is a generic contingency plan setting out the structures and systems that would be deployed in an outbreak of any exotic disease, supported by individual annexes on foot and mouth disease, avian influenza, Newcastle disease and classical swine fever. Additional annexes for other exotic diseases will be developed in future within the basic structures and arrangements.

1.3 The Plan is reviewed annually to reflect legislative changes, policy developments, scientific advances and advice, comments from operational partners and stakeholders, lessons from exercises and structural changes within Defra. It is set within the framework of the EU requirements for contingency plans for specific diseases and of the UK legislation under which government action is taken to control exotic animal diseases.

1.4 The plan is supported and augmented by detailed plans, guidance and instructions on specific elements of preparedness and delivery. These include financial and procurement arrangements, human resource plans, detailed instructions on disease control in the field together with particular local aspects of the control operation, that are contained in plans, maintained in each Animal Health Divisional Office of the State Veterinary Service. This plan does not therefore contain the instructions for implementing disease control measures in the field.

Scope

1.5 This plan covers policies and operations that would be deployed in England, although the structures described here would, in the main, be set up in the event of an outbreak in Scotland and Wales to provide the basic management structures required by the EU. Part I: Generic Plan, Annex J sets out outline details of the Contingency Plans for Scotland and Wales. Northern Ireland has a separate Contingency Plan for foot and mouth

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disease, details of which are not outlined here, as it is part of a separate epidemiological entity from Great Britain. The generic plan also provides the basic structures for other exotic diseases.

Preventing and Controlling Exotic Disease

1.6 This plan sets out how an outbreak of disease would be controlled. It is part of a wider set of activities which contribute to preventing an outbreak in the first place and include developing systems for awareness of outbreaks in other countries, improved surveillance of animal disease, preventing illegal import of infected meat into this country, improved biosecurity in farms and markets and general education and awareness in the farming and rural community of measures that can be taken to improve farm health and reduce the risk of disease.

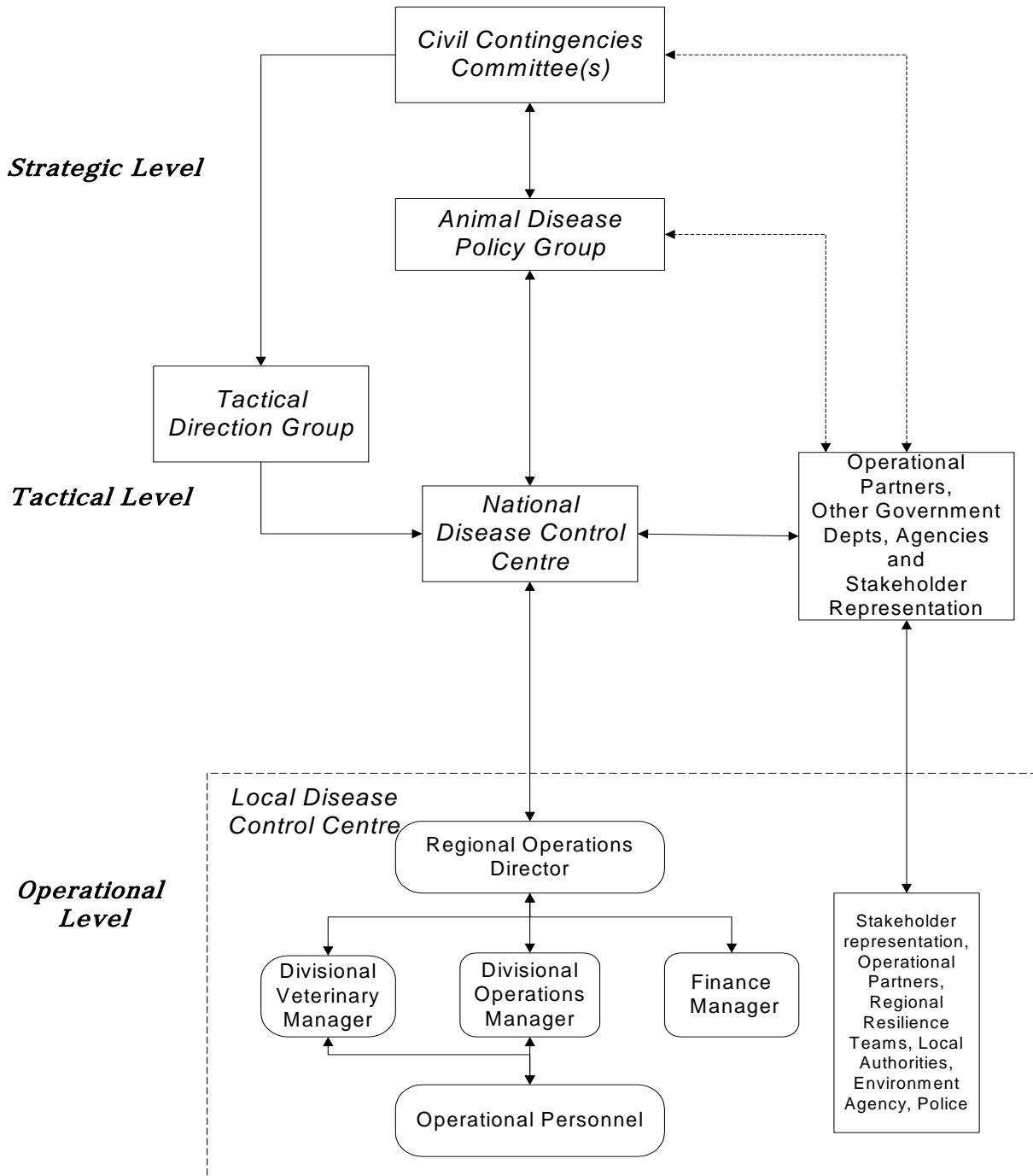
1.7 In the event of an outbreak the disease control strategy adopted will be consistent with the UK's EU obligations and in line with the appropriate EU legislation. The Government's objective in tackling outbreaks of diseases covered in this plan will be to restore the UK's disease free status as quickly as possible. In doing so Government will seek to select control strategies which balance: -

- Minimising the number of animals which need to be slaughtered either to control the disease or on welfare grounds, and which keeps animal welfare problems to a minimum;
- Causing the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities in the wider economy;
- Minimising damage to the environment and protecting public health; and
- Minimising the burden on taxpayers and the public at large.

Structures and Arrangements

1.8 The plan is based on strategic, tactical and operational command structures and sets out the roles and arrangements for the strategic command including the Cabinet Office. This structure is summarised in figure 1.

Figure 1. Single-Line Command Structure for Control of Animal Diseases

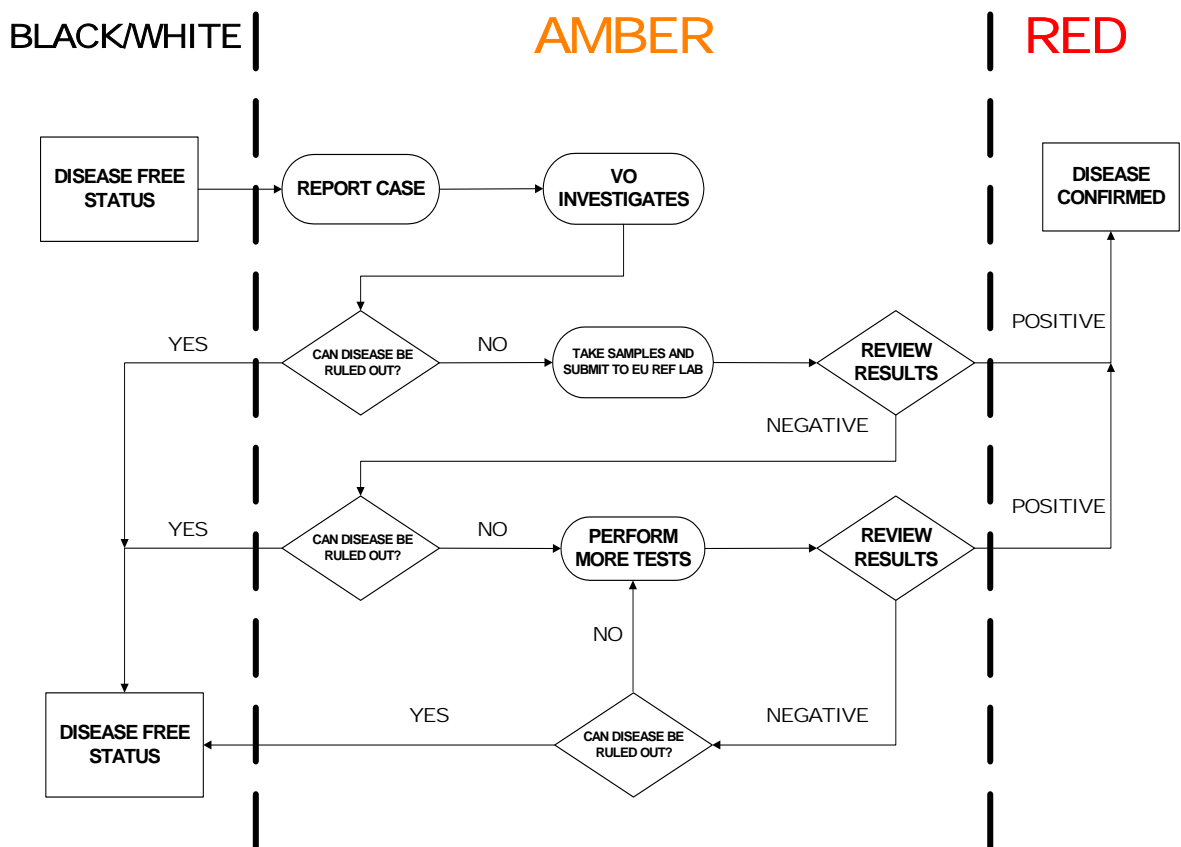


SECTION 2 - Alert System & States of Alert

OVERVIEW

2.1 A standard alert system has been adopted as a basis for responding to an outbreak of animal disease. Under normal circumstances the country will be at white alert (disease is not present or suspected in the country). Under certain circumstances, for example if disease were present or suspected in a nearby member state, the CVO may raise the state of alert to Black (a higher than normal risk of disease). Alert states of 'Amber' (in the case of suspicion of disease) and 'Red' (on confirmation of the first case of disease) will be called as appropriate. The diagram at Figure 2 shows the process by which alert states are either escalated or scaled back. Details of the trigger points for each disease are shown at Part I: Generic Plan, Annex A.

Figure 2. Alert System Used In Response To A Disease Outbreak



Note: This diagram does not cover the procedures and information that would be required for the country to return to disease free status.

Action on suspicion of an exotic animal disease

2.2 Any suspicion of an animal disease must be notified to the local DVM of the State Veterinary Service (SVS) who will take action according to SVS instructions. Part I: Generic Plan, Annex A indicates the local veterinary action to be taken in relation to the level of suspicion.

2.3 Defra HQ is notified of all reports of suspect disease.

2.4 Responsibility for providing and communicating information on a case of suspect disease, including laboratory results, lies with Defra's Veterinary Exotic Diseases Division (VExDD) who use the Notification of Disease form to notify Defra Ministers, Devolved Administrations, appropriate Senior Officials within Defra, and key veterinary and policy personnel in HQ and the regions, including the Chief Veterinary Officer and the Chief Executive of the State Veterinary Service. A notification of disease form will record the appropriate level of suspicion as detailed in Part I: Generic Plan Annex A.

2.5 Out of Hours notification is the responsibility of the Duty Veterinary Adviser and Duty Press Officer. To ensure a targeted response, notification of suspicion of disease will be made via telephone calls. Key veterinary and policy staff will be notified of developments and a Notification of Disease form is circulated at the first available opportunity

2.6 If disease cannot be ruled out and the level of suspicion is recorded as Level 1 or above the status of alert will be Amber and the following action will be taken. Refer to Part 1: Generic Plan Annex A.

AMBER – SUSPICION OF DISEASE

The arrangements for the management and timing of the release of information, both internally and externally, are:

Details on a suspect case

2.7 Information and test results will be made available as soon as possible. To enable this a discussion, normally by conference call, will take place with the CVO or nominated representative leading and those listed below participating.

CVO
DCVO
CSA
Chief Executive SVS
AHWD - Director or Head of Division
LSDG - Director or Head of Division
CD - Director (and GNN)
Private Offices
No. 10

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VExDD
SVS Contingency Planning
DVM
SVS Operations Director
Civil Contingencies Secretariat
News Co-ordination Centre
Scottish Executive
Welsh Assembly Government
Department of Health
Health Protection Agency
Other agencies may be notified as appropriate depending on the nature of the disease.

2.8 CD will convene a conference call (out of hours the duty press officer will be notified by the Duty Veterinary Adviser in VExDD). A list of contact names and numbers will be maintained by CD who will ensure that it is reviewed and updated as required on a monthly basis.

2.9 The agenda for the communications conference call will comprise (with a report from bracketed party)

1. Situation Report - National (CVO or nominated representative)
- Local (DVM)
2. Timescale (CVO or nominated representative)
3. Risk assessment (CVO or nominated representative/DVM)
4. Public health issues (Department of Health and Health Protection Agency)
5. Communications objectives (Director of Communications)
6. Stakeholder Handling (national and local) (AHWD, DVM)
7. Agreed lines to take/press notice (Director of Communications)
8. Time of release and action points (CVO or nominated representative)

2.10 If following the veterinary inquiry disease cannot be ruled out, at the end of the conference call, the following will then take responsibility for informing externally at an agreed time, (as appropriate to the nature and extent of the outbreak), the action to be taken.

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OWNER	RESPONSIBILITY
DVM	Inform individual farmer as a matter of urgency (DVM to alert CD/regional GNN as soon as the individual is told and before informing other external groups);
	Inform emergency planning departments of relevant local authorities, local police force, the Environment Agency, local NFU and local veterinary practices;
	Inform local stakeholders and farmers;
DCVO	Inform European Commission, OIE and other member States Inform RCVS and BVA
AHWD	Inform NFU (HQ), and species specific groups (see Part I: Generic Plan, Annex B for details)
SVS CPD	Inform CCS, RCU, EA and the Head of Contingency Planning and Security Division
	Inform HPA/DH by contacting the Emergency Response Duty Officer
	Inform MOD Home and Special Forces Secretariat
CD/GNN	Inform media, website, helpline, intranet (and other internal communications to Defra staff), GNN

2.11 News Releases will be drafted by AHWD in conjunction with CD and must be sent to all internal principals (particularly the DVM) before being released externally.

2.12 Questions about test results and timing of their delivery must be addressed to the CVO or nominated contact.

Next steps

2.13 The contingency Regional Operations Director (ROD) for that region will immediately be placed on standby to lead the LDCC if disease is confirmed. Contingency Finance Managers will also be alerted.

2.14 The Chief Executive of the SVS will consider authorising the establishment of a Local Disease Control Centre (LDCC). The Chief Executive of the SVS will also consider placing all nominated Heads of NDCC teams on alert and will consider the establishment of some elements of the National Disease Control Centre (SVS Instructions contain detailed plans for establishment and resourcing).

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2.15 SVS Contingency Planning Division will activate the Emergency First Response Team (EFRT). The EFRT will be actively involved in the early stages of managing an animal disease outbreak. They will set up the first operational desks in the Disease Reporting Team of the NDCC.

2.16 SVS CPD will contact the SVS Business Development Division (BDD) in order to instigate the set up of Defra's Disease Control System (current 'up and running' time is 24 - 48 hours). However, in the event of a disease outbreak occurring outside normal office hours, the Defra IT help desk should be contacted directly.

2.17 If the suspicion relates to a possible outbreak of foot and mouth disease, SVS CPD will also notify the emergency vaccination contractor.

2.18 In cases where laboratory confirmation is awaited and the veterinary assessment indicates an unacceptable risk in waiting, the Chief Veterinary Officer **may take the decision to move to red alert before final confirmation is received**. In this case all action indicated as required under 'Red' alert will be immediately initiated.

RED - INITIAL ACTION ON CONFIRMATION OF AN EXOTIC ANIMAL DISEASE

2.19 If the suspect case is subsequently confirmed by the CVO as having disease or if the risk assessment indicates an unacceptably high risk of disease, the alert state will immediately be raised to 'Red'. Defra staff listed at Para 2.10 and in Part I: Generic Plan, Annex B will notify those personnel and organisations necessary for a swift response to an outbreak.

2.20 The Permanent Secretary will convene an Emergency Management Board as soon as possible and will take a decision on triggering the Civil Contingencies Committee on the basis of emerging information about the disease.

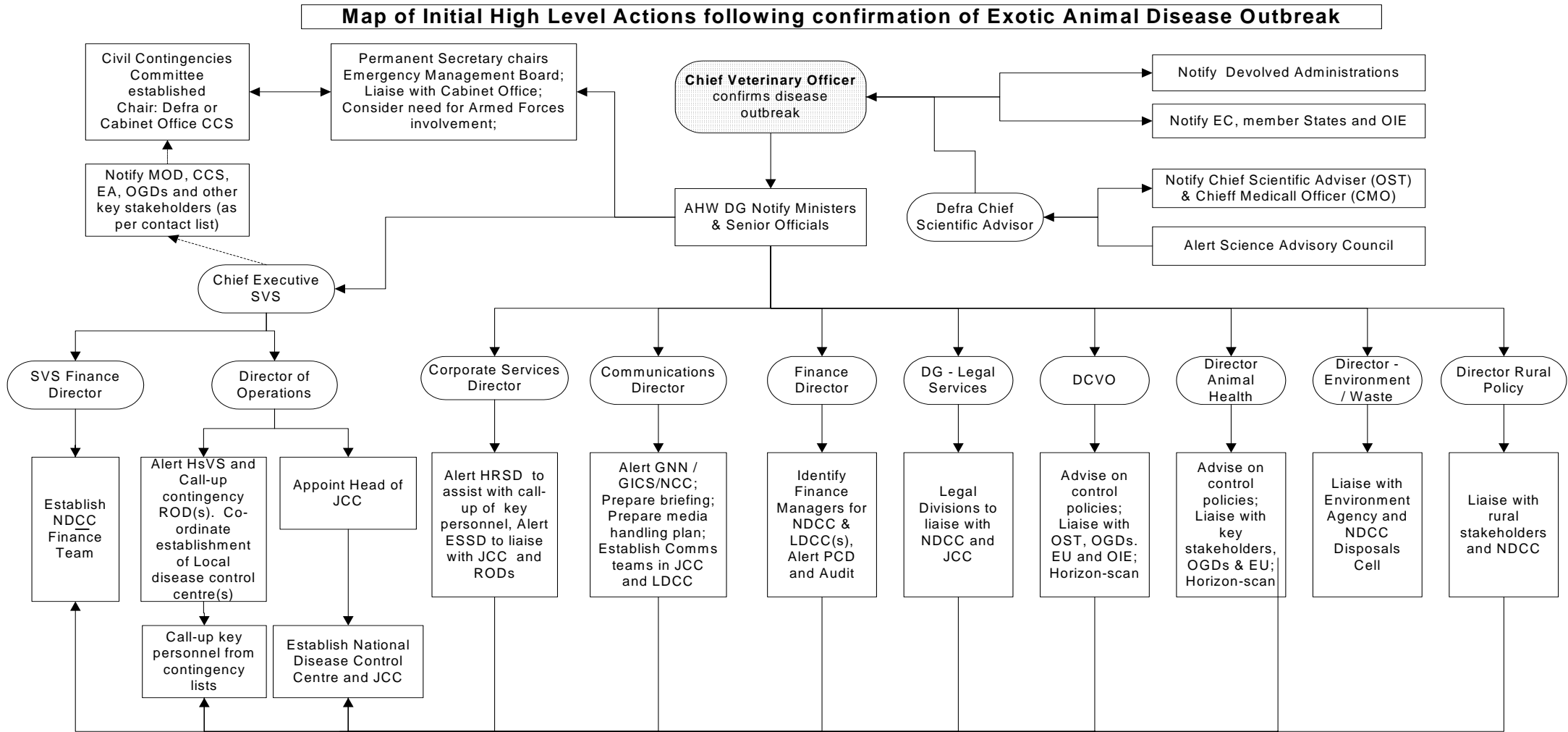
2.21 The actions and steps to be taken to establish the NDCC and relevant LDCC and to control the disease are set out in detail in the SVS operational instructions (Veterinary Instructions, Procedures & Emergency Routines – VIPER) and the AHDO contingency plans.

2.22 Following confirmation of disease the CVO will notify the European Commission, OIE and other member States.

2.23 Other Government Departments, operational partners and key local stakeholders such as the National Farmers Union (NFU) will be notified as soon as possible. Utilities will be notified by LDCCs as set out in the SVS instructions.

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Figure 3. Map of High Level Actions (see Part 1: generic Annex B for details)



SECTION 3 – Emergency Preparedness & Mobilisation

Introduction

3.1 The level and type of resource that need to be deployed in an outbreak will depend on the nature and extent of the disease and an assessment of the risk of it spreading to other areas of the country. This section outlines the steps that Defra have taken to ensure better preparedness and details how the resources will be mobilised, ramped up and managed during an outbreak of disease.

3 A EMERGENCY PREPAREDNESS

The mobilisation, deployment and management is set out in 3b.

Involvement of the armed forces

3.2 As a result of the improved structures, processes and preparedness, there are no plans to use the armed forces on the scale that they were deployed during the 2001 FMD outbreak, although the strategic logistical and co-ordination expertise of the military would be utilised in most disease outbreaks. The armed forces would be deployed within the NDCC at a tactical level and Joint Regional Liaison Officers (JRLOs) or Military Liaison Officers will be posted to LDCCs to take on a local strategic co-ordination function.

3.3 Defra now has plans to bring in civil contractors quickly and effectively under contingency contracts and to recruit additional staff, volunteers from Defra, other Government Departments and externally. These arrangements reduce the need for support from the Armed Forces. Staff will receive ongoing training in planning a massive logistics operation, leadership, and effective communications and these skills are maintained through contingency planning and exercises.

Veterinary Personnel

UK government veterinary personnel

3.4 Veterinary staff from Defra policy divisions, the State Veterinary Service and other government departments will provide the initial emergency response capability.

Non-government veterinary personnel

3.5 Pending new permanent arrangements private veterinary Surgeons in GB and abroad will be engaged as casual veterinary staff. Those who are already local veterinary inspectors (LVIs) will undertake work in that capacity. The Department has recently instigated a pilot project to recruit and train a number of Contingency Local Veterinary Inspectors. These are LVIs who agree to undertake 5 days training a year in an AHDO and to be available to respond to an emergency call to work in a Local Disease Control Centre,

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providing veterinary expertise and advice. The pilot scheme with 4 LVIs in each of 4 AHDOs is currently underway and, if this goes well 100 will be recruited in Autumn 2005;

Overseas government veterinary personnel

3.6 The International Animal Health Emergency Reserve agreement was signed in 2004 with Ireland, USA, Canada, Australia and New Zealand to provide vets and technical staff in the event of an outbreak of disease. Similar bilateral agreements also exist with other EU member states.

Regional Operations Directors (RODs) and Divisional Operations Managers (DOMs)

3.7 Members of the Senior Civil Service have been appointed for three year terms as contingency Regional Operations Directors (RODs) to take up post in the event of an outbreak of any animal disease covered by this plan and to lead the LDCCs. They are each allocated to a region in England. SVS Contingency Planning Division maintains a list of RODs.

3.8 Grade 6 Defra staff (or Grade 7s on temporary promotion) have been appointed for three year terms as contingency Divisional Operations Managers (DOMs) to take up posts in the event of an outbreak of any animal disease covered by this plan and to work alongside DVMs to manage the administrative (non-veterinary) part of the operation. Like RODs, they have been allocated to one of the regions in England

3.9 During their period of appointment, the contingency RODs and DOMs will spend 5 days a year training, developing effective links with AHDOs, DVMs and key regional stakeholders and taking part in contingency planning exercises.

Similar arrangements are being set up in Scotland and Wales.

Key Administrative, Field & Technical Personnel

3.10 The National Disease Control Centre (NDCC) and Local Disease Control Centres (LDCCs) will require middle managers who are able to take up key positions on confirmation of disease. Key posts have been identified in the NDCC & LDCCs, together with job descriptions and Day 1 tasks.

3.11 The HR Centre, Worcester, in liaison with Workforce Strategy and Development Division (WSDD) will maintain a list of Defra staff who have the required skills and experience to take up key positions in the NDCC.

3.12 Staff in an AHDO in which an LDCC is being set up, and in the SVS more widely, will be the first to be called upon if disease is confirmed. Key administrative personnel will be expected to take part in contingency testing exercises. This is part of their job descriptions and work objectives.

General field, technical and administrative personnel

3.13 The NDCC and LDCCs will require general field and administrative staff to support key personnel and veterinary colleagues in the eradication of disease.

3.14 The Chief Executive of SVS will seek Management Board authority to require the release of staff from Defra and Defra Agencies to work on emergency duties. The Management Board will provide clear direction to Divisions, Agencies and work groups, in order that non-essential staff can volunteer their services and be released quickly. First call will be on those staff on the Defra Emergency Volunteers Register and those who have left the Department but have said they would wish to be contacted in the event of an emergency.

3.15 HR teams will lead on co-ordinating all staffing issues.

3.16 The Department will also make use of the central Memorandum of Understanding on Mutual Aid and the Redeployment of Human Resources, which will be triggered if necessary.

Legal Services

3.17 Legal Services Directorate General (LSDG) hold all templates for Declaratory Orders and in the case of FMD, also hold draft Regulations transposing the vaccination provisions of Directive 2003/85/EC, which has not yet been fully transposed into domestic law.

Vaccination

Foot and Mouth Disease

3.18 Emergency vaccination will immediately be considered as a disease control measure for FMD. Any decision to adopt an emergency vaccination strategy against FMD will be based upon emerging epidemiological, logistical and other factors and would be used on the basis of vaccinate to live where possible. As soon as the FMD strain has been identified the Department will make arrangements for a suitable antigen to be made up into vaccine. It is not possible to prescribe a detailed response in advance of an outbreak; the decision to adopt a particular control strategy will depend on a wide range of factors, many of which cannot be determined until we have knowledge of the nature and extent of the outbreak. The Decision Tree at Part II: FMD Annex A sets out the range of factors that would need to be taken into account in deciding how to control an outbreak, including whether to use emergency vaccination.

Vaccination – Other diseases

3.19 In an outbreak of Newcastle disease vaccination would be considered as a control measure. There is vaccine available with marketing authorisation in England and is freely available for use. Vaccination is most unlikely to be considered as a control measure for avian influenza. Vaccines currently available are difficult to deliver and do not protect birds from becoming infected and shedding virus. No AI vaccines have marketing authorisation in Great Britain. For classical swine fever vaccination would only be used in exceptional circumstances and a policy of vaccination followed by slaughter would be followed. It is unlikely that this approach would be adopted in the UK. See Section 4 of Part II: FMD, Part III: AI, Part IV: ND, Part V: CSF for disease specific vaccination arrangements.

Involvement of Operational Partners

3.20 High level involvement of operational partners, including LGA, LACORS, ACPO, HPA and EA is summarised in Part I: Generic Plan ,Section 6 - the Strategic Level section of this plan.

3.21 It is essential that DVMs have established regular contact with their local veterinary practices, Local Authority Emergency Planning Officers, Trading Standards Officers and Local Authority Animal Health Inspectors, Environment Agency Emergency Planners, the Government Office Emergencies Team and the Health Protection Agency.

3.22 DVMs must also establish strong links with the Government Office Regional Resilience Teams. The Regional Resilience Forums (hosted by GO RRTs) are recognised by all key agencies as the co-ordination point for regional emergency planning and DVMs should ensure that partner agencies are kept informed through this route.

3.23 DVMs must also establish strong links with their local Police Force strategic (Gold) command as this is recognised by all key local agencies as the co-ordination point for emergency response.

3.24 These agencies are key operational partners and must know and understand their roles in preventing and controlling a disease outbreak and be aware of Defra's animal disease contingency plans (including relevant sections of SVS instructions and local office contingency plans). The DVM must establish their capabilities, roles and responsibilities prior to an outbreak.

3.25 All operational partners that would be involved in dealing with an outbreak will also be engaged and involved, as appropriate, in exercises held at local and national level.

Involvement of Stakeholders

3.26 High level involvement of other government departments, executive agencies and stakeholders is summarised in Part I: Generic Plan, Section 6 -

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the Strategic Level section of this plan. This will be confirmed by the Civil Contingencies Committee (Officials) and may change as necessary.

3.27 At a local and regional level, DVMs engage with local stakeholders as part of their ongoing emergency preparedness arrangements and, where possible, include them in the planning and implementation of regular local exercises.

3.28 All stakeholders that would be affected by an outbreak (including representatives of the farming industry, veterinary surgeons, rural businesses, local community groups and those concerned with promoting tourism) will also be engaged and involved, as appropriate, in exercises held at a national level.

Training

SVS staff (veterinary, technical and administrative staff)

Veterinary staff

3.29 All new veterinary entrants attend a one-day course on exotic viral diseases at the Institute for Animal Health, Pirbright, in addition to general and specific training related to all their work areas. This includes training in notifiable disease procedures. Selected individuals also attend specific and continuing professional development training, e.g. in Epidemiology. Courses are held, as required, to ensure adequate numbers of trained people across the country.

Technical staff

3.30 All new technical staff receive background training in animal disease awareness, this covers the specific roles in a disease outbreak. Training packages are being developed for existing staff. In addition, training packages are being developed for casual staff employed during an outbreak.

Administrative staff

3.31 Animal Health Divisional Office (AHDO) regularly involved in training programmes designed to equip them with the skills and knowledge to provide administrative support during an outbreak situation, for e.g. training in Finance and Management Information. Additionally, there are regular local and national level exercising of the contingency plan. The FMD Plan in particular, must be exercised at national level at least once every four years under the terms of the EU FMD Directive. Some local offices will also participate in these national exercises, testing their ability to function as a Local Disease Control Centres during a national disease outbreak.

Local vets

3.32 The current review of Local Veterinary Inspectors (LVIs) is considering the need for enhanced training of LVIs both in everyday and emergency situations.

Non SVS (Defra staff in specialist roles e.g. ROD/DOM/Finance etc)

3.33 Non SVS personnel in specialist roles (including staff from the Devolved Administrations) take part in National Training days. In addition to this staff are involved in local and national exercise as well as ongoing engagement with operational partners and stakeholders.

Media Training

3.34 DVMs/RODs and senior SVS staff have received appropriate media training, in order to deal effectively with the intense media interest surrounding an outbreak. A short two day course, organised by Communications Directorate in conjunction with an outside training company, uses broadcast journalists and a film crew to enable participants to deliver professional standard broadcast interviews.

Exercises in Disease Control

3.35 This plan and the complementary detailed instructions and guidance including those for vaccination and local plans will be regularly tested at both local and national levels through simulation exercises. All operational partners and stakeholders will be involved in these exercises where appropriate. Operational partners and stakeholders should be aware of Defra's emergency procedures and be fully involved in their on-going development.

Accommodation, IT and telephony infrastructure

3.36 DVMs will identify and regularly review the availability of potential LDCC sites in liaison with ESS Division. ESSD has in place Facilities Management Contracts covering all of England and Wales through which temporary and other accommodation can be provided

The National Disease Control Centre will be in London. A room in Defra's building at 1A Page Street is equipped with the necessary facilities needed to establish the control centre immediately an outbreak is confirmed.

Information Technology & Data Systems

3.37 The provision of IT services, including corporate and business-specific applications and the necessary infrastructure, is the responsibility of IBM, overseen by Defra's Intelligent Customer Function (ICF). Extending those services to additional numbers of staff and locations can be quickly achieved through the contract with IBM

Disease Control System (DCS)

3.38 The Disease Control System (DCS) is the key Management Information System to be used in the event of an outbreak. There are currently three similar DCS systems: the original classical swine fever (CSF) DCS, the Foot and Mouth Disease (FMD) DCS and the Disease of Poultry (DP) DCS. The appropriate system would be used in the event of a disease emergency.

3.39 The system records all actions taken to control the disease in relation to each premises affected and provides reports on the progress of the disease and its management. DVMs will ensure that all their AHDO staff are familiar with the functionality of DCS, requesting additional staff training from SVS Learning and Development Unit as appropriate. A separate standalone database is in existence for use by the vaccination contractor.

3.40 Preventative contingency measures for system failure of all DCSs are in place at the national level. These include the use of a cluster server, which enables mirroring between two web servers and databases. This will ensure that should one fail, the second will take over. In addition, the back up routine that is in place means that the risk of data loss in cases of total failure is minimal.

3.41 A system for the tracing of animals - VTVS, updated and enhanced during the 2001 outbreak of foot and mouth disease to take account of vehicle and personnel movements, is used for tracings on a day-to-day basis. A project to review further tracings work has been initiated, with a view to encompassing both endemic and exotic diseases.

GIS

3.42 GIS is a key component of the department's delivery response and trained operators are now available in all regions. SVS GIS Operators are required to liaise with the SVS BDD for IT hardware/software support and configuration.

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Disease Financial System

3.43 An interim disease financial system (DFS) has been developed which will ensure that financial information is collected to meet accounting and audit requirements, including those of the European Commission.

3.44 The new system will be part of the Defra Corporate Finance System and has been installed in all AHDOs. Plans are for DFS to be used in peace time for normal business ensuring staff are familiar with it.

Procurement

General - Procurement and Commercial Contracting Contingency Plan

3.45 Detailed instructions and guidance on procurement and commercial contracting covering the acquisition of goods, works and services; and the role of the Procurement and Contracts Division (PCD) can be found in the PCD Contingency Plan which is available on-line for internal use.

3.46 PCD are responsible for ensuring that robust, value for money contracts are let and mobilised for goods, services and works requirements including their contract management and forensic examination.

3.47 The PCD contingency plan provides contact details for all nominated PCD personnel and sources of supply for these procurement personnel have been identified by PCD and these resources can be called upon in the event of an animal disease outbreak or other emergency situation.

National/Regional/Local Contingency Agreements and Supply Contingency Arrangements

3.48 PCD and AHDOs are currently working together, to put in place national/regional/local contingency agreements and supply contingency arrangements to meet all foreseeable requirements of an emergency. These suppliers will be vetted and subjected to regular review and appraisal by PCD to ensure their validity in the event of an outbreak.

3.49 These agreements and arrangements will be comprehensive of all the relevant supply chains and will include slaughter and disposal, shepherds and gatherers, poultry catchers and ancillary equipment; carcass pick-up and transportation; preliminary C&D including pressure washers, mobile units; slurry treatment; lagoon and environmental protection measures; electrical works and technical services associated with discrete supply chains; e.g. dairy engineers. A list of call-off contracts/agreements and contingency supply arrangements is available on-line for internal use on the PCD intranet site, there are links to it from the SVS operational instructions.

3.50 Supplementary lists of preferred and vetted suppliers for use in an emergency situation are also available for internal use. These suppliers are a

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back-up to the contingency agreements already in place and are likely to be engaged where animal diseases cannot be confined either in number of outbreaks or geographically. The PERT team will be responsible for negotiating robust contracts with these suppliers should the extent of the outbreak require additional supply.

3.51 For each AHDO a list of transport companies is provided indicating the number and type of vehicles that the companies have available for immediate use together with the companies' ability to scale up supply within defined timescales.

3.52 Details of agreements made and preferred suppliers available to AHDOs is on the PCD webpage for internal use. DVMs should liaise closely with PCD to ensure timely, scaleable and appropriate supply arrangements in the event of an outbreak of an animal disease covered by this plan. PCD emergency contacts and their details are available for internal use.

Financial control

3.53 The NDCC Head of Finance will ensure close communication between NDCC Finance, Defra's Finance Director and Finance, Planning and Resources Directorate (FPRD) and, if a claim for Reserve funding has proved unavoidable, HM Treasury.

Arrangements for Financial Control in LDCCs

3.54 Contingency regional Finance Managers have been appointed, and like RODs and DOMs, are appointed for a period of 3 years, ready to take up post as soon as possible in an outbreak. They are allocated on a regional basis, currently based on the Government Offices.

3.55 Contingency Regional Finance Managers will be responsible for managing all financial activity in the LDCC and for providing financial advice to the Regional Operations Director (ROD) and Divisional Operations Manager (DOM), in accordance with departmental policy

Equipment and stores

Provisions of stores and equipment at National level.

3.56 The SVS has a Service Level Agreement with VLA Weybridge. Under the terms of this agreement equipment required by the SVS to carry out its routine duties are provided within defined time limits. No minimum contingency stocks are held at VLA but normal routine stocking levels would provide initial requirements. VLA has undertaken to provide as much equipment as possible until emergency contracts with key suppliers take effect. The SVS has established a national network of stores facilities.

Divisional minimum stocking levels

3.57 Guidelines on divisional stocking levels may be found in the appropriate VIPER chapter.

3.58 At the local level, each AHDO is required to hold or have immediate access to sufficient equipment to deal with up to 10 disease outbreaks in the first 48 hours, including provision for equipping up to 20 additional Veterinary Inspectors. Stock levels are managed by designated local staff, who have day to day responsibility for monitoring availability and serviceability of stores. They will be responsible for using the generic stock control database, once it has been rolled out.

Management information and disease control information

3.59 DVMs will ensure that appropriate staff are familiar with the Management Information reports of the Disease Control System (DCS). This will ensure the accurate and timely collation of statistical information for circulation to the NDCC and within the LDCC itself.

3B MOBILISATION, DEPLOYMENT & ONGOING MANAGEMENT

Involvement of the armed forces

3.60 On suspicion of disease, the Head of SVS Contingency Planning Division will contact the MOD Home and Special Forces Secretariat to notify of the suspect case. Immediately a case of any animal disease covered by this plan is confirmed, the Head of SVS CPD will again contact the MOD Home and Special Forces Secretariat to inform them of the outbreak so that, if necessary, aid can be sought with the minimum delay. If it were decided that it was necessary to seek aid from the armed forces, aid would be provided under the 'Military Aid to the Civil Authorities' (MACA) arrangements, subject to other Armed Forces commitments. The Armed Forces will initially provide assistance with logistic capability and will be deployed at both tactical (Tactical command) and operational (Operational command) levels

3.61 DEFRA can now engage the MOD in the response to an animal disease at any time, at two levels:

- Centrally: using the Government's crisis management mechanism
- Regionally: through contact between DEFRA regional offices and the MOD's Joint Regional Liaison Officers (JRLOs).

3.62 The JRLOs were introduced on 2003. Their role is to provide a single focal point representing all three Services; to liaise between MOD regional commanders and both local civil authorities (i.e. DEFRA regional

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representatives) and Devolved Administrations, and to co-ordinate Armed Forces' participation in the LDCC and any regional civil emergency control centre that may be established.

3.63 There are 11 full-time JRLOs, one in each Armed Forces region. They can draw on supporting staff if required. JRLOs and other enhancements to the MOD's regional command structure reflect the lessons learned from foot and mouth disease and other emergencies in the 2000/2001 period.

3.64 The aim of the initial contact at central and regional level would be to assess whether a particular outbreak is of sufficient importance to require and justify Armed Forces support and to identify any tasks that the Armed Forces and MOD technical/scientific staff could usefully perform.

3.65 Initial engagement does not require Ministerial authorisation, though Ministers in both Departments would be informed if there was a possibility of a request for Armed Forces support on the ground. The deployment of the Armed Forces on the ground does require confirmation by a Minister in DEFRA that an outbreak was, in their view, serious enough to require Armed Forces support, and agreement by an MOD Minister (and one other member of the Defence Council) that this was the case.

3.66 The Armed Forces will retain their own command and control structure with overall co-ordination of their effort being controlled by Armed Forces HQ Land and will be deployed centrally. Regional staff must not approach Army Brigade headquarters directly. All requests for initial assistance must be passed through NDCC although it is envisaged that the JRLO or a military liaison officer will be posted to LDCCs to provide local and regional coordination and feedback.

3.67 If deployed, Brigade Commanders will take direction (but not commands) from RODs/DVMs, from whom they will receive clear aims and objectives. The local military commander will decide how best to use their troops based on these aims and the directions.

Human Resources

Veterinary Personnel

UK government veterinary personnel

3.68 **State Veterinary Service:** On authority from the Chief Executive of the SVS or the SVS Operations Director, individual veterinary staff will be alerted with immediate effect and deployed as instructed by Divisional Veterinary Managers. (SVS instructions and local office contingency plans expand on these arrangements). The DCVO will ensure that vets in core Defra are alerted and deployed where required.

3.69 **Others:** HRSD will contact Defra Agencies, other government departments and retired veterinary staff as necessary.

Non-government veterinary personnel

3.70 Contingency LVIs will be called up immediately to provide veterinary cover and DVMs and HR teams will contact and engage private veterinary Surgeons in GB and abroad as casual veterinary staff. Those who are already local veterinary inspectors (LVIs) will undertake work in that capacity.

Overseas government veterinary personnel

3.71 The Chief Veterinary Officer (CVO) will send a formal request to the International Animal Health Emergency Reserve countries if additional veterinary staff are needed. The CVO will also send a formal request to EU Member States if necessary. Induction briefing for incoming veterinary surgeons will be arranged at London HQ through SVS Workforce Strategy and Development Division (WSDD).

Regional Operations Directors (RODs) and Divisional Operations Managers (DOMs)

3.72 When Amber is declared the Chief Executive SVS will alert the contingency ROD and DOM for that region to take control of the LDCC if disease is confirmed.

Field, technical and administrative personnel

3.73 The NDCC and LDCCs will require field and administrative staff to support key personnel and veterinary colleagues in the eradication of disease.

3.74 The NDCC HR Cell will liaise with WSDD regarding the employment of veterinarians, receive bids for all staff (veterinary, technical and administrative) from RODs (or an appointed deputy) and maintain an overview of numbers. They will provide HR related briefing when required. They will also deal with immigration issues and liaise with Embassies and The Royal College of Veterinary Surgeons regarding the employment of foreign vets.

3.75 HR Centre, Worcester will co-ordinate action on the redeployment of administrative staff from the Emergency Volunteers Register, and other staff, to the NDCC and to LDCCs. They will also lead on the recruitment of all veterinary, technical and administrative personnel.

3.76 HR Service Centre, York will operate a helpline for HR related queries, other than those relating to recruitment.

3.77 Defra HR teams will provide one or more HR trained personnel to assist in setting up local HR teams. They will also maintain quality control and provide policy guidance to local managers and HR teams on HR issues. They will also be responsible for liaising with the LDCC personnel points, monitoring national field-based resources.

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3.78 Additional support staff may need to be drafted in from other government departments. Use of the protocols set out in a central Memorandum of Understanding on Mutual Aid and the Redeployment of Human Resources will be triggered if necessary, and the Head of Corporate Services Division, through the Permanent Secretary, will contact the Civil Contingencies Secretariat to request assistance with additional staffing. Concurrently, RODs will liaise with Government Office Directors and Regional Resilience Directors to seek additional assistance in locating further staff.

3.79 Having first sought clearance from the Chief Executive SVS or Director of Operations, RODs may contact Regional Directors of Jobcentre Plus (Department for Work and Pensions) in order to recruit staff directly on short-term contracts. In this instance, guidance on contractual arrangements should be sought from the Resource Centre, Worcester and the HR expertise that may be available in the LDCC. The Operational Support Secretariat of Jobcentre Plus (Department of Work and Pensions) may assist in brokering these arrangements and will be invited to send a representative to the NDCC. (See Part I: Generic Plan Annex B - Contact List for details).

3.80 Additional technical staff from the following sources will also be considered:

- Retired SVS technical staff
- Veterinary students
- Agricultural students
- Retired EMI staff

All staff will receive local induction training

Defra Legal Services

3.81 Legal Services Directorate General will be instructed at the start of an outbreak. They will prepare Declaratory Orders and provide legal advice as required. Declaratory Orders must be made immediately on confirmation of disease and are the means by which restrictions applying in defined areas (for example, a protection zone) are imposed.

3.82 In the event of an outbreak occurring before a particular directive has been transposed, LSDG will be instructed early on the measures that will need to be put in place.

Legal Liaison Team

3.83 A Legal Liaison Unit will be immediately established in the NDCC to coordinate actions and evidence gathering between LSDG and the NDCC and the LDCCs. Additionally, a Legal Liaison Officer will be posted in each LDCC. Administrative staff will fill both the NDCC Legal Liaison Unit and the Legal Liaison Officers posts. LSDG will provide lawyers to the NDCC on a rota basis.

Vaccination Teams – FMD only

3.84 - See Part II: FMD, Section 3

Involvement of Operational Partners

3.85 The Head of SVS Contingency Planning Division will ensure that representatives of other government departments, key operational partners such as LGA, LACORS, ACPO, HPA and EA, and those most affected by the disease and measures taken to control it are invited to form part of the NDCC.

3.86 DVMs will engage with local operational partners as part of the establishment of the LDCC and will ensure they are invited to form part of the LDCC.

3.87 DVMs in areas not immediately affected by the disease outbreak should where possible convene a meeting of key operational partners and stakeholders to brief them about the emerging outbreak, establish networks of communication and to ensure that operational partners are ready to respond should disease be identified in their areas.

Involvement of Stakeholders

3.88 The Head of SVS Contingency Planning Division will ensure that representatives of other government departments, operational partners and those affected by the disease and measures taken to control it are invited to form part of the NDCC.

3.89 DVMs will engage with local stakeholders as part of the establishment of the LDCC and key organisations will, subject to available accommodation, be invited to form part of the LDCC.

3.90 Guided by the Animal Health and Welfare Strategy and its implementation plans, national animal health stakeholder meetings will be held in the event of an outbreak under the chairmanship of the Animal Health Minister, or as necessary by the Chief Veterinary Officer or the Director Animal Health deputising for her. Representatives of key stakeholder organisations from outside the agriculture and the food sectors will be invited to attend in order to embrace wider interests. The possibility of having separate sub-groups to look at particular issues in greater depth (e.g. trade, countryside access, tourism, etc.) will be kept under review, according to the scale of the outbreak.

3.91 DVMs in provisionally free areas will also keep key stakeholders informed and appraised of developments at a local level.

Training

SVS permanent staff (veterinary, technical and administrative)

3.92 DVMs will identify individual Animal Health Divisional Office (AHDO) staff to undertake key emergency roles in line with the job roles outlined in SVS instructions. They will ensure these staff are fully trained and equipped to undertake their respective roles and that their 'everyday' objectives include reference to the key responsibilities required.

Staff may require training in

- in new roles
- any variation in local procedures when on detached duty

Induction training for casual staff (veterinary, technical, agricultural students, agency staff and administrative)

3.93 Managers must ensure that new staff recruited into LDCCs or the NDCC during an outbreak receive induction training covering at least their roles and health and safety procedures as well as any specific biosecurity requirements.

3.94 The ROD and DVMs will ensure their permanent staff are familiar with this contingency plan, the relevant local office contingency plans, SVS instructions, and business process maps. For key personnel, this will centre on the job descriptions within this plan and the instructions. Desk instructions for key posts will be available in VIPER Chapter or in AHDO instructions. For other individuals recruited to support an LDCC, a brief outline job description must be drafted. Managers must describe the jobholder's duties, offer support and review the job role regularly. Managers should consider establishing a 'buddying' system, whereby new recruits work alongside existing jobholders to learn their job.

Accommodation

3.95 The NDCC will be in London. A room in Defra's building at 1A Page Street is equipped with the necessary facilities needed to establish the control centre immediately an outbreak is confirmed. This room is available 24 x 7. In the event of a rapid escalation of an outbreak it may be necessary to have access to more space. In this event the Chief Executive SVS in consultation with the CVO may decide to relocate the NDCC to the 7th and 8th floors of the same building as they already have the requisite infrastructure in place. ESSD will arrange this move and therefore must be kept fully informed of the likely escalation of the disease in order that they can enact plans for the relocation of staff and the provision of adequate office space, desks,

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telephones etc. IBM must also be kept informed so that the necessary IT infrastructure can be supplied.

3.96 At a local level, the ROD, DVM and DOM will review the accommodation requirements of the LDCC in liaison with ESS Division. ESSD has in place Facilities Management Contracts covering all of England and Wales through which temporary and other accommodation can be provided. Local emergency planning officers may also be able to assist in the identification of suitable sites for relocation.

Information Technology & Data Systems

IT services and support

3.97 The provision of IT services, including corporate and business-specific applications and the necessary infrastructure, is the responsibility of IBM, overseen by Defra's Intelligent Customer Function (ICF). Extending those services to additional numbers of staff and locations can be quickly achieved through the contract with IBM. IBM operates a 24 X 7 Defra help desk as a central point of contact, and IBM and ICF service managers are on call 24 X 7 to co-ordinate the IT response to any emergency situation.

Disease Control System (DCS)

3.98 The Disease Control System (DCS) is the key Management Information System to be used in the event of an outbreak. There are currently three similar DCS systems: the original classical swine fever (CSF) DCS, the foot and mouth disease (FMD) DCS and the Disease of Poultry (DP) DCS. The appropriate system will be switched on by Business Development Division in Worcester and populated with the latest data at Amber by the GIS team.

Procurement

General - Procurement and Commercial Contracting Contingency Plan

3.99 PCD are responsible for ensuring that robust, value for money contracts are let and mobilised for goods, services and works requirements including their contract management and forensic examination.

3.100 The Head of SVS Contingency Planning Division will notify the Director of Purchasing and Supply if alert state Amber is declared so that the appropriate resources can be placed on standby.

3.101 The PCD contingency plan sets out the procurement resources that will be mobilised at tactical level to form Procurement Emergency Response Teams (PERT) under the direction of Defra's Director of Purchasing and Supply or his/her nominated representatives. PCD will provide a procurement cell in the NDCC within 8 hrs.

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3.102 The procurement cell will ensure that best practice guidance is available to AHDOs and LDCCs covering the requirements from the period from confirmation of the outbreak until the PERT team arrives, including the triggering of contingency contracts; authorisation and use of emergency purchase orders and procurement cards; and contract management and letting.

3.103 Within 72 hours of confirmation PCD will provide a PERT team in an LDCC to manage the procurement and commercial activities for that office. The PERT team is likely to include a Commercial/Procurement Manager, Contracts Manager, Purchasing Manager, Quantity/Claims Surveyor and Field Manager. The exact compilation and size of the PERT team will be governed by the extent of the outbreak and the requirement to ensure that contracted services are provided, monitored and properly accounted. If requested by the LDCC, Field Store Managers will be provided by PCD to enable the release of the existing store manager for other duties. Forensic accountants and surveyors will be engaged prior to receipt and approval of supplier/contractor invoices and will be responsible for the certification, verification and evaluation of these invoices.

3.104 All contracts and commercial arrangements put in place after declaration of an emergency situation will be let in accordance with delegated authorities determined by SVS Director of Finance in consultation with Defra's Director of Purchasing and Supply and Director of Finance.

Financial control

3.105 NDCC Head of Finance will ensure close communication between NDCC Finance, Defra's Finance Director and Finance Planning and Resource Directorate (FPRD) and, if a claim for Reserve funding has proved unavoidable, HM Treasury. There will be regular meetings of all appropriate members of NDCC Finance, FPRD and Procurement and Contracts Division (PCD). These meetings are the forum to raise issues (e.g. - Overpayments, VAT), which require financial policy and procedural advice.

3.106 On confirmation of an outbreak, Head of NDCC Finance will submit a request for funding to Defra via FPRD and the Finance Director. The Finance Director will be provided with a financial report on actual expenditure incurred on a regular basis. For large outbreaks, where costs of disease control cannot be met from Defra budgets, the Head of NDCC Finance and the Defra Finance Director will make a claim for reserve funding to HM Treasury.

3.107 During an outbreak, there will be initial meetings with the National Audit Office, EU Auditors and Defra auditors to:

- a) inform them of the role and responsibilities of the teams involved in the eradication process;
- b) explain the approach to tackle the emergency situation.

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3.108 NDCC Finance is responsible for providing regular reports to the auditors and HM Treasury on actual expenditure incurred during the outbreak and for responding to audit reports as appropriate and with input and assistance from EDPC, submitting EU claims for reimbursement of costs (in accordance with the EU Regulations) and communicating with EU auditors as and when required.

Arrangements for Financial Control in NDCC

3.109 NDCC Head of Finance will be appointed by the Chief Executive SVS immediately following confirmation of disease to be responsible for establishing the Animal Disease Finance Team in the NDCC and liaising with FPRD for the provision of a contingency regional Finance Manager to each LDCC. They will also be responsible for issuing guidance, in accordance with SVS guidance, on accounting policies, financial databases, audit trails, desk instructions and checklists on financial controls including:

- Roles and responsibilities of Finance Managers (LDCC and NDCC) - and reporting responsibilities as set out in SVS instructions;
- Authorisation levels for payments, delegations, management checking, write-off, over payment procedures in accordance with the department's Finance Manual and Government Accounting;
- Policy on the retention of records;
- Chart of accounts, cost centre codes and objective codes;
- Fraud guidelines in accordance with the department's policy including the process of dealing with allegations of fraud;
- Budgeting, estimates and the monitoring of expenditure;
- Liaison with the National Audit Office (NAO), European Union (EU) and internal auditors;
- Liaison with the Procurement Team;
- Liaison with Defra's Accountancy Services Division (ASD) and Director of Finance and HM Treasury;
- Provision of regular financial information.

Arrangements for Financial Control in LDCCs

3.110 Contingency Regional Finance Managers will be responsible for managing all financial activity in the LDCC and for providing financial advice to the Regional Operations Director (ROD) and Divisional Operations Manager (DOM), in accordance with departmental policy, on accounting policies, financial databases, audit trails, desk instructions and checklists on financial controls including:

- Authorising certified contractor invoices for payment;
- Ensuring suitable records are maintained relating to all financial transactions;
- Authorising travel & subsistence claims, accommodation costs, other requests for re-imburement of staff costs and TVI fees;

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- Arranging financial procedures training of finance staff and managers within LDCC;
- Initial Scrutiny of Compensation Claims for slaughter and for items seized and destroyed.

Within the LDCC, Contingency Regional Finance Managers will report to the ROD.

Equipment and stores

3.111 The SVS has a Service Level Agreement with VLA Weybridge. Under the terms of this agreement equipment required by the SVS to carry out its routine duties are provided within defined time limits. No minimum contingency stocks are held at VLA but normal routine stocking levels would provide initial requirements. VLA has undertaken to provide as much equipment as possible until emergency contracts with key suppliers take effect. The SVS has established a national network of stores facilities. The procurement cell would then take responsibility for securing additional emergency supplies.

Management information and disease control information

3.112 DVMs will ensure that once the LDCC has been established, that any new staff are familiar with the Management Information reports of the Disease Control System (DCS). This will ensure the accurate and timely collation of statistical information for circulation to the NDCC and within the LDCC itself.

3.113 RODs are required to submit daily situation reports (Sitreps) to the NDCC Operations cell. NDCC Operations will then circulate the reports to colleagues as appropriate in order that they may be drawn upon to inform the daily NDCC Report. These are required by 1800 hours. The NDCC will collate information from the RODs, from DCS and other appropriate sources to produce a daily evening report on the disease and its management and control, for Ministers, the Civil Contingencies Committee and senior officials.

3.114 It is essential that the collection and processing of data within the NDCC and LDCC spheres of command is done without delay. The supply of accurate management information to the tactical and strategic command levels is of critical importance. All personnel involved with the collection, collation and processing of this information should be made aware of this and understand its importance.

3.115 Case Officers must be deployed to ensure that the data required by the strategic and tactical levels is captured on-farm as soon as is practicable. The outline requirements for this are as follows:

- Animals/birds culled;
- Performance against agreed slaughter target (if farm is IP) [for FMD only];

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- Animals/birds disposed;
- Disposal route;
- Cleansing and Disinfection - when preliminary C&D complete;
- Any issues or local concerns.

SECTION 4 - Outbreak Management

4.1 Throughout all aspects of disease control actions there are 3 overarching factors that must be considered:

- Human health and welfare
- Biosecurity
- Animal welfare

General health and safety and staff welfare

4.2 In the case of avian influenza, which is a zoonosis and is transmissible to humans, additional health and safety precautions, over and above those already in place for other diseases will be implemented. These are detailed in Part III: AI, Section Four.

4.3 The Defra Departmental Health and Safety Unit (DHSU) and SVS Safety Team are the safety professionals who must be involved in all aspects of Contingency Planning and Operational Delivery. They will ensure that all LDCCs have a **named safety professional** to provide competent advice at all stages of operations; as far as is operationally possible this individual will be located in the LDCC. **DVMs and RODs must ensure that the competent safety person is included as part of their management team.**

4.4 The Departmental Health and Safety Manager will operate as part of the Operations Cell in the NDCC, providing health and safety advice at the strategic level (see Part I: Generic Plan, Annex E and F for guidance on human health and safety)

4.5 The Welfare Service will allocate a Welfare Officer (WO) to deliver the welfare service to each LDCC and HQ offices. The Chief Welfare Officer will keep in close contact with the NDCC to provide strategic welfare advice and guidance to the NDCC Operations Director. The Counselling Support Service will be made available 24 hours daily (including weekends). All staff must be made aware of Defra's Welfare Service, which can provide support and guidance in individual cases of stress or hardship. **RODs must ensure that Managers are aware of the potential for stress and must take appropriate action, including referral to counselling and professional support.** In addition, the Department consults and engages with the Rural Stress Action Plan Working Group (RSAP).

Rural Stress Action Plan Working Group

4.6 The Department recognises that an outbreak of animal diseases mentioned in this plan may result in significant social, economic and personal emotional impact, affecting farmers, other rural business-people and

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residents, as well as Defra staff and contractors. These issues will be addressed through consultation with the Rural Stress Action Plan (RSAP) Working Group, and the Group will be represented on Defra's Contingency Planning Stakeholder Group. This will allow:

- Contingency Plans to include the 'human dimension' of an outbreak;
- Provision to be made for appropriate feedback and consultation during an outbreak to address issues that arise, including arrangements for information to be communicated on a daily basis by an appropriate Defra official (Head of Rural Communities Division) to a representative of the RSAP WG;
- De-briefing and aftercare of individuals affected and to the staff involved in measures taken to control an outbreak to be addressed.

4.7 Contacts will be made via the RSAP Working Group with support organisations at a local level and issues such as referral procedures, confidentiality and debriefing for staff addressed.

4.8 The Rural Stress Action Plan Working Group brings together, under Defra's chairmanship, representatives of organisations that make an important contribution to the rural support sector, namely the Rural Stress Information Network (RSIN), Royal Agricultural Benevolent Institution, (RABI) Farm Crisis Network (FCN), Arthur Rank Centre (ARC), Samaritans, Citizens Advice Bureaux (CAB), National Farmers' Union (NFU), Tenant Farmers' Association (TFA), Country Land and Business Association (CLA), Transport and General Workers' Union (TGWU), Institute for Rural Health (IRH) and Department of Health (DoH).

4.9 Organisations represented on the Working Group, with others, also form partnerships at the regional and local level to address the needs of the rural community including supporting those in distress. County - based support "groups" are facilitated by RSIN and FCN, whose organisations and volunteer members provide information, signposting and, in some cases, telephone helplines. The groups draw on the expertise of the wider partnerships that the network fosters, and there are various "entry points" for enquiries and assistance. Initial contact with these local partnerships should be made via the RSAP Working Group, but once contact has been established, local Defra staff should be encouraged to deal with them direct.

4.10 Farming Help is the banner under which RSIN, RABI, FCN and Samaritans promote confidential help for all in the farming community, and contact with any of these via the national telephone numbers will offer callers a wide range of guidance, assistance and support.

<http://www.farminghelp.org.uk/>

4.11 Farmers and others in the rural community are increasingly aware of the support network, and those Defra staff likely to deal directly with farmers have guidance on how to respond to cases of stress they encounter, including advice on how to make referrals to specialist agencies. This is set out in RDS's Rural Support Operational Guidance (link at

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<http://omega/operations/ruralsupport/default.htm>), part of which is designed to increase awareness of the role of national and local rural support networks.

4.12 A strategic health and safety plan in support of these arrangements has been produced by Defra and is detailed in Part I: Generic Plan, Annex E. All relevant personnel must follow these arrangements. A strategic Welfare Service Plan is attached at Part I: Generic Plan, Annex F.

4.13 As part of the management of the FMD vaccination operation the contractor has established a Health and Safety Policy. This policy has been drawn up to cover risk assessments for pre-vaccination visits by vets, for farm vaccinators, on handling facilities and maintain the necessary documentation to accompany this. The contractor will comply with best practice and all relevant provisions, whether statutory or otherwise, relating to health and safety at work. Specific H&S training is provided for all staff.

Biosecurity guidance

4.14 Anyone coming into contact with livestock, poultry or their waste (manure/litter) runs the risk of spreading animal diseases. Biosecurity is the prevention of disease-causing agents entering or leaving a livestock premises. It involves a number of measures and protocols designed to prevent potential disease causing agents being spread from one premises to another.

4.15 Biosecurity guidance to prevent the spread of animal diseases has been developed (in accordance with legislation¹) This guide, for anyone who comes into contact with animals, can be found at Part I: Generic Plan, Annex H) of this Plan and on the Defra website at:

http://www.defra.gov.uk/animalh/diseases/pdf/biosecurity_guidance.pdf

Animal welfare

4.16 The welfare of animals and birds will be considered throughout a disease outbreak or emergency.

4.17 There is a responsibility on the owners of animals to anticipate and avoid problems. This principle is set out in the Animal Health and Welfare Strategy for Great Britain (June 2004). Owners should consult their private veterinary surgeon for advice on safeguarding the welfare of their animals. Guidance would also be issued by Defra to owners and keepers.

4.18 Consideration will be given to setting up, at the earliest opportunity, an animal welfare forum, chaired by a Minister, with representatives of appropriate welfare and other organisations. This forum should also include those responsible for welfare activities. This forum would enable specific

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Animal Health Act 1981 as amended by the Animal Health Act 2002,

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welfare concerns to be brought to Ministers' attention and enable Ministers to explain the implications for welfare of their disease control policies.

4.19 Provisions for ensuring the welfare of animals/poultry on-farm, at slaughter, at markets or in transit (at the time of movement controls being imposed) are detailed in SVS Instructions Chapters 31-34. Slaughter or killing must be carried out in accordance with the Welfare of Animals (Slaughter or Killing) Regulations 1995 (Chapter 31 refers). Provisions for emergency slaughter on farm in cases of poor welfare are detailed in SVS Instructions, Chapter 32.G. Procedures for slaughter/killing for disease control purposes are detailed in SVS Instructions Chapter 3.

4.20 Animal Movement Licensing Unit hold suitable licence templates for the movement of animals and instructions for their issue and use if movement restrictions are imposed. Animal Welfare Policy Division holds copies of advice to stock-keepers to assist them in maintaining welfare if movement restrictions are imposed. It is anticipated that the licence templates will be added to the Animal Movement Licensing System (AMLS) database so that licences can be issued direct from the system. This system could be extended for the movement of poultry.

Operational procedures

The objectives for disease control are detailed in section 1 of this plan. The operational procedures include a range of activities aimed at implementing the agreed policies. These policies are spelled out in the disease specific annexes.

Initial investigation (as detailed in Veterinary Instructions, Procedures and Emergency Routines (State Veterinary Service Operational Instructions))

Veterinary Inquiry

4.21 The aim of the veterinary inquiry is to undertake a prompt and accurate veterinary inquiry into suspect disease, and to manage the initial disease containment and control measures on the premises.

4.22 While they are on the premises, the Field Vet who undertakes the Inquiry has overall responsibility for all disease control activities and is responsible for all veterinary matters, including animal welfare. The investigating vet will:

- Ensure that appropriate restrictions are served on the suspect premises, and biosecurity procedures are established.
 - a) If it is a report Case the vet will serve an original of "Infected Place – Notice of Restriction" and keep a copy, and will explain restrictions and give copy of "Information leaflet for occupiers of Infected Premises"
 - b) If it is a Consultation case the vet will not serve restrictions but will discourage movements on or off premises. However, if necessary, an

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"Infected Place – Notice of Restriction" may be served if a veterinary assessment indicates potential risk of disease spread.

- Undertake a veterinary inquiry into suspect disease. This will include taking a history of the case, carrying out clinical inspections and examinations and reviewing relevant records, e.g. medicine, movement, production and stock numbers.
- Completion of Disease Report Form – The Field vet will complete a Disease Report Form.
- Telephone Report to HQ – The Field vet will make a telephone report to HQ and one of the following options will be the result of the veterinary inquiry:
 - Disease ruled out on clinical grounds
 - Disease cannot be ruled out on clinical grounds
 - Disease confirmed on clinical grounds

Disease ruled out on clinical grounds

4.23 The restrictions will be lifted when authorised by HQ and the occupier informed. They will be advised to seek advice from their own vet if appropriate.

Disease cannot be ruled out on clinical grounds

4.24 For FMD HQ may instruct the Field Vet to sign a certificate, which establishes restrictions in the area around the premises. Information regarding restrictions will be delivered through the Communications Hub centrally and delivered locally through GNN. Samples may be taken and sent for laboratory analysis. If necessary, HQ may authorise the slaughter of some or all of the stock. When slaughter is authorised this will be done as described below in Valuation, Slaughter and Disposal.

Movement Controls

4.25 The movement of people, vehicles, equipment, products etc on and off the affected premises must be licensed by a Veterinary Inspector.

Disease is Confirmed on clinical grounds (or if disease confirmed on laboratory results)

4.26 Where disease is confirmed, valuation, slaughter and disposal will be co-ordinated by Field Operations Team following the relevant instructions

Tracings

Valuation

4.27 The State Veterinary Service holds and maintains a list of approved valuers, which is subject to review on an annual basis. In the event of an outbreak all valuers on the list will be contacted to ensure they are still eligible for approval and to remind them of their responsibilities.

4.28 Operational instructions require all valuations of animals slaughtered for control of foot and mouth disease or classical swine fever; only to be undertaken by a Valuer from the approved list.

4.29 In order to ensure consistency in delivery of valuation policy the Department has appointed four Monitor Valuers (these appointments are reviewed on a regular basis, at least every three years). Although initially based in London, the Monitor Valuers may visit LDCCs as necessary, depending on the extent of the outbreak.

4.30 For diseases of poultry valuations based on rate cards will be used . For further detail see section 4.0 of the AI and ND components of this plan.

4.31 Defra is currently undertaking a review of animal disease valuation and compensation procedures with a view to rationalising and simplifying them. Part of this process will be to look at the case for compulsory standard valuations. This would remove the need for individual valuation by approved valuers in many cases. Such a system would help minimise the risk of disease spread by speeding up the slaughtering process.

Culling (Slaughter)

4.32 Culling for disease control is carried out in accordance with the WASK (Welfare of Animals (slaughter or killing) Regulations 1995 (see Section 4 of Part II: FMD, Part III: AI, Part IV: ND and Part V: CSF for disease specific arrangements).

Disposal

Disposal Hierarchy

4.33 The disposal hierarchy is as follows:

1. Commercial fixed plant incineration
2. Rendering
3. Licensed commercial landfill (may need direction from the Secretary of State)

4.34 Decisions on disposal options to be used in the event of a disease outbreak will take into account assessments of risks from TSEs and the latest SEAC guidance at the time; advice from the Department of Health; and an

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assessment of the potential impact on the environment. Defra will suspend the over thirty month scheme and would review the operation of the national fallen stock scheme, this would potentially free up disposal capacity to be used for carcase disposal.

4.35 A number of strategies, such as emergency vaccination, are now in place, which could reduce the numbers of animals to be disposed of in an outbreak, and this should mean that these three disposal routes would be sufficient. Although mass pyres will not be used in England in the future, the use of alternative methods of disposal routes such as on-farm pyres and on-farm or mass burial cannot be completely ruled out if demand exceeds the capacity of the preferred options of incineration/rendering and licensed commercial landfill. On-farm pyres and on-farm burial will normally only be considered in remote areas (e.g. The Isles of Scilly) where access to other routes of disposal is problematic). Any decisions to use these disposal routes will be taken in consultation with key stakeholders and appropriate environmental and public health assessments will be made at each disposal location.

4.36 Defra recognises that there are a several factors that may impact on the disposal hierarchy in the future. These include the implementation of possible new environmental or waste management legislation and changes to capacity and accessibility of the disposal outlets. The hierarchy will be regularly reviewed, in consultation with relevant stakeholders, to take account of these issues. New technologies and facilities will also be reviewed on a regular basis.

Incineration

4.37 Agreement in principle has been obtained with most animal incinerator operators in England, Scotland and Wales, to dispose of carcasses. Defra intends to review this list and will establish a preferred supplier listing which will be subject to an annual review.

4.38 Incineration capacity is however limited and will only be able to deal with small isolated outbreaks, or the first few days of a new outbreak or disease recrudescence.

4.39 As soon as a decision to slaughter has been taken, or where slaughter is likely, the DVM or LDCC Disposals Manager will, in consultation with the SVS Contingency Planning Division, the Rural Payments Agency (RPA), the Regulated Incinerator Operators (RIO), and the national transport logistics manager, arrange disposal of the carcasses. The DVM responsible for the disposal site will be informed, as will other key stakeholders.

4.40 DVMs will liaise with the relevant local authorities and the EA (or SEPA) to agree access arrangements and monitoring requirements.

Rendering

4.41 A call-off agreement with a major rendering company has been agreed to ensure a minimum lead-in time should there be an outbreak of disease. Additional capacity will be arranged in the event of a major outbreak, in consultation with the United Kingdom Renderers Association (UKRA) and the RPA. Total weekly capacity in the order of 20,000 tonnes per week could be made available. Specialist carcass transport will be provided separately through regional contracts with hauliers, renderers and the knacker industry.

4.42 Local AHDOs will ensure that they are aware which rendering facilities are available to them in the event of an animal disease outbreak. In the event of rendering capacity being required, the DVM or LDCC Disposals Manager will, in consultation with the SVS Contingency Planning Division, the Rural Payments Agency (RPA) and the national transport logistics manager, arrange disposal of the carcasses. The DVM responsible for the disposal site will be informed as will the local authority, EA (or SEPA) and other key stakeholders.

4.43 DVMs will liaise with the relevant local authorities and EA (or SEPA) to agree access arrangements and monitoring requirements.

Licensed Commercial Landfill sites

4.44 If incineration and rendering capacity has been exhausted, it may be necessary to consider the use of licensed landfill.

4.45 The implementation of the Landfill Directive is unlikely to impact on the number or capacity of licensed landfill suitable for carcass disposal although the Department is currently reviewing the scope of powers to direct landfill operators. Defra is currently finalising, in consultation with the EA, SEPA, ESA and devolved administrations, structured agreements and national operational protocols for the use of licensed landfill sites. In the event of an outbreak of disease the Secretary of State and Welsh and Scottish Ministers will consider the need for powers of direction for the use of commercial landfill sites from day one of the outbreak.

4.46 DVMs will ensure they are aware which licensed landfill facilities are available to them during an animal disease outbreak and liaise with EA (or SEPA) and local authorities to discuss access arrangements and monitoring requirements.

On-Farm Burial

4.47 If incineration and rendering capacity has been exhausted and licensed landfill capacity is limited, it may be necessary to consider on-farm burial. In this event Defra will consult with EA (or SEPA) to ensure that no burial is undertaken until an appropriate risk assessment has been completed and

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prior written authorisation from the EA (or SEPA) has been obtained. All burials would be undertaken in accordance with the relevant EU and national regulations so as to minimise the risk of environmental and public health impact.

Pyre Burning

4.48 Pyre burning would not normally be considered in England or Wales until the use of Air Curtain Burners had also been considered and then only in exceptional circumstances. If it is decided that pyre burning has to be utilised on a limited basis, the SVS will follow the SVS operational instructions, which incorporate the guidelines developed by the Department of Health in 2001. The ROD and SVS field operations staff will consult with local authorities, the Health Agencies and EA (or SEPA) and ensure that any burning is undertaken in accordance with the relevant EU and national regulations so as to minimise the risk of environmental and public health impact. Advice on air quality issues would be obtained from the local authority in the case of pyres and the EA (or SEPA) in the case of Air Curtain Burners. Pyre burning will not be considered for the disposal of poultry. Defra has no plans to use mass pyres.

Transport

4.49 A series of centrally negotiated transport call-off agreements are in place with a number of specialist local, regional and national haulage companies. Procurement advisers, in consultation with the NDCC disposal team, the local DVM and LDCC disposal manager will identify and procure appropriate transport for carcase disposal. The duty officer will initially deal with requests for transport. An emergency call-off contract to supply a national transport logistics manager and supporting regional transport manager(s) is now in place, and within 36 hours of confirmation of an outbreak the transport logistics manager(s) will take over responsibility for all transport logistics and tasking from the local DVM, although transport will continue to be procured locally.

Rodent control

4.50 Rodent Control will be carried out on infected premises, on behalf of Defra, until the disease risk from rodents has been minimised (e.g. carcasses and potentially infected feed have been removed during preliminary Cleansing and Disinfection procedures). This control will be by the National Wildlife Management Team (NWMT) and will be co-ordinated nationally with staff operating within, and reporting to, the Biosecurity Unit of the LDCCs. Thereafter responsibility for rodent control will revert to the owner or occupier of the infected place.

Cleansing and disinfection of affected premises

4.51 The purpose of cleansing and disinfection is to ensure that disease does not re-occur. It must take place on the premises where disease has been confirmed (IP) and where animals have been exposed (DC). It is targeted at any part of the premises that could have been contaminated, such as buildings, feed, troughs, water lines, yards and fields. It is a two-stage process:

- **Preliminary cleansing and disinfection** is a simple “damp down” to reduce the level of surface contamination by killing exposed virus and by reducing dust levels. It must be carried out at the time of slaughter or immediately afterwards.

Preliminary cleansing and disinfection will remain the responsibility of Defra, and will be undertaken and funded by Defra.

- **Secondary cleansing and disinfection** cannot begin until 24 hrs have elapsed since the completion of preliminary C & D and all carcasses have been disposed of. It consists of cleaning surfaces to provide a grease-free, clean surfaces followed by the application of disinfectant. It is undertaken in a programmed way to ensure efficient C & D with minimal risk of recontamination.

Government funding of secondary cleansing and disinfection on farm premises for foot and mouth disease will be subject to review and separate consultation as part of the consideration of the future funding of disease control measures. For all other diseases it will remain the responsibility of the owner.

4.52 When carrying out cleansing and disinfection, disinfectants used must be approved by Defra for the disease concerned and must be used according to manufacturer's instructions. Further information about cleansing and disinfection can be found on the Defra website at:

http://www.defra.gov.uk/animalh/diseases/control/testing_disinfectants.htm

4.53 Detailed guidance on the procedures for cleansing and disinfecting affected premises is available in the SVS Instructions, Field Operations Section. The EA or SEPA must be consulted before any disposal of disinfectant or seized material is considered. All disposals will be subject to a prior risk assessment and will be undertaken in accordance with EU and national regulations and guidance.

Surveillance

Clinical Surveillance

4.54 The aim of surveillance is the early detection of further infection spread and to provide evidence that infection has stopped spreading. The type and extent of surveillance activities will be adapted to the nature of the outbreak, and will be based on scientific advice.

Serological Surveillance

4.55 Serological surveillance may be carried out for a number of reasons, such as epidemiology, but its main use is likely to be as part of the surveillance of protection and surveillance zones following an outbreak, prior to declaring them free from disease. Serology surveillance in support of lifting restrictions should not commence until the specified time (depending on the disease and the nature of the outbreak) following preliminary cleansing and disinfection of an infected premise.

SECTION 5 - Communications

Objectives

5.1 During an outbreak of an exotic animal disease communications aim to ensure progress on the Department's objectives is enhanced by appropriate news media focus and effective dialogue with affected stakeholders. This is consistent with promoting the work of Defra and supporting public trust in the in the Department and hence HM Government.

5.2 Managed communications can control the risk of losing public trust and confidence, by ensuring that:-

- agencies, operational partners, the Department and Government **respond with one voice**;
- we **anticipate and respond** to crises in the most efficient and effective way possible;
- we continually increase our understanding of, and effective dialogue with, **stakeholders**.

5.3 During an emergency situation, Communications Directorate (CD) aims to:

- **co-ordinate** Defra and central government information;
- **identify early any issues** of key interest to the media, the general public and the legislature;
- co-ordinate and **integrate key messages** with the policy directorates;
- **deliver and manage** messages to stakeholders;
- **respond** to stakeholder concerns.

Introduction

5.4 The Communications approach and activities described in this plan are intended to be compatible with all other Emergency Plans within Defra and its agencies. The functions of CD in an emergency are to

- **advise** on the most effective deployment of communications tools (including spokespeople, electronic media, production and distribution services, and regional communications teams)
- **assist** in enabling proper dialogue with stakeholders – that is, responding to legitimate concerns, especially among those people most directly affected by any incident and its aftermath
- **publish** information effectively to news media, Defra people, other parts of government, and wider public
- **ensure** that everybody understands what is happening, without confusion or conflicting messages, and with an adequate supply of qualified information; this includes also **monitoring** perceptions of the efficacy of incident response, among all stakeholders but particularly journalists and the local communities most affected

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- **monitor and control** consistency, quality and strategic “fit” of any briefings to stakeholders, including **warning** of any potential adverse impact on public confidence in Defra's ability to plan for and manage incident response.

Media – see also Part I: Generic Plan, Annex C.

5.5 On confirmation of disease Defra will establish a multi disciplinary communications team as part of the NDCC, which will work closely with the National Communications Centre (NCC) if established. News releases will be co-ordinated through Communications Directorate. Defra Press Office will take all national media inquiries, organise press briefings and interviews with Ministers, SVS HQ, vets and officials. Media briefing will take place as soon as possible after disease confirmation to provide a brief update and to get out key messages, such as the importance of biosecurity. More detailed briefing, by relevant veterinary experts and policy leads, will be held for the media within two days of a confirmed outbreak, outlining the disease situation, factors being considered, the process by which a decision will be made and the possible use of vaccination. Key stakeholders will receive the same briefing and will be requested to cascade this information within their own groups. If a central governmental response is initiated, the NCC will take the lead, working closely with Defra and other departments with a shared interest e.g. Environment Agency and Department of Culture, Media and Sport, Department of Health and Health Protection Agency. They will take all media calls and centralise all press office functions. Web and internal communications specialists would maintain a constant electronic link with the Defra briefing and knowledge network unit. The Government News Network will do likewise in the regions (in co-ordination with the NCCC)

For outbreaks of FMD, the issue of emergency vaccination will be addressed in stakeholder meetings and in other ways at an early stage and regular updates of current thinking will be provided.

5.6 DVMs/RODs will work with their local Government News Network (GNN) representative to ensure that accurate and timely briefings are given to the media and stakeholders.

Website

5.7 Defra considers its website to be a key source of information in the event of an outbreak of disease. Outline pages are being prepared in advance so that an information site can be established as soon as possible in an outbreak. This is the responsibility of Animal Health and Welfare Planning Division working in co-operation with other animal health divisions and the Head of News Media in Communications Directorate.

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The site will include:

- A full list of Infected Premises (IPs) updated daily. For data protection reasons this will not include premises where animals are culled for disease control purposes e.g. Dangerous Contacts (DCs).
- Full details of restricted areas e.g. Protection Zones and Surveillance Zones including interactive maps.
- Full details of disease control measures and restrictions.
- Updated information on emergency vaccination
- Advice to farmers, local authorities, and other rural stakeholders.
- Advice on rural activities.
- Information on protective measures that those working with livestock/poultry may wish to follow.
- Links to relevant websites (e.g. other Government departments, stakeholders and Agencies including the Department of Health and Health Protection, British Poultry Council, British Egg Industry Council Meat and Livestock Commission, English Nature, National Farmers Union, Open Britain and Local Authorities).

Helplines

5.8 The Defra General Helpline 08459 335577 will be prepared for increased public interest, by providing additional staff resources, establishing supplementary helplines and providing briefing. For zoonotic diseases, appropriate public health information will be provided by NHS Direct or similar helplines.

Central Co-ordination

5.9 The Emergency Management Board meeting chaired by Defra's Permanent Secretary on Day 1 will consider the need to engage CCC. A representative from the Cabinet Office Civil Contingencies Secretariat will attend this meeting to advise on Government-wide co-ordination. If CCC is engaged, it will need to consider whether to activate the News Coordination Centre (NCC), to co-ordinate communications between Government departments and agencies. This will depend on an assessment of the scale and possible course of the outbreak and the extent of involvement of other Departments. Defra will immediately establish a multi disciplinary communications team as part of the NDCC, which will work closely with the NCC if established.

5.10 The CCS, in conjunction with Overseas and Defence Secretariat (OD Sec) will provide the infrastructure to run a 24/7 operation in support of the CCC. Units may include a situation cell and a coordination cell (subject to OD Sec/CCS confirmation) and will include representatives from Defra and other Departments as necessary. CCS would provide the secretariat for CCC and CCC (O) meetings. The NCC, located at 10 Great George Street would provide rolling media briefs, take media calls and centralise all press office functions. It could also contain web and internal communications specialists

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and would maintain a constant electronic link with the Defra briefing and knowledge network units.

Publicity and disease awareness

Animal Disease Awareness programmes

5.11 Headquarters and DVMs, working with CD, are involved in maintaining awareness: lectures/demonstrations to veterinary schools, veterinary practices and agricultural colleges; direct mailing to livestock producers and articles in the veterinary and farming press as appropriate; and frequent contact through testing, inspection and advisory visits to livestock/poultry producers and those working in ancillary industries including markets, slaughter houses and livestock/poultry transport.

Responding to Requests For Information

5.12 Defra's general policy statement on the release of personal data relating to an animal disease covered by this plan outbreak may be found at Part I: Generic Plan, Annex D.

Environmental Information Regulations, Freedom of Information Act and Data Protection Act

5.13 All staff must visit the following intranet site before responding to requests for information: <http://intranet/imd/access2info/data.asp> . (This site includes a checklist designed to help Defra staff decide how to respond if they are asked for information that has not previously been made public).
<http://intranet/imd/access2info/cecklist.asp>

5.14 Information Management Representatives (IMRs) have been appointed in business areas to oversee requests for information under the Freedom of Information Act and Environmental Information Regulations. A list of IMRs is on the intranet at http://intranet/imd/im_reps.asp, which staff should consult to find the appropriate IMR for information covered by this contingency plan.

5.15 If staff are considering refusing to provide information in response to a FOI/EIR request or a request for third party personal data, they should consult Information Management Division.

5.16 Legislation such as the Environmental Information Regulations (EIRs) and the Freedom of Information Act (FOIA) place extensive and increasing obligations on public authorities to be open in responding to requests for information. Furthermore, accessibility is one of Defra's core values and it is committed to establishing its reputation as an open Department, which shares information with its stakeholders.

5.17 The EIRs apply to the majority of information that Defra holds including any information that relates to air, water, land, natural sites, flora and fauna, the built environment and health. It also covers all information relating to

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decisions or activities affecting, or likely to affect, any of these. Requests for non-environmental information currently fall under the [Code of Practice on Access to Government Information](#) and, from 1 January 2005, have fallen under the [Freedom of Information Act](#). Similar principles apply when considering requests for information under the various regimes. Remember that a request for information does not need to mention any legislation or the Code, in order for the relevant requirements to apply.

5.18 The [Data Protection Act 1998](#) sets out rules for processing personal information held on paper records and computers. If a person requests information relating to himself/herself, the request will fall within the scope of the DPA and **not** the EIRs or FOIA. If staff receive such a request from an individual, they must contact the Data Protection Officer without delay.

SECTION 6 – Strategic, Tactical and Operational Plans.

OUTLINE OF COMMAND STRUCTURES

Command and Control

6.1 The response to a disease alert will be controlled using a Strategic, Tactical and Operational command structure.

Strategic Command

6.2 Purpose: To provide high level command and control at all stages of an animal disease outbreak, giving clear strategic direction to enable a cross departmental response. Initially the Defra Emergency Management Board will be called and this will trigger rapid establishment of the Civil Contingencies Committee(s) (CCC and CCC(O)). Once the CCC is established, the Defra Emergency Management Board role will change from strategic command to dealing with business continuity issues for Defra and will meet on an ad-hoc basis in this context. Defra's Animal Disease Policy Group will be responsible for recommending disease control strategies to ministers in close liaison with the Devolved Administrations. The CCC will convene as both official and ministerial meetings. However, it is likely that whilst the officials' meeting will occur daily, ministers will meet on a less frequent basis, perhaps weekly. The routine will be dependent on the scale of the emergency.

6.3 Defra's Science Advisory Council (SAC) exists to ratify, audit and advise on the science and evidence base for the development of the control strategies that are implemented by Defra and its agents. There will also need to be consideration of whether the Government's Science Advisory Panel for Emergency Response (SAPER) should be involved. The mechanisms for activating SAPER require the departmental Permanent Secretary or Chief Scientific Adviser to write to the Security and Intelligence Co-ordinator, or, in his absence the Head of the Civil Contingencies Secretariat, copied to the Government's Chief Scientific Adviser.

Tactical Command

6.4 Purpose: To provide: a co-ordinated response to the direction received from the Strategic Group; operational feedback and devise tactics for operational implementation.

6.5 This is the responsibility of the National Disease Control Centre (NDCC) and the Tactical Direction Group (TDG). The direction from the strategic command is passed to the NDCC via the TDG. The TDG assesses the operational implications of the strategic requirement and decides on the appropriate tactical response for the NDCC. The NDCC produces tactical guidance for the Local Disease Control Centres. The NDCC comprises elements of both policy development and operational implementation in one

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tactical command. The operation is controlled through the Joint Coordination Centre (JCC) as part of the NDCC. The JCC includes representatives from other Government Departments, the Devolved Administrations, executive agencies and key operational partners including the Health Protection Agency, Local Government Association, Local Authorities Coordinators Of Regulatory Services (LACORS) and Defra Directorates (Communications, Veterinary Policy, Animal Health and Welfare (and Livestock Strategy Division), Corporate Services, Finance, Environment Quality and Waste, Rural Economies and Communities and Legal Services A.

6.6 The JCC collects information and intelligence on the outbreak, its control and its impact on industry and the public. This is analysed and collated in a daily NDCC report, which is circulated overnight to key personnel by the JCC.

Operational Command

6.7 Purpose: To implement contingency plans and associated tactical guidance, working in liaison with operational partners and stakeholders to ensure effective control of the disease outbreak, and provide regular feedback.

6.8 Local Disease Control Centres (LDCCs) are established by Divisional Veterinary Managers and subsequently come under the control of the Regional Operations Directors They include representatives from relevant agencies, local authorities, operational partners and other key stakeholders. Divisional Operations Managers are also posted to LDCCs to take responsibility for the administration of the centres. Depending on the scale of the outbreak additional managers may be brought in to assist.

6.9 The Regional Operations Directors are responsible for collecting management information on: the performance of their LDCCs; the progress of the outbreak and the control measures in their area; information received from stakeholder groups and an estimation of the impact of the outbreak on industry and the public. This information is reported to the JCC in a daily situation report (sitrep).

6.10 This Plan covers operations in England. Part I: Generic Plan Annex J sets out outline details of the contingency plans for Scotland and Wales. Northern Ireland also has a separate contingency plan, details of which are not outlined in this plan as the island of Ireland is treated as a separate epidemiological entity.

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DAILY BATTLE RHYTHM

	07.30 - 08.00	08.00 - 10.00	10.00 - 11.00	11.00 - 12.00	12.00 - 12.30	14.30 - 15.00	19.00 - 19.30	21.00 - 22.00
Strategic		→ 08.30 Daily Comms Meeting	Civil Contingencies Committee(s)	11.30- 12.00 Media Briefing				
Tactical	Birdtable (NDCC)	→ 10.00 National Experts Group		11.00 → Tactical Direction Group	Birdtable (NDCC)	RODs Teleconf.	Birdtable	NDCC Report Circulated
Operational	Birdtable (LDCC)	08.00 – 09.00 Daily Management & Comms meeting			11.30 – 12.00 Media Briefing	RODs Teleconf.	Birdtable	

Adhoc meetings such as ADPG will be scheduled as required

SECTION 6 - PART A - Strategic Level Plan

BACKGROUND AND SCOPE

6.11 This section relates to the strategic level structures and functions necessary for effective command, control and communications in the event of a disease outbreak, key documents relating to the strategic level plan have been included as appendices to this element of plan. For ease of reference.

6.12 The decision-making processes at strategic level will focus on defining, reviewing and refining strategies for disease control, communications, disposal, relief and recovery. (See below for Defra Emergency Management Board, Animal Disease Policy Group and Civil Contingencies Committee). The Strategic Group will direct the Tactical Group and will receive feedback on operational issues from stakeholders and from the operational command in order to inform further strategic decisions.

6.13 In the event of a confirmed outbreak of disease, Defra's Emergency Management Board will meet as soon as possible (as detailed below) to ensure a rapid and appropriate response. The Management Board will trigger the establishment of the Civil Contingencies Committee. The Permanent Secretary will contact the Government Security and Intelligence Coordinator or the Head of Cabinet Office Civil Contingencies Secretariat.

6.14 As lead department Defra will retain overall responsibility for the control of the outbreak and recovery afterwards. The Civil Contingencies Committee(s) [CCC and CCC(O)] will be responsible for the assessment of the wider impact of the outbreak. It is responsible for reviewing and developing cross-departmental strategies, and in particular accounting for issues affecting the wider UK economy.

6.15 The Animal Disease Policy Group (ADPG) will be established by the CVO (UK). This is the key strategic decision-making body for defining disease control policy. It receives advice from both science and policy and makes recommendations on major policy issues to Ministers. The Devolved Administrations are represented on the APDG in order to facilitate a coordinated approach to GB/UK disease control.

6.16 Defra's Science Advisory Council (SAC) exists to ratify, audit, advise and guide the scientific development of the control strategies that are to be implemented by Defra and its agents. It will also need to consider whether the Science Advisory Panel for Emergency Response (SAPER) should be involved. The mechanisms for activating SAPER require Defra's Permanent Secretary or Chief Scientific Adviser to write to the Security and Intelligence Co-ordinator, or, in his absence the Head of the Civil Contingencies Secretariat, copied to the Government's Chief Scientific Adviser.

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6.17 Operational Partner and Stakeholders' issues and concerns will be raised at birdtable meetings in both the JCC and LDCCs, at formal Stakeholder Forums and in ad-hoc meetings. The Rural Affairs Forums of the Government Offices in the Regions are especially important for gathering information on the impact of the outbreak on rural communities. This information will be collated by CCS assessments staff located in the NDCC. The issues identified will be raised at CCC(O) by Defra representatives and the Civil Contingencies Secretariat

6.18 Tactical issues will be addressed at the daily Tactical Direction Group and by the National Disease Control Centre and Joint Co-ordination Centre.

6.19 Operational decisions are devolved, in the main, to the Local Disease Control Centre.

The Lead Department Concept

6.20 Defra is the Lead Government Department in managing exotic animal diseases in England. The Scottish Executive Environment and Rural Affairs Department takes the lead in Scotland, whilst the Welsh Assembly Government Environment Planning and Countryside Department has responsibility for managing animal health emergencies and their consequences in Wales. The Department of Agriculture and Rural Development (Northern Ireland) has responsibility for dealing with outbreaks of disease in Northern Ireland. However, the island of Ireland is treated as a distinct epidemiological unit separate to Great Britain.

6.21 The Cabinet Office supports Ministers collectively and the lead Departments in particular. It ensures a co-ordinated Government response to outbreaks of exotic animal disease by ensuring that there is an agreed understanding of the triggers for, and implications of the outbreak, identifying issues requiring collective discussion and agreement by Ministers, and recording, promulgating and following up agreed actions.

Civil Contingencies Committee(s)

6.22 The Civil Contingencies Committee(s) will bring together relevant Ministers and senior officials from the main organisations involved (including No.10). The Committee will take decisions that are for Government, and through the Ministers of Defra and the devolved administrations will provide strategic direction for the outbreak response as required.

6.23 Membership of CCC will be kept under review in the light of developments, but subject to the views of the Chairman, the following departments and organisations should be represented (normally at ministerial or senior official level): Defra, DOH, HPA, HO, HMT, DfT, FCO, DTI (OST), DCMS, CO, No.10, HSE, FSA, ODPM (RCU), Treasury Solicitors, NCC, ACPO, the Devolved Administrations.

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6.24 The Devolved Administrations are precluded under the devolution settlement from formal membership of UK Cabinet Committees. Subject to the views of the Chairman, and those of the Secretaries of State for Scotland, Wales, and Northern Ireland, the devolved administrations will be invited to attend meetings of CCC at ministerial level and CCC(O) at official level. A video link will be made available where possible to minimise the travelling requirement.

6.25 Meetings of the Civil Contingencies Committee(s) CCC and CCC(O) will take place in the Cabinet Office Briefing Room (COBR) with 10 Great George Street as a fallback location. It is anticipated that a Defra Minister will chair meetings of CCC¹. The Government Security and Intelligence Co-ordinator or the Head of CCS will chair meetings of CCC(O). In the first few days of an outbreak meetings are likely to be frequent, probably daily. However, as the outbreak progresses CCC(O) is likely to continue to meet daily but CCC will meet less frequently, mainly determined by emerging issues requiring strategic and collective decisions. CCS will act as the secretariat to CCC and CCC(O).

6.26 After each meeting of CCC (or CCC(O) if CCC does not meet), the Cabinet Office will prepare a note for the head of CCS to send to the CCC Chairman copied to the PM and members of CCC and CCC(O) summarising the key points to emerge, work commissioned/decisions taken, and any issues on which strategic guidance is required. Papers for meetings will be commissioned as necessary from Departments.

Consequence Management

6.27 Consequence management issues arising for other Government Departments from an animal disease outbreak are anticipated to emerge over a slower timeframe than in many other crises and to continue for some months. The National Disease Control Centre in Defra's HQ will deal with many emerging operational issues and as a result, a consequence management co-ordination centre based in the Cabinet Office is not expected to be necessary, although this will be kept under review. In the event of a co-ordination centre being necessary, the main departments will provide representatives during the normal working day. If necessary, teleconferencing and a video link will be available for the devolved administrations.

6.28 CCS will also work with other Departments, bilaterally or multilaterally, at strategic level to identify emerging issues and develop solutions or policy options for putting to CCC. In the absence of a permanent consequence management co-ordination centre, CCS will set up ad-hoc strategic level meetings of Departments and agencies, probably at short notice, to fulfil this role.

6.29 The Devolved Administrations will assume responsibility for management of the disease in their areas and for co-ordinating support on

¹ to be confirmed with Home Secretary who is default Chair of CCC.

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wider impact management and recovery issues. They will activate their own co-ordination arrangements as appropriate.

Regional Resilience Arrangements

6.30 The regional civil protection tier under the co-ordination of the Regional Resilience Teams in Government Offices for the Regions, including (as necessary) the Regional Civil Contingencies Committee, will activate following discussion with Defra's Regional Operations Director(s) or as requested by CCC to support local co-ordination, the identification and tasking of resources, and to communicate with the centre.

Communications

6.31 Central government will be responsible for the national communications strategy. The GCN will establish a combined press and communication News Co-ordination Centre (NCC) in Defra HQ or Cabinet Office working closely with the Defra Press Office. This will provide a 24-hour news monitoring and response capability, will co-ordinate bids and public communication and ensure that the press team are kept up to date with reports from the Regions. It will work closely with CCS and Defra staff. Information officers from the relevant Departments and agencies will be attached to the NCC for the duration of the outbreak. All media enquiries and requests for Ministerial appearances will be directed to the NCC, which will also generate a rolling brief for Ministers and a media summary for CCC meetings.

6.32 CCC meetings will need a steady flow of good quality information on the management and impact of the outbreak and the effectiveness of the response if they are to identify and address shortcomings in contingency arrangements (particularly interdepartmental issues), ensure effective co-ordination at all levels and forward planning, resolve bottlenecks, and ensure that the Government's public information strategy is delivered effectively with consistent lines-to-take. A daily NDCC report will be circulated overnight to Ministers, CCC (O) members and key staff. The Joint Co-ordination Centre and CCS have responsibility for collating and interpreting information on both the control of the outbreak and consequence management issues within this report. Other Government Departments will be required to provide relevant information on their areas of responsibility for inclusion in the daily report. CCS staff will be present in the JCC Management Information Cell to facilitate this. NCC will provide a daily summary of the press reaction.

Strategic Aims and Objectives of Disease Control

Aim: In the event of a confirmed case of Foot and Mouth Disease, Avian Influenza, Newcastle Disease or Classical Swine Fever.

To rapidly establish a command structure which enables a cross-departmental response and which gives clear strategic direction to the control effort.

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Objectives: Strategic Group (Defra Emergency Management Board and Civil Contingencies Committee)

- Gives clear strategic instructions and direction to the tactical level, in particular clarifying the key priorities for action, (Tactical Direction Group, daily communications meetings and National Disease Control Centre).
NB: It is expected in the early days of an outbreak that the control strategies laid out in this plan will be adhered to and therefore minimal strategic direction will be required at this stage. However, strategists will be required to consider the impact of control policies in the face of the emerging disease picture and to suggest policy modifications as necessary.
- Provides initial strategy for direction of communications, within Defra and in liaison with GCN across wider Government and externally to the public.
- Defra Emergency Management Board will trigger the establishment of the Civil Contingencies Committee(s).
- Members of Defra Emergency Management Board are the principal advisors to Defra Secretary of State, Number 10 and the Civil Contingencies Committee.
- Defra Emergency Management Board must ensure Defra's business continuity arrangements, in particular the impact on departmental business as a result of the reallocation of staff to the control effort.
- Defra Management Board must review departmental business priorities, make recommendations to Ministers and give guidance on the reallocation of resources. This must be clearly communicated to managers and staff in the Department.
- Defra's Permanent Secretary is responsible, through the Chief Executive SVS and Defra Finance Director for ensuring the financial integrity of the control and recovery operations by establishing proper procurement, finance and audit procedures, in liaison with HM Treasury and the National Audit Office.

Role of Chief Veterinary Officer (CVO) and Chief Executive SVS

The Chief Veterinary Officer will retain the peacetime role of animal disease risk and policy owner, developing policy through the Animal Disease Policy Group (ADPG) with input from the Science Advisory Council (SAC). The CVO will advise Ministers and lead in CCC(O) on animal disease control policy as well as being the main spokesman on policy for the media.

The Chief Executive SVS has overall responsibility for operations (supported by an Operations Director and a Finance Director) through the NDCC and JCC and for the direction and management of the disease control operation through the LDCCs. This will include not only the direct eradication of disease, but also the wider operation including finance, personnel and management issues. The CESVS is also responsible for briefing Ministers and leading in CCC(O) on operations.

There is a single line of accountability from the CVO to the CESVS. This provides assurance that the risk for which the CVO is accountable is being

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effectively managed and that there is a match between policy and delivery. Defra's Permanent Secretary and CCC(O) also have direct links to the CESVS.

Ministers, the CVO and Chief Scientific Advisor will decide who will brief the media on a daily basis but, where possible, operational issues will be addressed in the region where they arise by the Regional Operational Directors and DVMs. These officials will be kept up-to-date on national policy and operational issues.

The CVO will contribute to the development of operational strategy and tactics and may seek direct assurance from the CESVS on the management of the operation. However the CVO's input will be limited to strategic planning - setting objectives - and not encompass tactical management of delivery.

The CESVS is responsible for all operational staff, including those from the Defra family, other government departments and agencies, as well as the SVS, both those engaged in the disease outbreak and those in normal work. The balance and precise focus of this role will depend on the size, nature and stage of the outbreak. In a relatively minor outbreak it may be appropriate for the CESVS to pass responsibility for disease control to one of the senior managers in the SVS. In a major outbreak it may be appropriate for the Defra Permanent Secretary to strengthen the operational capacity by appointing a Director either from within the Defra family or another department to assist the CESVS with a focus on resource and finance management. This additional administrative support will allow the CESVS to fulfil the outward facing element of the role more effectively while also ensuring the operation was fully planned and led and able to provide good feedback of management information to inform policy development.

Defra Roles at Strategic Level

NB It is vitally important that the people identified below appoint Deputies as soon as possible after confirmation of disease.

Permanent Secretary - Defra Strategic Commander

- Responsibility for all strategic decisions taken within Defra.
- Responsible for triggering the establishment of the Civil Contingencies Committee by contacting the Government Security and Intelligence Coordinator (or direct to Head of Civil Contingencies Secretariat).
- As Chairman of the Emergency Management Board establish Departmental priorities, achieve clarity of impact on other Departmental business and give clear leadership.
- As Departmental Accounting Officer, and in liaison with the Director of Finance, ensure that appropriate financial and audit procedures are in place.
- Take an outward-facing role to engage Number 10 and other Permanent Secretaries, particularly Cabinet Office regarding the Civil Contingencies Committee and HM Treasury. Issues likely to be: augmenting staff

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resources from OGD pool, communication with OGD partners and Ministers, response to EFRA and Public Accounts Select Committees.

- Horizon scan for wider governmental issues.
- Attend morning JCC Birdtable (07.30).
- Attend Civil Contingencies Committee (O) (10.00)
- When necessary, attend daily Communications Meeting (08.00 - 08.30) and ensure that the Secretary of State, Ministers and Number 10 are being regularly briefed.
- Chair first Emergency Management Board on confirmation of disease ensuring the meeting focuses on strategic outcomes. Subsequent meetings will deal with departmental business continuity issues only.
- Ensure that notification of a confirmed outbreak is cascaded down to Heads of Division level within the appropriate Directorates General without delay and that those HODs with key roles to play (e.g. Heads of Professions) understand their roles and the need for a rapid reaction to support the control effort.
- Appoint deputies

Chief Veterinary Officer

- Responsible for confirmation of disease outbreak
- Establish and Chair Animal/Poultry Disease Policy Group to develop/refine disease control policies (see appendix 1 of the strategic level plan for further details).
- Ensure that notification of a confirmed outbreak is cascaded down to key staff as outlined in the Tactical Section of this plan, and also to Heads of Division level within the Directorate General without delay and that those staff with key roles to play understand the need for a rapid reaction to support the control effort.
- Attend morning JCC Birdtable (07.30) (*optional*).
- Attend daily Communications Meeting (08.00 - 08.30).
- Attend Civil Contingencies Committee (O) (10.00).
- Brief media (11.30).
- Attend Stakeholders Group (once per week) *or send deputy*.
- Head of Veterinary Profession - increased liaison with RCVS and BVA.
- Appoint deputies.

Chief Executive State Veterinary Service

- Tactical Commander, overall responsibility for operations
- Engage Defra Directors General and Other Government Departments (particular responsibility for engaging with Civil Contingencies Secretariat and exploring Armed Forces support), Issues likely to be: Augmentation of Defra staff from OGD pool and elsewhere, calling in the Armed Forces (in liaison with MOD Home & Special Forces Secretariat - see contact list at Part I: Generic Plan, Annex B).
- Ensure Local Authority engagement through Local Government Association and LACORS.
- Strategic Liaison with Government Offices in the Regions.

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- Horizon scan for strategic issues.
- Attend morning JCC Birdtable (07.30).
- Attend Civil Contingencies Committee (O) (10.00)
- Chair daily Tactical Direction Group (11.00), ensuring the meeting focuses on delivery of tactical outcomes from the strategic direction received from CCC and that clear instruction/guidance is given to the JCC and operational partners.
- Appoint deputies.
- Appoint Operations Director and Finance Manager.
- Appoint Head of Finance in NDCC and agree appointment of Finance Managers to LDCC(s).

Defra Chief Scientist

- Call Science Advisory Council Epidemic Diseases Sub Group to provide independent science advice for the development of strategies at Animal Disease Policy Group and Civil Contingencies Committee
- Horizon scan for strategic issues.
- Ensure that notification of a confirmed outbreak is cascaded down to Heads of Division level within the Directorate General without delay and that those staff with key roles to play understand the need for a rapid reaction to support the control effort.
- Attend morning JCC Birdtable (07.30). *optional*
- Attend Civil Contingencies Committee (O) (10.00).
- Possible media briefing(11.30).
- Attend Stakeholder Group (once per week) *or send deputy*.
- Appoint deputies.

DG Natural Resources and Rural Affairs

- Ensure that notification of a confirmed outbreak is cascaded down to Heads of Division level within the Directorate General without delay and that those staff with key roles to play understand the need for a rapid reaction to support the control effort.
- Horizon scan for strategic issues.
- Establish and Chair Rural Issues Group to horizon scan and inform development of strategies at Animal Disease Policy Group and Civil Contingencies Committee.
- Review procedures for information gathering from rural stakeholders with the aim to ensure close stakeholder liaison and adequate feedback to Civil Contingencies Committee.
- Attend morning JCC Birdtable (07.30). *optional*
- Attend Civil Contingencies Committee when required (11.00).
- Attend regular stakeholder meeting.
- Appoint deputies.

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Other DGs

- Ensure that notification of a confined outbreak is cascaded down to Heads of Division level within the Directorate General without delay and that those staff with key roles to play (e.g. Heads of Divisions) understand the need for a rapid reaction to support the control effort.
- Appoint deputies.
- N.B. Attendance at 07.30 JCC Birdtable is recommended for briefing.

Director of Operations State Veterinary Service (*Deputy Tactical Commander*).

- Establish the Joint Coordination centre and lead on operations.
 - appoint deputies
 - appoint Head of Joint Coordination Centre
 - ensure that contingency arrangements are enacted
- Direct the RODs and LDCC in controlling and eradicating the disease.
- Attend JCC Birdtables (especially 07.30 for briefing).
- Attend daily Communications meeting (08.00 - 08.30).
- Attend and brief daily Tactical Direction Group when necessary (11.00)
- Chair daily conference call with RODs (14.00)
- Horizon scan for tactical issues.
- Deputise for CE SVS at Stakeholder Group when necessary
- Responsible for Health and Safety issues in all disease control and clear-up operations.

Deputy Chief Veterinary Officer

- Appoint deputies
- Makes recommendations to Animal/Poultry Disease Policy Group.
- Establish and Chair National Experts Group
- Responsible for European Union SCOFCAH other MS and OIE liaison.
- Deputise for CVO at Tactical Direction Group, and if necessary at Civil Contingencies Committee (10.00) and Animal/Poultry Disease Policy Group.
- Attend JCC Birdtables (where possible, but especially 07.30 for briefing).
- Horizon scan for tactical issues.
- Attend Stakeholder Group (once per week) *or send deputy*.

Director Animal Health & Welfare

- Responsible for liaison with industry and other stakeholders on policy development.
- Responsible for liaison with Devolved administrations.
- Deputise for CVO at Defra Tactical Direction Group, and if necessary at Animal Disease Policy Group.
- Attend JCC Birdtables (where possible, but especially 07.30 for briefing).

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- Horizon scan for strategic issues and shape of future policy
- Attend Stakeholder Group (once per week) *or send deputy*.
- Appoint deputies.

Director Legal Services A

- Provide Legal advice to the Animal Disease Policy Group and the Civil Contingencies Committee.
- Ensure that notification of a confirmed outbreak is cascaded down to Heads of Division level within the Directorate General without delay and that those staff with key roles to play understand the need for a rapid reaction to support the control effort.
- Ensure that there are sufficient legal staff to meet emerging needs.
- Ensure that there is a lawyer posted (on a rota basis) to the National Disease Control Centre at its inception.
- Horizon scan for strategic issues.
- Attend morning JCC Birdtable (07.30). *optional*
- Attend daily Tactical Direction Group (11.00).
- [DG Legal Services to attend Civil Contingencies Committee (O) (10.00) if necessary].
- Appoint deputies

Director of Communications

- Advise Minister and CVO.
- Organise and chair teleconference upon notification of initial case of suspect/confirmed disease.
- Establish national communications hub in JCC and working with RODs/DVMs set up regional/divisional communications presence in local disease control centres (LDCC).
- Engage with GCN (and GNN).
- Horizon scan for strategic and tactical communications issues.
- Ensure that internal communications actions are taken to keep all Defra staff informed.
- Establish appropriate media briefing at national and local levels.
- Attend JCC Birdtables (where possible, but especially 07.30 for briefing).
- Chair daily Communications meeting (08.00-08.30).
- Attend Civil Contingencies Committee(O) (10.00).
- Attend and brief Tactical Direction Group (11.00) *or send deputy*.
- Arrange Media briefing when necessary, (11.30)
- Attend Stakeholder Group (once per week) *or send deputy*.
- Review communications protocols on a regular basis.
- Appoint deputies.

SVS Finance Director (or deputy)

- Liaise with Defra Finance Director, HM Treasury and National Audit Office.

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- Submit a regular Finance Report to the Defra Management Board [and Civil Contingencies Committee].
- Attend morning JCC Birdtable (07.30).
- Horizon scan for strategic and tactical issues.
- Appoint deputies.
- Together with policy division, inform and liaise with European Commission auditors.

Other Directors (as necessary)

- Attend morning JCC Birdtable (07.30) *optional*
- Brief Directors General for the Civil Contingencies Committee (10.00) if required.
- Appoint deputies

National Expert Group

6.33 A number of EU directives e.g. The EU FMD control Directive (Council Directive 2003/85/EC) require the establishment of a permanently operational expert group comprised of epidemiologists, veterinary scientists and virologists, to maintain an expertise in order to assist the competent authority in ensuring preparedness against an outbreak of disease. The Directive also sets down the functions this group would be expected to fulfill if an outbreak occurs. This group with appropriate representation will be chaired by the DVCO and would also convene for outbreaks of other exotic animal diseases.

6.34 The expert group is a strategic/tactical level group of specialists whose role is to: analyse data and information on the outbreak including modelling results, provide recommendations to the Animal Disease Policy Group on control strategies, and tactical advice on surveillance programmes.

National Emergency Epidemiology Group

6.35 This group comprises of five teams with expertise drawn from Defra Animal Health and Welfare Directorate General, SVS, Veterinary Laboratories Agency, Institute of Animal Health and the Meteorological Office as appropriate. The teams are responsible for:

- Descriptive epidemiology
- Analytical epidemiology to include data analysis, data release, GIS and involvement with surveillance strategy for disease and disease freedom
- Modelling, development of models and liaison with other modelling groups
- Providing epidemiological information from the field (National Field Epidemiology Team)
- Risk assessment to update the existing risk assessments from the 2001 FMD outbreak.

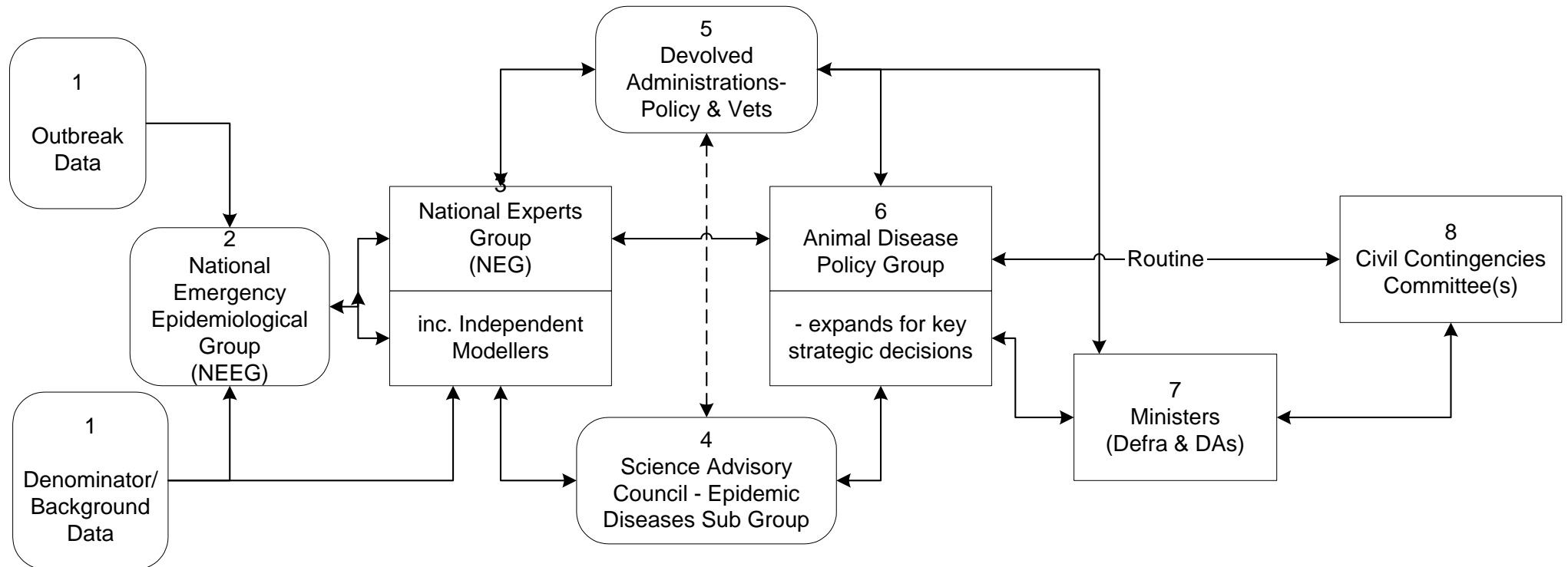
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Battle Rhythm – Strategic Level

Time	Event	Location	Attendees
0800 – 0830	Daily Communications Meeting	Conference Room LG20 Page Street	Minister, No.10, CVO, CE SVS, DG NRRA, CSA, Dir: Defra Comms (Chair),
Ad-hoc	Animal Disease Policy Group	Conference Room LG20 Page Street	CVO (Chair), membership as detailed elsewhere
1000 – 1100	Civil Contingencies Committee (s)	COBR	Chair: Cabinet Office CCS or Defra Minister
1130 - 1200	Media Briefing	Nobel House	Defra Minister, CVO, Defra CSA, CE SVS

6.36 The following appendices form part of the Strategic Level Plan and provide details of the policy making procedures, role of science and independent modellers. The appendices also provide details of the objectives, participants and timings of the various groups that meet on a regular basis to discuss and agree strategic issues. Where appropriate agendas and templates are also included.

Inter-Relationships between Policy and Strategy Groups



A narrative description of the process map follows:

Box 1 – Data. This is split into two boxes to represent (i) the background or ‘denominator’ data that are available to both the National Emergency Epidemiology Group and the modellers and (ii) the outbreak specific data that is processed by NEEG before it is passed to the modellers. The majority of data are routed through the National Emergency Epidemiology Group (NEEG) before they are shared with the epidemic modellers.

Box 2 – National Emergency Epidemiology Group (NEEG)

The NEEG is responsible for:

- assessing the available independent models and their output and for making recommendations to the National Experts Group;
- epidemiological analysis of outbreak data,
- provision of data to the independent modellers
- advice to the National Experts Group

Box 3 – National Experts Group

The membership of the National Experts Group is outlined in the FMD Directive. It includes a balance of epidemiologists, veterinary scientists and virologists. It is clear that there are significant benefits from the close association of the epidemic modellers to the Expert Group. This greatly facilitates communication and an integrated approach to policy development and thereby reduces the risk of misinterpretation of policies and the models’ output. The modellers retain their independence and share their conclusions with the Science Advisory Council Epidemic Diseases Sub Group.

The Experts Group is likely to meet daily and is responsible for providing tactical advice and recommendations on the disease and its control to the Animal Disease Policy Group. It also shares this advice with policy colleagues in the Devolved Administrations and the independent scientists in the Science Advisory Council Epidemic Diseases Sub Group. The Devolved Administrations will be invited to provide veterinary representation at the Group.

The Experts Group is also responsible for commissioning additional analytical work if existing models do not provide a sufficient understanding of the epidemic.

The membership of the EG will include:

- The Deputy CVO (chair)
- Head of the National Emergency Epidemiology Group
- SVS Epidemiologists

- Head of the FMD laboratory IAH Pirbright, augmented by appropriate experts from the National FMD Reference Laboratory (IAH, Pirbright) in virology, diagnostics, phylogenetics, vaccinology, epidemiology and pathogenesis.
- Additional supporting appropriate expert attendance from VLA e.g. serology.
- Meteorologist (where appropriate)
- In-house modelling representative
- Modelling representative appointed by the Science Advisory Council –
- Epidemic Diseases Sub Group (SAC-ED)
- Invited experts on environmental and rural issues
- Head of Head of EDPC Division

Box 4 - Science Advisory Council Epidemic Diseases Sub Group (SAC)

This is a group of independent scientists who receive the output from the modellers and also the policy recommendations from the Experts Group. They have a challenge function and advise Defra's Chief Scientific Adviser. They are unlikely to meet regularly but are copied into the Expert Group deliberations and modellers output on a daily basis. The modellers will liaise independently with the SAC and particularly if there is a conflict between modelling output and the Expert Group's policy recommendations. The CSA will provide regular briefing and feedback to SAPER.

Box 5 – Devolved Administrations

Policy and veterinary colleagues in the Devolved Administrations receive the policy recommendations and advice from the Experts Group prior to their attendance at the Animal Disease Policy Group. They are copied into the output of the SAC and seek to ensure that the SAC understands the devolved policy position.

Box 6 – Animal Disease Policy Group (ADPG)

This is the key strategic decision-making body. It takes expert advice from the National Experts Group, decides on control strategies and makes recommendations on major policy issues to Defra Ministers. Its decisions are shared with the Science Advisory Council Epidemic Diseases Sub Group who will independently review the scientific basis of the decisions and if necessary, challenge the ADPG recommendations. The presence of Defra's Chief Scientific Adviser in the Group provides a clear link to SAC. *The Group is unlikely to meet on a daily basis.*

The Group includes representatives of the Devolved Administrations to ensure that their policy positions are fully understood and to facilitate a co-ordinated approach to GB/UK disease control.

The Group communicates directly with the Civil Contingencies Committee (Officials) on routine matters. However, significant policy/strategy decisions put to CCC/CCC(O) need to be considered and agreed at Defra Board level before they are communicated further. Therefore, for significant issues such as the use of emergency vaccination, the Group's membership will expand to include the Permanent Secretary and other Directors General in order to review the proposed strategic options from a wider departmental perspective (including potential rural impact) and to provide reassurance to Ministers that this has happened. If appropriate a recommendation will then be referred to Ministers for a decision.

The membership of ADPG for *routine issues* during a disease outbreak is as follows:

Defra CVO (Chair)
Defra DCVO
OST representative
Defra Chief Scientific Adviser
Director Animal Health & Welfare
Director Sustainable Agriculture and Livestock Products
NEEG representative
Director SVS CP Division
Head of Legal A2 Division
Communications Directorate representative
SEERAD
WAG
DARDNI (if UK outbreak)
Cabinet Office CCS
Secretariat: EDPC Division

Heads of Divisions would provide briefing as required (EDPCD, VExDD, AWD, VAWD, LSD, LPD, etc)

Briefing and output should be copied to Directors of:

- Environment Quality and Waste
- Wildlife, Countryside and Land Use
- Rural Policy

For *significant issues* the group membership will expand to include the following (N.B. it is expected that Directors General will replace their Directors at this point):

- Permanent Secretary
- other Directors General
- Directors of Finance, Communications and Corporate Services
- State Veterinary Service Chief Executive

In this instance, the Group's role is entirely distinct from the Defra Management Board, which will focus on the Business Continuity issues of the outbreak, the impact on the Department's business and the provision of resources to manage the outbreak.

N.B. The ADPG operates in peacetime (White/Black alert) and its composition may be different.

Box 7 – Ministers (Defra and DAs)

Major changes to disease control policy or the implementation of emergency vaccination will require the agreement of Ministers. Recommendations on such issues will be passed to Ministers after deliberation at the Animal Disease Policy Group. If the subsequent decision has implications for GB/UK as a whole, Ministers from the Devolved Administrations must be involved in the discussions, their policy standpoint established and a collective agreement on a policy framework reached before the meeting of CCC.

Box 8 – Civil Contingencies Committees [CCC/CCC(O)]

The Civil Contingencies Committee(s) role is to assure collective Government responsibility for strategic decision-making.

The *Civil Contingencies Committee (Officials)* brings together, at senior official level, Government Departments that are affected by or have a direct interest in the disease outbreak. The Committee meets on a regular basis (initially daily) and is a forum for:

- reviewing strategies in a wider Government context,
- dealing with operational strategy issues affecting other Government Departments,
- providing strategic direction for the consequence management issues arising from the outbreak,

Defra Officials attending are:

- Permanent Secretary
- Chief Veterinary Officer
- Chief Executive, State Veterinary Service
- Chief Scientific Adviser

Other Defra Directors General may also attend if required.

The *Civil Contingencies Committee* is a meeting of Government Ministers. In the context of an animal disease outbreak, its role is to provide a strategic review of the whole government response. It is unlikely to meet more frequently than once a week, although it could be summoned to meet at short notice if necessary.

Defra is the lead Government Department for animal disease outbreaks and is responsible for taking decisions on disease control strategy. However, whilst CCC is not expected to take decisions on disease control strategy it provides an assurance process for decisions taken by Defra. In order to assist this process, members of the Civil Contingencies Committee will be provided with comprehensive briefing on the likely strategic issues as soon as an outbreak is confirmed.

Appendix 2 of Strategic Plan

Key Strategic Structures and Roles:

Title	<i>Defra Emergency Management Board</i>
Purpose	The initial strategic decision-making body in Defra
Meets	Meets as soon as possible after <u>initial confirmation</u> of disease (and then as necessary) in Room 613, 9 Millbank, London
Activation criteria	As soon as possible after <u>initial confirmation</u> of disease the Chief Veterinary Officer (or representative) will notify the Permanent Secretary and agree the establishment and timing of the Emergency Management Board and commence the process of the establishing the Civil Contingencies Committee. Thereafter the Permanent Secretary's office will notify Management Board members as soon as practically possible. Timing: As soon as possible after confirmation of disease
Reports to	- Secretary of State and Defra Ministers - Reports forward to the Civil Contingencies Committee
Directs	Defra Tactical Direction Group
Core Membership	[Minister], Permanent Secretary (Chair), All Defra Directors General, Environment Agency, Chief Executive SVS, Directors:, CD, Finance, <i>[N.B. A minimum of CE SVS, CVO, CSA, Directors: Legal Services A (or DGLS) & CD (or their deputies) is necessary]]</i>
Other Members	Other Defra Directors (as invited)
Information received from	Initially verbal reports. Thereafter and for business continuity issues only: NDCC daily report, Animal Disease Policy Group, Rural Issues Group, Civil Contingencies Committee, Tactical Direction Group, Finance Report (from Director of Finance)
Tools	(Template for meeting provided below), Decision Tree for Control Strategies,
Objectives	-To take initial strategic command and control responsibility prior to the establishment of the Civil Contingencies Committee(s) -To trigger the establishment of CCC - Liaise with Cabinet Office on input to the Civil Contingencies Committee(s) (and decide who should Chair) - Agree initial strategies for disease control and their application, taking into account the impact of these upon the rural economy - Once CCC is established, to meet regularly to deal on departmental business continuity issues - Horizon scanning for future scenarios that may have an impact on strategies

Output	- Emergency Management Board Report, (notes of initial decisions on strategies, including background information) - Requests for additional briefing,
Secretariat	Defra Permanent Secretary's Office

Appendix 3 of Strategic Plan

Defra Emergency Management Board Meeting

Agenda

Chair: Permanent Secretary (or nominee)

Membership: [Minister], All Directors General, Chief Executive SVS, Environment Agency, Directors: Communications, Finance.

[N.B. A minimum of Chief Executive SVS, CVO, CSA, Directors: Legal Services A (or DGLS) & CD (or their deputies)]

1. Disease and Epidemiology - current situation and possible impact on human health.
2. Action taken and its implications.
3. Operational Organisation - current situation; move to CCC.
4. Proposals for future action (including communications internal and external).
5. Parliamentary/Devolved Administration Issues.
6. EU/International Issues.
7. Media/Communications Issues.
8. Business continuity
9. AOB.
10. Date/Time of Next Meeting.

Appendix 4 of Strategic Plan

Template for First Report to Defra Emergency Management Board Meeting

(see also Notification Proforma NDI 1)

Issue: Outbreak of Animal Disease confirmed at:-:-

Facts: -

Disease signs:
(use layman's terms)

Samples taken to lab on (time and day):

(Diagnosis on basis of clinical signs or Lab test):

Name of Proprietor/Owner/Keepers:

Address:

Animal Health Divisional Office Dealing:

Name of DVM ;

Name of SVS Region Head of Veterinary Services:

Summary of the Disease Outbreak (including IPs and DCs, number of animals affected, animals/birds slaughtered and awaiting slaughter):

Epidemiological Report:

Progress on Implementation of the Contingency Plan, issues identified and resources required.

General Summary

Specific issues:

Human Health issues

Vaccination

Communications and Media

Human Resources – vets, technicians and admin

Armed Forces

Finance

Procurement

Disposal

Devolved Administrations

Engagement with Operational Partners

Surveillance

Appendix 5 of Strategic Plan

Title	<i>Daily Communications Meeting</i>
Purpose	A daily forum for identifying and agreeing key points to make for communications (internal & external) and media brief.
Meets	0800 - 0830 daily after initial confirmation of disease in Room LG20, 1A Page Street, London
Activation criteria	As soon as possible after <u>initial confirmation</u> of disease the Chief Veterinary Officer (or representative) will notify the Permanent Secretary and agree the establishment and timing of an emergency Management Board meeting. Thereafter the Director of Communications will notify the relevant senior officials (listed below) as soon as practically possible and agree their attendance at the Communications Meeting. Timing: 0800 – 0830 (brief taken from 07.30 JCC Birdtable and overnight NDCC report)
Reports to	Civil Contingencies Committee, Tactical Direction Group, Defra Directorates involved with control effort
Directs	N/A
Core Membership	Director Communications (Chair), Chief Executive SVS, [Permanent Secretary], Minister(s), Chief Veterinary Officer, Number 10,
Other Members	Other Defra DGs / Directors (as necessary and invited through Chair)
Information received from	JCC Birdtables, NDCC daily report, Tactical Direction Group, Stakeholder meetings
Tools	early Press Cuts, NDCC overnight report
Objectives	<ul style="list-style-type: none"> - Share information between key strategists (after JCC Birdtable 07.30) - Identify and agree the key messages, points to make and issues of the day - agree appropriate media handling for possible briefing at 11.30
Output	<ul style="list-style-type: none"> - Media handling position for 08.30 No10 News briefing and 11.30 media briefing, - Verbal report of major issues and key messages for CCC - Requests for additional briefing,
Secretariat	Communications Directorate Strategic Comms Unit

Appendix 6 of Strategic Plan

Title	<i>Civil Contingencies Committee (Officials) CCC(O)</i>
Purpose	The forum for Officials to review strategies in a wider Government context and for dealing with operational strategy issues that affect other Government Departments
Meets	10.00 daily in COBR (or 10 Great George Street)
Activation criteria	As soon as possible after <u>initial confirmation</u> of disease the Chief Veterinary Officer (or representative) will notify the Permanent Secretary. The Permanent Secretary will notify the Government Security and Intelligence Co-ordinator or the Head of Cabinet Office CCS and thereby trigger establishment of CCC. Timing: 10.00 – 11.00 (subject to OD Sec confirmation)
Directs	- Other Government Departments - Tactical Direction Group - NDCC
Core Membership	Chair: Cabinet Office; Secretariat: CCS DEFRA (Permanent Secretary, CVO, CSA, CE SVS), SEERAD, WAG, Number 10, Cabinet Office (CCS), ODPM RCU, EA, MOD, Home Office (& ACPO), FCO, DWP, DoH (& HPA), DCMS, DfT, HMT, FSA, OST,
Other Members	As appropriate
Information received from	CCS Situation Report (drawing on NDCC Daily Report and other sources) and NCC Comms report.
Tools	N/A
Objectives	- Consider and reach collective agreement on issues raised - Escalate issues to CCC for collective decision if necessary <u>This a forum for strategic discussion</u> – detailed operational issues should be raised through representation at National Disease Control Centre
Output	- Minutes of meeting - Action Points to Defra Tactical Direction Group and OGDs - Requests for additional briefing and assessments
Secretariat	Cabinet Office Civil Contingencies Secretariat

Appendix 7 of Strategic Plan

Title	Civil Contingencies Committee CCC
Purpose	The forum for Ministerial review of strategies in a wider Government context and for dealing with decisions relating to policy and operational strategy issues that affect other Government Departments
Meets	10.00 (when necessary) in COBR
Activation criteria	Called by Cabinet Office CCS in response to Defra Permanent Secretary notification of disease outbreak Timing: 10.00 – 11.00 (subject to OD Sec confirmation)
Directs	- Government Departments - Defra Tactical Direction Group - National Disease Control Centre - News Coordination Centre
Core Membership	Chair: Defra Minister; Secretariat: CCS Defra, Scotland, Wales, Number 10, Cabinet Office, ODPM, MOD, Home Office, FCO, DWP, DoH, DCMS, DfT, HMT, FSA, DTI OST,
Other Members	As appropriate
Information received from	NDCC Situation Report and NCC Comms report.
Tools	N/A
Objectives	- Consider and develop strategies and operational policies where wider government commitment is required. Receives CCC(O) position on strategic issues for consideration of wider implications; in particular strategies for relief and recovery - Consider representations from Stakeholder Meetings when developing strategies - Report back to CCC(O) members <u>This a forum for strategic discussion</u> – detailed operational issues should be raised through representation at National Disease Control Centre
Output	- Committee Report of key decisions and actions required - Requests for additional briefing and assessments
Secretariat	Cabinet Office Civil Contingencies Secretariat

Appendix 8 of Strategic Plan

CIVIL CONTINGENCIES COMMITTEE/CCC(O) (Chaired by Defra Minister/Government Security and Intelligence Co-ordinator)

Meetings in COBR at 10.00

AGENDA

- 1. Actions arising from last meeting**

- 2. Situation Report**

- 3. Likely development of the outbreak**

- 4. Government's management of response: issues for decision
(including resourcing issues)**

- 5. Wider impacts: issues for decision**

- 6. Public information and media handling**

- 7. Actions arising**

Appendix 9 of Strategic Plan

Title	<i>Science Advisory Council</i>
Purpose	To provide independent science advice to Defra's Chief Scientific Advisor, the Animal Disease Policy Group and the Civil Contingencies Committee; and to audit and advise on strategic assumptions
Meets	As necessary (and initially <u>after</u> the Defra Emergency Management Board)
Activation criteria	As soon as the CSA is informed of confirmation of the disease he will alert Science Advisory Council members. Timing: Science Advisory Council will meet after the first Defra Emergency Management Board. Time: to be agreed
Reports to	Civil Contingencies Committee
Core Membership	Defra Chief Scientific Adviser, Members of the Science Advisory Council Epidemic Diseases Sub-Group augmented by experts from their emergency stand-by list (including EU experts who may be accessed through protected internet link).
Other Members	CVO's representative, Science Directorate Officials, and representatives from MoD, OST, CCS, FSA, EA, DoH & HPA, SEERAD, DARDNI, WAGEPC as appropriate. Other technical experts, including those with relevant industry expertise may be asked to provide briefing on specific issues.
Information received from	NDCC daily report, Disease Control System (database), Epidemiological model(s), Met Office and 'other' models, Animal Disease Policy Group, Defra Rural Issues Group, Defra Emergency Management Board, Civil Contingencies Committee,
Tools	Disease Control System (database), Epidemiology model(s), Met Office and 'other' models.
Objectives	<ul style="list-style-type: none"> - Advises the Civil Contingencies Committee on the science relating to strategies for disease control, carcass disposal and farm restoration and their implications, in order that the Committee can develop appropriate strategies - Peer reviews the quality of the scientific evidence supporting veterinary policy, including, if necessary, commissioning duplicate modelling. - Audits and advises on assumptions within strategy development - Horizon scanning for future scenarios that may have an impact on strategies - Close liaison with Animal Disease Policy Group (to avoid overlap and gaps)
Output	<ul style="list-style-type: none"> - Notes of advice and key decisions, and background information in support of these; - Minutes of meetings,
Secretariat	Chief Scientific Adviser's office

Appendix 10 of Strategic Plan

Title	Defra Animal Disease Policy Group
Purpose	To provide disease control advice and strategy recommendations to the Civil Contingencies Committee and challenge strategic assumptions
Meets	As necessary (and initially as soon as possible after confirmation of disease) in Room LG20, 1A Page Street, London
Activation criteria	The Deputy Chief Veterinary Officer will alert other Animal Disease Policy Group members on confirmation of disease and call a meeting of the ADPG. Timing: Ad-hoc
Reports to	Civil Contingencies Committee
Core Membership	Chief Veterinary Officer (Chair), Defra Chief Scientist's representative, Deputy Chief Veterinary Officer, Director Animal Health, Head of National Emergency Epidemiology Group, OST representative, Director Sustainable Agriculture and Livestock Products, SVS representative, Head of Legal A2 Division, Communications Directorate representative, SEERAD, WAG, DARDNI (if UK outbreak), Cabinet Office CCS, Head of Exotic Diseases Prevention and Control Division. For zoonotic diseases core membership will be expanded to include representatives from HPA/DH.
Other Members	For significant policy decisions, membership will expand to include: Defra Permanent Secretary and other Directors General, Directors of Finance, Communications and Corporate Services, State Veterinary Service Chief Executive (N.B. it is expected that Directors General will replace their Directors at this point)
Information received from	NDCC daily report, Science Advisory Council, Defra Rural Issues Group, Defra Emergency Management Board, Civil Contingencies Committee,
Tools	Disease Control System (database), Epidemiology model(s), Met Office and 'other' models
Objectives	<ul style="list-style-type: none"> - Advises the Civil Contingencies Committee on disease control strategy - Develops control strategies accounting for evidence from other areas of Defra's portfolio (Science, Environment, Rural and Natural Resources) and makes policy recommendations to Defra ministers. - Horizon scanning for future scenarios that may have an impact on strategies
Output	<ul style="list-style-type: none"> - Minutes of meetings, - Notes of advice and key decisions made, and background information in support of these;
Secretariat	EDPC Division

Appendix 11 of Strategic Plan

Title	<i>Defra Rural Issues Group</i>
Purpose	To provide advice and policy recommendations on rural issues to the Civil Contingencies Committee
Meets	As necessary and initially <u>after</u> the first Civil Contingencies Committee meeting
Activation criteria	On notification of disease outbreak, the Director General NRRA will notify members of the Rural Issues Group and set a time for the first meeting. Timing: Ad-hoc
Reports to	Animal Disease Policy Group, Civil Contingencies Committee
Core Membership	Director General Natural Resources and Rural Affairs (Chair), Director Rural Policy, Director Land Management & Rural Development, Countryside Agency, Office of the Deputy Prime Minister (Regional Co-ordination Unit)
Other Members	DCMS, DTI, DWP (Jobcentre Plus), Stakeholder representatives (if appropriate).
Information received from	NDCC daily report, Civil Contingencies Committees, Animal Disease Policy Group, Regional Rural Affairs Forums, Rural Stress Action Plan Working Group, Cabinet Office CCS, other rural stakeholder groups as appropriate,
Tools	N/A
Objectives	<ul style="list-style-type: none"> - Advises the Animal Disease Policy Group and Civil Contingencies Committees on the affect of policies on rural communities and industries - Provides detailed rural feedback from stakeholders - Challenges assumptions within strategy development - Horizon scanning for future scenarios that may have an impact on strategies
Output	<ul style="list-style-type: none"> - Minutes of meetings, - Notes of advice and key decisions, and background information in support of these;
Secretariat	Office of Director General NRRA

Appendix 12 of Strategic Plan

Title	<i>Stakeholder Meeting</i>
Purpose	To provide stakeholders with a forum for discussing and influencing policy developments and to help steer the strategic direction
Meets	Meets (suggested once a week) in Room 808 Nobel House, 17, Smith Square, London
Activation criteria	By invitation, managed by Communications Directorate
Reports to	- Reports back (via Defra Directors General) to Civil Contingencies Committee and Tactical Direction Group
Core Membership	Defra Minister (Chair), Defra Chief Scientist (or Deputy), Defra Chief Veterinary Officer (or Deputy), Chief Executive State Veterinary Service (or Deputy), Defra Communications Director, Stakeholders representing agricultural and rural interests, food supply and other organisations (<i>by open invitation</i>), lists of stakeholders provided by AHWD and DG NRRA <i>N.B. Key Stakeholders and Operational Partners have representatives within the JCC and LDCC(s) for input into tactical and operational decision-making.</i>
Other Members	Other Government Departments (as necessary) [possibly inc. Department of Health, Food Standards Agency]
Information received from	Stakeholders
Tools	N/A
Objectives	- Discuss strategy development and provide a forum to raise concerns and issues - Provide constructive input to policy development via Defra Senior Officials
Output	- Minutes of meetings, - Report (via Defra) to Civil Contingencies Committee, Defra Tactical Direction Group and OGDs (requiring action)
Secretariat	Minister's Office or AHW Directorate General

SECTION 6 - PART B - Tactical Level Plan

BACKGROUND AND SCOPE

6.37 This section of the Plan defines the tactical structures and functions necessary for effective control, operations and communication in the event of a disease outbreak. The tactical command receives direction from the strategic command and instructs field operations. They are also the conduit for feedback from the operations on the ground back to the strategic command.

6.38 This is the responsibility of the National Disease Control Centre (NDCC) and the Tactical Direction Group (TDG). The direction from the strategic command is passed to the NDCC via the TDG. The TDG assesses the operational implications of the strategic requirement and decides on the appropriate tactical response for the NDCC. The NDCC produces tactical guidance for the Local Disease Control Centres. The NDCC comprises elements of both policy development and operational implementation in one tactical command. The operation is controlled through the Joint Coordination Centre (JCC) as part of the NDCC. The JCC includes representatives from other Government Departments, the Devolved Administrations, executive agencies and key operational partners including the Health Protection Agency, Local Government Association, Local Authorities Coordinators Of Regulatory Services (LACORS) and Defra Directorates (Communications, Veterinary Policy, Animal Health and Welfare (and Livestock Strategy Division), Corporate Services, Finance, Environment Quality and Waste, Rural Economies and Communities and Legal Services A.

6.39 The JCC collects information and intelligence on the outbreak, its control and its impact on industry and the public. This is analysed and collated in a daily NDCC report which is circulated overnight to key personnel by the JCC.

The Lead Department Concept

6.40 Defra is the Lead Government Department in managing exotic animal diseases in England. The Scottish Executive Environment and Rural Affairs Department takes the lead in Scotland, whilst the Welsh Assembly Government Environment Planning and Countryside Department has responsibility for managing animal health emergencies and their consequences in Wales. The Department of Agriculture and Rural Development (Northern Ireland) has responsibility for dealing with outbreaks of disease in Northern Ireland. However, the island of Ireland is treated as a distinct epidemiological unit separate to Great Britain.

6.41 The Cabinet Office supports Ministers collectively and the lead Departments in particular. It ensures a co-ordinated Government response to outbreaks of exotic animal disease by ensuring that there is an agreed

understanding of the triggers for, and implications of the outbreak, identifying issues requiring collective discussion and agreement by Ministers, and recording, promulgating and following up agreed actions.

Consequence Management

6.42 Consequence management issues arising for other Government Departments from an animal disease outbreak are anticipated to emerge over a slower timeframe than in many other crises and to continue for some months. The National Disease Control Centre in Defra's HQ will deal with many emerging operational issues and as a result, a consequence management co-ordination centre based in the Cabinet Office is not expected to be necessary, although this will be kept under review. In the event of a co-ordination centre being necessary, the main departments will provide representatives during the normal working day. If necessary, teleconferencing and a video link will be available for the devolved administrations.

6.43 CCS will also work with other Departments, bilaterally or multilaterally, at strategic level to identify emerging issues and develop solutions or policy options for putting to CCC. In the absence of a permanent consequence management co-ordination centre, CCS will set up ad-hoc strategic level meetings of Departments and agencies, probably at short notice, to fulfil this role.

6.44 The Devolved Administrations will assume responsibility for management of the disease in their areas and for co-ordinating support on wider impact management and recovery issues. They will activate their own co-ordination arrangements as appropriate.

Regional Resilience Arrangements

6.45 The regional civil protection tier under the co-ordination of the Regional Resilience Teams in Government Offices for the Regions, including (as necessary) the Regional Civil Contingencies Committee, will activate following discussion with Defra's Regional Operations Director(s) or as requested by CCC to support local co-ordination, the identification and tasking of resources, and to communicate with the centre.

Communications

6.46 Central government will be responsible for the national communications strategy. The GCN will establish a combined press and communication News Co-ordination Centre (NCC) in Defra HQ or Cabinet Office working closely with the Defra Press Office. This will provide a 24-hour news monitoring and response capability, will co-ordinate bids and public communication and ensure that the press team are kept up to date with reports from the Regions. It will work closely with CCS and Defra staff. Information officers from the relevant Departments and agencies will be attached to the NCC for the duration of the outbreak. All media enquiries and requests for Ministerial

appearances will be directed to the NCC, which will also generate a rolling brief for Ministers and a media summary for CCC meetings.

6.47 CCC meetings will need a steady flow of good quality information on the management and impact of the outbreak and the effectiveness of the response if they are to identify and address shortcomings in contingency arrangements (particularly interdepartmental issues), ensure effective co-ordination at all levels and forward planning, resolve bottlenecks, and ensure that the Government's public information strategy is delivered effectively with consistent lines-to-take. A daily NDCC report will be circulated overnight to Ministers, CCC(O) members and key staff. The Joint Co-ordination Centre and CCS have responsibility for collating and interpreting information on both the control of the outbreak and consequence management issues within this report. Other Government Departments will be required to provide relevant information on their areas of responsibility for inclusion in the daily report. CCS staff will be present in the JCC Management Information Cell to facilitate this. NCC will provide a daily summary of the press reaction.

Objectives

6.48 To focus on co-ordination, identifying operational problems and issues and taking authoritative decisions to resolve them; creating a 'fully informed network' of policy advisors and operational partners; dissemination of policies, strategies, decisions and other information; provision of data to and from the strategic and operational levels and ensuring the accuracy and integrity of data.

6.49 Strategic issues are addressed at the Animal Disease Policy Group and the Civil Contingencies Committee.

6.50 Tactical issues are addressed at the Tactical Direction Group, daily Communications Meeting, National Disease Control Centre and Joint Co-ordination Centre.

6.51 Operational decisions are devolved (in the main) to the Local Disease Control Centre under the overall control of the Regional Operations Director.

ACTIVATION

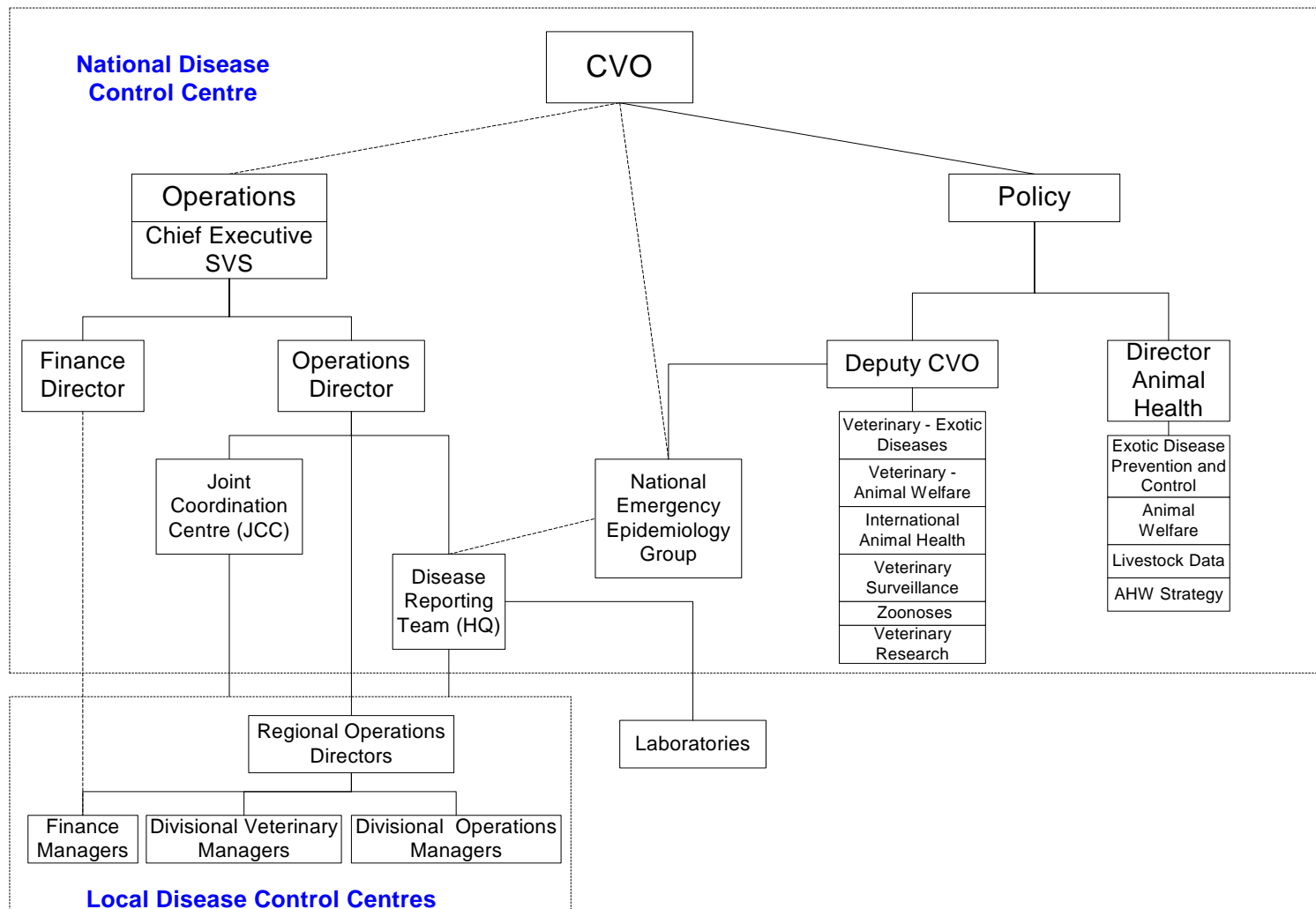
Authority

6.52 The following people have the authority to activate the NDCC and JCC:

- 1) Chief Executive of State Veterinary Service
- 2) Chief Veterinary Officer
- 3) Permanent Secretary

Process

6.53 Action to be taken to contact personnel and so establish the NDCC is set out at Section 2.13. The Map of Initial Defra actions explains what would happen at this time.



NDCC TEAM TASKS

Disease Reporting Team

6.54 The Disease Reporting Team (DRT) authorises slaughter and act as a central co-ordination point to collate, refine and present up-to-date information on disease reports. They provide an accurate picture of the disease outbreak situation by establishing and managing a team of Telephone Report Veterinarians and other teams within DRT.

Policy

6.55 The National Disease Control Centre includes policy specialists from the Animal Health and Welfare Directorate General under the direct control of the Chief veterinary Officer. The Animal Health Directorate (within AHWDG) will require significant administrative staff reinforcements in the event of a large disease outbreak, to cover both the policy issues arising from the outbreak as well as the Directorate's normal business.

Legal

6.56 There will be a requirement for a significant amount of legal advice and expertise to be made available to the National Disease Control Centre and Animal Disease Policy Group. Legal Services Directorate General provide for this eventuality in their business continuity plans.

Finance

6.57 The Finance Team aim to establish, co-ordinate and manage the framework of financial controls and the resulting expenditure. Setting delegations for payments and authorisation levels throughout the National Disease Control Centre (NDCC) and Local Disease Control Centre(s) (LDCC) in consultation with the Chief Executive of SVS and Defra's Director of Finance, ensuring LDCCs are trained in the use of financial management systems. To be done by:

- Resource Accounting - Ensuring that an appropriate accounting system in place to meet the Departments Resource Accounting requirements.
- Establishing a chart of accounts.

Audit

6.58 Liaison with the National Audit Office (NAO), European Union (EU) and Defra Internal Audit.

Estimates and Expenditure

6.59 Maintaining an adequate cost forecasting and reporting system to meet the requirements of senior management, Financial Planning and Resources Directorate (FPRD) and HM Treasury.

Costing Systems

6.60 Establishing a system of regular reports on the expenditure by expense and activity.

Inquiries

6.61 Providing briefing responses to PQs, Ministerial Correspondence.

Payments

6.62 Authorisation of payments for contractors and other expenses including costs from Other Government Departments (OGDs).

Compensation

6.63 Establishing a payments system for animals and birds slaughtered with a full database validated and reconciled to the Disease Control System (DCS). Maintaining an audit trail of documentation to meet the European Union (EU), National Audit Office (NAO) and Defra audit requirements.

Arbitration

6.64

- Establishing and maintaining a unit to receive appeals against valuations.
- Establishing and maintaining a database of cases.
- Establishing and maintaining a helpline for Arbitration queries.

Business Continuity

6.65

- Maintaining a strategic plan for Business Continuity in Finance and in the Finance Units in the LDCCs.
- Arranging periodic visits to LDCCs to confirm financial controls are in operation as expected.
- Holding monthly Finance Managers Meetings to deal with major issues - staffing and operations.
- Setting standards for file documentation and financial databases.
- Establishing a retention of records policy.

JOINT CO-ORDINATION CENTRE TEAM TASKS

JCC Operations (Non-Veterinary)

6.66 Aim - To co-ordinate and manage the non-veterinary aspects of the control, eradication and recovery operation by co-ordinating the work of the JCC Operations Teams. Responsibility for operations, statistics and management information will lie with the Operations Team as well as responsibility for ensuring liaison between general operations and veterinary operations, animal health and welfare policy, environment and rural policy, Briefing Unit, Corporate Services, Legal, operational partners and stakeholders represented in the JCC. The team also manages the Birdtable meetings and co-ordinates the information from the RODs daily situation reports.

JCC Veterinary Operations

6.67 Aim - To co-ordinate and manage the veterinary aspects of the control, eradication and recovery operation by liaison with the Animal Health and Welfare policy colleagues and direction of the Divisional Veterinary Managers (DVMs).

JCC Communications and Briefing

6.68 The Communications and Briefing Team aim to gather information on the disease outbreak, on the policies employed to control it and the control operation, from a number of sources including the Management Information Cell in the JCC. It aims to provide accurate and timely briefing for Ministers and media, senior officials, helplines and all staff dealing directly with the public. The team will liaise with the GNN and communications teams in LDCCs to ensure that briefing can be deployed effectively. They will ensure that all Defra and SVS staff are kept aware of developments in controlling the disease.

JCC Human Resources

6.69 The HR Team aim to manage and co-ordinate the provision of veterinary, specialist and administrative resources to the JCC and LDCCs by liaising with Defra divisions, Defra Agencies, Government Offices, Cabinet Office Civil Contingencies Secretariat, Department for Work and Pensions (Jobcentre Plus) Operational Support Secretariat and other Government Departments to secure emergency staff, including veterinary staff resource. There will also be liaison with RCVS, BVA, FCO and other countries' CVOs over transfer of staff and the use of the International Animal Health Emergency Reserve. The team is responsible for establishing contract terms and conditions for staff and contracted personnel as well as provision of training, Health and Safety procedures for staff and contractors and support and advice to HR Teams based in the LDCCs.

JCC Vaccination Operations

6.70 The Vaccination Operations Team aims to co-ordinate and manage the emergency vaccination exercise and provide the link between the JCC and the commercial contractors responsible for the supply of vaccination teams and supervisory veterinary surgeons. This is done by ensuring that commercial resource and supplies are sufficient to meet the needs of the disease outbreak, ensuring that vaccine and supplies reach the designated vaccination centres promptly and are replenished as required, by providing advice and guidance to the commercial contractor and advice and guidance on vaccination capability and operational arrangements to JCC, Animal Health & Welfare/Veterinary Policy and LDCC staff. And by drafting instructions to the field. Briefing on vaccination policy issues will be provided by Animal Health policy colleagues.

JCC Forward Planning

6.71 The JCC will include a team that is responsible for horizon scanning to identify possible operational and logistic problems and provide solutions. They will work with output from the modelling teams in order to assess the operational impact of the predicted progression of the outbreak. They will identify the likely strategic, tactical and operational milestones based on the models' predictions.

JCC Management Information

6.72 The JCC Management Information team are responsible for collecting, collating and interpreting data and information on the control and management of the outbreak and to assess its impact on rural communities and industry. The team will include administrators and statisticians as well as consequence management experts from the Civil Contingencies Secretariat. The team will be a single point of intelligence for the outbreak, its impact and control. They will receive daily situation reports from LDCCs and when appropriate, from Rural Affairs Forums. They will provide a daily overnight NDCC report of data and analysis.

STAKEHOLDERS

6.73 Stakeholders and operational partners who will be invited to be part of the JCC will include representatives from the following organisations (as appropriate to the disease):

- Association of Chief Police Officers (ACPO)
- Civil Contingencies Secretariat (CCS)
- Department for Transport (DFT)/Freight Transport Association (FTA)
- Department for Work and Pensions (DWP)/Jobcentre Plus
- Environment Agency (EA)
- Local Authorities Co-ordinators of Regulatory Services (LACORS)
- Local Government Association (LGA)

Military Liaison Officer
National Farmers Union (NFU)
Regional Co-ordination Unit (ODPM)
Royal Society for the Prevention of Cruelty to Animals (RSPCA)
British Poultry Council
British Egg Industry Council

Representatives from other organisations will be invited if appropriate.

CO-ORDINATION

6.74 The National Disease Control Centre is the overall responsibility of the Chief Veterinary Officer. The operations of Joint Co-ordination Centre are the responsibility of the Chief Executive of the State Veterinary Service. In order for the JCC to operate effectively, co-ordination with other parts of Defra and its agencies is essential. Defra Directorates will loan staff and equipment for the eradication effort.

6.75 Some teams within the JCC will not fall under the management of the Chief Executive SVS. These sections will remain under the management of their home divisions or organisations, but will form part of the JCC to facilitate a joined up disease eradication effort. The teams that fall into this category are:

Communications and Briefing Unit
Procurement
Legal
Finance
All Operational Partners

(See detailed job descriptions in SVS Instructions for lines of communication/liaison)

MEETINGS

6.76 The meeting schedule for the JCC is:

JCC Birdtable, at 07.30, 12.00 and 19.00 daily, to be held in the JCC, to provide daily, short, outcome-focussed briefing and co-ordination, by identifying operational problems and issues, problems and progress against them, tasking individuals to resolve them and creating a 'fully-informed network'. This should be attended by a representative from each team within the JCC and policy representatives from Animal Health and Welfare and Livestock Strategy and elsewhere in the NDCC.

Tactical Direction Group, at 11.00 to be held initially in COBR immediately after CCC, or Room LG20, 1A Page Street. To provide tactical direction to the NDCC. For more detail see the Defra Tactical Direction Group Table.

Battle Rhythm - Tactical Level

Time	Event	Location	Attendees
0730 – 0800	JCC Birdtable Meeting	JCC Page Street	Key Strategic and Tactical personnel
11.00 –	Tactical Direction Group (Tactical Command)	COBR or Conference Room LG20 Page Street	CE SVS, Dirs: Ops, Comms, Legal (A), Rural Affairs,
1200 – 1230	JCC Birdtable Meeting	JCC Page Street	All key Tactical personnel
1400 – 1430	Regional Operations Directors' Teleconference		Dir Ops, RODs
1900 – 1930	JCC Birdtable	JCC Page Street	All key Tactical personnel
2100 (approx)	NDCC Report compiled & circulated	JCC	JCC Management Information Cell

6.77 The following appendices form part of the Tactical Level Plan and provide details of the procedures, role and tasks to be undertaken at the tactical level. The appendices also provide details of the objectives, participants and timings of the various groups that meet on a regular basis to discuss and agree tactical issues. Where appropriate agendas and templates are also included. Reference should also be made to appendix 1 of the Strategic plan.

Appendix 1 of Tactical Plan

Indicative Example of NDCC Overnight Situation Report: SC(R) 7

SITUATION CELL REPORT TO CCC

RESPONSE TO OUTBREAK OF FMD IN GB

This report provides key data on the present state of the outbreak (source of information: Defra) and the Government's response. It also presents available information on wider impacts (source of information: Regional Resilience Teams and OGDs). Primarily for submission to CCC, it provides one source of daily national data and will be updated each day.

Key data and issues

- Summary of GB position.

	Last 24 hours	Cumulative total since start of outbreak
--	---------------	--

Confirmed cases – Infected Premises

Affected premises¹

Condemned animals²

Animals slaughtered

Animals awaiting slaughter

Carcass disposals

Carcasses awaiting disposal

- 1 includes infected premises, premises with dangerous contacts, premises with slaughter-on-suspicion cases.
- 2 includes animals from Infected Premises, dangerous contacts and slaughter-on-suspicion cases.

- Further data about the outbreak are at Annex A. Details on cases per region and on slaughter and disposal, including daily flows, are given in Annex B.
- Response continues as Defra and the Devolved Administrations contingency plans. Key control measures are GB-wide livestock movement ban, culling of animals from infected premises, dangerous contacts and slaughter-on-suspicion cases and biosecurity.
- Defra and the Devolved Administrations are reviewing epidemiological and scientific advice and are close to taking decision on vaccination. Vaccination teams and vaccine supplies are ready if the decision is taken to proceed.

- Disposal routes continue to be incineration and rendering.

Status of Government's response

1. Control measures as set out in Defra and the Devolved Administrations contingency plans continue to form the basis of the Government's response.

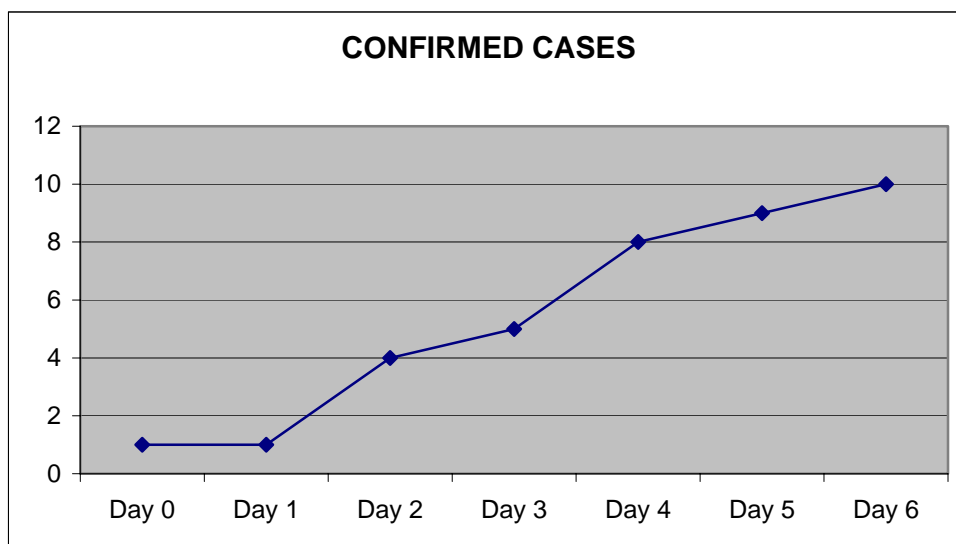
Impact of outbreak

2. Impacts of the control measures on the farming sector are being felt across Great Britain.
3. There are no reported shortages of UK or imported livestock products available to consumers. Supermarkets are pressing for movements to be allowed to slaughter outside of the Infected Areas.
4. The Rural Affairs Forums in England report some effects from local communities in affected areas. Media led campaigns are supporting stakeholder pressure for emergency vaccination.

Annex A

ADDITIONAL SUMMARY DATA

Graph showing number of cumulative confirmed cases since start of outbreak



Slaughter targets

	% meeting target in last 24 hours	Cumulative % meeting target
Infected Premises 24 hour target		
Dangerous contact premises 48 hour target		

Species affected

	Total	Cattle	Sheep	Pigs	Goats	Deer	Other
Condemned							
Slaughtered							
Disposed							

Regional summary of confirmed cases

County and countries	Last 24 hours	Cumulative total since start of outbreak
	0	
	0	
	0	
Summary England	0	
Wales		
Scotland		
Great Britain		

Disposal chain – carcass disposal by each route

Disposal route	Numbers of carcasses disposed – last 24 hours	Number of carcasses disposed – cumulative total
Incineration		
Rendering		
Landfill		

Wider consequences of outbreak

No data currently available

ADDITIONAL DATA ON TRENDS

As at 17:00 on 28 June, 2004

New confirmed cases and total affected animals and premises - over last 7 days

Day							
New confirmed cases							
Cumulative total (confirmed cases)							
Total affected premises ¹							
Total condemned animals ²							

1 includes infected premises, premises with dangerous contacts, premises with slaughter-on-suspicion cases

2 includes confirmed cases, dangerous contacts, slaughter-on-suspicion cases

Regional summary of new cases – over last 7 days

Counties and countries							
Cheshire							
Cornwall							
Lincoln							
Summary England							
Wales							
Scotland							
Great Britain							

Slaughter and disposal data – over last 7 days [note: recent data may be provisional and subject to revision as more data become available]

Day							
Animals slaughtered							
Cumulative total							
Awaiting slaughter							
New disposals							
Cumulative total							
Awaiting disposal							

Appendix 2 of Tactical Plan

Title	<i>Tactical Direction Group</i>
Purpose	
Meets	11.00 daily, immediately after CCC or in COBR in Room LG20 1A, Page Street, London
Activation criteria	The CVO will notify the Chief Executive SVS of confirmation of disease, who will in turn notify Tactical Direction Group members as soon as practically possible. Timing: 11.00 [after CCC(O)]
Reports to	Civil Contingencies Committee [CCC/CCC(O)], NDCC and JCC
Directs	National Disease Control Centre and JCC
Core Membership	Chair: Chief Executive SVS, DCVO, Director Animal Health, Director Communications (or Chief Press Officer), Director Legal Services A
Other Members	Other Defra Directors (as necessary invited through Chair)
Information received from	Civil Contingencies Committees, JCC Birdtable meetings, NDCC daily report, Stakeholder meetings
Tools	
Objectives	<ul style="list-style-type: none"> - Share information between key tacticians (after CCC(O)) - Identify the daily tactical issues that need to be addressed and report back to ADPG CCC for resolution - Agree the tactical implementation of the strategies agreed at CCC - Disseminate tactical instructions to the National Disease Control Centre (NDCC) and JCC
Output	<ul style="list-style-type: none"> - Report of major issues and key decisions on the tactical implementation of strategies – sent to JCC Heads of Cells, all Directors General, Director Communications, - Requests for additional briefing,
Secretariat	Office of Chief Executive, SVS

SECTION 6 - PART C - Operational Level Plan

BACKGROUND AND SCOPE

6.78 This Operational-Level Plan forms a Section of the Defra Exotic Animal Disease Contingency Plan and relates to the operational level structures and functions necessary for effective control, operations and communication in the event of a disease outbreak. The role of the operational command is to implement contingency plans, working with stakeholders to ensure effective control of the disease outbreak, receiving tactical guidance and implementing it, and to provide regular feedback to inform strategic decisions.

6.79 The Operational Level centres around the Local Disease Control Centre(s) (LDCC), which will include representatives from other government departments, devolved administrations, agencies, other operational partners and stakeholders.

The Lead Department Concept

6.80 Defra is the Lead Government Department in managing exotic animal diseases in England. The Scottish Executive Environment and Rural Affairs Department takes the lead in Scotland, whilst the Welsh Assembly Government Environment Planning and Countryside Department has responsibility for managing animal health emergencies and their consequences in Wales. The Department of Agriculture and Rural Development (Northern Ireland) has responsibility for dealing with outbreaks of disease in Northern Ireland. However, the island of Ireland is treated as a distinct epidemiological unit separate to Great Britain.

6.81 The Cabinet Office supports Ministers collectively and the lead Departments in particular. It ensures a co-ordinated Government response to outbreaks of exotic animal disease by ensuring that there is an agreed understanding of the triggers for, and implications of the outbreak, identifying issues requiring collective discussion and agreement by Ministers, and recording, promulgating and following up agreed actions

Regional Resilience Arrangements

6.82 The regional civil protection tier under the co-ordination of the Regional Resilience Teams in Government Offices for the Regions, including (as necessary) the Regional Civil Contingencies Committee (RCCC), will activate following discussion with Defra's Regional Operations Director(s) or as requested by CCC to support local co-ordination, the identification and tasking of resources, and to communicate with the centre. The ROD will provide regular briefing to Regional Resilience Forums/RCCCs. DVMs in areas not immediately affected by the outbreak will engage with Local Resilience Forums in order to provide briefing on the possible consequences of the outbreak spreading to their area and to prepare operational partners.

OBJECTIVES

- Manage and co-ordinate the local components of a national response to control and eradicate the animal disease outbreak; to allow a return to disease-free status;
- Identify operational problems and issues and taking authoritative decisions to resolve them;
- Provide data to the Tactical Level ensuring the accuracy and integrity.
- To minimise the effect of the necessary disease control measures on the community without diminishing the effectiveness of the disease control measures.

6.83 The key aims for administrative and field staff are to work to support veterinary and technical staff in the eradication of disease, establish effective communication with key stakeholders and the rural community and ensure value for money.

6.84 *Strategic* issues are addressed at the Animal Disease Policy Group and the Civil Contingencies Committee.

6.85 *Tactical* issues are addressed at the Tactical Direction Group, daily Communications Meeting, National Disease Control Centre and Joint Co-ordination Centre.

6.86 *Operational* decisions are devolved (in the main) to the Local Disease Control Centre under the overall control of the Regional Operations Director.

ACTIVATION PROCESS

6.87 *SVS Instructions cover the implementation of control measures and guidance on the establishment of a LDCC.*

6.88 Once an animal disease is confirmed, the Chief Executive of the SVS will authorise the establishment of an LDCC and confirm this with the DVM.

6.89 Each AHDO maintains a list of local organisation details for personnel (including other government departments, the devolved administrations, stakeholders and operational partners) that must be contacted upon confirmation of disease. The DVM is responsible for notification.

6.90 The DVM will contact those people who will be appointed as Heads of LDCC Teams. The LDCC will develop to provide for the implementation of the necessary control measures.

LDCC Team tasks

Allocations

6.91 Aim - To ensure all jobs are prioritised, allocated on time, fully completed and accurately recorded.

Biosecurity

6.92 Aim – To provide materials, personnel and information to assist the control of infection to or from any animals or premises

Communications

6.93 Aim – To provide a comprehensive, integrated communications service, including all aspects of internal and external communications.

Communications Team

6.94 The LDCC Communications team is responsible for several functions operating within separate cells but providing an integrated service. These functions are:

- Help line
- Stakeholder Liaison/External Communications
- Secretariat & Press Office
- Internal Communications and Distribution

Epidemiology

6.95 Aim – To contribute to the understanding and control of disease by analysing patterns of disease and assessing risk factors

Facilities

6.96 Aim – To provide LDCC with the required infrastructure including accommodation, data and communications, fixtures and fittings and security.

Field Operations

6.97 Aim – To co-ordinate and manage disease management in the field. Overall responsibility for field operations including:

- dangerous contacts
- information
- notifications
- valuation
- slaughter
- disposal stores
- sample handling
- cleansing and disinfection

- farmer contact.

Case Officer

6.98 Aim – To oversee all activities on premises by Defra technical staff, valuers, slaughtermen contractors, etc to minimise the risk of disease spread from the premises by ensuring rapid and effective completion of disease control measures.

Cleansing and Disinfection Cell

6.99 Aim – To co-ordinate appropriate cleansing and disinfection activities on all premises where animals have been slaughtered for disease control purposes.

Disposal Cell

6.100 Aim – To co-ordinate the disposal of carcasses from premises where animals are slaughtered for disease control purposes.

Gate Officer

6.101 Aim – Control and record movement of people, vehicle, materials and equipment onto and off premises via Control Point(s)

Sampling Handling Cell

6.102 Aim – To process samples received at LDCC in a biosecure way.

Slaughter Cell

6.103 Aim – Co-ordinate slaughter activities on all premises where animals are to be slaughtered for disease control purposes.

Stores Cell

6.104 Aim – To maintain sufficient stores to allow Field Operations Team to undertake valuation, slaughter, disposal and cleansing and disinfection on premises where animals slaughtered for disease control purposes.

Valuation Cell

6.105 Aim – Ensure fair and accurate valuations of all livestock being slaughtered for disease control purposes are carried out in accordance with legislative and policy requirements.

Finance

6.106 Aim – To manage all finance activity within the Local Disease Control Centre.

Geographical Information Services (GIS)

6.107 Aim – to ensure that the critical GIS response to the declaration of an IP is met.

Licensing

6.108 Aim - To assist the disease control process by licensing movements approved under the emergency restrictions.

Personnel

6.109 Aim – To ensure that best Human Resource practice and Defra standards are applied at the LDCC.

Procurement

6.110 Aim - To manage procurement and contractual activity at the LDCC

Record Control Centre

6.111 Aim – To develop and manage an effective LDCC Record Centre, by managing official records including registered files and any other media which conveys information.

Surveillance

6.112 Aim – To identify clinical disease, verify details of premises, obtain information on stock numbers and disposition on premises, undertake required surveillance to enable zone clearance and undertake surveillance as required for other teams (e.g. Epidemiology).

Tracings

6.113 Aim – Assist and identify the source of disease, and to limit its spread, by ensuring that tracings are identified and prioritised promptly.

Involvement of Stakeholders and Operational Partners

6.114 DVMs engage with local stakeholders as part of their ongoing emergency-preparedness arrangements and, where possible, include them in the planning and implementation of regular local exercises.

6.115 All stakeholders that would be affected by an outbreak (including representatives of the farming industry, poultry industry, local poultry veterinary surgeons, rural businesses, local community groups and those concerned with promoting tourism) will also be engaged and involved, as appropriate, in exercises held at a national level.

6.116 DVMs must establish strong links with their Government Office Regional Resilience Teams and Forums as these are recognised by all key local agencies as the co-ordination point for emergency response.

6.117 It is also essential that DVMs have established regular contact with their local veterinary practices, Local Authority Emergency Planning Officers, Trading Standards Officers and Local Authority Animal Health Inspectors, Environment Agency Emergency Planners, the Government Office Emergencies Team and the Health Protection Agency.

6.118 All these agencies must know and understand the Animal Disease contingency plans (including relevant sections of SVS Instructions and local office contingency plans) and the DVM must have established their capabilities, roles and responsibilities in the event of an outbreak.

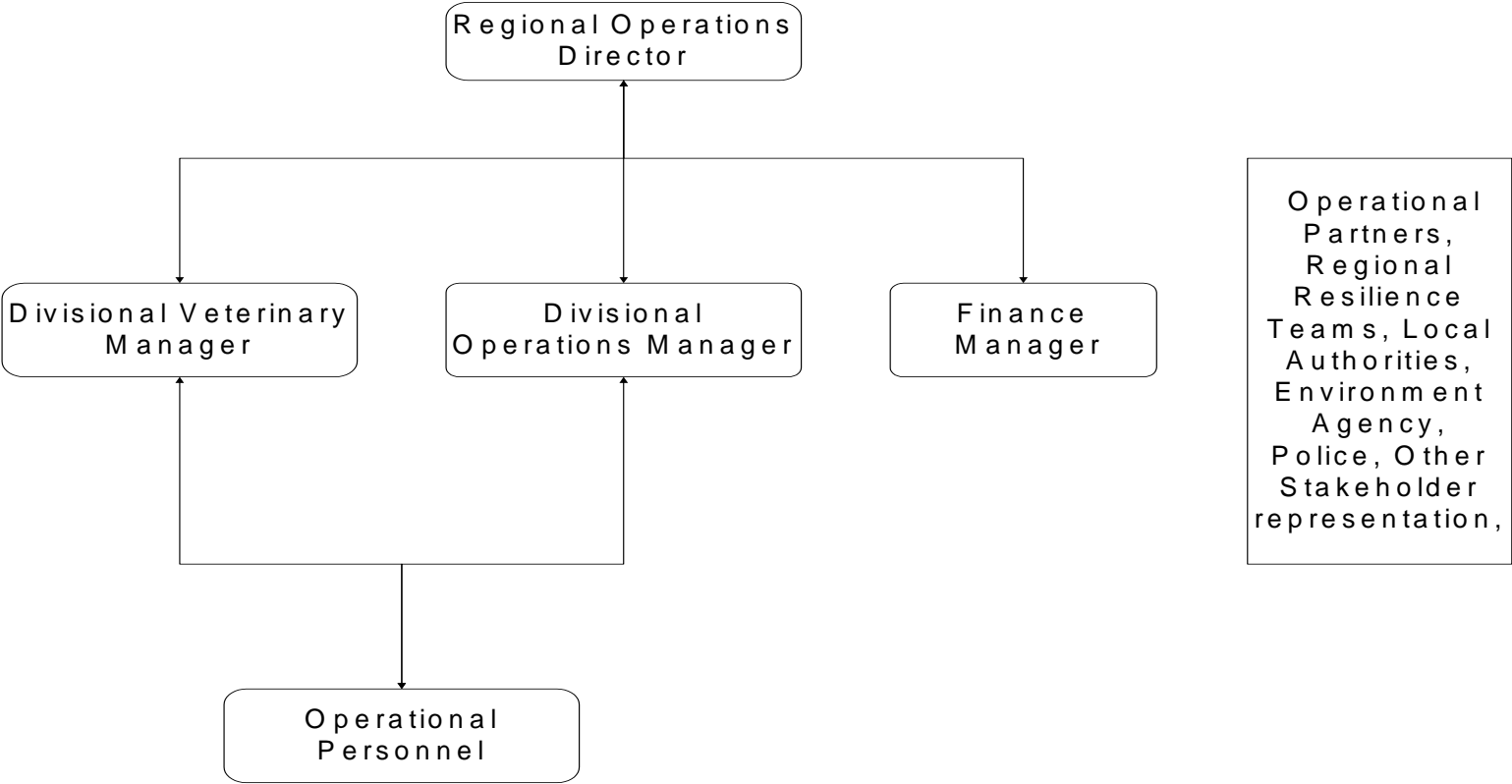
6.119 An outline of local stakeholder capabilities is at Part I: Generic Plan, Annex I.

6.120 In an outbreak, RODs and DVMs will engage fully with operational partners and all those affected by the disease and its management and control including farmers' organisations, rural businesses and local community organisations.

Battle Rhythm - Operational (LDCC) Level

Time	Event	Location	Attendees
0730 – 0800	LDCC Birdtable Meeting	LDCC	Heads of Ops Teams
0800 – 0830	Daily Management & Communications Meeting		ROD, DVM, DOM
1130 - 1200	Media Briefing		ROD
1200 – 1230			
1400 – 1430	Regional Operations Directors' Teleconference	Page Street	RODs
1800	ROD Sitreps due	Sent to JCC Stats & Info Team	
1900 - 1930	LDCC Birdtable	LDCC	Heads of Ops Teams

**Command and Control in a Local
Disease Control Centre**



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PART I

GENERIC ANNEXES

GENERIC ANNEX A

Veterinary Guidance For Initial Action On Suspect Cases

Level	Generic	FMD	AI	ND	CSF
0	Disease not suspected following veterinary inquiry.	All restrictions on premises lifted, no further action.	All restrictions on premises lifted, no further action.	All restrictions on premises lifted, no further action.	All restrictions on premises lifted, no further action.
1	Lesions and clinical disease not typical – but disease cannot be ruled out entirely on clinical grounds	Suspect animal(s) left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Form C area restrictions imposed	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.	Suspect animals left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Option to impose Temporary Control Zone
2	lesions and clinical disease suggestive of a disease but not entirely convincing.	Suspect animal(s) showing lesions slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Form C area restrictions imposed	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced.	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced.	Suspect animals left alive and observed. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Option to impose temporary control zone

Veterinary Guidance For Initial Action On Suspect Cases cont'd

Level	Generic	FMD	AI	ND	CSF
3	Veterinary staff at premises under investigation and at HQ believe from examination on clinical grounds that disease exists	All susceptible livestock on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Form C area restrictions imposed.	All poultry on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Contact Public Health Partners	All poultry on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed.	All animals on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Option to impose temporary control zone
4	as level 3 plus disease already confirmed in the country or substantial evidence that disease may have entered the country for example disease in imported animals originating from a region with confirmed disease	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Form C area restrictions imposed. All susceptible livestock on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment.	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. All poultry on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment. Contact and liaison with public health partners	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. All poultry on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment.	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Option to impose temporary control zone. All animals on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment.

GENERIC ANNEX B

Contacts List

The following lists key personnel who must be notified in the event of a confirmed outbreak (i.e. Alert State: Red)

Stakeholders from within the wider rural community will be contacted as soon as possible. Lists of these stakeholders are held by AHD and DG Natural Resources and Rural Affairs.

IT IS EXPECTED THAT ALL DIRECTORS WILL CASCADE THE INFORMATION TO THEIR MEMBERS OF STAFF

OWNER	CONTACT
Head of Exotic Disease Protection & Control Division	<ul style="list-style-type: none"> • Permanent Secretary • All Defra DGs • Defra Directors: <ul style="list-style-type: none"> Finance Corporate Services Communications Sustainable Agriculture Livestock Production Environment Quality and Waste Rural Policy Contingency Planning & Security Ordnance Survey • Stakeholders related to disease for example: <ul style="list-style-type: none"> National Farmers Union (NFU) Meat and Livestock Commission (MLC) British Poultry Council (BPC)
CVO	Chief Scientific Adviser to Government Chief Medical Officer Chief Executive HPA
DCVO	European Commission OIE National Veterinary Organisations
Head of SVS Contingency Planning Division	Head of Cabinet Office Civil Contingencies Secretariat Home and Special Forces Secretariat ODPM Regional Coordination Unit Directors of Government Offices in the relevant region. All DVMs and SVS senior staff Defra IDG - Intelligent Customer Function Head of Defra Divisions including: <ul style="list-style-type: none"> • PCD • ESSD • HR

	<p>Nominated staff for designated roles including RODs and DOMS Vaccination contractor Operational Partners including:</p> <ul style="list-style-type: none">• Environment Agency• Health Protection Agency• Local Government Association• LACORS• Association of Chief of Chief Police Officers• UK Renderers Association• Environmental Services Association• Association of Registered Incinerator Operators• Licensed Animal Slaughterers and Salvage Association (LASSA)• Freight Transport Association• Transport Logistics Contractor
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GENERIC ANNEX C

Communications

Action - ON SUSPICION OF DISEASE (Amber Alert)

Refer to paragraph 2.6 of the generic plan for details of trigger points and other actions.

CVO, or nominated representative, to alert Communications Division:

In office hours approach one of the following in this order:

Director of Communications, Head of News, Chief Press Officer (Animal Health & Welfare), Animal Health Desk.

Out of hours (before 8.30, after 18.30 and weekends), one of the following:

Duty Press Officer (via duty room on xxxxxx)

Director of Communications, Head of News, Chief Press Officer (Animal Health & Welfare), Animal Health Desk (phone numbers via duty room).

ACTION BY COMMUNICATIONS DIRECTORATE

Director of Communication and Chief Press Officer (F and F) to ensure:

- Immediate alert of various parts of CD command including website, helpline, publicity branch, briefing unit, library, Internal Communications Unit and Communications Planning Unit; then No 10 press office, Media Monitoring Unit, Strategic Communications Unit and the News Co-ordination Centre.
- Reference to Communications Protocol: Animal Disease and its procedures for transmitting information both internally and externally.
- Deployment of press officers in national press office to deal with influx of calls.
- Identification of press officer(s) to be sent to the region(s) to provide support additional to local Government News Network.
- Consideration with Ministers, officials and No 10 Press Office of the need for a press notice, Ministerial availability for interview; and possible requirement for briefing of media.
- If there is a 5 mile (8km) movement restriction zone around the suspicious case, Chief Press Officer (Animal Health & Welfare) to liaise with AHWD and Ministers the terms of a press notice to be issued nationally and locally as quickly as possible.

- News Co-ordination Centre to liaise with CD Briefing Unit on compiling inter-departmental briefing and ensure its dissemination. The NCC also to advise on co-ordination of Governmental websites, internal communications, publicity and helplines.

Chief Press Officer (Animal Health & Welfare) to ensure this release is put on the website, externally and internally, simultaneously. (Head of Internal Communications responsible for ensuring all Defra staff are kept fully informed of developments).

Director of Communications to identify broadcast spokesperson at national level and liaise with **GNN** spokesperson at local level.

Communication with Director of GNN Regional Network (as appropriate), GNN Defra lead Director and GNN office covering relevant areas.

Local Government News Network: GNN Regional Director to assist DVM with local media handling support, in liaison with Briefing Unit to prepare “holding” line to take for local media; consider need to hold briefing for local media. The **GNN** should organise and accompany the local spokesperson and provide a 24-hour contact point for local media.

Briefing Unit: In liaison with AHWD prepare “holding” lines to take for national media, Ministers, No 10 and for use with stakeholders; collate, revise and update existing data, lines to take, briefing and Q and A material. Prepare for the possible need to relocate staff to form nucleus of a communications hub in the NDCC, if set up.

Library: Chief Librarian to be alerted so that the Library service can support the press and briefing units with factual and contextual information to ensure information is being made available to other parts of the Department. The Library holds a wealth of information on previous outbreaks and inquiry reports etc. as well as access to a number of electronic current awareness services.

Website: Staff from CD New Media Team to liaise with AHWD website staff to prepare immediate public information for the website as appropriate and consider how a clearly labelled and sign-posted site could be ready for use immediately should an animal disease be confirmed.

Publicity Branch: Head of Publicity to ensure branch is standing by to update and prepare printed/audio visual material as appropriate.

Helpline: to prepare for intense public interest, identifying staff resources, supplementary helplines and briefing needs.

STAFFING ISSUES:

Chief Press Officer (Animal Health & Welfare)

Consider what resources could be made available to deal with a confirmed outbreak. These will involve extra press offices to run a 7-day a week shift

system. Consider the accommodation implications of an increase in personnel.

Need to consider the clerical support arrangements and the possible need for agency staff to provide transcription services for media briefings, telephone answering and administrative assistance to relieve information professionals from routine tasks.

Consider the need for support at his level to help co-ordinate and run the office through 24/7.

Action - ON CONFIRMATION OF DISEASE (RED ALERT)

Director of Communications and Chief Press Officer (Animal Health & Welfare) to liaise with Ministers, CVO, AHWD over the arrangements for early briefing of the press and issue of press notices nationally and locally.

Director of Communications to ensure:

- Directorate works closely with Private Offices, policy and operational colleagues, OGD, No 10 and Environment Agency press offices to ensure that stakeholders, the public, the media and other interested parties are kept informed of overall objectives, means and progress of action.
- close working between the different CD workstreams, including press, publicity, website, briefing unit and helpline.

Chief Press Officer (Animal Health & Welfare)

- to re-deploy press officers to support animal health desk and take an overview of staffing needs (putting in an early bid for help from OGDs as appropriate).
- make arrangements to staff the office from 6am - 11.30pm including use of shift system (other Government departments can help staff from 6am - 9.30am and from 6pm - 11pm); prepare for weekend office cover, probably between 8am - 8pm.
- to confirm with GNN deployment of regional press office support, to allocate central press office support to region(s).
- ensure the transcription of press briefings and dissemination of interview transcripts.

Local Government News Network: GNN Regional Director to draft in extra press officers to work with LDCCs in regional “Communications Cells”, ensuring close liaison with the HQ Communications Hub and Defra HQ Press Office. Establish systematic briefing of local and regional media and contribute toward stakeholder communication efforts. Deal with media bids for interviews and prepare DVMs/RODs for interview.

Briefing and Knowledge Network Unit: Once the decision has been taken to set up the NDCC and LDCC(s), a ‘hub and spoke’ system of information exchange with a central hub at HQ and communications “cells” in the regions would be set up taking Briefing Unit staff as core staffing. This system would from then on handle the flow of guidance on policies, operational instructions and advice from the centre to the regions and the flow back to the centre of information on operations, local impacts etc. from the regional cells.

HQ Hub

Staff from the Briefing Unit will immediately form the core of a multi-disciplinary “Communications Hub” co-located with the NDCC and would work closely with veterinary experts and others as appropriate.

LDCC communications “cells”

In conjunction with the Director of Communications and local GNN staff, DVMs/RODs will make arrangements within their LDCC for the establishment of a dedicated communications cell which would include local GNN staff relocating to the LDCC.

DOM to oversee the LDCC Communications cell which would be responsible for all internal, operational and external communications including local media handling and arrangements for local stakeholder briefings.

The regional communications cells would ensure that stakeholders, front line staff and the local media are kept fully informed and be the main information source for local technical headlines if set up. The cells would also feed back to the central hub, details of local activity and intelligence, taking a role in local stakeholder meetings and co-ordinating briefing information for local media interviews etc.

- Running daily meetings to brief and consult key stakeholders (NFU, LAs, EA) on developments (usually led by DVM or ROD)
- Handling all local media inquiries, dealing with interview “bids” (arranging media interviews with ROD or DVM)
- Equipping, staffing and briefing the local Animal Health Helpline
- Dealing with incoming correspondence from the public and MPs.

Two way communications

Information would travel between the HQ ‘hub’ and regional communications centres by a variety of means, including Defra’s Knowledge Network, email and the departmental intranet.

Library: Chief Librarian to ensure that information is made available to CD and wider Department as required.

Website: Webmaster to ensure 24/7 availability in conjunction with AHWD web co-ordinator; to consider increasing staffing levels and ensure that the design of web pages makes site accessible and easy to navigate.

Publicity Branch: Head of Publicity (in conjunction with the Communications Hub and Policy) to prepare and implement a paid publicity strategy for communication directly with stakeholders and interested parties.

Helpline: The general Helpline will set up a dedicated or animal disease Helpline. This will be monitored over a 48-hour period.

News Co-ordination Centre: to continue to play a co-ordinating role across Government. As above, is ready to activate a central media operation.

Head of Defra's Internal Communications Team:

- To ensure effective means of communicating with all Defra personnel (to ensure that those not directly involved are kept informed).
- To set up the necessary crisis communications systems for use by Communications Hubs and Regional Cells. These are expected to include the necessary infrastructure to facilitate mass text messaging (text blasting) and initiate telecoms contracts to provide recorded message updates.
- To oversee (in conjunction with personnel teams in NDCC and LDCCs) a crisis contacts database to include details of all those involved in dealing with the outbreak (including non-Defra staff; email details, mobile phone numbers, roles etc).

Media Monitoring Unit to play a full supporting role in conjunction with NCC.

Director of Communications and Head of News to ensure early daily assessment of likely media developments, briefing and activity needs.

STAKEHOLDER INVOLVEMENT

Timely involvement of stakeholders as an integral part of the communications picture. This must be pro-actively pursued at national and local level.

National

Key stakeholders will be invited to send a representative to the NDCC to participate in 'birdtable' meetings and provide input to policy, strategy and tactical development. Regular stakeholder meetings will be held, chaired by a senior official or minister.

Regional

The ROD will co-ordinate stakeholder meetings, with briefing and co-ordination being handled by the LDCC Communications manager.

GENERIC ANNEX C (1)

Emergency Planning Structure

The activities in this section anticipate an incident where Defra has 'Lead Department' responsibility. The Department utilises a 'hub and spoke' system which distributes information and key messages rapidly between the centre and the regions at any time and from virtually any series of locations, so that government presents a consistent face at all levels. Details of organisation, roles and responsibilities are set out below.

The crisis hub and spoke model

In a 'Lead Department' incident, CD's plan is to set up a central communications 'hub' in London and regional communications 'spokes' in affected parts of the country.

In the case of an **animal disease outbreak** the multi-disciplinary hub would consist of two teams co-located within the National Disease Control Centre (NDCC) in Page Street accommodation.

One team will focus on external and internal communications (the work carried out normally by Communications Directorate) the other on operational communications - communicating through the line to field and operational staff.

In the event of an incident escalating to a **national emergency** the strategic responsibilities will move from Defra to the National Command Centre (NCC) with the Government News Network (GNN) and GCN undertaking the overall responsibility. This transfer will be controlled by the Director of Communications.

Role, size and organisation of the hub.

The role of the hub is to ensure all communications on the crisis meet the Communications Objectives and to originate and disseminate all information not confined to the local operational, communications and media relations team dealing with the crisis on the ground. Reporting ultimately to the Director of Communications, but managed on a day to day basis by a Crisis Communications Team Leader, this team would be responsible for the coordination of all external and internal communications.

To perform this function effectively the 'communications' hub will maintain a continuous exchange with the lead Policy Director charged with managing the crisis, ensuring that appropriate lines are addressed.

A multi-disciplinary mix of communications staff, the hub is responsible for:

- dealing with all external and internal communications relating to the outbreak, i.e.:
 - media lines to take resulting from an analysis of the media issues;
 - briefing for Defra Helpline
 - information Line to staff

- correspondence
 - website
 - stakeholder briefings
 - policy factsheets.
- capturing outgoing and incoming information, holding information in a readily accessible form and disseminating at national level. Making key documents available to all via the Knowledge Network, intranet and internet;
- acting as a bridge between operations HQ and Defra's Director of Communications, Defra press office and central news management systems such as the NCC;
- keeping up to date all developments – where necessary by shadowing senior officials, attending meetings etc.;
- co-ordinating messages for briefing ministers, dealing with correspondence.

The size of the hub and the spokes involved will evolve, expand and contract in line with the severity and life-cycle stage of the crisis. The basic structure of the hub should be as outlined below and each 'leader' needs to be prepared to bring a team together to meet the need.

Key communications management functions

Director of Communications

- Lead contact and responsible officer for CD Emergency action and planning.
- In conjunction with the Crisis Communications Team Leader responsible for organising and chairing teleconference of emergency issues; establish communications hubs and set up set up regional/divisional communications presence.
- Engage GCN.
- Horizon scan for tactical issues.
- Attend NDCC Bird tables
- Attend daily Tactical/Communications meeting
- Attend Civil Contingencies Committee
- Attend and brief Emergency Direction Group
- Attend and brief Defra Emergency Management Board (15.00 as necessary).
- Attend Stakeholder Group
- Review communications protocols on a regular basis.

Strategic Communications Adviser

- Advise CVO

Crisis Communications Team Leader / Head of Strategic Communications

With specific responsibility for operation and readiness of Briefing Unit and Electronic Briefing System (EBS), co-ordination with Director of Communications, appropriate Operational units of Defra, Defra Ministers, No. 10 and GCN and key stakeholders. Once the crisis communication 'hub' has been established by the Chief Press Officer or Duty Press Officer in response to the initial crisis awareness this role takes the operational coordination lead in an emergency – working directly to the Director of Communications.

Head of Internal Communications

Coordination of all Defra Internal messages to staff, with particular responsibility for the content of emergency web sites, helplines etc. focussed on Defra staff, liaising with Head of eCommunications to ensure suitability and readiness of channels.

Head of News

Responsible for Press Office and media links, liaising with Head of eCommunications to ensure suitability and readiness of channels with particular responsibility for the content of emergency web sites, helplines etc. focussed on external audiences, liaising with Head of eCommunications to ensure suitability and readiness of channels. Responsible for providing appropriate shift cover for Press Officers.

Chief Press Officer

Responsible as the first point of contact for a developing crisis situation. Will ensure that conference call facilities and key contact points are available to establish an initial media response line and to pull together the CD key staff necessary for the CD hub to operate.

Head of eCommunications

Responsible for management and readiness of Web sites, helplines and stakeholder database.

Head of Marketing

Responsibility for readiness and operation of Advertising, printed material and direct mail and ensuring supporting material is updated, liaising with Head of CD Corporate Services.

Business and Administrative Support

Responsible for coordinating financial and staffing arrangements during an emergency and preparation and ensuring that critical staff are provided with appropriate equipment for remote working.

Role, size and organisation of Spokes

Spokes teams as necessary will be formed simultaneously with the central hub and supplemented by central staff according to the available resource on the ground under the guidance of the Director of Communications.

The staff resources of Government News Network (GNN) and the Government Information and Communications Service (GCN) will be utilised to support and supplement CD resources, as will pre-approved agency and freelance staff called in to provide additional extra resource to both the spokes as well as the hub as required and prepared by the appropriate Heads of CD Units. When the time comes, this will enable the local operational team with their task of creating a local communications team - one of their key initial tasks. GNN would be alerted by the Director of Communications from the earliest suspicion of a crisis and extra staff would be drafted in to reinforce. GNN would relocate to form part of that team; central GCN press officers would be sent in if local GNN resources are not enough.

When activated, the Head of the Local Operational Team will oversee the local communications cell which would be responsible for all internal, operational and external communications including local media handling and arrangements for local stakeholder briefings.

A vital role of the spokes is to ensure that the centre is kept informed of developments on the ground creating an 'information loop' which evolves in real time.

GENERIC ANNEX C (3)

Action Plan in event of a crisis with Defra in the lead.

The default point of contact in CD in a 'crisis' situation will be the Director of Communications. However individual policy emergency plans will recognise the appropriate Chief Press Officer as the first contact.

In the first few hours when a communications centre has yet to be set up the Chief Press Officer or Duty Press Officer will consult with the Director of Communications, or Head of News to:

- make the initial arrangements to convene a conference call with relevant officials, private offices, Defra Ministers, GNN, NCC, other Government Departments and Agencies and No. 10;
- the Director of Communications or Deputy will, in conjunction with the lead Directorate, agree a holding line with the media and other audiences.
- informs all key CD responsible officers plus relevant members of GNN and Number Ten by phone or urgent email (office hours) or by phone/text out of hours. (Mobile, office numbers and e-mail numbers of staff are available on the Defra Corporate Directory. Home numbers and those of Number Ten and GNN are circulated to relevant officers on a regular basis.)
- In liaison with the Director of Communications, the most senior press officer (on duty if out of hours) issue holding statements while the crisis cell forms.

As the cell forms, individual responsibilities are as follows:-

Accommodation

In the case of an animal disease issue such as a recurrence of FMD, the Crisis Communications Team Leader together with staff from the Strategic Communications Unit will immediately form the core of a multi-disciplinary "Communications Hub" co-located with the appropriate operational team and would work closely with veterinary experts and others as appropriate to develop key messages and issue briefing via the EBS. For Animal Health Emergencies this would be at Page Street; for other crises, instructions will be issued by the Crisis Communications Team Leader as to whether or not the crisis can be handled from Nobel House/Whitehall Place offices or whether and if so where they should be collocated.

Meetings and OGDs

To ensure a cross-government approach, a representative from Number 10 and GCN should be included in all planning and update meetings immediately crisis is declared. In addition it is imperative an up to date report is prepared for the daily 0830 Number 10 Downing Street meeting. As press cuttings and news summaries are supplied by our contractors from late evening and throughout the night and early morning, some preparatory work can be undertaken by staff working the shift systems. Making this happen together with ensuring briefing by and availability of Defra ministers and policy officials, lawyers and scientific officers for the centre is among the responsibilities of the Crisis Communications Team Leader.

In addition to this preparatory work, there should be an early morning

meeting, or at least a teleconference call, in which, in addition to CD staff, a Defra Minister and sufficient scientific, veterinary (if necessary), policy and legal expertise were present to finalise lines to take, and points to make. Again it may be important for veterinary and policy advice to be available to help with overnight preparatory work.

Policy meetings, such as CCC(O) are likely to meet in, for example, COBR at 0930 hrs prior to a 1030 hrs CCC and will need a report on how stories were playing at a regional level that morning on local radio and TV news bulletins and drive time programmes. This would be collected by GNN and relayed orally (given the time constraints)

Internal Communications

The Head of Internal Communications should immediately set up the necessary crisis communications systems for use by Communications Hubs and Regional Cells in communicating the crisis to a wider Defra staff audience. These include:-

- Newsflash or Surefax (if system is down or inaccessible);
- Internet and Intranet page update (or activated if dark);
- Necessary infrastructure to facilitate mass text messaging (text blasting);
- Activating telecoms contracts to provide recorded message update on staff telephone information line which can be called in the event of an emergency, the number for which is 0800 028 6896.

Strategic Communications

- Briefing Unit
The principal role of the Briefing Unit will be to organise production of relevant briefing which will be located on the Electronic Briefing System providing an authoritative, single source of briefing on the issue. So, in liaison with the necessary policy officials, the Briefing Unit will immediately:-
 - identify policy officials responsible;
 - prepare lines to take for media, Ministers, No 10, CVO and for use with stakeholders;
 - the brief should be converted to a Knowledge Network (KN) brief, checked with policy officials and published on the EBS;
 - a copy sent to the website team so that they can publish a news item;
 - If a press notice is also to be published this will be provided by Press Office;
 - Update existing data, briefing and Q&A material;
 - prepare for the possible need to relocate staff to form nucleus of a communications hub in the policy team, if set up.

The Library should be among those alerted to be on standby so that the Library service can support the press and briefing units with factual and contextual information to ensure information is being made available to other parts of the Department. The Library holds a wealth of information on previous outbreaks and inquiry reports etc. as well as access to a number of

electronic current awareness services.

Operational communications

Reporting jointly to the crisis cell leader and appropriate policy Director, this team would be concerned with:

- writing and issuing detailed operational instructions including, with the briefing unit issuing 'Abstracts' The briefing team would provide a simple abstract for all detailed instructions sent out to the field. This abstract would be the initial paragraph of the instructions as issued. It would also be incorporated into a VIPER "what's new" page to highlight changes;
- rapid operational communications to field staff – mass text messaging and daily updated dial-in information updates; field staff can phone in to a recorded message service or receive text updates and would be advised of changes and where to get more details;
- Providing management reports and statistical reports to the relevant policy official;
- Alerting the briefing team of any "exceptions" or difficult issues about which Ministers or officials need to be briefed. (This team, the formation of which would be a joint responsibility of the operational policy director and the CD crisis team leader (most probably the Director or Deputy Director of Communications) would consist of a mix of advisers, statisticians and admin staff. Drafting of actual communications materials should be carried out by a pre-designated team member who is trained in copywriting and communications planning.)

The Defra 'Family'

For the purpose of crisis management, Defra agencies (a full list is available at <http://www.defra.gov.uk/corporate/agencies.asp>) should be treated as part of Defra and every assistance offered to them. They will be approached for media comment and should be briefed as part of the Defra team.

External communications

- **UK national, international and industry media**
Press officers may become aware of a possible crisis via the media within or outside of office hours. Whatever the circumstances, the **basic questions to ask** are:
 - what is the situation?
 - what information is available now for the media?
 - when is the situation likely to change?
 - who is in the lead (i.e. within Defra, within government, and on the scene)
 - do we need to send a Press Officer to the scene?
 - have Secretary of State, Ministers and Permanent Secretary been informed of developments?
 - does Number 10 know?

Within the press office, at any time, the Director of Communications and Head of News must be informed immediately of the nature of the incident and its apparent seriousness, and must agree a holding line to take pending liaison with the lead Policy Directorate. Any briefing material for the media should be agreed centrally at a senior policy level, and shared with the Briefing Unit, Helpline, Private Offices, Number 10 and other appropriate Departments, such as Cabinet Office and Departments and Agencies who might have a shared responsibility

Local media

For regional incidents, the Head of News, in consultation with Chief Press Officer(s), will decide whether the Government News Network (GNN) is fully equipped to offer support to local offices or whether it is necessary to send HQ Press Office to offer support on a temporarily based in the region and join the 'spoke' cell.

As and when it is appropriate to arrange a ministerial visit, the Head of News will decide if HQ press office personnel are better deployed in London or with the Minister, and whether GNN locally is fully equipped to support a Ministerial visit.

Whatever the crisis, the Director of Communications, in co-ordination with the GNN Regional Director, will establish a systematic briefing of local and regional media and contribute toward stakeholder communication efforts.

Priorities are to deal with media bids for interviews and prepare Regional Operations Directors for interviews, assist with local media handling support, in liaison with Briefing Unit to prepare "holding" line to take for local media and to consider the need to hold briefing for local media. The Head of News, in coordination with GNN, should organise and accompany the local spokesperson and provide a 24 hour contact point for local media.

Marketing/ new media

In the event of a crisis, it will be the responsibility of the media teams to immediately access and update the pre-prepared materials on the Intranet site and held electronically.

- **PUBLICITY**
 - Establish liaison with COI to deliver advertising requirements;
 - Access to design and typesetting services;
 - Access to conference delivery services.
 - Access to prepared material.

- **CONTRACTS & PRINT**
 - Deliver print management and distribution services to co-ordinate any necessary reprints, forms, warning notices etc.
 - Outline and brief contractors for possible requirement to deliver letters from Ministers/relevant news bulletins.

- **Website, Helpline**

Defra's website is a key source of information in the event of a

crisis. The Head of eCommunications is to ensure 24/7 capability availability for updating the Defra website in conjunction with the Head of eCommunications; to consider increasing staffing levels in order to do so and in so doing, take necessary steps to ensure that the design of web pages makes site accessible and easy to navigate. The Head of eCommunications needs to liaise with the GCN webmaster to provide a link between web sites – it is CCS/GCN policy to promote a single central government site for information on all emergencies. Consideration could also be given to disseminating information via RIMNET to stakeholders – RIMNET has a local authority, OGD stakeholder group with access to an information database.

For all crises, in the event of the crisis plan being invoked, the Head of eCommunications, directed by the Director of Communications, site should include within 24 hours:-:

- News and Information;
- A full list of locations directly affected by the incident;
- Full details of control measures and restrictions;
- Advice to farmers, local authorities, and other rural stakeholders;
- Advice on rural activities;
- Links to relevant web-sites, (liaise with News Co-ordination Centre on links to UK Online and other Government Departments agencies.)

Helpline

The Crisis Communications Team Leader is responsible for immediately ensuring the necessary information reaches the Defra General Helpline 08459 335577 to prepare for intense public interest.

Stakeholder Communications

In the absence of a single Defra stakeholder database (plans are currently in train to establish one which will be hosted and maintained externally) plans the following steps should therefore be taken by the Crisis Communications Team Leader within 24 hours of the crisis plan being invoked:-

- In conjunction with the Lead Division define priority stakeholders from the existing database. Where possible, a telephone call should be made and followed up with written materials as below, however at the minimum for those stakeholders directly affected, an email or mailshot should be prepared and sent.
- Whatever the crisis, regular stakeholder meetings will be held, chaired by a senior official or minister. CD should be represented at these meetings and will need to get included in Lead Dir/Div plans.
- Correspondence will be dealt with by the centre unless a pre-existing relationship exists on a local level and in which case the hub will provide the necessary tools/materials to the spoke for issue/dissemination.

CCS Co-ordination Desk

The CCS has set up a co-ordination desk which serves the dual functions of:

- providing a central contact point for Departments who want information on Central Government arrangements following a disruptive event; and
- giving a mechanism for distributing information on Central Government arrangements to Departments.

For those crises in which Defra plays an auxiliary role such as clearing up after a chemical, nuclear, radiological or other such incident, a judgement will be taken at which point Defra is moved in and out of 'crisis' mode. In any scenario Defra must work with other government departments such as Number 10.

Among the committees and subcommittees of the CCC is the CCC Communications sub-Committee. Its terms of reference are:

"to handle communications aspects arising an actual or potential national crisis in support of CCC..... "

The central communications team, if set up, would be located in 10 Great George Street. It would handle all press calls, media bids for Ministers and officials, website pages, briefing for Helplines across government, internal Whitehall wide communications and work with the GNN in the regions. Core staff would be seconded from Defra, with representatives from other government departments affected, including No 10. This set-up would help to join up the government as a whole, providing a co-ordinated and coherent response in the event of a very large scale crisis.

STAKEHOLDER INVOLVEMENT

Timely involvement of stakeholders as an integral part of the communications picture. This must be pro-actively pursued at national and local level.

National

Key stakeholders will be invited to send a representative to the NDCC to participate in 'birdtable' meetings and provide input to policy, strategy and tactical development. Regular stakeholder meetings will be held, chaired by a senior official or minister.

Regional

The ROD will co-ordinate stakeholder meetings, with briefing and co-ordination being handled by the LDCC Communications manager.

GENERIC ANNEX D

Defra Release of Personal Data in Accordance with Data Protection Act

Releasing personal data

DEFRA's policy is to be as transparent as possible in the handling and release of information, whilst observing Data Protection Act (DPA) obligations in relation to personal data. Any release of an individual's personal data to a third party can only take place if such action does not breach any of the 8 data protection Principles listed in Schedule 1 of the DPA:

<http://intranet/imd/access2info/principles.asp> or
<http://www.hmso.gov.uk/acts/acts1998/80029--l.htm#sch1>

Infected Premises

At least the location of infected premises will appear on the Defra website. Such disclosure will be necessary for the purposes of disease control, which is one of Defra's key functions. Also, publication of these details on the website is in the substantial public interest because of the effectiveness of the internet in making information widely available as rapidly as possible. Disclosure on the website alerts the public not to visit the infected areas unnecessarily. This therefore reduces the risk of further contamination and assists the authorities in combating the disease. Release of this information for the purposes of assisting to combat the disease will be in accordance with the data protection principles in Schedule 1 of the DPA.

Dangerous Contact Premises and Slaughter on Suspicion Premises

Affected farms will have public notices placed at their gates, as a warning against transmission of the disease. There are insufficient disease control imperatives to justify widespread disclosure of this information. Publication on the website will **not** therefore be appropriate, as it would breach the first data protection principle in Schedule 1 of the DPA.

Defra will consider disclosing details of all premises where animals have been culled to organisations with a legitimate interest in disease control, safeguarding public health or co-ordination of rural recovery programmes, provided that such disclosure would not breach any data protection principles in Schedule 1 of the DPA.

GENERIC ANNEX E

Health and Safety Plan

On suspicion of a case of Foot and Mouth Disease, Avian Influenza, Newcastle Disease or Classical Swine Fever (Amber alert)

- The Head of SVS HQ Delivery Services Division must inform the Departmental Health and Safety Manager;
- The Departmental Health and Safety Manager (DHSM) will notify: -
 - 1) all competent safety professionals² working within Defra and its Agencies and
 - 2) the Chief Welfare Officer, requesting that they are on standby.

On confirmation of a case of Foot and Mouth Disease, Avian Influenza, Newcastle Disease or Classical Swine Fever (Red Alert)

- The Departmental Health and Safety Manager will allocate a safety professional(s) to be attached to each LDCC. The name of this person will be passed to the relevant ROD, as will the contact details of the local welfare officer;
- DHSM will make contact with the NDCC and provide strategic safety advice and guidance to the Deputy Director of the NDCC;
- The DHSM will inform the Chief Agricultural Inspector of the Health and Safety Executive of developments and will ensure liaison between Defra and HSE is undertaken at a national level;
- Depending on the scale of the outbreak the DHSM will arrange for assistance from external health and safety providers (*to be finalised*);
- The DHSM will ensure that relevant risk assessments and other documentation/arrangements necessary to comply with legislation are produced in relation to the work undertaken by Defra.

ROLE OF THE SAFETY PROFESSIONAL IN EACH LDCC

- To act as Health and Safety Adviser at the LDCC advising and assisting NDCC Managers to fulfil their H&S responsibilities;
- To provide a contact/liaison point for H&S issues between the local LDCC and national NDCC;
- To liaise with the Departmental Health and Safety Manager and other safety professionals as necessary to ensure parity of approach for H&S issues across the Dept.

Job Functions of the Safety Adviser within the LDCC

The safety adviser attached to each LDCC will:-

- ensure that health and safety office is established with all necessary facilities including telephone and PC Communications links, files, documentation and dedicated administrative support;

² those individuals who are employed by the Department as full time safety advisors and are members of the Institution of Occupational Safety and Health (IOSH)

- establish lines of communication with NDCC via head of DHSU (or other nominated safety professional in NDCC), with H&S professionals in other LDCCs, with local HSE, and with H&S persons in other organisations working with or under contract to Defra relevant to the locality of work;
- establish a Health and Safety team within the locality, based on risk (numbers will depend on size of emergency within any particular LDCC) drawn from local staff with appropriate experience or from register of available persons with H&S expertise. Any shortfall in numbers of available staff will be identified by the safety professional, who will inform DHSU;
- provide **basic training** to others to enable the health and safety team to function appropriate;
- undertake **safety briefings for all staff from day one** and ensure that these are done on a sufficiently regular basis so that all are briefed on health and safety issues, relevant to the risk, before starting work. Records must be kept of those staff attending briefings;
- organise and delivery under national guidelines (to be agreed via DHSU) more in depth **training and safety briefings for managers and specialist groups locally** e.g. Slaughter teams, C&D teams, Bleeding teams and if necessary outside bodies which may include contractors representatives and military personnel;
- ensure that basis health and safety **information packs** and other local documentation are kept up to date and include centrally issued information and are available/issued to all staff that need them and as far as possible records are kept of those staff issued with the documents;
- ensure that there is **health and safety documentation** relevant for each premises and that all safety reports, records and information are filed appropriately;
- ensure **visits to premises** are undertaken by the local safety team to carry out preliminary inspections;
- monitor compliance of health and safety procedures and assist and advise managers on appropriate safety requirements relevant to the risk;
- attend **management meetings/briefing and debriefing sessions** and ensure that Centre Managers and NDCC (via DHSU) are kept informed and advised on current and anticipated H&S issues and problem areas;
- monitor and assess the **requirements for additional health & safety support** as situations develop/risk increases and ensure NDCC (via DHSU) are kept appraised;
- ensure that the Departmental system for **reporting and recording accidents** is in place and that all staff are aware of accident reporting procedures and accidents are reported appropriately (see HASAN 1);
- Ensure that all RIDDOR accidents/incidents are reported to HSE in line with the requirements of the Regulations and Departmental policy (HASAN 1);
- assist with **investigation of accidents and incidents** liaising with HSE and other outside bodies as necessary. Feed information back to NDCC via DHSU so that Risk Assessments and work practices can be reviewed and updated.

GENERIC ANNEX F

Staff Welfare

1. ON SUSPICION OF A CASE OF FOOT AND MOUTH DISEASE, AVIAN INFLUENZA, NEWCASTLE DISEASE OR CLASSICAL SWINE FEVER (AMBER ALERT)

- The Head of SVS Service Delivery Division must inform the Chief Welfare Officer (CWO) at the same stage as they notify the Departmental Health and Safety manager (DHSM);
- The CWO will, in turn, notify all Welfare Officers (WOs) working within Defra and its Agencies requesting their availability on standby and, depending on the scale of the outbreak, the CWO will arrange for assistance from external Welfare Officers (through inter-Departmental networks and possibly Employee Assistance Programme (EAP) providers);
- CWO will, from the outset, establish a clear line of communication to the DHSM to manage a joined-up approach in respect of H & S issues affecting staff.

2. ON SUSPICION OF A CASE OF FOOT AND MOUTH DISEASE, AVIAN INFLUENZA, NEWCASTLE DISEASE OR CLASSICAL SWINE FEVER (RED ALERT)

- The Chief Welfare Officer (CWO) will allocate a Welfare Officer (WO) to deliver the welfare service to each LDCC and HQ offices. The name(s) will be passed to the relevant ROD;
- The Counselling Support Service will be available 24 hours daily (including weekends);
- CWO will make contact with the NDCC and provide strategic welfare advice and guidance to the Deputy Director of the NDCC;
- The CWO will ensure that relevant documentation/arrangements are properly communicated and made available to staff accordingly.

3. ROLE OF THE WELFARE OFFICER IN EACH LDCC

- Having been introduced through local briefings, the Welfare Officer will act as a point of contact in respect of staff welfare at the LDCC (and HQ offices) giving guidance and assisting managers and staff in their support roles and to respond to staff needs for more personal support and advice accordingly;

- To provide a contact/liaison point for Welfare issues between the local LDCC (HQ Offices) and national NDCC;
- To liaise with the Chief Welfare Officer and local H & S counterparts, as necessary to ensure parity of approach for welfare issues across the Department.

4. JOB FUNCTIONS OF THE WELFARE OFFICER THE LDCC

The Welfare Officer attached to each LDCC (and HQ offices) will: -

- wherever practicably possible (with the assistance and support of the CWO) secure appropriate office space and ensure that their local office is established with all necessary facilities;
- establish close working relationships with the HR team responsible for the LDCC (and HQ offices) identifying how best to deliver the services;
- clearly and visibly promote the Welfare Service (names, contact numbers and arrangements) locally through publications, briefings and intentional contact with manager's and staff within the LDCC;
- ensure that basic welfare **information packs** and other local documentation are kept up to date and include centrally issued information and are available/issued to all staff that need them, Taking particular account of those staff who are working more remotely (on farms, etc) and not attending the LDCC as regularly as other staff;
- establish lines of communication with NDCC via CWO and their management structures (or other nominated personnel in NDCC), with WOs in other LDCCs, and with persons in other organisations working with or under contract to Defra relevant to the locality of work;
- attend **management meetings/briefing and debriefing sessions** and ensure that Centre Managers and NDCC (via CWO) are kept informed and advised on current and anticipated welfare issues and problem areas;
- ensure **presence at the LDCC is visible** through the WOs undertaking regular walks around the Centre;
- continually monitor and assess the **requirements for additional welfare support** as situations develop/risk increases and ensure NDCC (via CWO) are kept apprised;

5. ONGOING WELFARE SUPPORT POST- AVIAN INFLUENZA/ NEWCASTLE DISEASE OUTBREAK

The Welfare Service is committed to maintaining an appropriate and specifically targeted level of support throughout the emergency situation and particularly recognises the ongoing needs and support required post-emergency. Resources and level of service will be assessed accordingly, to

meet these increased needs and demands for as long as is considered necessary. The Welfare Service will support the process of re-integrating staff back into their normal jobs.

GENERIC ANNEX G

Protocol for restrictions on public rights of way and access to open country, in the event of an outbreak of disease,

Preface

This protocol has been prepared for use in the event of an outbreak of disease covered by the National Contingency Plan. It aims to guide the exercise of powers to close land to prevent the spread of disease where the closure affects public rights of way or land over which the public have access.

In the event of a disease outbreak, inspectors may have the power to prohibit entry on to any land within designated areas and, in some cases, a specific power to close rights of way. In cases where the power is used to prohibit entry to designated areas, this power would, incidentally, enable the prohibition of entry on to any public right of way or land to which the public have access situated within the designated areas.

Introduction

1. This protocol contains Government guidance on the degree to which restrictions on public access to the countryside should be imposed in any future outbreak of disease. It has been prepared in the light of advice and recommendations by the Government's rural recovery co-ordinator, Lord Haskins, and the Rural Task Force, which was established to look at the consequences of the foot and mouth disease outbreak.
2. The approach set out here is based on the lessons learnt from the 2001 foot and mouth disease outbreak. However, as the nature and circumstances of a future contagious disease outbreak may differ from those of the 2001 outbreak, this approach may need to be adapted to the type of outbreak then being faced. This protocol is therefore a starting point for an evidence-based approach and will be reviewed on a regular basis
3. As recommended by Lord Haskins and the Rural Task Force, the protocol is based on the clear principle that there should be a presumption in favour of maintaining public access. Thus, any decision to close land over which there is a public right of way, or where there is public open space or access to open country, should be taken only when it is clearly necessary to do so and after having carefully considered:
 - the requirement for disease control, as informed by the Government's veterinary risk assessment, which will include an assessment of any risk that rights of way users and other visitors to the countryside could spread disease;

- the economic value of the rights of way network and other countryside access and the likely impact of closure on visitors to the countryside and the businesses that depend on them.

Definitions

4. The terms used in this protocol are defined as follows

- **Infected Place** – means a premises where disease is suspected to exist and which has been declared by order to be an infected place...
- **Infected Area** – means an area declared by order to be an infected area.
- **Protection Zone** – means an area within an infected area declared by order to be a protection zone. While this is, generally, a zone of at least 3 km radius around infected premises, beyond which the risk of infection is seen as significantly diminished, the exact extent of the protection zone will depend on the Government's veterinary risk assessment commissioned at the time.
- **Controlled Area** – means an area within an infected area declared as such by order.
- **Inspector** – means a person appointed by the Secretary of State or by a local authority for the purposes of the Animal Health Acts or a veterinary inspector appointed by the Secretary of State.

Specialist advice

5. This protocol is based on veterinary advice and the experience of the 2001 foot and mouth disease outbreak. Both the advice and the protocol will be kept under review and regularly updated in the light of any advance in knowledge.

6. Current veterinary advice is that the area outside a protection zone or within a controlled area, the risk of rights of way users and other visitors to the countryside spreading disease is very small indeed. Consequently, although access to rights of way and other forms of public access within protection zones may need to be restricted where the evidence justifies this, those outside and those within controlled areas may safely be left unaffected. Farmers and other people in contact with animals pose a considerably greater risk of spreading disease than rights of way users. Such persons will be subject to more stringent biosecurity measures. Defra has published separate biosecurity guidance for consultation (see Part 1: Generic Plan, Annex H, as required by the Animal Health Act 2002).

Protocol for Inspectors

When the exercise of these powers would affect a public right of way or land to which the public have access, inspectors:

- should use their powers sparingly and only as far as is necessary to control the spread of the disease;
- should prohibit entry to land within an infected area or protection zone within an infected area (see paragraph 4 for definitions) only where this is justified on the basis of advice contained in the Government's veterinary risk assessment (and not one commissioned by any other authority);
- should prohibit entry to land that is in an infected area but outside a protection zone or in a controlled area within an infected area only when there is clear and specific written veterinary advice that not doing so would undermine other measures aimed at controlling the spread of disease;
- should keep prohibitions of entry under review and lift them as soon as there is no longer any justification for preventing public access on the grounds of disease control; they must ensure that any notices prohibiting entry to land are removed as soon as the prohibitions are lifted;
- must only prohibit entry to land within a controlled area where they have the express written consent of the Secretary of State;
- should use powers in such a way that when rights of way or other forms of access have to be closed, they are closed up to a junction with another right of way or highway, or in the case of open areas to a clearly definable physical feature, e.g. a road or river, rather than by reference to some point at an arbitrary distance from the infected place.

Information

7. The Government will ensure that guidance is made available to local authorities from the earliest possible stage of any disease outbreak and that this is backed by a current risk assessment. The Government will also give high priority to ensuring that up to date information is readily available to the public about which rights of way, and other areas normally open to public access, have been affected by establishing a formal communications structure as detailed in Part I: Generic Plan, Section 5.

8. Attention will be given to improving the understanding of both farmers and visitors to the countryside of their roles and responsibilities in minimising the risk of spreading contagious disease. A careful evidence-based approach will be essential in the event of a future outbreak. Defra will publish its risk assessments to explain why some activities are higher risk than others.

Unjustified closure notices

9. Inspectors should either deny access where this is necessary or, if not, allow it. Precautionary notices such as “This footpath is open, but please consider whether your walk is necessary” should neither be posted nor sanctioned by local authorities. Inspectors should ensure that notices prohibiting entry to land are removed as soon as the restrictions prohibiting entry can be lifted.

10. Local authorities should use their powers under section 57 of the National Parks and Access to the Countryside Act 1949 to prosecute any person displaying a notice containing false or misleading statements likely to deter the public from using a right of way. If convicted under section 57 a person displaying such a notice may be ordered by the courts to remove it.

Local Highway Authorities:

- should use their powers in the National Parks and Access to the Countryside Act 1949 to take action against anyone displaying notices that contain false or misleading statements likely to deter the public from using a public right of way;
- should use the powers in sections 130 and 132 of the Highways Act 1980 to take action against anyone attempting to deny lawful public access by physical obstruction
- should use section 14 of the Countryside and Rights of Way Act 2000 to take action against anyone displaying notices on access land to deter public use.

GENERIC ANNEX H

Biosecurity Advice and Guidance

Biosecurity guidance to prevent the spread of animal diseases has been developed to reflect the provisions of the Animal Health Act 1981 (as amended by the Animal Health 2002). This guide, for anyone who comes into contact with animals, can be found on the Defra website at:

http://www.defra.gov.uk/animalh/biosecurity/farmguidance/biosecurity_guidance.pdf

Further biosecurity information is available at:

<http://www.defra.gov.uk/animalh/biosecurity/farmguidance/index.htm>

BIOSECURITY GUIDANCE TO PREVENT THE SPREAD OF ANIMAL DISEASES

BIOSECURITY GUIDANCE ON ENTERING OR LEAVING PLACES WHERE FARM ANIMALS ARE KEPT OR HAVE BEEN KEPT

This guidance applies to **everyone** who enters a farm or premises with farm animals, or enters land used for grazing or keeping farm animals. This includes:

- Owners of farm animals;
- those in charge of farm animals at any time, for example hauliers;
- vets and others who provide animals services, including Artificial Insemination technicians, foot trimmers, sheep dippers and scanner operators;
- government officials, including Local Government employees and staff working for Non Departmental Public Bodies;
- any contractor or other person acting for or on behalf of those already mentioned;
- others who access agricultural land, whether for business or pleasure.

It deals with the precautions to be taken when entering or leaving any premises with farm animals in the absence of an outbreak of exotic animal disease; after confirmation of an outbreak of exotic animal disease; and to premises under specific animal disease restrictions.

The guidance is prepared under the Animal Health Act 1981, Section 6A (as amended by the Animal Health Act 2002, Section 16). It is not intended to interfere with sensible public access to land and enjoyment of the countryside.

The message is simple:

- **disease may not always be apparent, especially in its early stages;**
- **be clean, particularly if handling animals or moving between different premises.**

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Part I: Generic Plan, Annex H (2) Additional Biosecurity Measures When Visiting Premises With Farm Animals During an Outbreak of An Exotic Animal Disease

Part I: Generic Plan, Annex H (3) Measures, which must be observed for Visits to Premises Under Specific Restrictions

Introduction

1) Farm to farm movement of infected livestock is the most effective means by which animal diseases such as foot and mouth disease can be spread. Contacts with animals and with their excrement also pose significant risks. Clothes, boots, vehicles and equipment can become contaminated and can carry disease from one premise to another. Diseases can also be spread by other means, such as wildlife, air or other vectors. This Guidance describes measures which will minimise the spread of diseases between different premises *via* contaminated clothes, boots, vehicles and equipment.

2) Implementing biosecurity measures as standard practice helps ensure that all those working with farm animals or coming into contact with them do not spread disease when they enter or leave a premise. This is important whether or not any disease outbreaks have been reported. Some diseases are zoonotic - they can be transmitted between humans and animals - therefore there are good public and occupational health reasons for having biosecurity measures. Proper biosecurity, which effectively reduces the incursion and spread of disease, reduces disease control costs and helps prevent the spread of plant diseases too.

3) For the purposes of these Guidance Notes the following definitions apply:

a) '**Biosecurity**' is the prevention of disease causing agents entering or leaving any place where farm animals are present (or have been present recently – see paragraph 6). It involves a number of measures and protocols designed to prevent disease causing agents from entering or leaving a property and being spread.

b) '**person**' means anybody who enters or leaves a premise with farm animals;

c) '**equipment**' means any thing which has been in contact with livestock or has been visibly contaminated with manure or other livestock products and is to be taken on to or off a premises with farm animals;

d) '**premises with farm animals**' means any premises in which farm animals are present either as a commercial concern or as pets. It also includes farms, livestock markets, shows, slaughterhouses and other premises where farm animals have been present in the recent past or are to be introduced.

e) '**direct contact**' means handling or intention to handle farm animals or working near farm animals where clothing may become contaminated, for example by saliva, excreta or milk.

f) '**disinfected**' means use of a disinfectant approved under the Diseases of Animals (Approved Disinfectants) Order 1978 at the specified dilution rates and in compliance with the labelling instructions. Information on approved disinfectants can be found on the Defra website at:

http://www.defra.gov.uk/animalh/diseases/control/testing_disinfectants.htm.

g) **'an Outbreak of an Exotic Disease'** is where the Chief Veterinary Officer of Defra has confirmed the presence of such a disease, for example foot and mouth disease, classical swine fever, avian influenza, Newcastle disease. In the event of an outbreak a Press Release would be issued immediately and details posted on the Defra website. Details of Exotic Animal Diseases can be found on the Defra website.

4) Disease is not always apparent, especially in its early stages. Any person visiting a premises with farm animals and not carrying out effective biosecurity measures on entry and on leaving a premises runs the risk of spreading diseases to or from that premises. It is important to apply biosecurity measures even when animals have been removed from the premises, as disease causing agents and their vectors can persist after the animals have left. The biosecurity measures taken should reflect the risk involved.

5) The most important biosecurity measures are:

a) To ensure that methods of working are designed to minimise where possible the movements of people, vehicles or equipment into areas where farm animals are kept, including fields, sheds, markets or other holding areas. This will minimise the potential contamination of people, vehicles and equipment with material that could carry diseases – manure, slurry and other products.

b) If direct contact with farm animals cannot be prevented then it is best practice to cleanse and disinfect protective clothing, footwear, equipment, vehicles etc. before and after the contact with the animals, or use disposable protective clothing.

6) In some premises farm animals are present for short periods of time e.g. showgrounds and markets. If these premises cannot be cleansed and disinfected then there is a legal requirement to rest them for 27 days. This rest period is critical for allowing the detection of some exotic diseases in animals that used the premises and, for most disease agents, reduces the risk to animals that subsequently use the land by allowing the infectious agent to decay naturally.

7) **Common land.** Common grazing provides an opportunity for the spread of disease. Owners and keepers need to follow these biosecurity guidelines every time they visit the common land in the same way as they would if they visited another premises with farm animals. The low stocking rates found on the large tracts of unenclosed rough grazing means that disease transmission by others, such as recreational users, is less likely.

8) The appropriate biosecurity measures depend on the risk associated with the visit. The risk of spreading disease varies with the degree of exposure to the animals and their products (e.g. manure, used bedding, milk etc) and the likelihood of passing infection on to others. Factors that determine the risks associated with visits include:

a) Type of premises – e.g. arable, livestock, mixed, horticultural;

- b) Restrictions applied to the premises – e.g. animal disease control;
 - c) Restrictions applied on all premises in a defined area – e.g. Restricted Infected Area / Infected Area;
 - d) Extent and reason for the visit – e.g. farm house, B&B, animal handling or inspection, land inspection.
- These are covered in more detail in the following Sections and Annexes. Unnecessary contact with animals is best avoided.

Section 1 - Visits to More Than One Premises with Farm Animals where there is Direct Contact with Farm Animals

1.1 In the Absence of an Outbreak of an Exotic Animal Disease

1.1.1 Persons entering premises with farm animals with the specific intention of handling animals (or their products) should wear protective clothing and footwear. The measures to be taken are at **Part I: Generic Plan, Annex H (1)**. Such persons should ensure that any vehicles or equipment taken with them are clean on arrival, making use of any facilities available.

1.2 During an Outbreak of an Exotic Animal Disease

1.2.1 Visiting premises with susceptible animals in the event of a disease outbreak increases the risk that disease may be taken on to or off the premises as disease is not always apparent, especially in its early stages.

1.2.2 Only essential visitors should visit any premises with farm animals within areas where restrictions have been imposed. The minimum biosecurity measures to be taken are in **Part I: Generic Plan, Annex H (2)**.

1.2.3 The risk of spreading diseases is minimised when appropriate biosecurity measures are observed. Non-essential visits to premises with farm animals should be suspended.

1.3 Premises Under Specific Disease Control Restrictions

1.3.1 Under these circumstances only essential visitors should visit any premises that are subject to any specific animal health disease restrictions. Such visits may need to be licensed and the licence conditions and requirements followed. This is required by law and a breach may result in a criminal penalty.

1.3.2 Where a person needs to visit premises (e.g. statutory visit or inspection) on which animals have been or are about to be slaughtered for disease control reasons, the visit will only be permitted provided appropriate biosecurity measures are taken. Visits will normally only be authorised after slaughter and preliminary cleansing and disinfection of the premises have been completed. Such visits can only be made with the permission of the Divisional Veterinary Manager who will issue a licence where necessary. The measures to be taken are in Part I: Generic Plan, Annex H (3).

1.3.3 In very exceptional circumstances a person may have to visit a premise before preliminary cleansing and disinfection has been completed. Such visits can only be made with the permission of the DVM and under the authority of a licence. The person may be accompanied by an officer from the Animal Health Divisional Office and must comply with the conditions in the schedule to the restrictions and any additional requirements of the licence. The person must follow the precautions in Part I: Generic Plan, Annex H (3), particularly any requirement for a quarantine period, which in the case of Foot and Mouth disease is 72 hours.

Section 2 – Other Agricultural Related Visits To Premises With Farm Animals

2.1 In the Absence of an Outbreak of an Exotic Animal Disease

2.1.1 Persons entering a premises with farm animals should ensure their shoes or boots are clean when they enter and again when they leave. This applies even if they do not expect to come into contact with animals or their products. They should make use of any facilities provided and ensure, before and after the visit, that there is no manure or other animal product to be seen on their footwear, other clothing, vehicle or anything else taken with them.

2.2 During an Outbreak of an Exotic Animal Disease

2.2.1 The guidance in Section 1.2 above (paragraphs 1.2.1 - 1.2.3) applies.

2.3 Premises Under Specific Restrictions

2.3.1 The guidance in Section 1.3 above (paragraphs 1.3.1 - 1.3.3) applies.

Section 3 - Non Agricultural Related Visits To Premises With Farm Animals

This section is aimed at recreational, social and non-farming visits, including visits by the public to Community Farms and access by power/water companies, for example.

3.1 In the Absence of an Outbreak of an Exotic Disease

3.1.1 Those who visit or have a right of access through premises with farm animals, for example on public footpaths or bridleways, should respect the legal boundaries and legal notices and use any facilities provided to clean mud/manure off footwear and vehicles (wheels, wheel arches etc). Direct contact with animals should be avoided. Where animals are handled or touched, hands should be washed as soon as practical.

3.2 During an Outbreak of an Exotic Animal Disease

3.2.1 Visiting premises with susceptible animals in the event of a disease outbreak increases the risk that the disease may be taken on to or off the livestock premises.

3.2.2 Those who visit or have a right of access through premises with farm animals, for example on a public right of way, should respect the legal boundaries and legal notices and use any disinfection facilities provided to clean mud/manure off footwear and vehicles (wheels, wheel arches etc). Direct contact with livestock should be avoided.

3.2.3 'Official' rights of way closure signs may appear in an area around an Infected Premises within an Infected Area or a Restricted Infected Area. These must be respected.

3.3 Premises Under Specific Restrictions

3.3.1 The guidance in Section 1.3 above (paragraphs 1.3.1 - 1.3.3) applies.

Section 4 - Compulsory Biosecurity Measures Within Restricted Infected Areas

4.1 There are compulsory biosecurity measures that must be adopted when a Restricted Infected Area has been declared. These are required by law and their breach may result in a criminal penalty. They include:

a) Any vehicle or trailer entering or leaving a premises must be cleansed and disinfected on the outside and underside (and include the tyres (including the whole circumference of their treads), wheel arches, mudguards and mud flaps of the vehicle). Any parts of the vehicle or trailer where farm animals have been must also be cleansed and disinfected. All visible traces of mud, slurry, animal faeces, droppings or excretions or other similar matter must be removed, including any inside the vehicle. This must be done at the entrance and exit.

b) No person shall enter or leave any livestock premises wearing clothing or boots which are visibly contaminated with mud, slurry, animal faeces, droppings or excretions or any other similar matter or without cleansing and disinfecting the outer surfaces of their footwear on entering or leaving those premises.

c) Any person who tends any animal shall not leave the livestock premises on which the animal is kept wearing the outer clothing and footwear which they wore whilst tending the animal unless that clothing and footwear have been thoroughly cleansed and disinfected.

d) The owner or occupier of any premises where animals are kept shall maintain a footbath containing an approved disinfectant in some convenient place at every exit from those premises and renew the disinfectant as frequently as is necessary to maintain a clean solution and if so directed by an inspector.

Defra
1 July 2003

GENERIC ANNEX H (1)

General Biosecurity Measures when in Direct Contact with Farm Animals

- 1) Where appropriate the visit should be made with the agreement of the owner or premises manager and any reasonable requests for additional biosecurity measures should be observed, especially if you have visited another premises with farm animals in the previous 3 days.
- 2) Livestock vehicles or trailers must be cleansed and disinfected in accordance with current legislation.
- 3) If other vehicles are taken on to the premises they should, wherever possible, be parked on hard standing away from farm animals and must be visibly free of animal excreta, slurry etc. Vehicles or trailers should not normally be taken into areas where farm animals have access – these arrangements should be confirmed, where appropriate, with the owner or premises manager in advance of the visit. Before leaving the premises all visible contamination with manure, slurry or similar material must be removed (including where appropriate, cleaning of the inside of vehicles, especially foot wells and pedals). If this is not possible, vehicles and trailers must be cleaned before they are taken onto another premises with farm animals, either at the end of the day or before the next visit.
- 4) Owners or farm managers are recommended to have facilities available for disinfecting vehicles, footwear and clothing. If facilities are NOT available on farm cleansing and disinfection should be arranged as soon as possible and before the next visit to a premises with farm animals.
- 5) Suitable protective clothing and footwear must be worn on all premises where visits include entering areas where farm animals are present or to which they normally have access. The type of protective clothing and footwear required depends on the nature of the visit, e.g. the protection required for a visit to a dairy herd would differ from that required for a visit to an extensive premises on moorland. Contractors such as shearers should ensure clothing is changed and washed between visits to different premises.
- 6) The purpose of the protective clothing and footwear is to prevent any contamination being carried from premises to premises. Protective clothing and footwear may be disposable or re-usable. The following are *examples* of types of protective clothing:
 - a) Disposable boiler type suits. These can be used once and should be discarded at the end of the visit to the premises. They can be left on the premises with the owner's agreement or bagged and suitably disposed of later, as can disposable overshoes for footwear.

b) Non-disposable protective clothing (e.g. cotton boiler suits or cotton coats). These may be used once and should be laundered before being re-used on any other livestock premises.

c) Waterproof protective clothing and waterproof boots. These should be cleansed and disinfected before entering the premises and again at the end of the visit just before leaving the premises.

7) All equipment used must be clean on arrival and on departure. Great care must be taken when cleaning electrical apparatus or tools. Where possible equipment should be protected from contamination e.g. using plastic bags. **Health and Safety rules must be observed.** Where equipment can be cleansed and disinfected this must be done before entry to the premises and again on departure.

8) For premises catering for Bed and Breakfast or farm tourism, it is advisable to keep visitors away from direct contact with farm animals and ensure as far as possible that they and their vehicles do not come into contact with animal excreta etc. Where there is contact with animals then hands should be washed and any contaminated clothing or shoes cleaned.

GENERIC ANNEX H (2)

Additional Biosecurity Measures when Visiting Premises with Farm Animals during an Outbreak of an Exotic Animal Disease

The following measures must be observed:

- 1) The measures listed in **Part I: Generic Plan, Annex H (1)**
- 2) It is recommended that either clean non-disposable protective clothing or waterproof protective clothing and waterproof boots are worn.
- 3) Sufficient water, disinfectant and disinfecting equipment should be taken on the visit, even if facilities for disinfecting clothes, footwear, equipment or vehicles are thought to be available on the premises.

Non-essential vehicles, e.g. cars/vans, should be parked outside the premises wherever practical.

GENERIC ANNEX H (3)

Measures which must be Observed for Visits to Premises Under Specific Restrictions

The following measures must be observed:

- 1) The measures listed in **Part 1: Generic Plan, Annex H (2)**
- 2) A visit should be made only with the permission of the Divisional Veterinary Manager (DVM) who will issue a licence where necessary.
- 3) Waterproof protective clothing and waterproof boots should be worn at all times unless there is specific written dispensation from the DVM.
- 4) Any additional measures required by the licence. This may include a quarantine period. For example, in the case of foot and mouth disease, avian influenza or Newcastle disease any person who comes into direct contact with relevant susceptible animals or poultry, their manure, by-products or carcasses either in the course of their work or as a consequence of residing on a premises on which such susceptible animals are kept should not visit another livestock premises for 72 hours unless authorised in writing by the DVM.

Operational Partners – Roles and Responsibilities

Environment Agency

The Environment Agency is the lead public organisation for protecting and improving the environment in England and Wales. The Agency's core role during the response to an animal disease outbreak is to respond to, and provide co-ordination and management of, the environmental consequences of the outbreak.

During an animal disease outbreak, the Agency will take action, where appropriate:

- to assess the risk to the environment posed by the outbreak
- to prevent or minimise the impact on the environment and property
- Prevent and control the input of pollutants into air, land and water;
- Work in partnership with other key organisations to ensure that incidents are controlled and managed in an integrated fashion;
- to consider what action to take in respect of the remedial measures required
- to issue relevant permits before waste management/disposal activities commence (for example relating to landfills or incinerators)
- to notify, warn or advise relevant stakeholders of potential or actual environmental risks

The Agency does not lead on air quality issues or health impacts on the wider population. Such matters are dealt with in partnership with local and health authorities.

In any future outbreak, the Agency will have representatives at both the Joint Co-ordination Centre in London and Local Disease Control Centres. If necessary, it will also be represented on Regional Civil Contingencies Committee (RCCC) meetings.

Department of Health

The Department of Health's role is to provide clear and unambiguous advice on the human health implications of an animal disease outbreak.

The Departments role in the event of an outbreak would be to provide Strategic guidance and advice on prophylaxis and treatment where necessary.

Health Protection Agency

The major role of the Health Protection Agency is to provide better protection against infectious disease, (including zoonotics), and other dangers to health.

One of the agency's core functions is to identify and respond to health hazards and emergencies.

In the event of an outbreak, the HPA would provide input to Local Disease Control Centre (LDCC) and:

- Field health-related enquiries from public and local health service staff
- Ensure continuity of health care provision in restricted infected areas.
- Contribute to briefing requests
- Assess impacts of disease control measures on public health.
- Ensure Directors of public health in the Primary Care Trusts are briefed on disease control measures and any related public health issues
- Assist in the analysis of blood samples
- Attendance at Regional CCC meetings, if necessary.

Input in Joint Co-ordination Centre (JCC), London

- 3 to 4 HPA staff to be deployed in JCC and attend briefings
- Contribute to communications and briefing requests
- Communicate policy changes to rest of HPA and direct the deployment of HPA's specialist functions.
- Provide lab support, epidemiological advice and access to modelling capability.

Association of Chief Police Officers (ACPO)

ACPO is responsible for developing policing policies. The Association works towards a tripartite framework which brings together the local Chief Constable, the local Police Authority and the Home Secretary.

During an animal disease outbreak, ACPO will provide a representative to attend the Joint Co-ordination Centre in London. They will advise on strategic policing issues arising from disease control operations and provide a link to Chief Constables in affected Police Forces. An ACPO representative will also be required to attend Civil Contingencies Committee (Official) meetings on occasion.

Police Forces

- The Police will assist wherever possible in:
- The enforcement of Surveillance Zones and movement controls;
- General co-ordination of emergencies support, particularly in pursuing legal entry to premises;
- Managing disturbances at disposal sites/preventing Breaches of the Peace;
- Preventing public access to infected premises and closed rights of way/land;
- Stopping and checking vehicles transporting animals
- Attendance at Regional CCC meetings, if necessary.

Local Government Association (LGA)

The LGA represents the local authorities of England and Wales. It also represents fire authorities, police authorities and National Park authorities.

In an animal disease outbreak, the LGA would:

- confirm Defra/Government Department emergency contact points;
- alert Local Authority Chief Executives
- Provide a representative to attend the Joint Co-ordination Centre in London

LACORS (Local Authorities Co-ordinators of Regulatory Services)

LACORS provides advice to Local Authorities on both regulatory and enforcement matters. It also has a remit in the enforcement of animal health and welfare legislation. During an animal disease outbreak, LACORS would:

- confirm Defra/Government Department emergency contact points;
- alert key LACORS staff - relevant policy officer/website officer;
- alert pre-arranged “ready reference” local authority contact group
 - for use as immediate technical advisory point; and
 - possible release of staff on secondment to LACORS.
- brief all LACORS staff - advise on potential impact on work priorities;
- issue advice to Local Authorities via LACORS website, particularly contact points;
- set up relevant topic “hot button” on LACORS website.
- Provide a representative to attend the Joint Co-ordination Centre in London

Individual Local Authorities

Local Authorities are major operational partners in the response to an outbreak of animal disease. They play a key role in enforcement and the implementation of disease control strategies and are fundamental to rapid and efficient access to local information and resources. They also fulfil a significant role in providing advice and education at a local level.

Local Authorities may assist Defra with the provision of resources such as staff, vehicles, equipment and buildings. The level of assistance will depend on local circumstances and other pressures which may arise.

Road signs for Control Zones.

Local Authorities are responsible for erecting road signs for publicising the Protection Zones (PZ) and Surveillance Zones (SZ) around a premises where foot and mouth disease has been confirmed. Signs are required on all roads at the boundaries of the PZ and SZ.

Templates have been provided to LACORS to ensure consistent appearance and usage.

Key Local Authority Responders are: -

Emergency Planning Officers (EPOs)

Local Authority emergency management co-ordination (in liaison with Government Office Regional Resilience Teams and Police Gold Command);

- provision of contingency resources
- identifying resources from all other parts of Local Authority.

Local Authority Animal Health Officers and Trading Standards Officers (TSOs)

- responsibility for the enforcement of most Animal Health legislation, including movement restrictions/licensing, enforcement within Surveillance Zones;
- liaise with EPOs for implementation of contingency plans, assistance with establishing disease outbreak “incident rooms”;
- close/open rights of way;
- respond to enquiries from farmers/industry/general public;
- monitor livestock welfare esp. on transport and at markets;
- assistance with control of cleansing and disinfection of infected premises;
- Responsible for maintaining effective liaison with other local Operational Partners;
- Provide an appropriate representative to attend the Local Disease Control Centre;
- Provide advice on enforcement;
- Proactively disseminate advice and education to local communities through established communication channels;
- Liaise with LACORS to ensure an awareness of national guidance is maintained, and ensure major issues are reported and resolved at a national level;

Environmental Health Officers

- Provide advice on public health implications of the disease control operations (e.g. disposal operations).

Government News Network (GNN)

- provision of briefing/media expertise for the Local Disease Control Centres
- Working with central JCC Briefing Team and News Co-ordination Centre to provide accurate and current briefing and public communications.

Government Offices for the Regions

Regional Resilience Teams

- Responsible for the co-ordination and resilience of government at regional level through Regional Resilience Forums (RRFs) and, where necessary, Regional Civil Contingencies Committees (RCCCs);
- key to identifying staff and other resources from Government departments and other agencies at regional level.

Regional Rural Affairs Forums

Rural Affairs Forums play an important role in engaging with the wider rural stakeholder community, collecting information on the impact of the control measures and providing valuable feedback to the NDCC.

Military Liaison

Military Joint Regional Liaison Officers attend Government Office Regional Resilience Forums (and RCCC, if necessary) and are an important link when considering the involvement of the Armed Forces under MACA arrangements. A Military Liaison Officer will be invited to join the LDCC at its inception.

Rural Payments Agency

The Rural Payments Agency is an Executive Agency of Defra. The RPA would provide administrative staff for LDCCs and their Inspectorate will assist by providing valuable field operations experience in a response to an animal disease outbreak.

Other Non-Departmental Public Bodies

Countryside Agency

The Countryside Agency acts as an expert advisor and independent watchdog on all rural issues, with particular focus upon disadvantage. Within this remit, the Agency would advise Defra on issues arising and assist as necessary.

English Nature

English Nature works as an advisory body on conservation of wildlife, geology and wild places, and would provide Defra with specialist advice in these areas in the event of a future outbreak.

Key Non-Government Stakeholders

Agricultural - This will include local representatives of all agricultural stakeholders and species specific organisations, as appropriate. e.g. NFU, RSPCA, Country Land and Business Association, Tenant Farmers Association.

Veterinary - Local veterinary practices.

Agricultural Commercial - Auctioneers, Valuers, Markets,

Rural & Rural Commercial – Rural Stress Action Plan Working Group, other Rural Forums, National Parks Bodies, National Trust, small business organisations, tourist bodies.

Devolved Administrations

Defra, the Welsh Assembly Government and the Scottish Executive have produced individual Contingency Plans outlining their responses to a disease outbreak. Whilst specific to their own institutional arrangements, the plans are mutually complementary. In the event of a suspected or confirmed case of disease, Defra, SEERAD, WAGEPC and DARDNI will ensure close liaison in order to co-ordinate the emergency response process and external communications. Northern Ireland has a separate Contingency Plan for foot and mouth disease, details of which are not outlined here, as it is part of a separate epidemiological entity from Great Britain.

Scotland

Certain of the policies and procedures set out in this Contingency Plan will be different in Scotland. SEERAD have published their own Contingency Plan which can be found at <http://www.scotland.gov.uk/agri/documents/CP26Feb.pdf>. This sets out the policy assumptions, roles and responsibilities and resource infrastructure that will be used in a disease response.

Action in relation to Scotland on any outbreak

When any outbreak of foot and mouth disease occurs anywhere in GB:

- (i) the CVO (Scotland) and the Head of Animal Health and Welfare Division in SEERAD should be notified immediately;
- (ii) SEERAD will brief their own Ministers and will implement separately for Scotland any legislation required (including movement controls and export controls): and
- (iii) SEERAD will be invited to send a liaison officer to Page Street immediately the NDCC is established.

Action in the event of a Scottish outbreak

In the event of a Scottish outbreak SEERAD will immediately convene a Disease Strategy Group (DSG) which will be chaired by the Secretary of SEERAD or the Head of Food and Agriculture Group. Its members will include the CVO (Scotland), the Chief Agricultural Officer and (if and when the Army is involved) the relevant Army Brigade Commander. The DSG will supervise the handling of the Scottish outbreak and will ensure that Scottish Ministers, the Scottish Parliament, stakeholders and the media are appropriately briefed.

An NDCC would be set up by the SVS to co-ordinate GB disease control operations and provide logistical support to the disease response in Scotland.

Wales

In Wales, though the key ingredients of this Contingency Plan will apply complemented by a separate plan for Wales published by the Welsh Assembly Government, which includes the following provisions as reflected in this Plan: -

- CVO (Wales), the Head of Common Agriculture Policy Management (Wales) and the Head of the Assembly Exotic Diseases and Contingency Branch should be notified immediately of any outbreak of disease anywhere in GB;
- activate the provisions of the Welsh Contingency Plan;
- Assembly officials and veterinary advisers will represent the Welsh Assembly Government at the Animal Disease Policy Group, the CCC (O), the NDCC and the National Experts Group as appropriate;
- Welsh Assembly Government Ministers will be represented on the CCC (M);
- Welsh Assembly Government Ministers are separately advised, will approve strategic decisions jointly with Defra Ministers and can determine policies and actions in Wales relevant to local circumstances to manage the outbreak locally;
- Additional responsibilities will be applied to the Regional Operations Director role to reflect the central strategic role the Assembly will carry out in Wales and their responsibility to Welsh Ministers, their title will be Operations Director (Wales) (ODW);
- the OD(W) will operate under the direction of the NDCC with the advice of the Chief Veterinary Officer (Wales);
- on the first indication of disease the OD(W) will place the Welsh Co-ordination Centre, which will provide strategic support, in Cardiff on standby or establish it depending on the status of the suspicion case;
- the ODW and WCC will provide the main channel of communication with Defra, Devolved Administrations, operational partners, key stakeholders and the media in Wales;
- various Groups will be established within the Assembly to advise Ministers on a variety of wider policy issues such as access, economic impact and human health;
- the Welsh Assembly Government will be responsible for putting in place the necessary emergency legislation in respect of such matters as movement controls, Protection and Surveillance Zones, import controls.

GLOSSARY

ACPO	Association of Chief Police Officers
ACVO	Assistant Chief Veterinary Officer
ADPG	Animal Disease Policy Group
AHDO	Animal Health Divisional Office
AHO	Animal Health Officer
AHWD	Animal Health and Welfare Directorate
EDPC	Emergency Preparedness & Exotic Disease Control
ASD	Accounting Services Division
CA	Countryside Agency
C&D	Cleansing and Disinfection
CCC	Civil Contingencies Committee
CCC(O)	Civil Contingencies Committee (Officials)
CCS	Civil Contingencies Secretariat (Cabinet Office)
CD	Communications Directorate
CMO	Chief Medical Officer
COBR	Cabinet Office Briefing Room
Comms	Communications
CP	Contiguous Premises
CSA	Chief Scientific Adviser (Defra)
CSD	Corporate Services Division
CVO	Chief Veterinary Officer
DARDNI	Department of Agriculture and Rural Development Northern Ireland
DC	Dangerous Contact – These are animals of susceptible species which are believed to have been exposed to infection.
DCMS	Department for Culture, Media and Sport
DCS	Disease Control System Database
DCVO	Deputy Chief Veterinary Officer, Director Vet Policy
Defra	Department for Environment, Food and Rural Affairs
DG	Director General
DFT	Department for Transport
DGLS	Director General Legal Services (Defra)
DG LURA	Director General Land Use and Rural Affairs (Defra)
DG OSD	Director General Operations and Service Delivery (Defra)

DHSM	Departmental Health and Safety Manager
DHSU	Departmental Health and Safety Unit
DOH	Department of Health
DOM	Divisional Operations Manager
DOT	Department of Transport
DTI	Department of Trade and Industry
DVM	Divisional Veterinary Manager
DWP	Department for Work and Pensions
EA	Environment Agency
EBS	Electronic Briefing System
EC	European Commission
EDG	Emergency Direction Group
EFRA	Environment, Food and Rural Affairs (Select Committee)
ESA	Environment Services Association
ESSD	Estate Strategy and Services Division
EU	European Union
ExDCS	Exotics Disease Control System
FCO	Foreign and Commonwealth Office
FMD	Foot and Mouth Disease
FSA	Food Standards Agency
GCN	Government Communications Network
GIS	Geographic Information Systems
GNN	Government News Network
GOs	Government Offices in the Regions
H&S	Health and Safety
HASANS	Defra Departmental Health and Safety Notices
HO	Home Office
HOD	Head of Division
HMT	Her Majesty's Treasury
HPA	Health Protection Agency
HQ	Defra Headquarters
HR	Human Resources
HSE	Health and Safety Executive
HsVS	Heads of Veterinary Services in Defra Regions
HVS	Head of Veterinary Services
IAH Pirbright	Institute for Animal Health, Pirbright
IP	Infected Premises
ITD	Information Technology Division
JCC	Joint Coordination Centre

LA Local Authority
LACORS Local Authorities Co-ordinators of Regulatory Services
LASSA Licensed Animal Slaughterers and Salvage Association
LDCC Local Disease Control Centre
LGA Local Government Association
LSDG Legal Services Directorate General
LURA Land Use and Rural Affairs
LVI Local Veterinary Inspector

MOD Ministry of Defence
MPs Members of Parliament

NAO National Audit Office
NCC News Co-ordination Centre
NDCC National Disease Control Centre
NEEG National Emergencies Epidemiology Group
NFU National Farmers Union
NSP Non-structural protein
NWMT National Wildlife Management Team

ODPM Office of the Deputy Prime Minister
OD SEC Cabinet Office Overseas & Defence Secretariat
OD(W) Operations Director Wales
OGD Other Government Department
OIE Office International des Epizooties
OSD Operations and Service Delivery
OST Office of Science and Technology

PCD Procurements and Contracts Division
PERT Procurement Emergency Response Team

“Pre-emptive” or “preventative slaughter” “firebreak” cull

This involves the culling of animals which are not on infected premises nor are dangerous contacts or necessarily exposed to the disease, in order to prevent the wider spread of disease outwith an area. Use of this power is described by a Disease Control (Slaughter) Protocol as required by the Animal Health Act 1981, as amended.

PZ Protection Zone

RCU	Regional Co-ordination Unit (Office of the Deputy Prime Minister)
RDS	Rural Development Service
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROD	Regional Operations Director
RPA	Rural Payments Agency (Defra Agency)
RSAP WG	Rural Stress Action Plan Working Group
SAC	Science Advisory Council (Defra)
SAHO	Senior Animal Health Officer
SAPER	Science Advisory Panel for Emergency Response
SEAC	Spongiform Encephalopathy Advisory Committee
SEERAD	Scottish Executive Environment and Rural Affairs Department
SEPA	Scottish Environment Protection Agency
Sitrep	Situation Report
SLA	Service Level Agreement
SOS	Slaughter on Suspicion
SCOFCAH	Standing Committees on Food Chain and Animal Health
SVS	State Veterinary Service
SVSCP	State Veterinary Service Contingency Planning Division
SZ	Surveillance Zone
TVI	Temporary Veterinary Inspector
VIPER	Veterinary Instructions, Procedures and Emergency Routines (State Veterinary Service Operational Instructions)
VA	Veterinary Adviser
VExDD	Veterinary Exotic Diseases Division
VLA	Veterinary Laboratory Agency, Weybridge
VO	Veterinary Officer
VTVS	Vetnet Tracing Verification System
WAG	Welsh Assembly Government
WAG EPC	Welsh Assembly Government Environment Planning and Countryside Department
WCC	Welsh Co-ordination Centre

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PART II

FOOT AND MOUTH DISEASE

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Section 1. Foot and Mouth Disease

1.1 Foot and mouth disease (FMD) is a highly infectious viral disease affecting cloven-hoofed animals, in particular cattle, sheep, pigs, goats and deer. Other susceptible animals include some wild animals such as coypu, deer and zoo animals including elephants.

1.2 Fever is followed by the development of vesicles or blisters - chiefly in the mouth or on the feet. There are 7 main types of virus, which produce similar clinical signs and which can only be differentiated in the laboratory.

1.3 FMD can spread by direct or indirect contact with infected animals. Infected animals begin by excreting the virus a few days before signs of the disease develop. Pigs in particular produce large numbers of virus particles. The disease is spread mechanically by the movement of animals, persons, vehicles and other things, which have been contaminated by the virus. Airborne spread of the disease can also take place. The prevailing meteorological conditions and local topography determine the distance that the disease can travel and this may be considerable.

1.4 Meat from the carcasses of animals infected with FMD at the time of slaughter can transmit the virus. In the past, outbreaks of the disease have been linked with the importation of infected meat and meat products.

1.5 Advice from the Department of Health is that it is very rare for humans to be affected by FMD. There has only been one recorded case of FMD in a human being in Great Britain in 1966. The general effects of the disease in that case were similar to influenza with some blisters. The Food Standards Agency has advised that the disease has no implications for the human food chain.

1.6 The Foot and Mouth virus can be destroyed by heat, low humidity, or certain disinfectants, but it may remain active for a varying time in a suitable medium such as the frozen or chilled carcass of an infected animal and on contaminated objects.

1.7 Good biosecurity is required to stop onward spread.

1.8 A programme of exercises was developed over the first six months of 2004. This culminated in a final exercise on 29 and 30 June 2004, which was a full invocation of the Defra response at HQ and in 5 Animal Health Divisional Offices involving operational partners and several other external agencies. The final exercise concentrated on a period some days into an outbreak, to enable key decisions on the disease control strategy and its wider implications to be taken.

1.9 The prompt detection and reporting of the initial outbreak of disease are crucial in limiting the ultimate scale of the emergency, and arrangements to enhance surveillance are being taken forward under the Veterinary Surveillance Strategy which was launched in October 2003. Part of this strategy aims to

upgrade the use of information on the numbers and location of livestock, which will be important in the smooth operation of this contingency plan in the event of an outbreak. Management of the outbreak will also depend upon the availability of geographical information systems and expertise which is being developed with this plan.

1.10 An updated illegal imports action plan for 2003-2004 was published in June 2003, which consolidates and builds upon progress made since March 2002. Since 1 January 2003 the import of meat, milk and their products into the United Kingdom (UK) from most non-European Union (EU) countries for personal use has been prohibited. There are also restrictions on other products of animal origin. The concession, which provides for small quantities of controlled plants and plant products to be imported by travellers from outside the EU for personal use is currently under review.

1.11 To improve effectiveness of border controls, all anti-smuggling activity was transferred to Her Majesty's Customs and Excise on 11 April 2003 and this is proving successful. It also means that more stringent penalties for smuggling prohibited or restricted items of up to seven years' imprisonment and/or unlimited fines, could be applied through prosecution under the Customs and Excise Management Act. All Customs officers have powers to seize illegal imports.

1.12 HM Customs has four mobile strike teams dedicated to the enforcement of restrictions on products of animal origin (POAO). They have also increased the number of detector dogs teams trained to tackle smuggling of POAO. This enforcement activity will be further enhanced over the coming financial year.

1.13 A leaflet setting out in detail the rules on personal imports is being distributed via HM Customs, who have taken over responsibility for publicity at our ports and airports. Revised posters are on display in more prominent positions at ports and airports.

Section 2. General Legislation – Foot and Mouth Disease

Animal Health Act 1981

2.1 The Animal Health Act 1981 provides the powers for the control of foot and mouth disease.

2.2 The FMD Order 1983 (together with amendments), made under the Animal Health Act 1981 provides for the following measures:

- entry to premises for the purpose of veterinary inquiry;
- slaughter of affected, suspected or exposed animals;
- seizure and control of affected carcasses and things;
- cleansing and disinfection of premises, vehicles and people;
- movement controls on people, animals and vehicles;
- slaughter (and payment of compensation) of animals on welfare grounds arising as a result of movement controls;
- other controls in Infected, Restricted and Controlled areas.

Animal Health Act 2002

2.3 The Animal Health Act 2002 amended the Animal Health Act 1981 and supplemented the existing powers under the Animal Health Act 1981 by allowing animals to be slaughtered wherever this is necessary to prevent the spread of disease.

2.4 However, the 2002 Act amendments require the Secretary of State to publish the reasons for using this preventive slaughter power, prior to exercising it. Emergency vaccination would have to be considered prior to any preventive slaughter powers, and, if not used, the reasons would have to be published.

2.5 The 2002 Act amendments allow vaccinated animals to be slaughtered and requires compensation of market value for such animals to be paid. The Act provides for the publication and annual review of this Contingency Plan and also requires the publication of Biosecurity guidance. It strengthens enforcement powers, including improved powers of entry to farms; requires reasonable assistance for the purposes of slaughter, vaccination and testing; and increases penalties.

EU Legislation

2.6 In 2001, the legal basis for the control of FMD across the EU was Council Directive 85/511. However, this has been replaced by Council Directive 2003/85/EC, adopted in September 2003. This Directive updates measures contained in previous Directives, taking into account scientific progress and experience gained in eradicating the disease in the EU in 2001. It sets out minimum control measures Member States must take against FMD and allows

stricter measures to be taken if the disease situation requires it. It requires rapid action to be taken as soon as disease is suspected, including movement controls. The Directive will be transposed into domestic legislation during 2005.

2.7 The ban on prophylactic (routine) vaccination, which has been in place across the EU since 1992, is maintained in the new Directive. Under both 85/511 and the new Directive, the required basic disease control policy is the slaughter of all susceptible animals on premises infected with FMD and those identified as “dangerous contacts”.

2.8 The new Directive gives greater prominence to the potential use of emergency vaccination in the event of an outbreak as an adjunct to this slaughter policy and requires Member States “to prepare all arrangements necessary for emergency vaccination in an area at least the size of the Surveillance Zone” as soon as the first case of FMD is confirmed.

2.9 Other features of the new Directive include:

- provision for the adoption of “special measures” (including possible emergency vaccination and derogation from slaughter) to be applied in zoos, wildlife parks and to allow the conservation of “farm animal genetic resources”; and
- details of the treatments for meat and meat products and milk and milk products from animals from the Protection, Surveillance and Vaccination Zones. Such treatments include heat treatment and deboning and maturation of meat and pasteurisation of milk.

2.10 The table below indicates the local veterinary action to be taken in relation to the level of suspicion.

VETERINARY GUIDANCE FOR INITIAL ACTION ON SUSPECT CASES

LEVEL OF SUSPICION	IMMEDIATE ACTION
Level 0 – disease not suspected following veterinary inquiry.	All restrictions on premises lifted, no further action.
Level 1 – lesions and clinical disease not typical – but disease cannot be ruled out entirely on clinical grounds.	Suspect animal(s) left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Form C area restrictions imposed.
Level 2 - lesions and clinical disease suggestive of FMD but not entirely convincing.	Suspect animal(s) showing lesions slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Form C area restrictions imposed.
Level 3 - veterinary staff at premises under investigation and at HQ believe from examination on	All susceptible livestock on the premises slaughtered on suspicion. Samples submitted for laboratory

clinical grounds that disease exists.	diagnosis. Form A premises restrictions enforced. Form C area restrictions imposed.
Level 4 - as at level 3 plus disease already confirmed in the country or substantial evidence that disease may have entered the country for example disease in imported animals originating from a region with confirmed FMD.	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Form C area restrictions imposed. All susceptible livestock on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment.

Section 3. Disease Control Strategy

3.1 The disease control strategy adopted will be consistent with the UK's EU obligations and in line with the appropriate EU legislation. The Government's objective in tackling FMD will be to eradicate the disease and to restore the UK's disease-free status as quickly as possible. In doing so, Government will seek to select control strategies which balance:

- minimising the number of animals which need to be slaughtered, either to control the disease or on welfare grounds, and which keeps animal welfare problems to a minimum;
- causing the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities and the wider economy;
- minimising damage to the environment and protecting public health; and
- minimising the burden on taxpayers and the public at large.

Control Policies

3.2 The following policies will be applied on confirmation of FMD:

(Note: The first case will be confirmed by the CVO following Laboratory diagnosis)

- A GB wide national movement ban of susceptible species will be put in place immediately.
- Export health certificates for animals and animal products will be withdrawn. Exports from GB of susceptible animals during the risk period will be identified and notified to the importing countries.
- Diseased and other susceptible animals on infected premises will be culled with a target of within 24 hours of report. Those identified as dangerous contacts will be culled with a target of within 48 hours of report.
- Emergency Vaccination will immediately be considered as an option based upon emerging epidemiological and logistical factors. If emergency vaccination is used it would be on the basis of vaccinate-to-live wherever possible.
- A Protection Zone will be imposed with a minimum radius of 3km around the Infected Premises and a Surveillance Zone with a minimum radius of 10km. In the Protection Zone no animal movements will be allowed except for movement to emergency slaughter. In both the Protection and Surveillance Zones, there will be requirements for increased levels of biosecurity on farms, cleansing and disinfection (C&D) of vehicles, people and machinery moving on/off farms. Movement of animals, animal products, feed and bedding will be prohibited, except under licence. Products from animals in these zones will be subject to treatment to ensure destruction of the FMD virus. This is an animal health measure rather than a public health measure. Such treatments

include the pasteurisation of milk (normal process for most milk produced in the UK), heat treatment or de-boning and maturation of meat

- Disposal by incineration will be implemented immediately with rendering as the next option and other disposal routes being available as an additional resource subject to environmental, land use planning and public health considerations.
- Footpaths will only be closed on Infected Premises and within the 3km Protection Zone, (A Veterinary Risk Assessment and Protocol for Rights of Way closure is at Part I: Generic Plan, Annex G

3.3 Further action will depend on the circumstances of a particular outbreak and on scientific and veterinary advice. The Decision Tree for FMD control strategies (Part II: FMD Annex A & B) will be followed in deciding what action to take. This sets out the factors the Government will take into account in deciding which strategy to adopt in order to control and eradicate the disease. The Animal Health Act 1981, as amended by the **Animal Health Act 2002**, lays a duty on the Secretary of State to consider vaccination as a means of preventing the spread of the disease. Wherever possible this would be on the basis of emergency vaccinate-to-live. If a decision not to vaccinate were taken the reasons would be explained before further measures were introduced. Consultation with interested parties, to address outstanding technical, commercial and communications issues on emergency vaccination is continuing.

Vaccination Communications

3.4 A paper on FMD Control Policy and Communications Strategy is on the Defra Website. The paper is aimed at planning for: -

- communications in advance of a future outbreak;
- communications during a future outbreak, by contributing an 'emergency vaccination' element for inclusion in Defra's FMD Contingency Plan

The Strategy paper should be read alongside the "Communications" section in the Contingency Plan

3.5 Additional control strategies include:

- culling of other susceptible livestock exposed to the disease (e.g. premises under virus plumes, premises adjoining the infected premises); and
- pre-emptive or 'firebreak' culling of animals not on infected premises, not dangerous contacts or not necessarily exposed to the disease, in order to prevent the wider spread of the disease outwith an area.

3.6 A Disease Control (Slaughter) Protocol setting out the requirements that must be followed in the event of a pre-emptive cull is at Part II: FMD, Annex C.

Emergency Vaccination

Introduction

3.7 There are various factors which must be taken into account before reaching a decision on whether or not to adopt an emergency vaccination strategy against the exotic animal diseases covered by this plan, and if so whether the animals should subsequently be killed or not. The Department's preferred approach is that emergency vaccination should be on the basis of 'vaccinate to live' wherever possible. As soon as the FMD strain has been identified the Department will make arrangements for a suitable antigen to be made up into vaccine.

3.8 The full range of options and the factors that the Department will take into consideration in the event of a future outbreak are contained in full in the Decision Tree. An illustration of how these factors will be taken into account is given in Vaccination Scenario at Part II: FMD, Annex E. This covers the consideration to be given to rare breeds and zoo animals.

Vaccination Operations

3.9 Defra has placed a formal contract with an external company (which will act under the direction of the State Veterinary Service) to provide the resource to implement a vaccination programme. Under this arrangement the contractor is required to have 50 trained teams (150 staff) operationally ready to vaccinate on day 5 of any outbreak. In addition they will provide veterinary surgeons to support these teams, both to check for disease prior to vaccination and then to direct the work of lay teams in the field. See Part II: FMD, Section 4 for Emergency Vaccination arrangements.

Vaccination Teams

3.10 Upon confirmation of FMD the contractor responsible for emergency FMD vaccination will be notified by the Head of SVS CP Division to set its plans in action to establish the required structures and organisation, numbers of vets and team members within the agreed time.

3.11 The vaccination contractor will recruit and train vets, team leaders and vaccination members, to carry out on-farm vaccination and bio-security procedures. Specialist training covering vaccination, tagging and data recording will also be provided. All external contractors will be required to make themselves familiar with all Health and Safety requirements and will be provided with Biosecurity Protocols. All local recruits to vaccination teams must meet, and confirm in writing that they comply with, specified criteria including no contact with susceptible livestock for 3 days prior to starting the programme, during the programme and for 3 days after completion.

Further Action

3.12 Once FMD is confirmed the main elements of this plan are brought into action.

Part I: Generic Plan, Section 3 outlines emergency preparedness & mobilisation

Part I: Generic Plan, Section 4 describes outbreak management
Part 1: Generic Plan, Section 5 sets out the main elements of the
Communications Plan;
Part I: Generic Plan, Section 6 describes the strategic, tactical and
operational organisations and structures.

These last two are augmented by the SVS instructions and the local office
contingency plans.

Section 4. Outbreak Management - FMD

Human welfare

4.1 For guidance on health and safety and staff welfare refer to Part I: Generic Plan, Section 3.

Biosecurity Guidance

4.2 Anyone coming into contact with livestock or their waste runs the risk of spreading animal diseases. Biosecurity is the prevention of disease causing agents entering or leaving a livestock premises. It involves a number of measures and protocols designed to prevent potential disease causing agents being spread from one premises to another.

4.3 Biosecurity guidance to prevent the spread of animal diseases has been developed (in accordance with legislation¹) This guide, for anyone who comes into contact with animals, can be found at Part I: Generic Plan, Annex H of this Plan and on the Defra website at:

http://www.defra.gov.uk/animalh/biosecurity/farmguidance/biosecurity_guidance.pdf

Animal Welfare

4.4 There is a responsibility on all involved with the keeping of livestock to anticipate problems and to take steps to mitigate the effects. Guidance would be issued by Defra to farmers in advance of, or in the early stages of, movement restrictions being put in place. If welfare problems arise which cannot be alleviated by management or husbandry practices, farmers will be given the opportunity to move their animals under licence. Such movements will include movement to slaughter for the food chain or to more suitable land or buildings. If it is more appropriate fodder could be taken to the stock and Defra will assist in facilitating access to fodder and bedding.

4.5 If it is considered appropriate and to prevent deterioration in welfare standards, Defra will arrange the slaughter and disposal of animals. Animals will be slaughtered in abattoirs or purpose built killing plants, and where this is not possible on farms. On farm slaughter will only take place when animals cannot be licensed off the farm or when the animals cannot be transported e.g. heavily pregnant animals or newly born calves, piglets and lambs. Each case will be evaluated to ensure that welfare standards are maintained. Moreover, there would be no compensation paid to farmers for animals slaughtered under the scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002). This states that "*experience has shown that payments to farmers under such schemes can provide a disincentive for them to take responsibility for looking after their animals, and may also create a false market*".

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Animal Health Act 1981 as amended by the Animal Health Act 2002,

4.6 The Head of Livestock Strategy Control Division, in consultation with the Heads of Animal Welfare Policy Division, Animal Welfare Veterinary Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

Conservation of “Farm Animal Genetic Resources”

4.7 Under the EU FMD Directive special measures can be applied for the conservation of “farm animal genetic resources” on premises that are identified in advance, in the event of an FMD outbreak. There are agreed definitions for such groups of animals and a registration process is being developed, which will be publicised on the Defra website. Providing the highest levels of biosecurity are implemented to prevent the spread of disease, premises holding the registered breeding nucleus may qualify for derogations from killing all susceptible animals if the premise becomes infected, and consideration will be given to the use of emergency vaccination if the premises falls within a vaccination zone.

Conservation of Zoo Animals

Derogation for Zoos & Wildlife Parks

4.8 Species of animals susceptible to foot and mouth (FMD) are defined as any domestic or wild animal of the suborders Ruminantia, Suina, and Tylopoda of the order Artiodactyla. Other animals, such as for example of the order Rodentia or Proboscidae, may be considered susceptible to foot and mouth disease in accordance with scientific evidence.

4.9 Article 15 of the Directive allows for special measures to be applied to certain types of premises where susceptible species are present. These include zoos and wildlife parks in addition to laboratories and certain premises where animals are kept for scientific purposes or for the conservation of animals that are indispensable for the survival of that species/breed. These special measures may include derogation from killing all susceptible animals if the premises become infected and consideration of the use of emergency vaccination if the premises falls within a vaccination zone.

4.10 As recommended by the Royal Society Report, individual zoos or owners of rare breeds would be responsible for applying for permission to vaccinate animals of susceptible species.

4.11 The decision to vaccinate would be considered in line with veterinary and epidemiological advice at the time of an outbreak. Such a decision would take into account biosecurity measures employed at the premises, including restriction of access.

4.12 The arrangements for the vaccination of zoo animals have yet to be finalised, however consideration is being given to the most appropriate personnel to handle such animals.

4.13 There is no requirement in the FMD Directive (2003/85/EC) for zoo animals to be pre-registered to enable them to qualify for special measures. However, the Royal Society Report recommended that a list of zoos be drawn up so that they can be easily located in the event of an outbreak. Defra's Global Wildlife Division has developed a database for England and is currently populating this with information received from Local Authorities.

Operational Procedures

Initial Investigation

4.14 For details on operational procedures to be followed at the initial investigation stage refer to Part I: Generic Plan, Section 3.

Valuation

4.15 A list of valuers who are approved to undertake livestock valuation on behalf of Defra for exotic disease control is maintained by the SVS and reviewed annually. Each valuer has instructions for carrying out valuations. In the event of an outbreak of FMD, Defra will contact these valuers and confirm their eligibility and wish to remain on the list. They will also be provided with the latest version of the Instructions to Valuers.

4.16 Where livestock are required to be valued the Field Operations Team in the LDCC will contact a valuer from the list. If necessary, more than one valuer may be appointed if the nature of the stock is beyond the expertise of one valuer and to ensure valuation and hence slaughter is undertaken as rapidly as possible. Only valuers from the approved list may be used. If appropriate clerical assistance to facilitate the rapid valuation maybe available.

4.17 In the event of an animal disease outbreak, the Department will call upon the services of Monitor Valuers who have been appointed (these appointments will be reviewed regularly). Initially the Monitor Valuers will attend Defra offices in London to advise on further instruction and guidance to issue to valuers (reflecting species affected, area etc.) to ensure uniformity in valuations and fairness to both livestock owners and taxpayers. Depending on the extent of the outbreak the Monitor Valuers could be situated in London and in/near LDCCs.

Compensation

4.18 A review of all the animal disease compensation arrangements is being undertaken with a view to rationalisation and simplification. Part of this process will be to look at the case for compulsory standard valuation. This would remove the need for individual valuation in many or most cases. Such a system would help speed up the slaughtering process which is necessary to further reduce the risk of disease spread and would ensure a greater degree of uniformity in animal valuation.

Slaughter

4.19 The basic disease control policy in the event of an outbreak of FMD would be the slaughter of susceptible animals on infected premises and identified as dangerous contacts. Any decision to slaughter would not be made until the use of emergency vaccination has been considered. See Part II: FMD, Section 3 and Annex C for further details on Disease Control Strategy and Disease Control Slaughter Protocol.

Disposal

4.20 See Part I: Generic Plan, Section 3 for details on disposal options

Cleansing and disinfection of affected premises

4.21 Preliminary cleansing and disinfection will remain the responsibility of Defra and will be undertaken and paid for by Defra. Government funding of secondary cleansing and disinfection on farm premises will be subject to review and separate consultation as part of the consideration of the future funding of disease control measures.

Controlled Area

4.22 A controlled area is an area where restrictions are imposed by declaratory order around an infected area and which can extend to cover the whole of the country.

Protection and Surveillance Zones

4.23 A Protection Zone will be imposed with a minimum radius of 3km around the Infected Premises and a Surveillance Zone with a minimum radius of 10km. In the Protection Zone no animal movements will be allowed except for emergency slaughter. In both the Protection and Surveillance Zones, there will be requirements for increased levels of biosecurity on farms, cleansing and disinfection (C&D) of vehicles, people and machinery moving on/off farms. Movement of animals, animal products, feed and bedding will be prohibited, except under licence. Products from animals in these zones will be subject to treatment to ensure destruction of the FMD virus.

Immediate ban on moving livestock – Controlled Area

4.24 All livestock movements from any farm premises are **prohibited** once disease has been confirmed and a Declaratory Order made. Movements within farm premises (e.g. from field to field) may continue to take place. This will apply nationally if the disease is FMD, for other diseases local restrictions may apply.

4.25 These restrictions will apply until the extent of the disease has been assessed and the risk of further spread is minimised. The movement of infected livestock poses the greatest risk of a disease spread.

4.26 Livestock in transit at the time disease is confirmed will be allowed to continue to its destination or to return to the premises of departure. Stock at markets, collecting centres and assembly centres should remain there for up to 21 days, unless their owner or new owner wishes to send them to slaughter (once the abattoirs are operating) or back to the premises from which they were consigned. Premises which receive/take live animals (excluding abattoirs) in these circumstances would be subject to restrictions for at least 21 days.

4.27 As the disease situation becomes clearer certain types of movements will be permitted subject to certain pre-conditions. The first movement is likely to be movements of livestock to slaughterhouses and the pre-condition attached will depend upon the type of restrictions the premises or area is under. It will be some considerable time before movements of livestock to other farms will be permitted especially if the recipient farm has resident livestock. Likewise it will be some considerable time before movements of livestock to other livestock markets or shows will be permitted.

4.28 In a few circumstances it may be necessary to move livestock in an emergency situation e.g. straying stock; livestock at risk of rising water levels; emergency veterinary treatment etc. These exceptional circumstances will be dealt locally on a case by case basis taking into consideration the welfare and safe being of the livestock concerned.

Serology

4.29 The Institute for Animal Health (IAH) Pirbright and the Veterinary Laboratories Agency at Weybridge provides the diagnostic testing service for FMD. It also carries out additional tests (i.e. VNT) on positive or inconclusive serology samples submitted by VLA.

4.30 IAH Pirbright offers an immediate serology capacity of up to 8,000 samples per week. Defra has an agreement with the Veterinary Laboratories Agency (VLA) that they will provide serological testing capacity for FMD on a contingency basis of 120,000 samples per week at three laboratories. The first laboratory would be ready to start testing within three weeks of notification with an initial capacity of 7,000 tests per week, 20,000 tests in the second week and reaching full capacity of 40,000 in the third week. The second laboratory would be operational within 6 weeks and a third laboratory within 8 weeks with the same capacity build up. Full capacity of 120,000 tests per week would be reached by the 10th week.

4.31 Personnel required to undertake blood sampling will be recruited and trained under the co-ordination of Human Resources Services Division. Personnel could be drawn from veterinary/agricultural students and from local Job Centres.

4.32 In a vaccination zone surveillance will be carried out, after a minimum of 30 days have elapsed since vaccination was completed, to establish whether any vaccinated herd or flock has become infected with virus.

Transport of samples

4.33 DVMs will ensure they have access to the best means of transporting blood samples during an animal disease outbreak as set out in SVS operational instructions.

Emergency Vaccination Arrangements

Accommodation

4.34 For vaccination, the contractor will provide 3 portable forward vaccination centres capable of being relocated to areas of the country where vaccination services are required, to enable a vaccination programme to commence on day 5 of an outbreak. Each forward vaccination centre comprises of:

- a transportable 'office' equipped to accommodate up to 12 staff to be involved with the control scheduling and reporting of vaccination activity and the provision of necessary supplies;
- a transportable 'mess room' providing basic facilities (rest room and canteen) for staff and for use for meetings. The Mess Room will also be the operational centre for a small team of reserve Vaccinators responsible for control, cleaning, disinfection and distribution of handling equipment;
- a secure equipment storage facility, consisting of hired containers;
- a secure location for clinical waste.

4.35 Additionally, a range of suitable sites are currently being investigated for use as vaccination centres. In doing so, consideration will be given to the following factors:

- good road access to the target area(s) and to any satellite centres - where possible, within the target area;
- appropriate security systems (day and night);
- parking;
- office accommodation for management and administrative staff;
- appropriate IT and telecoms facilities;
- secure refrigerated storage facilities for vaccine;
- storage facilities for equipment (vaccination kits, personal protection equipment, footbaths, buckets, tagging and inspection equipment, etc.);
- facilities for mixing, storage and safe disposal of disinfectant;
- suitable area for plunge disinfection of Personal Protective Equipment (PPE) and subsequent drying;
- suitable area for vaccination team dispatch.

Equipment

4.36 The Vaccination Contractor is required to supply, store and distribute the necessary equipment to support a vaccination programme and to replace items as

they reach the end of their shelf life or have been found to deteriorate. The Contractor will appoint Stores Managers to maintain these stores - which will hold enough equipment to supply 50 vaccination teams and veterinary surgeons for at least the first 5 days of a vaccination programme - and will have in place contracts for the replenishment of those stocks within 48 hours.

4.37 Defra will remain responsible for the maintenance of call of contracts for disinfectant, ear tags and applicators, mobile handling facilities and vehicles to tow mobile facilities complete with disinfectant containers and power washers and call off contracts are currently being put in place for this purpose.

Personnel

4.38 The vaccination contractor is in a position of being operationally capable of vaccinating on day 5 of an outbreak. To arrive at this state of readiness sufficient vaccinators and support staff have been trained to provide 50 teams and some 60 vets have been recruited to support this first response team. Working under the overall control of the SVS, the role of these vets will be to conduct pre-vaccination farm visits, to check for any overt signs of disease, and also to be responsible for the veterinary direction of vaccination teams in the field. The vaccination contractor also has the capability to ramp up the number of vaccination teams to meet any reasonable disease scenario within 4/5 days of notification.

4.39 A Health and Safety Team will be established by the vaccination contractor as part of the management of operational aspects. This will consist of a Manager and 2 other trained H&S consultants. This team will produce risk assessments for pre-vaccination visits by vets, for farm vaccinators, on handling facilities and maintain the necessary documentation to accompany this. The vaccination contractor will comply with best practice and all relevant provisions, whether statutory or otherwise, relating to health and safety at work and shall ensure that employees and sub-contractors also comply and shall produce evidence of such compliance if asked to do so.

4.40 All external contractors will be provided with, and will make themselves familiar with, Biosecurity Protocols.

4.41 To ensure that emergency vaccination could be implemented without delays in any future outbreak, Defra has amended the Veterinary Surgeons Act 1966 and the Medicines Act 1968. This allows non-veterinary personnel to handle and administer FMD vaccine and in particular will allow vaccine to be supplied and administered by lay vaccinators who :

- Are 18 years of age or over
- Are acting under the direction of a veterinary surgeon, and
- Have obtained a certificate of competence from a veterinary surgeon

4.42 All local recruits to vaccination teams must meet specified criteria, including no contact with susceptible livestock for 3 days prior to starting the programme, during the programme and for 3 days after completion. They must sign to say that they comply.

4.43 Defra will convey the scope and policy of the project to the vaccination contractor, and confirm the approach to be taken. This will involve providing

vaccine delivery arrangements. Defra will also keep the vaccination contractor informed of all suspect and confirmed cases as they occur and will keep the vaccination contractor informed of current policy and changes which may affect field operations.

Vaccine supplies and emergency vaccination arrangements

4.44 The UK has its own stocks of 8 different strains of FMD antigen held on its behalf by a commercial supplier. In addition, the EU Vaccine Bank holds a wide range of antigens for emergency use. The number of doses available and strains is kept under review, including taking advice from IAH Pirbright on those strains of FMD which present the greatest risk to the UK. As soon as the FMD strain responsible for the outbreak is identified and it has been confirmed that one of the antigens held in the UK bank will afford protection, the supplier will be instructed to formulate vaccine. Vaccine formulation by the designated external contractor takes 4 days.

4.45 A call-off contract is in place with the external contractor for the delivery of vaccine (stored at the correct temperature) to the vaccination centre.

4.46 When an emergency vaccination zone is set up, a vaccination surveillance area of at least 10 km width will be designated.

4.47 Upon establishment of the emergency vaccination zone, the vaccination contractor will then produce a complete list of holdings within selected parishes (or other agreed area to be targeted) in the Vaccination Control Zone and identify those with animals that require vaccination as advised by Defra. This information will be drawn together from the following sources, which Defra will provide access to, where appropriate:-

- Defra Census Data;
- The Rural Payments Agency (RPA);
- Cattle Tracing System (CTS);
- Integrated Administration and Control (IACS) data;
- Defra's Disease Control System (DCS) on Infected Premises and Dangerous Contacts;
- Contextual datasets, such as Ordnance Survey (OS), Boundary Line (to produce parish and county boundaries), and OS raster map products.
- List of holdings containing a breeding nucleus of animal genetic resources (rare breeds).

4.48 The vaccination contractor will then contact farmers to arrange visits (giving 3 days notice where possible) and check animal handling facilities.

4.49 Pre-vaccination visits by veterinary surgeons appointed by the vaccination contractor will be arranged to carry out inspections which will detect suspected FMD and to exclude these from the vaccination programme.

4.50 Teams will be withdrawn from farms where clinical signs of FMD have been discovered. In doing so, biosecurity protocols must be followed (i.e. remove traces of organic matter from clothing, equipment, disinfect and remove any protective

clothing at gate, wash wellingtons, waterproofs and equipment (inc. vehicles) with an approved disinfectant, and place all items for disposal into a clinical waste bag, which should then be sealed for disposal. Teams would be redeployed after suitable biosecurity protocols have been followed and a 72 hour break.

4.51 Where FMD is not found, vaccination teams will be deployed to carry out vaccination, record animal numbers, collect and return records. Vaccinated animals will be indelibly marked in a manner advised by Defra. For identification purposes, vaccinated animals will be ear tagged and their details recorded on a stand alone database. .

4.52 Under the current UK Marketing Authorisation conditions, FMD vaccine is authorised for use as a multi dose vaccine i.e. the initial vaccine is followed by a second 3-4 weeks later, and a further booster after six months (or every 4 weeks after the initial vaccine is administered in the case of pigs.)

4.53 The vaccination contractor will also provide progress reports and ad hoc management information to National Disease Control Centre (NDCC) Page Street by 18.00 hours daily.

Timing

4.54 The vaccination contractor is required to be operationally capable of vaccinating on day 5 of an outbreak with at least 17 vets (although a reserve of an additional 53 vets have been recruited) and sufficient trained vaccinators and support staff for 50 teams. Working under the overall control of the SVS, the role of these vets will be to conduct pre-vaccination farm visits, to check for any overt signs of disease, and also to be responsible for the veterinary direction of vaccination teams in the field. As emergency vaccination is to be considered as an option from the start of any future FMD outbreak, the vaccination contractor will be placed on standby by the Head of SVS CPD as soon as disease is confirmed. The particular strain of the FMD virus would need to be identified and the vaccine would need to be formulated before vaccination could begin.

4.55 Veterinary advice to Ministers will be based on epidemiological evidence and it is unlikely to be immediately available. It is probable that gathering epidemiological data, veterinary assessment of this epidemiological data, the use of the Decision Tree and the development of advice on the strategic deployment of vaccination made it unlikely that vaccination could begin until more than five days after the first confirmed case.

Expert Group

An FMD Expert Groups has been established, to maintain an expertise in order to assist in ensuring preparedness against a disease outbreak.

4.56 The EU FMD control Directive (Council Directive 2003/85/EC) requires the establishment of a permanently operational expert group comprised of epidemiologists, veterinary scientists and virologists, to maintain an expertise in order to assist the competent authority in ensuring preparedness against an outbreak of FMD. The Directive also sets down the functions this group would be expected to fulfill if an outbreak occurred.

4.57 In 'peacetime' the FMD Expert Group will consist of core Defra vets who specialise in disease control, core Defra administrative staff and disease consultants based at the National Reference Laboratory at IAH Pirbright.

4.58 In the event of an outbreak, the FMD Expert Group will be convened on a regular basis and will be enhanced to comprise:-

Chair: Defra CVO/DCVO

FMD advice/consultation on clinical disease recognition	IAH Pirbright
FMD virologist/diagnosis	IAH Pirbright
FMD pathogenesis/pathology	IAH Pirbright
FMD Vaccination	IAH Pirbright
FMD Epidemiology	Defra's Consultant Epidemiologist
Meteorologist	Met Office/IAH Pirbright
Serology	VLA
Observer/link to Science Council,	Head of Veterinary Research Advisory Division, Defra
Epidemiologists	SVS (HQ) Vets and other staff responsible for field epidemiology.

4.59 The expert group will be a strategic/tactical level group of specialists whose role will be to provide advice to senior management on surveillance programmes, analyse information and advise on control strategies. They will report to the CVO and the NDCC.

National Emergencies Epidemiology Group

4.60 A group of people will be established who have skills and technical knowledge of clinical science and epidemiology of FMD and the methods of prevention and eradication of an outbreak of the disease. In the event of an outbreak this group will become the national emergencies epidemiology group providing advice and information to the centre and to the policy group.

- This group will comprise of five teams with expertise drawn from the AHWDG, SVS, VLA, IAH and Met office as appropriate. The teams will be responsible for:
 - Descriptive epidemiology
 - Analytical epidemiology to include data analysis, data release, GIS and involvement with surveillance strategy for disease and disease freedom

- Modelling to include interspread, development of models and liaison with other modelling groups
- Providing epidemiological information from the field (National Field Epidemiology Team)
- Risk assessment to update the existing risk assessments from the 2001 outbreak

Part II

FMD Annexes

Decision Tree for Disease Control Strategies Against FMD

DISEASE CONTROL STRATEGIES: FOOT AND MOUTH DISEASE (FMD DECISION TREE)

Introduction

1. This paper outlines the measures that may be taken to slaughter or vaccinate animals in the event of an outbreak of foot and mouth disease (FMD). It sets out the factors the Government will take into account in deciding which strategy to adopt in order to control and eradicate the disease in the future.

2. The EU Council Directive on FMD, requires slaughter of all susceptible animals on infected premises, and provides for culling of susceptible animals on epidemiologically linked holdings (known as dangerous contacts). This reflects the EU's policy of adopting "FMD free without vaccination" status for all Member States, and is provided for in Defra's FMD Contingency plan.

3. Beyond this basic strategy, which will apply in all cases, there are a range of additional options and strategies potentially available depending on the circumstances of a particular outbreak and on the scientific and veterinary advice. Section 14B of the Animal Health Act 1981 (as amended) requires the Secretary of State to consider what is the most appropriate means of preventing the spread of disease, in particular the use of vaccination. The FMD Directive has emergency vaccination at the forefront of disease control strategies. The range of options includes: -

- culling of other livestock exposed to the disease (e.g. premises under virus plumes, contiguous premises); and,
- emergency vaccination (either to live or to kill; within an area or in a ring around an area);
- pre-emptive or 'firebreak' culling of animals which are not on infected premises nor are dangerous contacts nor are necessarily exposed to the disease, in order to prevent the wider spread of the disease outwith an area.

4. Since each disease outbreak is different and each has to be tackled at speed and – inevitably – with imperfect information it is not possible to prescribe in detail which strategy will be followed in advance of knowing the circumstances of a particular outbreak. This calls for a flexible approach, which recognises that different approaches may be needed in different geographical areas or to deal with different species. Nevertheless, there is clear advantage in reaching a view on the likely options for response in advance. Accordingly, this paper and the enclosed "decision tree" seeks to set out:

- The factors that would be taken into account in deciding whether to use emergency vaccination and if so whether to vaccinate to live or kill.
- The factors that would be taken into account in deciding slaughter policy.

5. The Government's objective in tackling any fresh outbreaks of FMD will be to eradicate the disease as quickly as possible and to maintain the UK's disease-free status. In doing so, the Government will seek to select a control strategy which:

- causes the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities and the wider economy;
- minimises the number of animals which need to be slaughtered, either to control the disease or on welfare grounds, and which keeps animal welfare problems to a minimum;
- minimises damage to the environment and protects public health;
- minimises the burden on taxpayers and the public at large.

See Part II: FMD, Annex C & E - Vaccination Protocol & Scenarios

Vaccination Policy

6. In responding to the FMD Inquiries the Government has made clear that where measures additional to the culling of infected animals and dangerous contacts are needed, emergency vaccination will be considered as part of the control strategy. The Government also accepts that if emergency vaccination is used it should be on the basis of vaccinate-to-live wherever possible.

7. EU legislation allows for the use of emergency vaccination in circumstances where an outbreak of FMD threatens to become extensive in the Member State concerned; where other Member States are at risk due to the geographical situation or prevailing meteorological conditions; where other Member States are at risk due to epidemiologically relevant contacts; and in Member States at risk due to geographical situation or meteorological conditions in a neighbouring third country. The Directive also requires a Member State to prepare all arrangements deemed necessary for emergency vaccination in an area at least the size of the Surveillance Zone (10km centred on an outbreak) immediately the first outbreak is confirmed.

8. The decision to introduce emergency vaccination is normally taken by the European Commission in consultation with Member States in the Standing Committee on the Food Chain and Animal Health, although Member States can vaccinate and then seek the EU's agreement later. Two types of vaccination strategy are envisaged:

- (i) "Protective Vaccination" (Vaccination to live)
- (ii) "Suppressive Vaccination" (Vaccination to kill)

9. The Government is committed to being in a position to trigger an emergency vaccination campaign should the need arise. It is essential to have stakeholder support and the Government has engaged in dialogue with a wide range of stakeholders in order to achieve, so far as possible, a shared understanding in advance of an outbreak of the factors which influence the choice of control options. The Decision Tree is intended to assist this process.

Protective Vaccination (Vaccination to live)

10. This strategy would be considered:-

- where veterinary and scientific advice is that an outbreak could not be contained by stamping out of Infected Premises and Dangerous Contacts alone;
- where a defined category of animals could be identified for protection, either in geographical or species terms; this could include pet or sanctuary animals within a vaccination zone;
- to protect, where appropriate, zoo animals and rare breeds collections as recommended by the Royal Society Inquiry and provided for under the FMD Directive. The Directive also extends special measures to animals in wildlife parks and laboratories.

11. Section 8 of the Directive deals with the issue of emergency vaccination, including the factors to be considered and the conditions under which vaccination should be carried out. Criteria to be taken into account when a Member State is considering introducing protective vaccination and guidelines for emergency vaccination programmes are set out in Annex X of the Directive and include: population density of susceptible animals, predominant species clinically affected; predicted airborne spread of virus; availability of suitable vaccine; origin, incidence slope and distribution of outbreaks; public reaction to stamping out policy and acceptance of regionalisation after vaccination. The guidelines also indicate that emergency vaccination should be considered if it is foreseeable that the targets of culling infected animals within 24 hours of confirmation and dangerous contacts within 48 hours cannot be met for two consecutive days. However, such criteria can only ever be indicative rather than prescriptive. Veterinary/epidemiological judgement will remain a key factor in determining the most effective disease control policy in any set of circumstances.

Suppressive Vaccination (Vaccinate to kill)

12. This strategy could be considered where the number of animals to be culled is likely to exceed the available disposal capacity. In those instances, animals in defined areas would be vaccinated first and slaughtered only as disposal capacity became available. It could also be used where there is an urgent need to reduce the amount of virus circulating in an area and reduce the risk of spread beyond that area. The Directive requires that suppressive vaccination is only carried out within a Protection Zone that is normally within 3km of an infected premise. This requirement does not mean that all vaccinated animals in a PZ will be slaughtered; it may only be some within this area.

Stamping Out Policy

13. The FMD Directive lays down the minimum measures Member States must take against FMD. The Directive requires slaughter of all susceptible animals on infected premises, and provides for culling of susceptible animals on epidemiologically linked holdings, as well as culling of susceptible animals on holdings where FMD is suspected.

14. Legislation in England and Wales allows for slaughter of:

- Animals affected or suspected of being affected with FMD.
- Animals in the same place or in contact with animals affected or suspected of being affected with FMD.
- Animals which are believed to have been exposed to FMD infection.
- Animals to prevent the spread of FMD e.g. a 'firebreak' cull.

Animals affected or suspected of being affected

15. When the State Veterinary Service (SVS) is made aware of suspicion of foot and mouth disease in animals they will arrange for a veterinary investigation to be undertaken.

16. The decision to slaughter will be based either on the results of laboratory tests carried out on samples arising from animals suspected of being affected with disease, or on clinical evidence of disease. In an area considered to be free of disease, except in exceptional circumstances, it is likely that disease will be confirmed on laboratory results. However, once disease has become established in an area it is likely that cases will be confirmed on clinical grounds alone in order to ensure animals are slaughtered quickly. However, samples will be taken to aid the epidemiological inquiries. All susceptible animals on an infected place will normally be slaughtered.

Animals which are believed to have been exposed to infection

17. Animals may be slaughtered if they are believed to have been exposed to infection. In these cases, animals will be subject to a veterinary inquiry to determine if, in the opinion of the Veterinary Inspector, they have been exposed. In making this judgement the Veterinary Inspector may take account of national information from experts that animals in certain areas have been exposed.

18. Animals that are believed to have been exposed to infection are known as Dangerous Contacts. This can include animals on contiguous premises. As virus can be excreted by such animals prior to the development of obvious and identifiable clinical signs, it is important that they are culled as soon as possible to stop virus production and hence spread of disease. A decision to slaughter will be taken by the veterinary inspector based on information gathered during the inquiry (e.g. geographical, epidemiological) and account will be taken of levels of biosecurity. The action that we take will depend on a risk assessment. Where it is believed that the likelihood is that exposed animals are at a high risk of becoming diseased they will be slaughtered. Where that risk is lower and there are the resources to observe the animals, they will be restricted and observed. So our

action depends not only on the degree of risk but our ability to mitigate the risk by having available the necessary resources to observe animals regularly and our ability to detect early disease in exposed animals and take immediate action should disease occur.

19. Animals can be exposed to infection by many routes. The following list is not exhaustive and the relative importance of each will depend on a number of factors:

- a. Direct contact with infected animals
- b. Airborne Spread
- c. Movement of a live animal
- d. Movement of a person
- e. Movement of vehicles
- f. Movement of equipment or other materials
- g. Movement of animal products
- h. Movement of feedstuffs or bedding
- i. Movement by wildlife or non-susceptible vector

To prevent the spread of disease

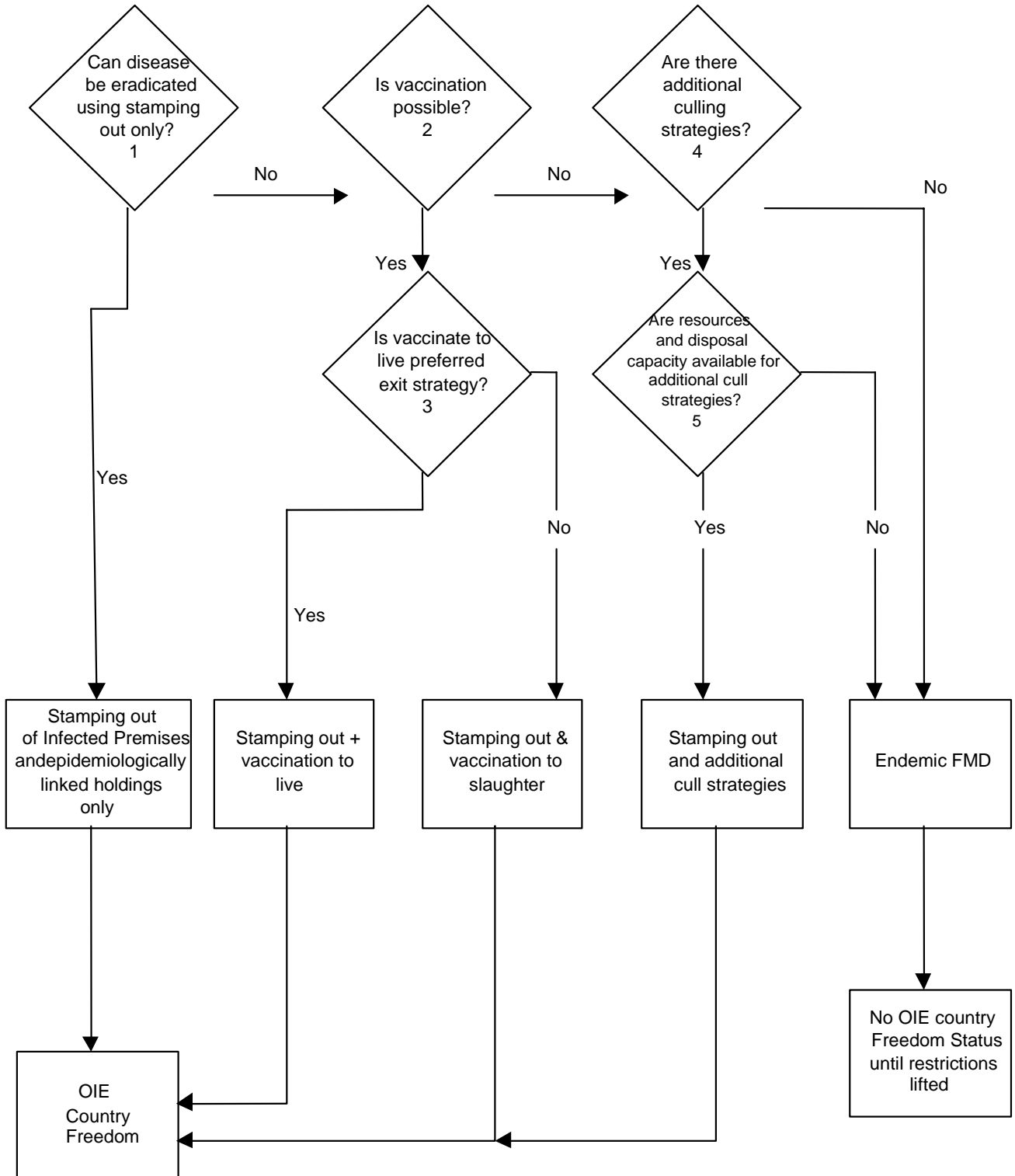
20. A third type of slaughter policy is “to prevent the spread of disease”, e.g. to create a ‘firebreak’. Such a cull might be required in order to protect areas of high livestock density, either as an addition to emergency vaccination or, in some cases, instead of it. The species and geographical area of the cull would have to be carefully assessed. Use of this power is described by a Disease Control (Slaughter) Protocol as required by the Animal Health Act 1981 as amended. The Protocol identifies the criteria to be considered and procedures to be followed should it be considered necessary to call on this power.

21. The Government intends to use the new slaughter powers only where this is justified by the level of risk of the disease spreading and on the basis of sound veterinary, epidemiological and scientific advice. Vaccination would have been considered first and if not used the reasons would be published.

22. Any decision to use these wider powers of slaughter would be taken in the light of an overall assessment of the risks, costs and benefits in a given situation. This could include not only risks of transmission but also social and economic risks that would arise if effective and timely action were not taken. The Government would justify its decision to use the slaughter powers, explaining the veterinary, epidemiological and other relevant factors that had been taken into account.

Decision Tree for Control Strategies for FMD

Note: Start at top left decision - diamond box



FMD decision tree - FACTORS TO BE CONSIDERED

Each decision on the tree is taken on the basis of a number of factors. The decision matrix has been based on a USDA paper but has been adapted to take account of the fact that any disease control strategy in the UK must take account of the relevant EU and domestic legal framework.

In using the decision tree, the following factors should be taken into account at each decision point. Modelling – economic & epidemiological – will be used to assist in identifying trigger points. The Government accepted the recommendation of the UK Lessons Learned Inquiry to undertake a cost-benefit analysis of different FMD control strategies. The results from this are due towards the end of 2004 and will help inform decisions concerning disease control strategies in a future outbreak.

At decision box 1: can disease be eradicated by stamping out alone (of Infected Premises and Dangerous Contacts)?

All outbreak and mitigation factors need to be considered at this point in deciding whether stamping out alone will eradicate the disease. However at the start of an outbreak information on many of these factors will be incomplete and this may not be available until well into the outbreak. Decisions may need to be revisited as more information becomes available.

1. Outbreak factors

- Time from introduction of infection to detection (epidemiology);
- Contact rate: type of farms; direct and indirect movement and distance of movement; efficacy of movement controls;
- Host or species affected – the species affected and species at risk (manifestation of clinical signs leading to early recognition): domestic livestock only – whether disease is in pigs, cattle or sheep; game farms/zoos – how effective would isolation methods be; wildlife.
- Status of outbreak – estimation of the extent of the geographical distribution of FMD and duration of epidemic: number of affected herds; number of foci of infection; rate of spread. Use of epidemiological models.
- Environmental: livestock density and distribution; livestock management; standards of biosecurity; casual access – network of roads, etc; physical barriers.
- Climate – does it favour airborne spread?

Mitigation factors:

- Physical resources: slaughter capacity; transportation capacity; disposal capacity. Incineration - max 1500 tonnes per week. Rendering - max 15,000 tonnes per week (Combined weekly capacity before licensed landfill or on-farm disposal options would need to be considered is 16,500 tonnes which is equivalent to approximately 33,000 cattle, or 330,000 sheep or 165,000 pigs).

- Human resources: emergency response system i.e. are there sufficiently trained staff for stamping out and to maintain movement controls; what are the epidemic projections? Defra's Contingency Plan identifies the resources needed to deal with an outbreak of FMD.
- Socio-political factors: The EU FMD Directive requires slaughter of all susceptible animals on Infected Premises and provides for culling of susceptible animals on epidemiologically linked holdings (known as Dangerous Contacts); public opinion; industry acceptance; other affected sectors e.g. tourism.
- Economic considerations: compensation; value of exports and value of other affected sectors e.g. tourism.

Decision Box 2: is emergency vaccination possible?

2. Physical resources to be considered:

- Vaccine strain availability – Is there a vaccine available? The UK has its own stocks of 9 different FMD antigen strains held, on its behalf, by a commercial supplier. In addition, the EU Vaccine Bank holds a range of antigens for emergency use.
- Numbers of vaccine doses available – Doses available vary depending on the strains. (Defra is keeping the availability of strains and quantities under review).
- Emergency vaccination strategy i.e. ring or firebreak vaccination – the strategy would depend on factors such as the virulence of the strain, number of foci of infection, density and species of livestock in likely vaccination zone, etc. Arrangements for a process of prior registration of zoos and rare breeds for possible emergency vaccination in a future outbreak are currently being developed.
- Vaccination logistics – this will be covered by the SVS operational field instructions. To comply with the UK Marketing Authorisation for FMD vaccines, a second dose would be required 3-4 weeks after the first dose. However, the need for a second inoculation or a booster will depend on the length of time that active disease is present. Where the policy is vaccinate-to-slaughter a 1-dose strategy is more likely to be used. (In an emergency, Article 8 of Directive 2001/82 /EC would provisionally allow the use of FMD vaccines which do not have UK Marketing Authorisations (MAs) in the absence of a suitable medicinal product and after informing the Commission of the detailed conditions of use.)
- Vaccine distribution – vaccine would be procured centrally and distributed to field vaccination teams via regional vaccination centres.
- Laboratory capacity/ability to distinguish vaccinates from infected – Laboratory capacity exists to undertake testing. However, there are currently no internationally recognised standards for NSP testing. There are a variety of NSP tests at differing levels of validation and a number of NSP tests are commercially available. These tests are being evaluated at IAH, Pirbright to inform the Government on best currently available NSP test to hold as a contingency reserve. The Government accepts that the validation of NSP (non-structural protein) tests is a key area. There are currently a number of research projects in the UK, Europe and America and many of the European groups are partners in a European Union Concerted Action

project on FMD diagnosis. The main limiting factor for the validation of such tests is the availability of suitable panels of sera, especially from vaccinated and then challenged animals. Defra is supporting research into this area. In addition, the Government also accepts that there is a need to develop accepted strategies for surveillance after vaccination. This is something that the OIE has under consideration.

- Time – Whether there would be enough time for vaccination to be completed before spread of infection would depend on the epidemiological projections during the outbreak. Need for modelling input.

3. **Human resources** to be considered:

- Emergency response system – need to have sufficient numbers of vaccinators available. At present there are 50 fully trained vaccination teams (each consisting of 1 vaccinator, 1 ear tag reader and 1 recorder) available and operationally capable of vaccinating on day 5 of an outbreak. Some 25 vets have also been recruited to support this initial response team. Current arrangements also provide for these numbers to be ramped up within 4/5 days of notification to meet the needs of any reasonable disease scenario. There are also human resource implications in carrying out NSP testing of all vaccinated herds/flocks and in the establishment of a vaccination surveillance area.
- Movement controls are a recognised part of any UK control strategy. Specific restrictions will apply on movement of vaccinated animals and products from vaccinated animals within the vaccination zone as laid down by the EU Directive. There will be welfare considerations in establishing a vaccination zone. Need sufficient staff to monitor movement controls. There will also be a vaccination surveillance area of at least 10km around a protective vaccination zone.
- Epidemic projections – different for each outbreak.

4. **Socio-political factors** to be considered:

- Stakeholders – a communications plan is in place. Active engagement with stakeholders has highlighted the role of the FSA advice on safety.
- Available legislation – Powers to vaccinate against FMD are available. The AHA 1981 as amended by the AHA 2002 provides enhanced powers of entry for emergency vaccination of susceptible animals. Any decision to carry out emergency vaccination would have to be agreed by the EU. Parallel OIE rules need also to be considered.
- Industry opinion – Stakeholders to be kept involved in developments connected with the issue of vaccination i.e. FMD Directive, changes to the OIE Code, implications for the resumption of trade. Stakeholder involvement (should be all-inclusive) and agreement would be important in any decision to vaccinate.

5. **Economic considerations** to be considered:

- Cost of vaccination – as part of its contingency planning, against a future outbreak of FMD, the UK has purchased a range of antigens. Additional costs would be those of formulating the vaccine from the antigen, or of

acquiring vaccine if the strain was not one held. The cost of vaccination equipment, training and employing staff as part of a vaccination campaign also needs to be costed into the equation.

- Value of exports – the extended period in which exports would be restricted would need to be weighed against the benefit to wider rural economy and tourism from killing and disposing of fewer animals.
- Regionalisation – would be required under the FMD Directive where the outbreak threatens to become extensive or if emergency vaccination is used. The Directive sets out the controls that would apply within a regionalised zone.

Decision Box 3: is the exit strategy “vaccinate to live”?

6. Physical resources to be considered:

- Slaughter capacity – vaccinate to live is likely to reduce pressure on slaughter capacity whereas vaccinate to slaughter might lead to higher numbers for slaughter than a stamping out policy (the Dutch experience). Capacity would need to be able to cope with slaughter of vaccinates and slaughter of infected livestock in a vaccinate-to-slaughter scenario.
- Disposal capacity – The higher numbers generated by a vaccinate to slaughter policy may result in disposal becoming a limiting factor. A vaccinate to live policy would help alleviate disposal problems.
- Controls on products from vaccinated animals - Under EU rules, products from vaccinates would need to be kept separate from non-vaccinates. The FMD Directive sets out the post vaccination controls that would be required following emergency vaccination.
- Time – If a vaccinate to slaughter policy was followed it would be more cost-effective to cull after the first inoculation. See Box 2 criteria on physical resources.
- Identification: additional, permanent and indelible identification of vaccinated livestock is required under the new FMD Directive so that either one can ensure that products from vaccinates are correctly treated (in the case of a vaccinate-to-live policy) or all vaccinates are killed (in the event of a vaccinate to kill policy being implemented). Call-off contracts are in place to for plastic button ear tags to identify vaccinated animals.

7. Human resources to be considered:

- Emergency response system – Current and future arrangements for delivery of a vaccination programme take account of the need to implement a vaccinate to live strategy which, by implication, may require 2 or more doses to be administered. For a vaccinate to slaughter policy, we would need to consider whether we had the necessary staff i.e. slaughtermen. Intensified surveillance will be carried out in the 10km area (vaccination surveillance area) surrounding the vaccination zone.
- Epidemic projections. As above.

8. Socio-political factors to be considered:

- Available legislation – The AHA allows for emergency vaccination as does the FMD Directive. The AHA allows for the slaughter of vaccinates and for payment of compensation for vaccinated animals which are compulsorily slaughtered. The FMD Directive explicitly provides for the option of suppressive vaccination i.e. vaccination to kill, as well as protective vaccination i.e. vaccination to live. The Government has made clear its preference for protective vaccination.
- Public opinion – Public are likely to support a vaccinate to live policy and this would be in line with Follett and Anderson Inquiry recommendations. FSA advice is that labelling of products from vaccinated animals would not be required.
- Industry acceptance – possible pressure from trade, and other Member States, to slaughter vaccinates to regain FMD free status. Currently engaging with industry stakeholders.

9. **Economic considerations** to be considered:

- Cost of vaccinate to slaughter – include the costs of vaccination (Box 4) plus the cost of slaughter and disposal of all vaccinates.
- FMD free status – this can be regained 3 months earlier where suppressive vaccination is used. However, there are other economic considerations that will need to be taken into account in a full cost benefit analysis (see earlier decision boxes).
- Compensation – Cost of compensation for slaughtered vaccinates would substantially increase overall costs of epidemic.
- Value of exports versus benefit to wider rural economy.
- Regionalisation – As for Box 2.

At decision box 4: are there additional culling strategies that are appropriate to the circumstances?

In some circumstances culling additional to DCs and IPs may be the optimal solution based on a risk assessment. This culling could take a number of forms – contiguous premises (where these are judged to have been exposed to infection) or preventive culling where scientific and veterinary advice is that this will prevent further spread of disease outwith the area. In choosing between these and other additional forms of culling a number of factors will need to be taken into account:

10. **Socio-political factors** to be considered:

- Available legislation – The Animal Health Act 1981 (as amended) provides the necessary powers including the power to slaughter pre-emptively in order to stop the spread of the disease. The AHA places a duty on the Secretary of State to consider emergency vaccination before using the pre-emptive slaughter powers. The FMD Directive also provides for a preventive cull.
- Public & industry opinion - contiguous and 3km culls were controversial aspects of the control of FMD during 2001.

11. **Economic considerations** to be considered:
- compensation – additional culling may significantly increase the amount paid in compensation.
 - value of exports & other economic costs particularly in the wider countryside and for tourism. There are extra costs involved in additional culling.
 - Regionalisation – this is provided for by the FMD Directive.

At decision box 5: are resources available for additional culling strategies?

A limiting factor is whether adequate resources exist to accommodate the anticipated number of additional livestock in addition to those slaughtered under stamping out.

12. **Physical resources** to be considered:
- slaughter capacity – does the capacity exist to slaughter animals both under the stamping out policy and additional culling;
 - transportation capacity – does the transport capacity exist to remove animals from farm for disposal under an additional culling scenario;
 - disposal capacity - does the capacity exist to dispose of animals under the stamping out policy and additional culling in environmentally acceptable and welfare friendly ways;
 - time i.e. are there sufficient resources to accommodate additional culling before such livestock develop FMD; identification of all premises included in an additional cull.
13. **Human resources** to be considered:
- emergency response system i.e. are there sufficiently trained staff to carry out an additional culling policy without adversely impacting on other key control policies i.e. enforcing movement controls, etc;
 - what are the epidemic projections – epidemiological modelling of high risk groups.
 - Identification of all premises included in an additional cull.

SOME OF THE ROUTES BY WHICH ANIMALS CAN BE EXPOSED TO INFECTION

a. *Direct contact with infected animals*

1. Infection is rapidly and efficiently passed from an infected animal to an uninfected, susceptible animal by direct contact between the animals. When establishing if animals have been exposed to infection following direct contact with an infected live animal, the following factors will be taken into account:

- i. Physical nature of barrier between infected animal and susceptible uninfected animal.
- ii. Distance between animals.
- iii. Nature of the contact between animals.
- iv. Amount of virus excretion.

b. *Airborne Spread*

2. Virus can be exhaled by an infected animal. The virus may be carried on air currents to susceptible, uninfected stock. The greatest risk of infection will be to stock on premises that are close to an IP though under certain circumstances more distant premises, possibly some distance away, may also be considered to have been exposed by such a route. (This is different to the culling to prevent the spread of disease that is covered in paragraph 25). When establishing if animals have been exposed to infection following airborne spread of virus the following factors will be taken into account:

- i. Species of infected animals.
- ii. Species of uninfected, susceptible animals.
- iii. Pathogenicity and virulence of the viral strain.
- iv. Prevailing wind direction during the period when animals on the IP are considered to have been excreting virus in exhaled air.
- v. Distance between the infected and uninfected animals.
- vi. Environmental conditions that could contribute to virus survival, e.g. temperature and humidity.
- vii. Likelihood of release of airborne virus, e.g. nature of housing or measures to control air outlets from housed livestock.
- viii. Likelihood of exposure to the airborne virus. e.g. nature of housing or measures to control air supply to livestock.

c. *Movement of a live animal*

3. Before disease is suspected and subsequently confirmed on a premises it is possible that an animal could, quite legitimately, have moved off that premises. Although disease had not been suspected, it is possible that disease was present when that animal moved off the premises. If that animal was itself infected it could infect other susceptible livestock at any time after leaving the premises.

4. When establishing if animals have been exposed to infection following the movement of a live animal, the following factors will be taken into account:

- i. Likelihood the animal could have taken infection from the IP.
- ii. Nature of contact with susceptible uninfected animals. (See (a) above.)

d. Movement of a person

5. A person moving from a premise where infection was present could transmit infective material on their skin, hair, clothes or footwear. When establishing if animals have been exposed to infection following the movement of a person, the following factors will be taken into account:

- i. Likelihood that the person could have taken infection from the IP.
- ii. Nature of biosecurity measures on leaving the IP and before any contact with susceptible uninfected animals.
- iii. Likelihood the person could have introduced infection to susceptible uninfected animals.

e. Movement of vehicles

6. Vehicles could carry infection from a premise where infection was present to other premises where susceptible livestock are present. Such vehicles could include:

- i. Livestock transports.
- ii. Vehicle moving between livestock under the same ownership.
- iii. Vehicles collecting agricultural products, e.g. milk, wool etc.
- iv. Vehicle delivering agricultural products e.g. feed, fertiliser, fuel etc.
- v. Vehicle delivering non-agricultural products, e.g. post.
- vi. Vehicle bringing persons etc for working on the premises.

7. The infective material could be carried anywhere on or in the vehicle. When establishing if animals have been exposed to infection following a vehicle movement, the following factors will be taken into account:

- i. The nature of the contact with infected animals or materials from infected animals.*
- ii. Whether there was any cleansing and disinfection of the vehicle after contact with infected animals or materials and before contact with uninfected susceptible livestock.
- iii. Whether the conditions during the journey would have rendered the virus non-viable.
- iv. The nature of the contact with susceptible uninfected animals.

f. Movement of equipment or other materials

8. Equipment or other materials used on a premise where infection was present could carry infective material to susceptible, uninfected animals. Such equipment could range widely, from large feed mixers to thermometers. In

establishing if animals have been exposed to infection following movement of equipment the following factors will be taken into account:

- i. The nature of the contact between the item and infected animals.
- ii. The nature of the contact between the item and susceptible, uninfected animals.
- iii. Whether there was any cleansing and disinfection of the item.

g. Movement of animal products

9. Products from infected animals could contain viable virus that could infect susceptible, uninfected animals. Such products include milk, slurry, manure, meat, carcasses (see also scavenging at (j) below). When establishing if animals have been exposed to infection following any movement of animal products the following factors will be taken into account:

- i. Likelihood that the product contains viable virus.
- ii. Effectiveness of any treatment undertaken before it leaves the IP or before it comes into contact with uninfected susceptible animals.
- iii. Interval between removal of product and contact with the susceptible, uninfected animals.

h. Movement of feedstuffs or bedding

10. Products from infected animals could contaminate forages, feedstuffs and bedding materials with viable virus that could infect susceptible, uninfected animals. Such products include hay, silage, straw, materials used to contain or transport such products. In establishing if animals have been exposed to infection following movement of these products the following factors will be taken into account:

- i. Likelihood that the product contains viable virus.
- ii. Effectiveness of any treatment undertaken before it leaves the IP or comes into contact with uninfected susceptible animals.
- iii. Interval between removal of product and contact with the susceptible, uninfected animals.

i. Movement by wildlife or non-susceptible vector

11. This is when a species of animal that is not susceptible to infection carries infective material from an IP either inadvertently or during scavenging. It is difficult to prevent this though good husbandry should reduce the levels of vermin that are attracted to a premise. Once the animals are slaughtered, and if there is likely to be any delay in disposal, then measures, e.g. rodent control, covering and spraying carcasses, etc will be taken by the National Wildlife Management Team, SVS and others to minimise this risk.

Disease Control (Slaughter) Protocol

Introduction

1. The Lessons Learned Inquiry on the 2001 foot and mouth disease outbreak recommended that provision should be made for the possible application of pre-emptive culling policies, if justified by well-informed veterinary and scientific advice, and judged to be appropriate to the circumstances. Such powers for pre-emptive (or preventive or "firebreak") culling of animals not exposed to FMD infection are provided for by the Animal Health Act 1981 (as amended). It adds to the armoury the Government has to fight FMD by getting ahead of the disease and stopping it spreading.
2. Section 32B of the Animal Health Act 1981, as amended by the Animal Health Act 2002, requires the Secretary of State to have a disease control (slaughter) protocol for the use of the new slaughter power in the Act (Schedule 3, paragraph 3(c)) to prevent the spread of foot and mouth disease (FMD). This would be a pre-emptive or "firebreak" cull.
3. This power cannot be used unless the protocol has been published and vaccination has first been considered to prevent the spread of disease (Section 14 of the Animal Health Act 1981 as amended). The reasons for not using vaccination would be published. The factors to be considered in deciding on the measures to be used to tackle an outbreak of FMD are set out in a separate document - FMD Disease Control Strategies, referred to as the FMD Decision Tree. The purpose of this disease control (slaughter) protocol is to identify criteria to be considered and procedures to be followed should it be considered necessary to call on this new slaughter power.

Purpose for which the power would be used

4. This power would be used only where this is justified by the circumstances of the possibility of disease spreading and on the basis of sound veterinary, epidemiological and scientific advice. Emergency vaccination would have been considered first and if not used the reasons would be published.

The principal factors to be taken into account

5. A major factor will be to get ahead of the disease. It could apply in particular to protect areas of dense livestock population. The cull would include those animals which, should they become affected, would present a significant risk to the farming and livestock community more generally by contributing to onward spread. It is in such circumstances that effective preventative action may be necessary to safeguard the wider public interest. Species, geographical area and, if appropriate, type of farming would be relevant. Any decision to use the wider powers of slaughter would be taken in the light of an overall assessment of the risks, costs and benefits in a given situation. This could include not only risks of transmission

but also social and economic risks that would arise if effective and timely action were not taken.

The procedure to be followed in reaching a decision

6. Such a decision could not be made until the use of emergency vaccination had been considered and, if not used, the reasons published.
7. The steps to be taken would then comprise:
 - (a) the identification of a group of animals that are likely to contribute to spread of disease, based on epidemiological modelling, veterinary advice and local factors;
 - (b) the determination of which species are involved;
 - (c) consideration of exemptions on the basis of husbandry or other criteria, for example, rare breeds or genetic value;
 - (d) the determination of the geographical area involved;
 - (e) the determination of the rules for inclusion or exclusion of animals at the boundary of that area;
 - (f) analysis of risks, costs and benefits;
 - (g) the publication of an outline of the reasons why such a cull is needed.

The procedure by which animals on a premises will be deemed to be included in a slaughter

8. Premises believed to contain animals to be slaughtered to prevent the spread of disease would be identified. A Veterinary Inspector would visit and ascertain if animals meet the criteria and are to be slaughtered.
9. The Veterinary Inspector would be required to explain the reasons to the owner and give him an opportunity to provide evidence if he believed the animals should be exempted. To ensure the reason for slaughter is clear to the owner a slaughter notice would be issued. The slaughter notice would state the powers under which slaughter is required and the reason why the owner's stock is included (with reference to the criteria for slaughter to prevent the spread of disease).

The means by which a particular decision to slaughter can be reviewed

10. Both as part of the slaughter notice and during explanations the owner must be made aware that they can ask the DVM to review the decision that their stock meet the criteria for the cull and be advised how and by when this can be done.
11. The DVM, or a suitable alternative, must be available to hear such reviews. The following action would be taken:

- (a) they will consider the views of the owner as to why they believe the decision is wrong;
- (b) they must ensure that the veterinary inspector has carried out a full and fair inquiry to establish if the animals meet the appropriate criteria.

Emergency Vaccination Protocol

(This is available on the Defra website at: <http://defraweb/footandmouth/newsarchive.htm>)

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FMD Emergency Vaccination Protocol

Executive Summary

The Royal Society's Report on Infectious Diseases in Livestock recognised that there were a number of scientific and practical issues to be resolved before emergency vaccination could become a viable disease control option in the event of a future outbreak. This document sets out progress on these issues and outlines the factors which would need to be considered in the decision to use emergency vaccination. The Department will consider emergency vaccination as part of the control strategy from the start of any future outbreak of FMD. This is reflected in the new EU FMD Directive which will be transposed into domestic legislation during 2005. Substantial progress has been made on the testing and validation of Non Structural Protein (NSP) tests, especially for cattle, and although these are not yet at international recognition stage, this would not prevent us from vaccinating in the event of a future outbreak. We would, however, have to use a higher discriminatory test to demonstrate freedom from disease and this may result in a delay in regaining free status.

1. Introduction

“Emergency vaccination” is vaccination used in the face of an outbreak. It is to be distinguished from “prophylactic” (routine) vaccination which has been banned across the EU since 1992.

Decision Tree

- The “Decision Tree”, which forms part of the FMD Contingency Plan (see Part II: FMD, Annex A & B), sets out the factors that the Government would take into account in deciding disease control strategy. Since circumstances can vary widely, it is not possible to prescribe a detailed response in advance of an outbreak.
- The decision to adopt a particular control strategy will depend on a wide range of factors as indicated in the “Decision Tree”, many of which cannot be determined until we have knowledge of the nature and extent of an outbreak. Veterinary and scientific advice and judgement remain vital in determining disease control strategy. This will, in turn be dependent on the quality of information available.

NB Terms marked * are explained in the glossary at the end of this document

2. Purpose of vaccination protocol

The purpose of this document is to clarify what factors would need to be considered in the decision to use emergency vaccination as a possible disease control measure in a future FMD outbreak. It is not possible to place deadlines or timescales on when decisions on disease control policy would be taken. Decisions

would be made as quickly as possible given the particular set of circumstances and would be reviewed repeatedly as circumstances changed and more information became available.

3. Progress made on emergency vaccination since 2001

Whilst there is still work to be done, much progress has been made towards resolving the issues surrounding an emergency vaccination policy since the 2001 outbreak of FMD. There is more detail on this in the relevant sections below, but progress to date can be summarised as follows:

- The UK holds vaccines which are suitable for use in an emergency vaccinate-to-live strategy (the Government's preferred vaccination policy).
- We are continuing to work with stakeholders to gain their acceptance of products from vaccinated animals entering the food chain as normal.
- The UK's independent supply of antigens are all suitable for use with NSP* tests.
- Defra is continuing to work with the EU and the OIE* to achieve an internationally validated NSP test.
- Defra is continuing to fund research into a confirmatory discriminatory test as an adjunct to current NSP tests.
- During negotiations on the new EU FMD Directive, the UK worked hard to strike the right balance in the controls imposed on products from vaccinated animals. The Directive allows the sale on the domestic market of untreated products from vaccinated animals after the completion of the survey to check for infected animals amongst the vaccinated population, but before FMD free status has been regained. In addition, during this period (known as Phase 3), untreated meat from vaccinated pigs can be exported, to another Member State, at their request; such meat would have to bear a special mark.
- The Government has published, as part of the FMD Contingency Plan, a "Decision Tree" which sets out the factors which the Government would take into account in deciding on disease control strategy.
- We have commissioned a Cost Benefit Analysis on Disease Control Strategies, which will consider a number of core scenarios and provide additional evidence for future decision making on disease control strategy. Results from the Cost Benefit Analysis are expected at the beginning of 2005.
- The UK has its own stocks of FMD antigens held, on its behalf by a commercial supplier and the EU Vaccine Bank also holds a range of antigens for emergency use.
- Defra has arrangements in place with GENUS, an external contractor to implement an emergency vaccination programme. The contractor has trained a first response team made up of sufficient lay vaccinators and support staff for

50 teams and recruited 25 vets to support them. The contractor can ramp-up this level of response to meet any reasonable disease scenario within four to five days of notification. This is GB wide contract and the contractor will, at all times, be working under the control and direction of the State Veterinary Service.

- Vaccination teams can be operationally ready to vaccinate by day 5 of any outbreak. Strain identification of the virus and vaccine formulation might take a little longer. Vaccine could be formulated for despatch to the regional vaccination centres within 3 to 4 days once the strain is known. In practice, it is unlikely that vaccination would commence on this timescale as it will take time to collect the epidemiological data to support vaccination decisions.

4. Legal framework

A new **EU Directive (2003/85/EC) on measures to control foot-and-mouth disease** was adopted at Agriculture Council on 29 September 2003 and is currently being transposed into domestic legislation. . However, many of the Directive's requirements have already been met by administrative means and in the updated FMD Contingency Plan and Veterinary Instructions.

- The EU Directive maintains the ban on **prophylactic** (routine) vaccination, which has been in place across the EU since 1992. This is in line with the recommendation of the UK Inquiry Reports into the 2001 outbreak and the report of the European Parliament Temporary Committee of Inquiry. This allows EU Member States to maintain the highest FMD status under international (OIE) rules of "countries free from foot-and-mouth disease without vaccination" which the UK is keen to retain.
- The **basic disease control policy** required under the new EU Directive remains the **slaughter of all susceptible animals on premises infected with FMD and those identified as "dangerous contacts"**.* However, the Directive gives greater prominence to the potential use of emergency vaccination in the event of an outbreak as an adjunct to this basic slaughter policy. Article 14 of the Directive places a duty on Member States "to prepare all arrangements necessary for emergency vaccination in an area at least the size of the Surveillance Zone" as soon as the first case of FMD is confirmed. The Directive does not detail exactly what these arrangements should be but requires that any vaccination should "be carried out swiftly and in conformity with the rules of hygiene and biosecurity so as to avoid the spread of FMD virus". Defra's arrangements are set out in Part II: FMD, Section 4 of the Contingency Plan, which covers accommodation, equipment, personnel, vaccine supplies and emergency vaccination arrangements.
- The Government will consider emergency vaccination as a disease control option from the start of any outbreak of FMD, on the basis of **vaccinate to live**, wherever possible. This is in line with the recommendations of the main FMD Inquiries.
- Other relevant legislation is the **Animal Health Act 1981**, as amended (in respect of England & Wales only), by the 2002 Act. Section 14B of the

amended Act requires the Secretary of State (SoS) to consider the most appropriate means of preventing the spread of disease, particularly the use of emergency vaccination. In addition, if measures additional to slaughter of animals on infected premises and those identified as dangerous contacts are required, the SoS has to publish reasons for using her preventive slaughter powers and explain why emergency vaccination is not used.

5. Emergency vaccination strategy

5.1 Species/area to be vaccinated

- **Article 14 of the new EU FMD Directive** requires a Member State to prepare all arrangements deemed necessary for emergency vaccination in an area at least the size of the Surveillance Zone (10km centred on an outbreak) immediately the first outbreak is confirmed.
- In advance of an outbreak, it is not possible to identify **how large the vaccination zone would be**. The decision on which species would be vaccinated and the size and shape of the vaccination zone would be determined by veterinary/epidemiological judgement. Other factors such as the availability of vaccine; the virulence of the strain; its tendency to airborne transmission; and how long the disease had been undetected, facilitating its spread, would all need to be taken into account. Seasonal farm management factors may also need to be taken into account.

5.2 Protective (to live) or suppressive vaccination (to kill) strategy

- The Government believes that if emergency vaccination is used, it should be on the basis of **vaccinate to live** wherever possible.

Protective vaccination (vaccination to live) would be considered:

- where veterinary and scientific advice is that an outbreak cannot be contained i.e. it threatens to become extensive, by culling susceptible animals on infected premises and dangerous contacts alone;
- where a defined category of animals can be identified for protection, either in geographical or species terms; this could include pet or sanctuary animals within a vaccination zone;
- to protect, where appropriate, zoo animals and rare breed collections.

Suppressive vaccination (vaccinate to kill) could be considered where the number of animals to be culled is likely to exceed the immediately available disposal capacity. In those instances, animals in defined areas would be vaccinated first and slaughtered only as disposal capacity became available. It could also be used where there is an urgent need to reduce the amount of virus circulating in an area and reduce the risk of spread beyond that area.

5.3 *Special measures*

- Article 15 of the Directive allows special measures to be applied for the conservation of “**farm animal genetic resources**” in the event of an FMD outbreak on premises that are identified in advance. The Directive places a responsibility on Member States to establish lists of holdings where animals are kept for purposes related to the conservation of animals that are indispensable for the survival of that breed (Farm Animal Genetic Resources).
- Depending on the circumstances, and veterinary and epidemiological advice at the time, the registered breeding nucleus may benefit from special provisions, providing that the highest levels of biosecurity were implemented to prevent the spread of disease. Special measures include derogations from the killing of susceptible animals subject to certain pre-conditions, if the premise becomes infected, and emergency vaccination.
- Following a consultation exercise, the list of susceptible “rare breeds” has now been agreed (available on Defra’s website) and the following definition for a “breeding nucleus” for each species:

Cattle: 8 cows + bull (or AI)
 Goats: 6 females + male
 Pigs: 3 sows + boar (or AI)
 Sheep: 16 ewes + ram

- Based on these criteria we will be able to compile a register of holdings which contain breeding nuclei of genetically valuable stock which may qualify for special measures in the event of an outbreak. Information on the registration process will be publicised on the website, later this year, once arrangements have been finalised.
- Arrangements for **zoos and wildlife parks** are slightly different. They can also qualify for the special measures under Article 15 of the Directive but there is no requirement in the Directive for pre-registration of such premises. However, the Royal Society Report “Infectious Diseases in Livestock” recommended that a list of zoos be drawn up so that they can easily be located in the event of a future outbreak. Defra’s Global Wildlife Division are working on this register in conjunction with Local Authorities.
- Animals in laboratories and fenced areas or in bodies, institutes, or centres keeping animals for scientific purposes may also qualify for special measures.

5.4 Dosage Strategy

- To comply with the UK Marketing Authorisation for FMD vaccines, a second dose would be required 3-4 weeks after the first dose and boosters required every 6 months (and every 4 weeks for pigs). However, the need for a second inoculation or booster will depend on the weight of disease challenge. NSP testing can start 30 days after vaccination has been completed within the vaccination zone.

5.5 Vaccination Surveillance Zone

- Under the EU FMD Directive strict controls would apply to vaccinated animals (see Section 7 below). In addition, there would have to be a **vaccination surveillance zone** of not less than 10km wide surrounding the vaccination zone. Within the vaccination surveillance zone, movement restrictions would apply, animals could not be vaccinated and there would be enhanced disease surveillance.
- The perimeters of both the Vaccination zone and its surrounding surveillance zone would have to be clearly defined to ensure livestock keepers were in no doubt about the zone they were in. The zone would be defined by using obvious geographical boundaries such as roads, rivers and other natural features which may pose a natural barrier to the spread of disease e.g. a large abutting area of woodland which was livestock free.
- Given the surveillance requirements in the EU Directive (blood sampling and serological testing), it would be appropriate to limit the size of any vaccination zone to the minimum necessary to control disease based on an epidemiological assessment taking account of, amongst others, the following factors:
 - Natural barriers to the spread of disease;
 - The number of cases in the area, their geographical disposition and estimated area of future spread;
 - The numbers and type of livestock affected and the duration of that infection;
 - The predominant livestock species in the area and its density;
 - The type of husbandry
 - The standards of biosecurity
 - Any prevailing climatic conditions that might predispose to the spread of disease
 - Animals are at greatest risk of infection within 3 kilometres of an existing outbreak.

6. Operational requirements

6.1 *Identification of the virus strain*

- *Identification of the particular strain of virus and assessment of the protective effect of the available vaccine against the strain could take two days or longer.*

6.2 Provision and availability of suitable vaccines

- The UK has its own stocks of 9 different FMD antigen strains held, on its behalf, by a commercial supplier. These independent supplies have over 20 million doses of FMD antigen at a potency suitable for emergency use.
- The number of doses available would need to be taken into account and this would vary according to the strain. Defra annually takes advice from the Institute of Animal Health at Pirbright, on those strains of FMD which present the greatest risk to the UK and reviews the strains and quantities held in the light of that advice.

- In addition, the UK has access to 30 million doses of a wider range of strains in the EU Vaccine Bank for emergency use.
- Once the strain of virus has been identified, it would take 3 days to formulate water-based vaccine and 4 days for oil based vaccine.

6.3 Marketing Authorisations

- Emergency vaccination strategies must be acceptable to stakeholders who will want assurances that the vaccines to be used at the very least meet regulatory requirements. Council Directive 2001/82/EC requires that no veterinary medicinal product may be placed on the market of an EU Member State unless a Marketing Authorisation (MA) has been issued by the competent authorities of that Member State in accordance with the Directive's provisions. The existence of an MA indicates that an independent assessment of compliance with European Pharmacopoeia (EP) standards has been carried out. Compliance with EP standards represent minimum legal requirements. The existence of an MA confirms that the vaccine is safe in terms of animal and human health and that it works.
- It is, therefore desirable that vaccines, including those held in international banks, such as the EU Bank, have MAs.
- Under current arrangements, MAs issued in one EU Member State are not applicable in others except where they have been through mutual recognition procedure as provided for under Directive 2001/82/EC
- The UK has purchased stocks of antigen that have UK MAs issued by the UK regulatory authority which confirm that the vaccines meet the safety and quality criteria i.e. are safe in terms of animal and human health. In order to meet the requirements of Directive 2001/82/EC they also need to be challenge tested so that they can be released as authorised products. Challenge testing of FMD vaccines provides veterinary services and stakeholders with assurances regarding the efficacy of the vaccines to be used. Such vaccines could thus be released onto the UK market as authorised products in the event of a future FMD outbreak. A programme of challenge testing is underway.
- In an emergency, Article 8 of Directive 2001/82/EC would allow the use of FMD vaccines which do not have full UK MAs because they had not yet been challenge tested and after informing the Commission of the detailed conditions of use. Such vaccines would be safe and quality assured.
- The Food Standards Agency have issued a statement which confirms that there are no risks to human health from consuming products from animals which have been vaccinated against FMD with an approved vaccine.

6.4 Logistical arrangements for vaccination

- Genus Plc have been appointed to provide trained staff to support any proposed emergency vaccination programme in England, Scotland and Wales. This contract provides for pre-trained vaccination teams to conduct emergency vaccination of susceptible farm livestock – as instructed by the State Veterinary Service. Vaccination teams, which will act under the direction of a veterinary surgeon and will typically consist of 3 members, will be responsible for vaccination, animal handling, marking of vaccinated animals and record keeping. Arrangements are also in place to increase the vaccination resource, including veterinary surgeons, to meet a range of disease control situations within 5 days of notification.
- Vaccine would be distributed to field vaccination teams via regional vaccination centres.
- Following a public consultation on proposals to amend the Medicines Act 1968 and the Veterinary Surgeons Act 1966 to allow lay vaccination of livestock in the event of a future outbreak earlier this year, amending Orders are expected to be laid shortly. This would allow vaccine to be supplied to and administered by lay vaccinators in the event of the use of emergency vaccination in a future outbreak. This approach would relieve pressure on veterinary surgeons during any future outbreaks of FMD, when it is likely that they would be fully occupied on other essential disease control duties.
- Arrangements to enable emergency vaccination formed part of a series of desktop exercises conducted in the lead up to a national exercise – Exercise Hornbeam - which took place on 29/30 June 2004. In the exercise, Ministers, senior officials and vets from both the Department and across Government played out Days 7 and 8 of an outbreak scenario which was designed to test the Government's preparedness as set out in the published contingency plans. Plans are also in hand to test the vaccination contractor's operational state of readiness.
- Defra is seeking, through its FMD communications strategy, to ensure that all those likely to be affected by an emergency vaccination programme will know, in advance, what the process is likely to involve.

6.5 Identification of vaccinated animals

- Additional, permanent and indelible marking of vaccinated livestock is required under Article 47 of the new FMD Directive to ensure that all vaccinated animals are killed or products from vaccinates are correctly treated. Vaccinated animals would have to have markings which were permanent and indelible, but not unique, so we intend to identify each vaccinated animal with a specific tag. Stocks of these ear-tags have been ordered and arrangements are in place to increase supplies if required in the event of an outbreak. Where animals do have individual numbers, such as in the case of statutory ear tags for cattle or flock marks for other animals, our procedures will require that number to be recorded when the animals are vaccinated. Each vaccination team of 3 people will include support staff for recording ear tag numbers.

6.6 *Lead in time for emergency vaccination programme*

- Without knowing the specific circumstances of a particular outbreak, it is not possible to place a precise timescale on this in advance.
- The contractor is currently on a 5-day standby to implement a vaccination programme from the time of confirmation of disease. Within the 5-day time period, the particular strain of the FMD virus would need to be identified and the vaccine would need to be formulated ready for dispatch to the vaccination centres. Formulation could take up to 3 days for a water-based vaccine or 4 days for an oil-based vaccine.
- Veterinary advice to Ministers would be based on epidemiological evidence. However, it is probable that due to a lack of epidemiological data at the outset and the time necessary for its acquisition and veterinary assessment it would be unlikely that vaccination would start five days after positive confirmation of the first outbreak.
- Estimates have been made on how quickly the most densely populated livestock areas could be vaccinated. Assuming 10km vaccination zones, it is estimated that it would take just over 4 days for 50 vaccination teams to vaccinate cattle only in a cattle dense area, just under 6 days to vaccinate sheep only in a sheep dense area and just under 3 days to vaccinate pigs only in a pig dense area.
- Whilst it is important to complete a vaccination campaign as quickly as possible, the speed at which this could be achieved would depend on a range of factors such as the number and species of animals on each holding, handling facilities, available daylight hours, travel time from vaccination centre to farm, weather conditions and so on.

7. **Post vaccination controls**

7.1 There are 3 phases of an emergency vaccination campaign:

- Phase 1 – During emergency vaccination and until 30 days after completion of vaccination
- Phase 2 – Post vaccination and prior to completion of NSP survey
- Phase 3 – After completion of survey and before FMD free status regained

Details of the controls applicable during each Phase are outlined below.

7.2 **Controls over the movement of vaccinated animals**

- It should be noted that, under the EU FMD Directive, restrictions would apply in the Protection Zone (minimum 3km radius centred on an outbreak) and Surveillance Zone (minimum 10km radius centred on an outbreak). In the Protection Zone (PZ), movement of susceptible animals from and between holdings would be prohibited except under licence for emergency slaughter. In the Surveillance Zone (SZ), movement of susceptible animals from holdings

would be prohibited except under licence to slaughter and for leading to pasture under certain conditions.

- Specific restrictions would also apply to the movement of animals within the vaccination zone and products from vaccinated animals as set out below. If a vaccination zone overlaps with a PZ or a SZ then the stricter regulations would apply.
- **During emergency vaccination and until 30 days after completion of vaccination (Phase 1)**, no movement of live susceptible animals between holdings within the vaccination zone or out of the vaccination zone would be permitted except, after clinical inspection of the herd, for direct transport for immediate slaughter to a slaughterhouse within, or in exceptional circumstances, close to the vaccination zone.
- **Post vaccination and prior to completion of NSP survey (Phase 2)** no movement of live susceptible animals between holdings within the vaccination zone or out of the vaccination zone would be permitted. However, direct transport for immediate slaughter to a slaughterhouse could be authorised subject to the animals not coming into contact with other susceptible animals during transport and in the slaughterhouse; all animals in the herd of origin, or all vaccinated animals in the vaccination zone, undergo clinical inspection and NSP testing; and pass an ante mortem inspection at the slaughterhouse during the 24 hours before slaughter and show no signs of FMD.
- **After completion of survey and before FMD free status regained (Phase 3)**, movements to slaughter would be as in Phase 2. Movement of live susceptible animals between holdings in the vaccination zone would be permitted, subject to licence.

7.3 *Controls over milk and meat from vaccinated animals:*

- **During emergency vaccination and until 30 days after completion of vaccination (Phase 1)**, fresh **milk** would have to be treated* at a dairy either within the vaccination zone or transported outside the zone for treatment subject to strict bio-security and transport rules. **Meat** from vaccinated animals would have to be cross-stamped, transported in sealed containers and then treated (heat treated or naturally fermented and matured). Once the meat had been treated, the resulting product would be given the health mark, thus enabling it to enter intra Community trade. Consumers would not see cross-stamped meat.
- **Post vaccination and prior to completion of NSP survey (Phase 2)**, fresh **milk** would have to be pasteurised at a dairy either within the vaccination zone or transported outside the zone for treatment subject to strict biosecurity and transport rules. **Fresh meat from vaccinated pigs** would continue to require heat treatment before it could be placed on the market. However, **fresh meat** (excluding offal) **from vaccinated ruminants** (i.e. sheep and cattle), would be subject to deboning and maturation so that it could bear an oval health mark to enable it to enter intra Community trade. Indications from the industry are that such treatments would be uneconomic for sheepmeat production.

- **After completion of survey and before FMD free status regained (Phase 3)** fresh **milk** would have to be pasteurised at a dairy either within the vaccination zone or transported outside the zone for treatment subject to strict biosecurity and transport rules. **Fresh meat from ruminants** would still be subject to deboning and maturation as in Phase 2 but derogation exists which would permit **untreated meat from vaccinated cattle and sheep to be marketed freely on the domestic market** (i.e. within the Member State), and therefore approach more normal market conditions for livestock producers. **Likewise fresh meat from vaccinated pigs** would still have to be treated as in Phase 1 but a derogation allows for untreated meat from vaccinated pigs to be placed on the domestic market and may, if requested by another Member State, be exported to them with a special mark.
- It should be noted that, under the EU FMD Directive, meat and meat products from animals in the Protection Zone and Surveillance Zone and meat and meat products produced in these Zones are also subject to treatment similar to that from vaccinated animals for at least 30 days after these zones have been applied. After 30 days derogation may be granted by SCOFCAH for untreated products to be allowed from the PZ and SZ
- There would be no compensation for loss of value of vaccinated animals as there is no reason why their products could not be sold as normal.
- The Food Standards Agency have confirmed that there is no risk to human health from consuming products from vaccinated animals and products would not have to be labelled as such.

8. Exit strategy

- Trading partners would be concerned about the risks of importing disease via live animals, animal products or food products from a country which had suffered an outbreak of FMD. A clear strategy to demonstrate absence of disease is essential, whether emergency vaccination is used or not, to ensure normal trading can be resumed as quickly as possible following an outbreak.
- The role of **vaccinated carrier animals** (i.e. where persistent infection is present beyond 28 days) is an important one in terms of exit strategy. At present we are unable to determine the level of risk posed by carrier animals and, under OIE rules, we have to assume that there is a risk until we are in a position to prove otherwise. Research into the role of carrier animals in spreading disease is on-going.
- The OIE Code sets down rules for recovery of FMD free status. Disease free status can be recovered three months after the last case where vaccination is not used or after the slaughter of all vaccinated animals if stamping out and “suppressive” vaccination to kill is used. Serological surveillance would be required to demonstrate the absence of infection before disease free status could be granted. Where a policy of stamping out and “protective” vaccination to live is used, disease free status can be recovered after six months following

completion of serological surveillance which demonstrates the absence of infection in the remaining vaccinated population. The serological survey would be based on the detection of antibodies to the non-structural proteins of FMD virus to distinguish vaccinated from infected animals.

- There is not yet an **internationally accepted NSP test** for use in any species of livestock. The OIE has established an ad-hoc group to evaluate the NSP tests for FMD. Validation of tests in the field needs to be carried out for all species, as this is the key to developing agreed testing regimes for the control of FMD where emergency vaccination is used as part of the control strategy.
- The principle of using NSP testing for serosurveillance to distinguish herds that have been vaccinated against FMD from those that have been infected has been agreed by the OIE Standards Commission but the sampling level necessary to demonstrate this is still under consideration. There are currently two NSP serological tests for FMD NSPs described in the OIE manual but as these are not sufficiently reliable on an individual animal basis, they cannot be accepted as prescribed tests for the purposes of international trade. Nevertheless, the OIE FMD and Exotic Diseases Commission and the OIE Code Commission have accepted the principle of herd based NSP serosurveillance as a basis for countries regaining FMD free status.
- A number of commercially produced NSP tests exist with differing levels of validation and work has been published about the validation and use of these tests in the field. The main limiting factor for the validation of NSP tests is the availability of suitable panels of sera, especially from vaccinated and then challenged animals. Full validation requires panels of seven FMD serotypes in at least three target species. Testing has to be carried out in high security accommodation. There is also a need for thorough trials where vaccination and exposure to virus occur.
- There are currently several research projects in the UK, Europe and America. There is a European Concerted Action project on FMD diagnosis. Defra is supporting research in this area.
- In summary, quite substantial progress has been made on the testing and validation of NSP tests but these are not yet at international recognition stage. However, the absence of an internationally validated NSP test would not prevent Defra from using vaccination in the event of a future outbreak. Defra would perform a herd-based test on a statistical basis and, where positive results were found we would use a higher discriminatory test (Probang). This may result in a delay in demonstrating freedom from disease and it therefore remains vital that an internationally validated test is available as soon as possible.

9. Glossary of Terms used in vaccination protocol

NSP (Non structural protein) tests	Antibody tests which can differentiate between animals which have been vaccinated and those that have been vaccinated and exposed to the FMD virus, or may still be infected.
“pre-emptive” or	This involves the culling of animals which are not on

<p>“preventive slaughter”; “firebreak” cull</p>	<p>infected premises nor are dangerous contacts or necessarily exposed to the disease, in order to prevent the wider spread of disease outwith an area. Use of this power is described by a Disease Control (Slaughter) Protocol as required by the Animal Health Act 1981, as amended.</p>
<p>Milk treatment</p>	<p>Where the pH of the milk is below 7.0: High Temperature Short Time (HTST) pasteurisation at 72° for at least 15 seconds or equivalent pasteurisation effect achieving a negative reaction to a phosphatase test. Where the pH of the milk is above 7.0: This treatment has to be applied twice or combined with another heat treatment. NB The pH of milk is normally 6.6 so single pasteurisation would generally apply.</p>

Vaccination Scenarios

The role of vaccination in a future outbreak of FMD Introduction

1. Foot and mouth disease (FMD) is a highly infectious disease which is serious for animal health and for the economics of the livestock industry. As a result there are international trade rules and disease control legislation which influence the options available to the Government in controlling the disease. In the event of an outbreak, the overriding aim is to prevent the production and spread of the virus which causes the disease.

Why vaccinate?

2. Vaccination can play a major role in controlling FMD by:

- preventing or reducing the incidence of clinical disease when the animal is exposed to virus;
- preventing or reducing the amount of virus produced by an infected animal, thus reducing the likelihood of spread to other animals; and thus
- reducing the number of animals killed during an outbreak.

3. Routine, preventative vaccination is banned under EU law, thus allowing the EU to maintain the highest FMD status under international trade rules of “countries free from foot-and-mouth disease without vaccination”.

4. However, the Government recognises the potential value of emergency vaccination as a disease control measure. In its report following the 2001 outbreak, the Royal Society Report took the view that :

“rapid culling of infected premises and known dangerous contacts, combined with movement control and rapid diagnosis, will remain essential to controlling FMD and most other highly infectious diseases” but “ in many cases this will not be sufficient guarantee that the outbreak does not develop into an epidemic”. It also accepted that, although much work remained to be done on what the potential of vaccination might be “emergency vaccination should now be considered as part of the control strategy from the start of any outbreak of FMD”.

So where are we now?

5. The Government accepted the recommendation made by the Royal Society Report and this is clearly reflected in the Government’s published contingency plan. This makes it clear that if we are in any doubt about the ability of culling of IPs and DCs to control the outbreak quickly, then vaccination to live will be among the disease control options to be considered. This is supported by new EU legislation which requires arrangements for emergency vaccination to be put in place as soon as the first outbreak is confirmed.

6. Since the 2001 outbreak there has been major progress in resolving the issues surrounding an emergency vaccination policy including:

- the purchase of vaccines suitable for use in an emergency vaccinate to- live strategy;
- the Institute of Animal Health at Pirbright has carried out an evaluation of NSP tests (these seek to distinguish vaccinated from infected animals);
- we have put in place the operational capability to be ready to vaccinate 5 days into an outbreak;
- re-confirmation from the Food Standards Agency that it is safe to consume products from vaccinated animals;
- negotiating new EU legislation, which ensures a more ready market for such products;
- we have been working with representatives of retailers, the food industry and the NFU to ensure a common understanding of the role of vaccination and its implications;
- working with a wider group of stakeholders to gain their acceptance of products from vaccinated animals entering the food chain as normal;
- we have published a vaccination protocol setting out the logistical and scientific implications of vaccination and how we would operate the criteria for the decision on vaccination in an outbreak; and • we have consulted on and published a FMD contingency plan (including a decision tree) enshrining the Government's policy on vaccination.

7. In addition, international trade rules have been revised so that disease free status can be regained more quickly after emergency vaccination has been used: only 3 months longer than if vaccination is not used. Many of the past barriers to emergency vaccination have therefore been addressed to ensure it is a real disease control option in any future outbreak.

Future use of vaccination

8. In any future outbreak, when deciding the role of vaccination there will be many uncertainties about the behaviour and characteristics of the virus, its origin, the length of time it has been present, the degree of geographical spread and the number of undisclosed foci of infection as a result of secondary spread. In the face of such uncertainties any decision taken by Ministers to vaccinate will need to take account of veterinary and epidemiological advice in an area where difficult judgements have to be made. Ministers would also need to balance a range of other important factors including stakeholder views, the effects on tourism and rural businesses, animal welfare and the costs and benefits to the economy generally before final decisions were made.

9. This document explains how the FMD Decision Tree and Vaccination Protocol would be used to develop the veterinary advice on when to vaccinate in any future outbreak of foot and mouth disease. It includes specific scenarios illustrating what the veterinary advice would be on how vaccination might be used in different circumstances in future.

Speed of detection of disease

10. One of the key factors which influences the eventual size of any foot and mouth disease epidemic is the time from introduction of infection to the initial detection of disease. (Decision box 1 – Outbreak factors – FMD Decision Tree). Any delay in detection will give an opportunity for disease to spread, perhaps quite widely, making control very difficult by stretching the immediate resources available to control it. In Europe, FMD has been detected, on average, 21 days after its introduction. Although surveillance for exotic diseases may have improved, it is perhaps not surprising that in 2001 there was delay of around three weeks between introduction of infection in Northumberland and the initial detection of disease in pigs sent to a slaughterhouse in Essex. During that period disease spread silently with movements of sheep through markets and dealers such that, by the time the presence of disease was confirmed, at least 57 premises in 16 counties from southwest Scotland to the southwest of England were infected.

11. At the start of an outbreak it is often difficult to establish how long a delay in detection there has been. It might therefore take a considerable time to determine where infection had first been introduced, how long it had been there and the extent of spread in the meantime. Where there had been a delay in detection, other factors would need to be considered in determining whether vaccination should be used in areas where disease had spread.

12. Vaccination is ideally suited for an area where there was FMD in a part of the country and there had not rapid detection of disease and there was indication of lateral spread. Other epidemiological factors would also need to be taken into account. For example, if the mode of spread to the new area suggested that other herds in the area may have become infected by the same route, or the density of livestock and type of husbandry suggested that there might be rapid dissemination of disease in the area, despite rapid detection, then emergency vaccination might be recommended. Where there was evidence that there had been little or no delay in the detection of disease then it would probably be unnecessary to use emergency vaccination in order to control and eliminate the disease.

Development of FMD in Different Species

13. Foot and mouth disease develops differently in different species of livestock (Decision box 1 – Outbreak factors – FMD Decision Tree). In broad terms, pigs are infected primarily by ingestion (for routes of infection see Decision Tree) whereas sheep and cattle are primarily infected by inhalation. Once infected, generally, pigs excrete most virus, cattle much less than pigs and sheep even less than cattle.

14. The way in which FMD develops in a livestock population will also depend on the strain of FMD virus involved and new strains of FMD continue to emerge. It may not be possible to determine the detailed behavioral characteristics of any particular strain of FMD virus for a number of weeks, especially if experimental infections were required. Where the origin of infection is unknown there will always be initial uncertainty about how the disease will behave in any new outbreak.

15. In the event of an outbreak, particularly in pigs, it is normal practice to model the potential for windborne dissemination of disease from an infected premises, using the prevailing meteorological data. Without detailed knowledge of the

characteristics of the virus in the early stages of an outbreak it would be wise to assume that pigs would excrete extremely large amounts of virus and use this parameter in the meteorological dispersion model. Where the plume was predicted to have the potential to infect cattle (see scenario below) emergency vaccination might be undertaken in the area under the plume. Subsequent work, taking several weeks, may show that pigs did not excrete the large amounts of virus assumed as a parameter in the model and that vaccination was unnecessary but, given the uncertainty, emergency vaccination would have been a wise precaution.

Disease in cattle

16. Cattle are susceptible to infection by inhalation and once infected may also generate infectious aerosols of virus. Cattle may therefore become infected by either local aerosol spread, over a relatively short distance or, if there are very exceptional weather conditions, infectious aerosols may carry quite large distances on the wind.

17. During the first stage of a vaccination campaign, meat from vaccinated cattle would have to be heat-treated. Once it has been shown that virus is no longer circulating, meat from vaccinated cattle may be marketed with an EC health mark after deboning and maturation. It is economically viable to debone and mature beef. Milk may be marketed after normal pasteurisation. But both require the infrastructure needed to apply and enforce official controls and the availability of these must be a factor in the decision making process.

18. Vaccination of cattle in certain cases may be valuable in controlling disease. Where cattle are the main generators of the FMD virus, the overall cattle density in an area, the size and proximity of herds and standards of biosecurity (influenced by the type of husbandry) would all affect the decision. For example, if there were delay in detecting disease in a pig herd that had excreted large amounts of virus and meteorological conditions were such that there was a wide angle plume of virus over an area of dense cattle population, and herds were becoming infected leading to a heavy weight of infection in an area, then vaccination might be likely. Infectious aerosol spreading over a wide area in certain meteorological conditions might also be generated from cattle herds, with high prevalence of diseased animals, and this is a further scenario where vaccination might be likely.

19. Vaccination of cattle in an area where sheep farming is the principal activity is less likely than in areas of intensive cattle or pig farming but, nevertheless, cannot be ruled out and would depend on the particular local epidemiological conditions, for example, where there was poor biosecurity and evidence of lateral spread of disease. Indeed, vaccination in cattle in Cumbria in this sort of scenario was recommended on veterinary grounds in 2001 but did not take place because of lack of stakeholder support.

20. Vaccination may be used in registered rare breed herds which are considered to be under direct threat of infection, for example, within 3km of an infected premises.

Disease in Pigs

21. Pigs are normally infected by ingestion and not by inhalation. Once pigs become infected they may pose the greatest risk to surrounding cattle because, of all species, they normally produce the most virus once infected. Virus is normally excreted as an aerosol when the pig exhales. Cattle are the species most susceptible to infection by inhalation.

22. The origin of the 2001 outbreak of FMD was the illegal feeding to pigs of unprocessed waste food containing imported infected meat or meat product. All waste food feeding is now banned, but the illegal or accidental feeding of pigs with infected imported meat or meat products remains the most likely method of introduction of disease into the country.

23. If vaccination is used in pigs, until it has been proven by surveillance testing that virus is no longer circulating in an area, meat from vaccinated pigs will have to be heat treated before it can be traded with an EC health mark. There will also be implications for integrated multi-site production where it may not be possible to move vaccinated pigs reared in the vaccination zone to finishing units outside the vaccination zone.

24. For the reasons in paragraph 21 above, the new EU Directive on FMD says that vaccination should be considered where pigs are the principal species clinically affected by disease. In such a situation, we would need to consider the risk from aerosol/windborne infection and assess:

- how recently the pigs had become infected;
- whether, as a result of a breakdown in biosecurity, there was a risk that disease had been spread to other pig herds thereby increasing the amounts of virus being excreted;
- the susceptibility of the livestock population in the area to infection by the inhalation route; and
- weather patterns in the period since the initial infection.

Such factors would determine how many farms with livestock were potentially at risk from aerosol/windborne spread of disease and whether there was a risk that relying on the slaughter of IPs and DCs might not be enough to control the outbreak.

25. In general, pigs are the species least susceptible to infection by the aerosol route. In the pig industry, standards of biosecurity are good and 20-day standstill movement controls are in place. Computer modelling carried out during the 2001 epidemic also showed that disease was unlikely to spread in areas of predominantly intensive pig production. It is therefore unlikely that it would be necessary to vaccinate such pig herds in an outbreak. Nevertheless, where standards of biosecurity were poor and there was not early detection of disease in any pig herd it might be necessary to vaccinate pigs in order to control disease.

26. Vaccination may be used in registered rare breed herds which are considered to be under direct threat of infection, for example, within 3km of an infected premises.

Disease in Sheep

27. If disease is discovered in sheep and there is good biosecurity, it should be possible to control the disease by the rapid slaughter required by law of infected sheep flocks and slaughter of Dangerous Contacts. (Decision point 1 of the Decision Tree).

28. If vaccination were to be used in sheep, then the Directive requires that, before the meat from vaccinated animals can be traded with an EC health mark, it should either be heat treated or deboned and matured until the country's FMD-free status is established. There are concerns about whether it would be economically viable to debone and mature sheep meat. This could be critical in determining whether emergency vaccination to live would deliver the expected benefits.

29. Once a sheep flock on extensive grazing is infected the disease tends to move very slowly through it because of the low level of virus excretion. In very extensive sheep, because of low contact rates, an infected flock will pose much less of a risk to neighbouring animals than infected cattle or pigs. Gathering sheep for vaccination might perversely increase the numbers of sheep that subsequently become infected in extensive systems. It is, therefore, very unlikely that vaccination will be used in grazed commercial sheep flocks or in areas where grazed sheep are the predominant livestock.

30. For the reasons given above, if disease were discovered in a sheep flock in a predominantly pig or cattle producing area, it is probable that vaccination would not be used in either pigs or cattle in that area, unless local epidemiological conditions indicated a higher risk (see para 19).

31. Vaccination may be used in registered rare breed flocks which are considered to be under direct threat of infection, for example, within 3km of an outbreak of FMD.

Size of Vaccination Zone

32. Under the Directive, strict controls would have to operate over vaccinated animals. In addition, there would have to be a vaccination surveillance zone of not less than 10km in depth surrounding a vaccination zone. Within the vaccination surveillance zone there would be movement restrictions; it would not be permitted to vaccinate any susceptible animals and there would be enhanced surveillance in this area to detect disease. The perimeters of both the vaccination zone and the vaccination surveillance zone would have to be clearly defined so that livestock keepers were in no doubt about the area they were in. This would be done by using obvious geographical boundaries such as roads, rivers and other natural features, for example, a large abutting area of woodland, which was livestock free, which may pose a natural barrier to the spread of disease.

33. Given the clinical and serological surveillance required under the EU Directive, it would be sensible to limit the size of any vaccination zone to the minimum necessary to control disease based on an epidemiological assessment. This would

take account of factors in the following list, which is not exhaustive: -• natural barriers to the spread of disease;

- the number of cases in the area, their geographical disposition and estimated area of future spread;
- the numbers and type of livestock affected and the duration of that infection;
- the predominant livestock species in the area and its density;
- the type of husbandry;
- the standards of biosecurity;
- the prevailing climatic conditions that might predispose to the spread of disease;
- animals being at greatest risk of infection within 3 kilometres of an existing outbreak.

Exit strategy

34. As soon as a FMD outbreak is confirmed, a country loses its international trading status of “free from foot-and-mouth disease without vaccination”. How quickly a country regains its FMD free status depends partly upon how long it takes to eradicate the disease and partly on the disease control strategies used. The international rules governing FMD free status have changed since 2001 and the use of emergency vaccination no longer carries the same trade “penalty” as previously.

35. The OIE (Organisation International des Epizooties – the international animal health standard setting body) sets down rules for recovery of FMD free status. Disease free status can be recovered:

- three months after the last case where culling of animals on infected premises and dangerous contacts (“stamping out”) and surveillance are applied;
- three months after the slaughter of the last vaccinated animal where stamping out, serological surveillance and emergency (“suppressive”) vaccination is used;
- six months after the last case or the last vaccination (whichever is latest) where stamping out and “protective vaccination” to live is used, provided that serological surveillance based on the detection of FMD non-structural proteins demonstrates the absence of infection in the remaining vaccinated population.

Controls on products from vaccinated animals

36. There are 3 phases to an emergency vaccination campaign laid down in the new EU Directive on FMD control:

- Phase 1 – During emergency vaccination and until 30 days after completion of vaccination
- Phase 2 – Post vaccination and prior to completion of survey to detect vaccinated animals from those which have been vaccinated and subsequently exposed to the virus (the latter would have to be culled as infected animals)
- Phase 3 – After completion of the survey (required in Phase 2) but before FMD free status is regained (as outlined in para 7 above).

37. In each of these phases, specific controls would apply on products from vaccinated animals.

38. Phase 1. Fresh milk would have to be treated (single HTST pasteurisation) at a dairy within the vaccination zone or transported outside the zone for treatment, subject to strict biosecurity and transport rules. Fresh meat from vaccinated animals would then have to be cross-stamped, transported in sealed containers and then treated (heat treated or naturally fermented and matured). Once the meat had been treated, the resulting product would be given the health mark, thus enabling it to enter intra Community trade. Consumers would not see cross-stamped meat.

39. Phase 2. Fresh milk would have to be pasteurised at a dairy either within the vaccination zone or transported outside the zone for treatment subject to strict biosecurity and transport rules. Fresh meat from vaccinated pigs would continue to require heat treatment before it could be placed on the market. However, fresh meat (excluding offal) from vaccinated ruminants (i.e. sheep and cattle), would be subject to deboning and maturation so that it could bear an oval mark to enable it to enter intra Community trade.

40. Phase 3. Fresh milk would have to be pasteurised at a dairy either within the vaccination zone or transported outside the zone for treatment subject to strict biosecurity and transport rules. Fresh meat from vaccinated ruminants would still be subject to deboning and maturation as in Phase 2 but derogation exists which would permit untreated meat from vaccinated cattle and sheep to be marketed freely on the domestic market (i.e. within the Member State), and therefore approach more normal market conditions for livestock producers. Likewise, fresh meat from vaccinated pigs would still have to be heat treated as in Phase 1, but a derogation allows for untreated meat from vaccinated pigs to be placed on the domestic market, and may be exported to another Member State if requested by them. Such meat would have to carry a special mark.

41. It should be noted that, under the EU FMD Directive, meat and meat products from animals in the Protection and Surveillance Zone and meat and meat products produced in these zones are also subject to treatment similar to that from vaccinated animals for at least 30 days after these zones have been applied. After 30 days derogation may be granted by SCOFCAH for untreated products to be allowed from the PZ and SZ.

42. The treatments required for meat are complicated; this is why we have produced 2 papers to explain these to stakeholders in detail:

- A guide for livestock keepers – Sending livestock to an abattoir for slaughter during an outbreak of foot-and-mouth disease in Great Britain.
- What are the implications of an outbreak of foot-and-mouth disease for the meat industry in Great Britain?

Serological surveillance

43. During Phase 2 of a Vaccination campaign, a serological survey has to be carried out to differentiate between those animals which have been vaccinated and those which have been vaccinated and subsequently exposed to the FMD virus, or may still be infected. The antibody tests used for this are Non Structural Protein (NSP) tests.

44. At present there are no internationally recognised NSP tests for use in any species of livestock. The OIE has agreed the principle of using NSP tests for serosurveillance to distinguish herds that have been vaccinated against FMD from those that have been infected but the sampling level to demonstrate this is still under consideration. There are currently two NSP tests for FMD described in the OIE manual but as these are not sufficiently reliable on an individual animal basis, they cannot be accepted as prescribed tests for international trade. Nevertheless, the OIE FMD and Exotic Diseases Commission and the OIE Code Commission have accepted the principle of herd based NSP serosurveillance as a basis for countries regaining FMD free status.

45. However, the absence of an internationally validated test would not prevent the use of vaccination in the event of a future outbreak. We would use a herd based test on a statistical basis and, where positive results were found, we would use a higher discriminatory test (Probang). Where the presence of FMD virus is confirmed, then the premises will be confirmed as an infected premises. Where the survey shows that at least one animal has been infected, through previous contact with the virus, but where further testing of the animals on the holding confirm no FMD virus is present then the animals on the premises are either all culled (and disposed of) or classified according to the tests, and some culled and others slaughtered i.e. can enter the food chain depending on whether it is believed that virus no longer circulating and the interpretation of the tests applied to the herd.

46. Where testing on the premises rules out past or present infection with FMD virus, the premises will become subject to phase 3 controls until FMD free status is regained (see paragraph 35).

47. For unvaccinated animals in a surveillance zone serological surveillance would also have to be carried out. This would use a serological test that would detect antibodies to FMD virus but it would not be an NSP test. The sampling protocols are set out in the Directive and are similar to those used in 2001. It is very likely that a vaccination zone may partly or wholly cover a surveillance zone. The tests used and the sampling protocol used in the overlapping zones would depend on whether or not the animals were vaccinated.

Export of live animals post vaccination

48. Once vaccinated, animals cannot be exported, even after FMD free status is regained.

Illustrative Scenarios

49. These scenarios have been developed to illustrate mainly the veterinary and epidemiological judgements to be made, rather than to take into account the wider economic and social dimensions of the decision.

No Vaccination Scenario

50. In an urban fringe area, animals on a city farm have become infected. There is negligible contact either direct or indirect with any other livestock farm. There is a

very low level of livestock keeping in the county that borders the urban fringe. Computer modelling has confirmed that disease is unlikely to spread in the area because of the low stocking density and that vaccination would not bring any control or economic benefits. It is not necessary to vaccinate in this scenario.

Windborne Spread

51. A pig-finishing unit with 900 pigs has become infected and there has been a delay in reporting disease. Some 250 pigs on the unit are showing clinical signs of disease. The affected pigs are generating a large amount of virus which is aerosolised in their breath. Computer modelling, using the Meteorological Office's modelling, shows that the prevailing weather conditions have predisposed an area some 30 kilometres in length from the pig unit and 15 kilometres wide at its widest point, to infection from large highly concentrated virus plume.

52. The area under the plume is a mixed livestock area with sheep and cattle but the predominant enterprise is dairying. Cattle under the plume are most susceptible to infection by inhalation. Other computer modelling has shown that the area is one in which there is likely to be significant lateral spread of disease because of the concentration of livestock in the area and the size of enterprise with individual units close to one another. The modelling has shown that vaccination would be an effective aid to control and would be likely to bring economic benefits. The virus strain has been identified and there is a reserve of antigen in the vaccine bank, from which an effective vaccine can be formulated, which has been tested for safety, efficacy and potency.

53. A vaccination zone, the size and shape of the predicted plume of infection, is declared and all cattle in the zone are vaccinated. The vaccination policy is one of protection with the intention that vaccinated animals that do not become infected will live out their productive lives. Sheep and pigs in the zone will not be vaccinated, other than registered rare breeds of sheep and pigs.

Multiple Insertions of Infected Animals into an Area

54. Disease has been introduced into the Country and into an outdoor pig unit by a member of the public throwing a sandwich containing an illegal personal import of meat. Disease initially goes unnoticed and an aerosol plume from an affected pig reaches rams in a neighbouring field. The rams become infected but initially show no obvious signs of disease. They are moved to a large ram sale where a large number of rams in adjoining pens become infected. Several batches of infected rams which are showing no obvious signs of disease are moved to an area of the country of predominantly permanent pasture with lowland cattle and sheep in a valley floor some 50 km long and 20 km wide.

55. Throughout this area there have been several outbreaks of FMD in cattle and sheep as a result of movement of infected rams onto holdings. Holdings are fragmented with rented grazings. Biosecurity is poor with movements of livestock keepers between their parcels of land giving opportunity for lateral spread of disease by the movement of people and vehicles. The occurrence of cattle cases gives rise to a heavy weight of infection in the area.

56. Computer modelling has confirmed that the area is one in which there is likely to be significant lateral spread of disease for the reasons given above. The modelling has shown that vaccination would be an effective aid to control. The virus strain has been identified and there is a reserve of antigen in the vaccine bank, from which an effective vaccine can be formulated, which has been tested for safety, efficacy and potency. A vaccination zone the size and shape of the valley is declared and all cattle in the zone are vaccinated. The vaccination policy is one of protection with the intention that vaccinated animals that do not become infected will live out their productive lives. Sheep and pigs in the zone will not be vaccinated, other than registered rare breeds of sheep and pigs.

Downland Outdoor Pigs

57. There is a large area of downland particularly suited to outdoor pig keeping and there are many outdoor pig units close to one another. Biosecurity is poor with frequent movements of personnel between units. Disease is introduced into this area and there have been several outbreaks in the area. Spread has been by the movement of people and vehicles. Computer modelling has confirmed that disease is likely to spread in this downland area. The modelling has shown that vaccination would be an effective aid to control. The virus strain has been identified and there is a reserve of antigen in the vaccine bank from which an effective vaccine can be formulated, which has been tested for safety efficacy and potency. A vaccination zone the size and shape of the downland pig keeping area is declared and all pigs and cattle in the zone are vaccinated. The vaccination policy is one of protection with the intention that vaccinated animals that do not become infected will live out their productive lives. Sheep in the zone will not be vaccinated, other than registered rare breeds.

Veterinary Exotic Diseases Division
16 June 2004

Veterinary Risk Assessment and Protocol for Rights of Way Closure

Veterinary Risk Assessment

In the event of an outbreak of Foot and Mouth Disease, what is the risk of causing further outbreaks of FMD if rights of way are open to the public?

1. Summary of Risk Assessment

Great Britain is classified as FMD free, in the event of a new introduction of disease, there is a risk that persons using rights of way could cause further outbreaks. Infection may result from contaminated persons or accompanying animals arriving at the right of way and subsequently passing on infection to livestock or by persons or accompanying animals becoming contaminated while using the right of way and passing infection to livestock then or at a later time.

The factors considered to be most responsible for increasing this risk are:

- contact with infected premises or premises where animals have been exposed to the risk of infection prior to arrival at a right of way
- contact with livestock prior to arrival at a right of way
- failure to disinfect footwear prior to arrival at a right of way
- proximity of rights of way to livestock areas, including infected premises and premises where animals have been exposed to the risk of infection
- presence of accompanying animals
- failure to limit access for persons or accompanying animals from rights of way to livestock areas failure to limit access by livestock to rights of way, resulting in deposits of faeces, urine, milk etc.
- contact with livestock while in locality of a right of way
- contact with surroundings (including pasture and foliage) while in locality of a right of way
- meteorological and environment conditions which influence virus survival
- failure to disinfect footwear after leaving locality of a right of way
- contact with livestock after leaving locality of a right of way
- contact with surroundings (including pasture and foliage) after leaving locality of a right of way

Of these, the major factors are:

- proximity of rights of way to livestock areas, including infected premises and premises where animals have been exposed to the risk of infection
- contact with livestock prior to arrival at a right of way
- contact with livestock while in locality of a right of way
- contact with livestock after leaving locality of a right of way
- failure to limit access for livestock to rights of way, resulting in deposits of faeces, urine, milk etc.

2. Summary of Risk Management options and rationale

This section identifies ways in which the risks which have been identified can be managed, taking no account of whether the management options are practical or proportionate to the level of risk. Theoretical risk management options include:-

i. Closing all rights of way over land which may be grazed by livestock, making public access a criminal offence.

ii. Closing rights of way only in areas where the risk of FMD virus being present is greatest

iii. Preventing or discouraging access by those who keep or handle susceptible livestock in the course of their work, and so are most likely to have been exposed to and contaminated by FMD virus.

iv. Permitting access but encouraging the public

- to wear clean clothing and footwear so that they do not introduce infection to an area;
- to avoid walking amongst livestock, and, in particular, NEVER to handle or touch animals, and
- to use any disinfectant footbaths or pads which the landowner may choose to provide.

Regulating access in accordance with the likelihood that infected animals or their products may be encountered. The risks are greatest on Form A and Form D premises, but entry and exit to and from these are already controlled by statute. Elsewhere the risk diminishes with distance as follows: -

- within the protection zone, normally an area of 3km radius around an Infected Premises in an Infected Area
- within an Infected Area outside any protection zone
- within a Controlled Area
- where no FMD controls are in force.

In addition to geographical factors, risk may diminish with time. Virus viability on pasture is limited and is dependent on meteorological conditions. Virus survival during the summer months is limited by warmer, drier weather. Meteorological conditions will be more favourable to virus survival on pasture during the winter months.

3. Recommended action

i. FMD virus may be introduced to previously uninfected premises in many ways: by airborne spread; by the movement of infected animals, feed or bedding; and by the movement of people, vehicles or equipment contaminated with the virus. Transmission by people has been recorded on many occasions, but those responsible have generally had close contact with animals on infected, and then on uninfected, premises. It is theoretically possible that persons using rights of way who had not had direct contact with infected animals could carry infection to

previously uninfected animals, although there is no evidence that this has actually happened and the risk, if any, is small in comparison to other transmission risks.

ii. Even small risks can be further diminished by appropriate action, but the cost may outweigh the benefit. There is a balance to be struck between the need to control FMD and the damage that controls do to other important industries, such as tourism. Draconian action may be unnecessary and inappropriate, particularly if universally applied.

iii. There is no veterinary justification for closing all rights of way and preventing all public access to land. A more measured response, which takes account of both public perception and of the real risk, is required. The latter is the product of many factors, including the prevalence of infection in an area, the presence or absence of susceptible livestock, and the density of the livestock if present.

iv. Viable virus is most likely to be picked up on premises which have been recently infected or exposed to the risk of infection by human, animal, or animal product movement, or by proximity. Premises on which infection is suspected or has been confirmed, or on which animals have been exposed to the risk of infection, are subject to restrictions which prohibit entry or exit except under licence. Restrictions on individual premises may remain in force for many months, particularly on premises where full cleansing and disinfection is not carried out for any reason. The risk that persons using rights of way will come into contact with FMD virus on premises on which final cleansing and disinfection has been completed is very small, and even on premises where it has not, there is virtually no risk from walking on the land (as opposed to through yards or buildings) after a sufficient period of time has elapsed.

v. Even on premises which are not subject to Form A or Form D restrictions, infection may be present but unrecognised. The risk is greatest in premises situated in the Protection Zone of an Infected Area, less in Infected Areas outside Protection Zones, much less in Controlled Areas, and least where there are no restrictions or where restrictions have been lifted.

vi. Whatever the status of an area there is only a very small risk that persons using rights of way who have not recently handled or been in direct contact with susceptible livestock will introduce infection from elsewhere, or spread infection from one premises to another. The risk is greatest on land close to an Infected Premises on which FMD has recently been confirmed and diminishes with time. A high density of livestock increases the likelihood of contact between persons using rights of way and animals, and so increases any risk of transmission.

vii. The single most effective method of reducing any risk posed by persons using rights of way is to ensure that they have not handled or been in contact with susceptible livestock before or during their visit. Enforcement of such a condition is not practicable but it is reasonable to suppose that most people using rights of way will respect the interests of the community at large by taking precautions which will minimise the risk of spreading FMD.

viii. It is extremely unlikely that people using rights of way will come into contact with viable FMD virus. The risk of transmission by these persons from one farm to another is therefore very small. The following action can be justified:

- Allow public access to all paths and rights of way, but publicise and seek the co-operation of persons using rights of way in observing the following precautions intended to protect the disease - free status of the area:
- start your walk wearing clean footwear and clothing;
- do not approach, touch or handle livestock;
- keep dogs on a lead wherever there are livestock;
- take any waste, including food, home; and
- use any disinfectant footpads or baths which the landowner provides.

ix. Even when area restrictions are lifted, individual premises may remain under restriction for much longer than is necessary to control the risk that persons using rights of way may come into contact with viable virus and carry infection to other premises. Virus survival on land at any time of the year is unlikely to extend beyond the date when final cleansing and disinfection of the premises is completed or more than three months from the date of preliminary cleansing and disinfection if this is sooner.

x. Entry to and exit from restricted premises is normally permissible only under licence but there is statutory provision for this requirement to be discontinued or modified. It is therefore feasible to allow rights of way on restricted premises to reopen whilst other restrictions (such as that which prevents restocking) remain in force.

xi. It is therefore recommended that:

- In the event of an outbreak, rights of way should be closed within the Protection Zone, normally the area within a 3km radius of an infected place. In exceptional circumstances, following a veterinary risk assessment, the area may be larger than this in order to control the spread of disease. Such circumstances might arise, for example, where it is believed that conditions have allowed windborne dissemination of virus in high concentration over a large area. Rights of way should remain closed until the protection zone restrictions have been lifted. This will normally be when the Infected Area restrictions are lifted.
- Rights of way which only cross the land of restricted premises should be reopened as soon as the completion of final cleansing and disinfection has been certified. However, rights of way which pass through farmyards and buildings should be temporarily diverted, but if this cannot be done, they should remain closed until supervised restocking has been completed and restrictions lifted.
- If full cleansing and disinfection is being undertaken but has been delayed then rights of way which cross the land only may be reopened 3 months after the preliminary cleansing and disinfection. However, rights of way which pass through farmyards and buildings should be temporarily diverted, but if this

cannot be done, they should remain closed until supervised restocking has been completed and restrictions lifted.

- If full cleansing and disinfection is not being undertaken at all then rights of way which cross the land only may be opened 3 months after the preliminary cleansing and disinfection. However, rights of way which pass through farmyards and buildings should be temporarily diverted, but if this cannot be done, they should remain closed until the restrictions are lifted.

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PART III

AVIAN INFLUENZA

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SECTION 1 - Background

Avian Influenza (Highly Pathogenic)

1.1 avian influenza (AI) is a highly infectious viral disease that can affect all species of birds. The severity of disease depends upon the strain and subtype of virus and the type of bird infected.

1.2 Highly pathogenic avian influenza (HPAI) viruses have the potential to cause severe disease in poultry, associated with a high death rate (up to 100%); the course of such disease can be so rapid the birds may die without showing signs of disease.

1.3 Infection with low pathogenic avian influenza (LPAI) viruses usually results in milder, less significant disease. However, some LPAI viruses can mutate into highly pathogenic strains.

1.4 Waterfowl can be infected with either HPAI or LPAI viruses without showing any signs of disease. Apparently healthy ducks have been shown to excrete HPAI virus for extended periods of time. They are thus an important reservoir, acting as a potential source of infection to poultry and other animals.

1.5 EU legislation to control and eradicate AI applies to HPAI. Flocks found to be infected with LPAI would be assessed. It is likely that such flocks would be slaughtered.

1.6 Controls would apply to domestic fowls, turkeys, geese, ducks, guinea fowls, quails, pigeons, ratites (e.g. ostriches), pheasants and partridges reared or kept in captivity for breeding, the production of meat or eggs for consumption or eggs for restocking supplies of game.

1.7 AI could be introduced to domestic poultry through contact with infective migrating wild birds, particularly waterfowl. Contact could be direct or indirect through contamination of feed, water or objects, particularly with faeces. AI virus could also be introduced on contaminated clothing or objects and there is also a risk of introduction from the illegal import of live birds.

1.8 Good biosecurity is required to stop onward spread.

Public Health Implications

1.9 Transmission of avian influenza viruses to humans in close contact with poultry or other birds occurs rarely, and only with some strains. There are two global health concerns: first, the severity of disease that may follow infection; second, the potential for transformation of avian influenza into a form that both causes severe disease in humans and spreads easily from person to person (pandemic influenza). Clinically severe disease in humans (requiring hospitalisation) is currently well recognised as a consequence of exposure to highly pathogenic avian influenza (HPAI) viruses. It presents itself as unexplained

severe respiratory illness (or sudden death from respiratory illness) with both fever and cough.

1.10 Although the incidence of human H5N1 infections is currently extremely low, mortality is very high; for example, in 2004, 48 human cases of avian influenza were reported in SE Asia, of which 33 (69%) proved fatal.

1.11 Other forms of highly pathogenic avian influenza, notably A/H7N7 and A/H9N2 sub-types, have produced milder illness in human contacts (mainly mild to moderate conjunctivitis and more rarely, moderate influenza-like illness). However, in exceptional circumstances, fatal cases have also occurred and there is documented serological evidence of the spread of infection from poultry workers/handlers/cullers to their close household contacts.

SECTION 2 - Legislation

2.1 Much of the disease control strategy is based on European legislation implemented in our domestic laws. This is supported by administrative provisions. This Annex describes these.

Animal Health Act 1981

2.2 The Animal Health Act 1981 provides powers for the control of outbreaks of avian influenza and Newcastle disease. It was amended in 2002 to provide more powers to deal with foot and mouth disease and these powers were extended by the Avian Influenza and Newcastle Disease (England & Wales) Order in 2003 so that they are now exercisable in relation to avian influenza and Newcastle disease. The Act, as amended, provides for

- slaughter of diseased poultry, poultry suspected of disease, poultry exposed to disease and poultry which the Secretary of State thinks should be slaughtered to prevent the spread of disease.
- payment of compensation for birds that are slaughtered but are not diseased.
- publication of a slaughter protocol prior to exercising the power to impose a preventive or firebreak cull. Emergency vaccination would have to be considered prior to any cull, and, if not used, the reasons would have to be published.
- veterinary inspectors to have powers to enter premises to ascertain whether disease anti-bodies exist, whether any animal is or was infected with disease and whether any causative agent of disease is present
- publication of biosecurity guidance
- preparation and review of a national contingency plan

The Diseases of Poultry (England) Order 2003

2.3 The Diseases of Poultry (England) Order 2003, made under the Animal Health Act 1981, implements Council Directive 92/40/EEC for the control of Avian Influenza and Council Directive 92/66/EEC for the control of Newcastle disease. Its provisions include the following:

- Notification of suspicion of avian influenza or Newcastle disease in captive birds and in any premises.
- Imposition of movement controls on suspicion of disease.
- Entry to premises for the purposes of veterinary inquiry.
- Where disease is confirmed, the imposition of a Protection Zone (minimum 3km) and a Surveillance Zone (minimum 10km) around the infected premises by declaratory order.
- Elimination of the disease by slaughter of infected and contact animals.
- Cleansing and disinfection of buildings used to house poultry, their surroundings, the vehicles used for transport and all equipment likely to be contaminated;

- Powers to require, by publication of a notice, the vaccination of any species of poultry in any given area and for any given period.

2.4 The Diseases of Poultry Order also extends provisions for investigating premises and imposing movement restrictions to all diseases of birds and all species of birds.

2.5 The table below indicates the local veterinary action to be taken in relation to the level of suspicion.

VETERINARY GUIDANCE FOR INITIAL ACTION ON SUSPECT CASES

LEVEL OF SUSPICION	IMMEDIATE ACTION
Level 0 – disease not suspected following veterinary inquiry.	All restrictions on premises lifted no further action.
Level 1 – lesions and clinical disease not typical – but disease cannot be ruled out entirely on clinical grounds.	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
Level 2 - lesions and clinical disease suggestive of a notifiable poultry disease but not entirely convincing.	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced.
Level 3 - veterinary staff at premises under investigation and at HQ believe from examination on clinical grounds that disease exists.	All poultry on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Contact public health partners.
Level 4 - as at level 3 plus disease already confirmed in the country or substantial evidence that disease may have entered the country for example disease in imported animals originating from a region with confirmed notifiable poultry disease.	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. All poultry on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment. Contact and liaison with public health partners.

SECTION 3 - Disease Control Strategy

3.1 The disease control strategy adopted will be consistent with the UK's EU obligations and in line with the appropriate EU legislation. The Government's objective in tackling AI will be to eradicate the disease and to restore the UK's disease-free status as quickly as possible. In doing so, Government will seek to select control strategies which balance:

- minimising the number of poultry which need to be slaughtered, either to control the disease or on welfare grounds, and which keeps poultry welfare problems to a minimum;
- causing the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities and the wider economy;
- minimising damage to the environment and protecting public health; and
- minimising the burden on taxpayers and the public at large.

Premises Controls

3.2 The following measures will be applied on confirmation of avian influenza: (Note: The first case will be confirmed by the CVO following laboratory diagnosis)

3.3 Premises where disease has been confirmed are known as infected premises (IPs); birds that have been exposed to infection through contact with the infected premises are known as dangerous contacts (DCs).

- All poultry on IPs will be culled. Dangerous contacts will be identified. Where the risk of exposure to virus is high, the poultry will be culled and laboratory samples taken. Where the risk of exposure is assessed as not high, restrictions on the premises will be in place for 21 days and regular veterinary visits undertaken.
- Movement restrictions will apply to the IP or high risk DC until all birds have been culled, cleaning and disinfection has been completed and a veterinary inspector is satisfied that disease no longer exists on the premises
- Restrictions are applied and lifted by serving the occupier of the premises with notices, which explain the restrictions imposed and any licensing provisions.

Area Controls

3.4 The Diseases of Poultry (England) Order 2003 (<http://www.hmso.gov.uk/>) gives inspectors powers on suspicion of disease to impose movement controls on the suspected premises. However, once disease has been confirmed, area controls and restrictions are imposed by a Declaratory Order.

3.5 A Diseases of Poultry Declaratory Order can be made in respect of the area surrounding an Infected Premise. A Declaratory Order provides for the division of the Infected Area into protection and surveillance zones, the protection zone being a minimum radius of three kilometres from the IP and contained in a surveillance zone based on a minimum radius of ten kilometres from the IP. The Declaratory

Order applies the provisions of Schedule 2 of the Diseases of Poultry Order to the infected area unless they are varied or excepted by the Declaratory Order.

3.6 The requirements of Schedule 2 are:

Protection Zones

- For at least 21 days after the preliminary cleansing and disinfection of the IP required by paragraph 11 of Schedule 1 to the 2003 Order and thereafter until the Secretary of State declares the protection zone to have become part of the surveillance zone, the occupier of premises containing poultry shall ensure that –
 - any inspector who requires information as to the presence of poultry on those premises is supplied with such information as soon as practicable;
 - any veterinary inspector who visits the premises to examine the poultry and take samples is given all necessary assistance and information;
 - the poultry are kept in their living quarters or such other place where they can be isolated;
 - there is an appropriate means of disinfection at the entrance and exits of the premises;
 - poultry and hatching eggs are not moved from the premises except under a licence issued by a veterinary inspector:
 - for the purpose of transport for immediate slaughter to a designated slaughterhouse, or
 - in the case of day old chicks or ready-to-lay pullets, to premises within the surveillance zone on which there are no other poultry, or
 - in the case of hatching eggs to a designated hatchery, subject to the eggs and their packing being disinfected before dispatch; and used litter and poultry manure are not removed or spread.

- The Order provides that no person shall –
 - move any poultry, eggs or carcasses within the zone, except that poultry may be transported without stopping through the zone on a major highway or railway.
 - hold any fair, market, show or other gathering of poultry or other birds.

Surveillance zones

- The following restrictions apply within the surveillance zone and I continue to apply for a period of at least 30 days after the preliminary cleansing and disinfection of the infected premises required by paragraph 11 of Schedule 1

to the 2003 Order and thereafter until the Secretary of State declares the restrictions to be lifted.

- The occupier of premises must ensure that –
 - any inspector who requires information as to presence of poultry on those premises is supplied with such information as soon as practicable;
 - poultry are not moved from the premises out of the zone except under a licence issued by a veterinary inspector for the purpose of transport direct to a designated slaughterhouse outside the surveillance zone;
 - hatching eggs are not moved from the premises out of the zone except under a licence issued by a veterinary inspector for the purpose of transport direct to a designated hatchery and subject to the eggs and their packing being disinfected before dispatch; and
 - used litter and poultry manure are not moved out of the zone.

- The Order provides that no person shall –
 - move any poultry or hatching eggs into or within the zone except that poultry may be transported without stopping through the zone on a major highway or railway.
 - hold any fair, market, show or other gathering of poultry or other birds.

- The owner of any vehicle used to convey poultry, poultry carcasses, poultry offal, poultry feathers or eggs originating in an infected area, before it is so used, as soon as practicable after each time it is so used and in any event before it is so used again, must effectively clean and disinfect it.

3.7 If avian influenza were ever confirmed in any species of captive birds (other than in commercial species), or in racing pigeons, then slaughter, premises and area movement controls could be put into place if a veterinary risk assessment concluded that there was a risk of disease spreading to commercial poultry.

Future developments

3.8 A new Diseases of Poultry (England) Order is being considered to revoke and remake the 2003 Order. It is likely that it will provide for the possibility of:

- a Temporary Control Zone (TCZ) with local area movement restrictions on suspicion of disease on a premises.
- a Controlled Area with movement restrictions covering part, or all of, England around an Infected Area.
- Closure of footpaths in the Protection Zone

3.9 A Controlled Area would be implemented by means of a Declaratory Order.

3.10 Additional strategies could include:

- Increasing the size of the Infected Area
 - A cull of flocks in the immediate area (1km, 3km or possibly larger if necessary to prevent the spread of disease)

3.11 There is a Disease Control (Slaughter) Protocol for use in the event of a pre-emptive (or firebreak) cull at Part III: AI Annex A.

3.12 This protocol sets out the requirements that must be followed if a pre-emptive cull is to be undertaken.

Low Pathogenic Avian Influenza Controls

3.13 Any flocks in which LPAI is confirmed would be individually assessed. However, the controls are likely to be:

- Slaughter of flocks exposed to the disease with compensation paid;
- Surveillance of poultry holdings surrounding the infected premises;
- Risk based restriction on holdings or premises until cleared of the presence of disease.

Vaccination

3.14 There is provision in the Diseases of Poultry (England) Order 2003 for the imposition of a compulsory vaccination zone. However, in view of the limitations, summarised below, vaccination is not expected to be part of the current GB avian influenza control strategy.

- The vaccines that are currently available to protect against AI disease are inactivated types and need to be delivered by injecting birds individually. It can take up to three weeks for birds to develop protective immunity and some poultry require two doses. The difficulties in delivering such a vaccine to a large number of birds are huge and render this approach impractical on a large scale.
- These vaccines protect against disease but will not protect birds from becoming infected and shedding virus. Although vaccination will reduce the amount of virus shed by birds this reduced amount may be still be significant and could cause infection in other birds
- No AI vaccines have marketing authorisation in Great Britain.

3.15 However, there may be a role for vaccination in the protection of zoological collections of rare breeds or endangered species. Such use would be subject to a Commission Decision adopted by the Standing Committee on Food Chain and Animal Health in Brussels.

Additional controls

- Export health certificates for live poultry and hatching eggs will be withdrawn. Consignments of live birds, day old chicks and if possible poultry meat exported during the risk period would be identified and authorities in the importing country notified.
- Disposal of carcasses and other poultry products (e.g. eggs) by incineration would be implemented immediately

Further Action

3.16 Once avian influenza is confirmed, the main elements of this Generic Plan are brought into action. In particular:

Part I: Generic Plan, Section 3 outlines emergency preparedness & mobilisation

Part I: Generic Plan, Section 4 describes outbreak management

Part I: Generic Plan, Section 5 sets out the main elements of the Communications Plan;

Part I: Generic Plan, Section 6 describes the strategic, tactical and operational organisations and structures.

These last two sections are augmented by the SVS instructions and the local office contingency plans.

SECTION 4 - Outbreak Management – Avian Influenza

Health and Safety and Staff Welfare

4.1 All staff in contact with diseased birds must follow the precautions detailed in the relevant risk assessment. Because of the possible different strains and infectivity of the virus to humans, Defra and the Department of Health will take a precautionary approach and in the event of an outbreak of HPAI in poultry immediate consideration would need to be given to:

- the provision of personal protective equipment (PPE) to poultry workers/handlers/cullers/veterinarians;
- use of neuraminidase inhibitors for human prophylaxis* and treatment *(evidence from the Netherlands suggests that this is the only intervention with proven effectiveness);
- vaccination of workers/handlers/cullers/veterinarians with standard influenza vaccines to prevent the risk of genetic reassortment through co-infection with a human influenza sub-type.
- health education and monitoring of health status of persons potentially exposed to avian influenza

4.2 The precise intervention decided upon in any incident should be informed by an urgent multi-disciplinary risk assessment, involving advice from human pandemic influenza experts from the Health Protection Agency.

4.3 In the event of an outbreak, staff with medical conditions that may increase the risk of infection with AI, e.g. respiratory disease or a reduced immune competence will be advised to stay away from poultry farms and take the appropriate medical advice.

4.4 Information and guidance for anyone working with poultry that may be affected with avian influenza, may be found at:

<http://www.defra.gov.uk/animalh/diseases/notifiable/disease/HSforal.pdf>

4.5 Non Defra personnel should also seek health and safety guidance from the Health and Safety Executive or from their own Health & Safety adviser or medical practitioner.

BIOSECURITY GUIDANCE

4.6 Anyone coming into contact with poultry or their manure/litter runs the risk of spreading animal diseases. Biosecurity is the prevention of disease causing agents entering or leaving a livestock premises. It involves a number of measures and protocols designed to prevent potential disease causing agents being spread from one premises to another.

4.7 Guidance has been produced for all those who go onto farms. It applies to everyone who enters a farm or premises with farm animals or enters land used for

grazing or keeping farm animals. It applies to all animal diseases covered and includes poultry. It deals with the precautions to be taken when entering or leaving any premises with farm animals in the absence of an outbreak of animal disease, after confirmation of an outbreak of an animal disease, and to premises under specific animal disease restrictions. All personnel implementing this contingency plan in the field must follow this guidance. It is at:

http://www.defra.gov.uk/animalh/biosecurity/farmguidance/biosecurity_guidance.pdf

4.8 Poultry owners, (particularly those with backyard flocks), game and wild bird keepers should keep wild birds, dogs, cats, rodents and other livestock out of poultry buildings and feed stores. Owners are encouraged to have an active rodent and pest control system in place, and should be vigilant for evidence of vermin and monitor vermin activity by baiting and trapping.

4.9 Further advice for poultry keepers is at Part III: AI, Annex B and may be found on the Defra website at:

<http://www.defra.gov.uk/animalh/biosecurity/farmguidance/poultrybiosec.pdf>

4.10 This advice, and the health and safety guidance set out in this Plan, will be reissued and brought to all poultry keepers' attention in the event of an outbreak of avian influenza or Newcastle disease. Defra ADC Division will provide access to use existing poultry sector databases to mail the guidance and Press Releases. Any established networks that have been developed by Defra EDC division with respect to Farm Health Planning Initiatives (under the Animal Health and Welfare Strategy) will be used as an additional communication channel with industry, veterinary bodies and other bodies to alert poultry keepers to available best practice advice.

ANIMAL WELFARE

General Welfare Responsibilities

4.11 There is a responsibility on all involved with the keeping of poultry to anticipate problems and to take steps to mitigate the effects. Guidance would be issued by Defra to poultry keepers in advance of, or in the early stages, of movement restrictions being put in place. If welfare problems arise which cannot be alleviated by management or husbandry practices, poultry keepers will be given the opportunity to move their birds under licence. Such movements will include movement to slaughter for the food chain or to more suitable land or buildings. For example, broilers and spent hens in infected areas will be permitted to move to slaughter and as such a welfare disposal scheme would not be required for these birds.

4.12 The following poultry enterprises maybe at greatest risk of welfare problems if disease control measures are introduced:

Welfare - Point of lay birds

4.13 Point of lay birds will need to be moved from rearer to laying accommodation. If laying accommodation can be found within the same movement

restriction zone then welfare issues will not arise. However if there is no laying accommodation available within the zone these birds will present a welfare issue.

Welfare – Broilers

4.14 Broilers, hens and other poultry in Protection and Surveillance zones and under restrictions may also need to enter welfare disposal scheme when they cannot move to slaughter houses.

Welfare - Hatcheries

4.15 Hatcheries produce day old chicks, which are then delivered to rearing units. Current legislation only allows the hatcheries to deliver day old chicks to rearing units only if they are located in the same infected area. However it is not felt that a welfare disposal scheme would be required for this category of bird because hatcheries on the whole will be aware that there is no capacity on rearing farms and can destroy the chicks with the eggs humanely.

4.16 In order to reduce the risk of exposure it may be necessary to house poultry. Free range producers should ensure that adequate contingency arrangements are in place for providing for the welfare of free range birds when they need to be kept housed.

4.17 In these circumstances a welfare disposal scheme could be introduced, following a declaration by a veterinary surgeon that the birds in question are suffering (or will suffer in next four weeks) welfare problems, which are directly attributable to the movement restrictions. Defra will arrange the killing and disposal of birds. The killing will take place on farms, not in slaughterhouses.

4.18 There would be no compensation for birds slaughtered under a disposal scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002)

This states that "*experience has shown that payments to farmers under such schemes can provide a disincentive for them to take responsibility for looking after their animals, and may also create a false market*" and may be found at:

<http://www.official-documents.co.uk/document/cm56/5637/5637.htm>

4.19 The Head of Livestock Strategy Control Division, in consultation with the Heads of Animal Welfare Policy Division, Animal Welfare Veterinary Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

OPERATIONAL PROCEDURES

Vaccination

4.20 There is provision in the Diseases of Poultry (England) Order 2003 for the imposition of a compulsory vaccination zone. However, in view of the limitations, vaccination is not expected to be part of the current GB avian influenza control strategy.

Initial Investigation

4.21 For details on operational procedures to be followed at the initial investigation stage refer to Part I: Generic Plan, Section 3.

Valuation

4.22 Where possible poultry will be valued according to standard rate cards. This system is used for valuing poultry flocks being culled for salmonella control and the range of species and husbandry types for which cards are available has been extended in consultation with the industry. In addition specialist poultry valuers may be required for valuation of species not covered by the cards and for resolving disputes.

Compensation

4.23 Compensation is payable at 100% of the market value for birds that are not affected with disease at the time of slaughter. Compensation is not payable for diseased or dead birds. Consideration is being given (without commitment) to the situation where birds die between the time of report/suspicion and confirmation of disease. The number of birds not diseased is recorded at the initial veterinary inquiry. However, this is an incentive to report suspicion of disease at the earliest opportunity and to allow slaughter to be undertaken as rapidly as possible. To calculate the amount of compensation, birds are counted and valued.

Slaughter

4.24 In the event of AI being identified the slaughter of poultry would be considered as a control measure in order to eliminate disease. The department will deploy a range of slaughter techniques including necking, gassing and electrocution, depending on the numbers, species and location of the birds. Contingency contracts are in place with poultry catchers and killers. See Part III: AI, Section 4 and Annex A for details on Disease Control Strategy and Disease Control (Slaughter) Protocol.

Disposal

4.25 In an outbreak of AI the disposal of carcasses and other poultry products (e.g. eggs) by incineration or rendering would be implemented immediately. See Part I: Generic Plan, Section 3 for current disposal options.

Cleansing and Disinfection of affected premises

4.26 Preliminary cleansing and disinfection of farm premises will remain the responsibility of Defra and will be undertaken and funded by Defra. Secondary disinfection of farm premises will remain the responsibility of the owner.

SURVEILLANCE

The Protection Zone

4.27 On all poultry premises within the Protection Zone there will be regular clinical inspection and examination to look for evidence of avian influenza. When 21 days have passed since the last confirmed case in the infected area, diagnostic samples will be collected from poultry on all premises in the protection zone and submitted for laboratory examination.

The Surveillance Zone

4.28 When 21 days have passed since the last confirmed case in the infected area a statistically significant number of poultry premises will be inspected for signs of disease and diagnostic samples collected for submission to laboratories . Premises with waterfowl will be subject to targeted surveillance because clinical disease is not always apparent in infected waterfowl.

Wild Bird Population

4.29 If there is epidemiological evidence to suggest that wild birds may have a role in the local spread of the disease, this will be investigated further. The investigation may involve collection of dead wild birds for laboratory investigation and screening of wild bird colonies by testing of faecal samples.

Lifting of restrictions on the premises

IP/DC

4.30 When the cleansing and disinfection of infected premises has been completed satisfactory, the premises will remain under the restrictions for at least 21 days. After this, sentinel poultry can be introduced to the premises, under licence. Sentinel poultry are healthy birds that are susceptible to AI infection. The purpose of introducing sentinel birds is to detect the presence of any remaining AI virus. It is assumed that if virus remains birds will become infected and display signs of disease.

4.31 The health of the sentinel poultry will be monitored over the next 21 days to detect signs of disease. The restrictions on the premises will be lifted if the sentinel poultry remain free from disease caused by AI over the next 21 day period. If the owner decides not to use sentinel poultry, the premises will remain under restrictions for 56 days from the date that cleansing and disinfection had been completed to the satisfaction of a veterinary inspector.

Area/Zones

4.32 PZ controls will apply for at least 21 days after the preliminary cleansing and disinfection of all infected premises, after which time the PZ becomes part of the SZ. The SZ will remain in place until a minimum period of 30 days has passed from the completion of the preliminary cleansing and disinfection of the last IP.

4.33 The infected area will be lifted after all surveillance visits and laboratory tests have been reported as negative, indicating that no AI virus remains.

SEROLOGY - Surveillance

4.34 Serological surveillance may be carried out for a number of reasons, including epidemiology and declaring surveillance and protection zones to be free from disease. Serological surveillance in support of lifting restrictions should not commence until at least 21 days following preliminary cleansing and disinfection of an infected premises.

Diagnostic Testing

4.35 The Veterinary Laboratories Agency at Weybridge provides the diagnostic testing service for Avian and Influenza and Newcastle Disease.

4.36 Personnel required to undertake blood sampling will be recruited and trained under the co-ordination of the Human Resources Services Division. Personnel could be drawn from veterinary/agricultural students and from local Job Centres.

Expert Group

4.37 A permanently operational expert group comprising of epidemiologists, veterinary scientists and virologists, has been established to maintain an expertise in order to assist the competent authority in ensuring preparedness against an outbreak of AI.

4.38 In the event of an outbreak of avian influenza, the AI Expert Group will be convened and its membership expanded to cover diseases of poultry and will be chaired by the CVO/DCVO

4.39 The expert group will be a strategic/tactical level group of specialists whose role will be to provide advice to senior management on surveillance programmes, analyse information and advise on control strategies. They will report to the CVO and the NDCC.

National Emergencies Epidemiology Group (NEEG)

4.40 Sufficient training has been undertaken to provide enough trained personnel to provide epidemiology groups in the event of an outbreak of avian influenza. The intention is to have at least two veterinarians trained in epidemiology in each Region.

4.41 In the event of an outbreak, the group(s) will be alerted by the National Disease Control Centre and mobilised in the field as soon as the disease is confirmed. The primary task of the team is to provide the National and Local Disease Control Centres with a report, which meets with relevant Commission guidelines. The team will also advise on sanitation and carcass disposal.

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Part III
Avian Influenza
Annexes

Avian Influenza Disease Control (Slaughter) Protocol

1. The Avian Influenza and Newcastle Disease (England and Wales) Order 2003 (Statutory Instrument 2003 No 1734) came into force on 11 July 2003. It extends to avian influenza and Newcastle disease certain measures introduced by the Animal Health Act 2002, including the power to slaughter animals to prevent the spread of disease (a preventive or firebreak cull). The use of this power is circumscribed by legislation. In particular there is a need to have a disease control (slaughter) protocol and this requirement was introduced by The Avian Influenza and Newcastle Disease (Biosecurity Guidance and Disease Control (Slaughter) Protocol) (England and Wales) Order 2003 (Statutory Instrument 2003 No 2035). The power cannot be used unless the protocol has been published and vaccination has first been considered to prevent the spread of disease (Section 32D (2) of the Animal Health Act 1981 as amended). The purpose of this disease control (slaughter) protocol is to identify criteria to be considered and procedures to be followed should it be considered necessary to call on this new slaughter power.

2. The definition of 'poultry' in the Animal Health Act 1981 as amended has been extended to include all birds (Article 2 of the Diseases of Poultry (England) Order 2003 and the Diseases of Poultry (Wales) Order 2003).

Purpose for which the power would be used

3. This power would be used only where this is justified by the circumstances of the possibility of disease spreading and on the basis of sound veterinary, epidemiological and scientific advice.

The principal factors to be taken into account

4. A major factor will be to get ahead of the disease. A particular example would be to protect areas of dense poultry population. The slaughter would include those flocks (and, if necessary, other birds) which, should they become infected, would present a significant risk to the farming and poultry community more generally by contributing to onward spread. It is in such circumstances that effective preventative action may be necessary to safeguard the wider public interest. Species, geographical area and, if appropriate, type of farming would be relevant. Any decision to use the wider powers of slaughter would be taken in the light of an overall assessment of the risks, costs and benefits in a given situation. This could include not only risks of transmission but also the potential social and economic costs that would arise if effective and timely action were not taken.

The procedure to be followed in reaching a decision

5. The steps to be taken comprise of:

(a) the identification of the poultry that are likely to contribute to spread of disease, based on epidemiological assessment, veterinary advice and local factors;

- (b) the determination of which species are involved;
- (c) consideration of exemptions on the basis of husbandry or other criteria, for example, rare breeds or genetic value;
- (d) consideration of exemptions for hatcheries;
- (e) the determination of the geographical area involved;
- (f) the determination of the rules for inclusion or exclusion of poultry at the boundary of that area;
- (g) analysis of risks, costs and benefits;
- (h) the publication of an outline of the reasons why such a slaughter is needed.

The procedure by which poultry on a premises will be deemed to be included in a slaughter

6. Premises believed to contain poultry to be slaughtered to prevent the spread of disease would be identified. A Veterinary Inspector would visit and ascertain if poultry meet the criteria for inclusion in the preventive cull.

7. The Veterinary Inspector would be required to explain the reasons to the owner and give him an opportunity to provide evidence if he believed the poultry should be exempted. A slaughter notice would be issued that states the powers under which slaughter is required and the reason why the owner's stock is included (with reference to the criteria for slaughter to prevent the spread of disease).

The means by which a particular decision to slaughter can be reviewed

8. Both as part of the slaughter notice and during explanations the owner must be made aware that they can ask the Divisional Veterinary Manager (DVM) to review the decision that their stock meets the criteria for the preventive slaughter and be advised how and by when this can be done.

9. The DVM, or deputy, must be available to hear such reviews. The following action would be taken:

- they will consider the views of the owner as to why they believe the decision is wrong.
- they must ensure that the veterinary inspector has carried out a full and fair inquiry to establish if the poultry meet the appropriate criteria for inclusion in the cull.

Biosecurity Poultry Guidance

Better Biosecurity Provides: Peace of Mind, A Healthier Flock and a More Viable Business

All Poultry keepers need to be aware of the need for strict biosecurity and hygiene on their premises:

Benefits:

- **HELPS KEEP OUT** exotic diseases such as Newcastle disease and avian influenza
- **REDUCES THE RISK** of zoonotic diseases such as salmonella becoming established
- **LIMITS SPREAD** of diseases and **HELPS TO PROTECT** your neighbours, public health and the countryside
- **IMPROVES** overall flock health
- **CUTS COSTS** of disease treatment
- **REDUCES LOSSES** and could improve farm profitability

How Disease Spreads:

- **Movement** of poultry, people, vehicles and equipment between and within farms
- **Introduction** of birds of low or unknown health status
- **Contact** with neighbours' flocks
- **Using shared farm equipment** and vehicles which have not been effectively cleansed and disinfected
- **Contact** with vermin and wild birds
- **Birds drinking** from contaminated water sources
- **Birds eating** contaminated feed
- **Unsatisfactory cleaning** and disinfection of vehicles, sheds, feeding troughs and other equipment

Important!

1. Make a flock health plan with your vet that includes the basic biosecurity measures in this guidance to reduce the risk disease spreading. Plans should include isolation for new stock and sampling procedures for certain diseases
2. **Ensure that all records are accurate and up to date to allow traceability of produce through the food chain**
3. **Train your staff – ensure they understand that biosecurity and strict hygiene is important**

How to Stop Disease – Keep Your Farm Clean!

- Don't bring infection onto your farm, or spread it around your farm, on your clothes, footwear or hands. Clean overalls and footwear must be worn when entering poultry farms. Protective clothing and footwear should be removed and either cleansed and disinfected, laundered or disposed of after use.
- Strictly limit and control access to poultry flocks. If possible the site should be fenced with a controlled entry point. Visitors and their vehicles should be limited and as far as possible kept away from poultry buildings and pastures
- Have pressure washers, brushes, hoses, water and an approved disinfectant available. Make sure they are used by visitors to clean vehicles, equipment and boots
- Keep farm access routes, parking areas, yards, areas around buildings and storage areas clean and tidy and well maintained. This helps avoid wild birds and animals being attracted onto the site and entering buildings and stores
- Wild birds can carry poultry diseases. Minimise contact between poultry and wild birds. Prevent accumulation of standing water and remove spilled feed that could attract wild birds. Maintain buildings to ensure that wild birds do not nest or roost in them
- Keep wild birds, dogs, cats, rodents or other livestock out of poultry buildings and feed stores
- Have an active rodent and pest control system in place. Be vigilant for evidence of vermin. Monitor vermin activity by baiting and trapping

- Supply only clean fresh drinking water to birds. Water lines and drinkers must be flushed through and cleaned regularly. In the case of free-range birds restrict access to possible sources of standing water used by wild birds
- Feed bins, hoppers and feeding equipment must be cleaned and maintained regularly. Feed silos and containers must be sealed to prevent animals and wild birds contaminating feed
- Feed should only be obtained from a mill or supplier that operates in accordance with relevant Defra and UKASTA Codes of Practice who will make available results of salmonella tests on request
- Damaged eggs, dead birds, litter and manure may carry disease. Dispose of them promptly and properly
- Clean and disinfect all vehicles after each journey. If possible, do not use the same vehicles for transporting birds, feed, manure or other wastes
- Regularly clean and disinfect all crates, containers and other equipment before and after use. Do not move any equipment into different poultry buildings without cleaning and disinfecting it first. This also applies to injecting and dosing equipment
- At depopulation at the end of a cycle, thoroughly clean the building and all equipment, including ducting, drains and fans. Remove all surplus feed, dead birds and litter. Disinfect the premises and all equipment and carry out rodent and other pest control. Cleaning equipment and protective clothing should also be cleaned and disinfected

Buying New Stock -

Always know the health status of birds you are buying or moving!

- Incoming stock should be kept properly isolated from the rest of the flock - discuss with your vet and agree a testing and monitoring programme
- Only place new stock in facilities which you know have been cleaned and disinfected
- Use separate equipment and staff or handle isolated stock last. Never re-enter your main flock buildings after dealing with isolated stock until you have washed and changed into cleaned overalls and boots
- Keep isolation buildings as near as possible to the farm entrance and as separate from other poultry buildings. Ensure buildings are in good repair and effectively prevent vermin from getting in and spreading any diseases

Be Vigilant!

- **Look out for signs of disease in your flock**
- **Increased mortality, falling egg production and signs of respiratory problems may be early indicators of a disease problem**
- **If you suspect disease, ask your vet for advice as soon as possible. Do not wait for more evidence - some diseases can spread very quickly!**

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PART IV

NEWCASTLE DISEASE

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SECTION 1 – Background

Newcastle Disease

1.1 Newcastle disease is a highly infectious disease affecting poultry and other birds. Disease is caused by infection with virulent strains of Newcastle disease virus (NDV). There are a variety of strains of NDV which range in virulence. Low virulence strains may cause sub clinical or mild respiratory disease. Highly virulent strains can cause severe disease which is characterised by high death rates and a range of clinical signs. Control is targeted at strains with a high pathogenicity (ability to cause severe disease).

1.2 The severity of the disease also varies depending upon the species , degree of immunity and age of bird, environmental conditions and general health status of the flock.

1.3 Controls would apply to domestic fowls, turkeys, geese, ducks, guinea fowls, quails, pigeons, ratites (e.g. ostriches), pheasants and partridges reared or kept in captivity for breeding, the production of meat or eggs for consumption or eggs for restocking supplies of game.

1.4 ND could be introduced to domestic poultry by contact with infective wild pigeons and other wild birds or indirectly through contamination of feed or objects. NDV can be carried on objects or clothing contaminated with excretions from infective birds, particularly faeces. Such material could be imported on clothing or shoes of people, that had been in contact with infective birds.

1.5 Illegal imports of live birds also pose a risk of introduction but this is difficult to quantify.

1.6 Good biosecurity reduces the risk of onward spread.

1.7 The ND virus has been shown to be infectious to humans and other animals, although severe disease has only been observed in birds. In humans infection occasionally results in mild disease characterised by conjunctivitis. The majority of human cases have occurred in laboratory workers or people handling live vaccines. NDV does not pose a significant risk to public health.

SECTION 2 - Legislation

2.1 Much of the disease control strategy is based on European legislation implemented in our domestic laws. This is supported by administrative provisions. This Annex describes these.

Animal Health Act 1981

2.2 The Animal Health Act 1981 provides powers for the control of outbreaks of avian influenza and Newcastle disease. It was amended in 2002 to provide more powers to deal with foot and mouth disease and these powers were extended by the Avian Influenza and Newcastle Disease (England and Wales) Order in 2003 so that they are now exercisable in relation to avian influenza and Newcastle disease. The Act, as amended, provides for

- slaughter of diseased poultry, poultry suspected of disease, poultry exposed to disease and poultry which the Secretary of State thinks should be slaughtered to prevent the spread of disease.
- payment of compensation for birds that are slaughtered but are not diseased.
- publication of a slaughter protocol prior to exercising the power to impose a preventive or firebreak cull. Emergency vaccination would have to be considered prior to any cull, and, if not used, the reasons would have to be published.
- veterinary inspectors to have powers to enter premises to ascertain whether disease anti-bodies exist, whether any animal is or was infected with disease and whether any causative agent of disease is present
- publication of biosecurity guidance
- preparation and review of a national contingency plan

The Diseases of Poultry (England) Order 2003

2.3 The Diseases of Poultry (England) Order 2003, made under the Animal Health Act 1981, implements Council Directive 92/40/EEC for the control of avian influenza and Council Directive 92/66/EEC for the control of Newcastle disease. Its provisions include the following:

- Notification of suspicion of avian influenza or Newcastle disease in captive birds and in any premises.
- Imposition of movement controls on suspicion of disease.
- Entry to premises for the purposes of veterinary inquiry.
- Where disease is confirmed, the imposition of a Protection Zone (minimum 3km) and a Surveillance Zone (minimum 10km) around the infected premises by declaratory order.
- Elimination of the disease by slaughter of infected and contact animals.

- Cleansing and disinfection of buildings used to house poultry, their surroundings, the vehicles used for transport and all equipment likely to be contaminated;
- Powers to require, by publication of a notice, the vaccination of any species of poultry in any given area and for any given period.

2.4 The Diseases of Poultry Order also extends provisions for investigating premises and imposing movement restrictions to all diseases of birds and all species of birds.

2.5 The table below indicates the local veterinary action to be taken in relation to the level of suspicion.

VETERINARY GUIDANCE FOR INITIAL ACTION ON SUSPECT CASES

LEVEL OF SUSPICION	IMMEDIATE ACTION
Level 0 – disease not suspected following veterinary inquiry.	All restrictions on premises lifted no further action.
Level 1 – lesions and clinical disease not typical – but disease cannot be ruled out entirely on clinical grounds.	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
Level 2 - lesions and clinical disease suggestive of a notifiable poultry disease but not entirely convincing.	Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced.
Level 3 - veterinary staff at premises under investigation and at HQ believe from examination on clinical grounds that disease exists.	All poultry on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Contact public health partners.
Level 4 - as at level 3 plus disease already confirmed in the country or substantial evidence that disease may have entered the country for example disease in imported animals originating from a region with confirmed notifiable poultry disease.	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. All poultry on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment. Contact and liaison with public health partners.

SECTION 3. Disease Control Strategy

3.1 The disease control strategy adopted will be consistent with the UK's EU obligations and in line with the appropriate EU legislation. The Government's objective in tackling ND will be to eradicate the disease and to restore the UK's disease-free status as quickly as possible. In doing so, Government will seek to select control strategies which balance:

- minimising the number of poultry which need to be slaughtered, either to control the disease or on welfare grounds, and which keeps poultry welfare problems to a minimum;
- causing the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities and the wider economy;
- minimising damage to the environment and protecting public health; and
- minimising the burden on taxpayers and the public at large.

Premises Controls

The following measures will be applied on confirmation of Newcastle disease:

(Note: The first case will be confirmed by the CVO following laboratory diagnosis)

3.2 Premises where disease has been confirmed are known as infected premises (IPs); birds that have been exposed to infection through contact with the infected premises are known as dangerous contacts (DCs).

- All poultry on IPs will be culled. Dangerous contacts will be identified. Where the risk of exposure to virus is high, the poultry will be culled and laboratory samples taken. Where the risk of exposure is assessed as not high, restrictions on the premises will be in place for 21 days and regular veterinary visits undertaken.
- Movement restrictions will apply to the IP or high risk DC until all birds have been culled, cleaning and disinfection has been completed and a veterinary inspector is satisfied that disease no longer exists on the premises
- Restrictions are applied and lifted by serving the occupier of the premises with notices, which explain the restrictions imposed and any licensing provisions.

Area Controls

3.3 The Diseases of Poultry (England) Order 2003 (<http://www.hmsso.gov.uk/>) gives inspectors powers on suspicion of disease to impose movement controls on the suspected premises. However, once disease has been confirmed, area controls and restrictions are imposed by a Declaratory Order.

3.4 A Diseases of Poultry Declaratory Order can be made in respect of the area surrounding an IP. A Declaratory Order provides for the division of the Infected Area into protection and surveillance zones, the protection zone being a minimum radius of three kilometres from the IP, and contained in a surveillance zone based on a minimum radius of ten kilometres from the IP. The Declaratory Order applies the provisions of Schedule 2 of the Diseases of Poultry Order to the infected area unless they are varied or excepted by the Declaratory Order.

3.5 The requirements of Schedule 2 are:

Protection Zones

- For at least 21 days after the preliminary cleansing and disinfection of the IP required by paragraph 11 of Schedule 1 to the 2003 Order and thereafter until the Secretary of State declares the protection zone to have become part of the surveillance zone, the occupier of premises containing poultry shall ensure that –
 - any inspector who requires information as to the presence of poultry on those premises is supplied with such information as soon as practicable;
 - any veterinary inspector who visits the premises to examine the poultry and take samples is given all necessary assistance and information;
 - the poultry are kept in their living quarters or such other place where they can be isolated;
 - there is an appropriate means of disinfection at the entrance and exits of the premises;
 - poultry and hatching eggs are not moved from the premises except under a licence issued by a veterinary inspector:
 - for the purpose of transport for immediate slaughter to a designated slaughterhouse, or
 - in the case of day old chicks or ready-to-lay pullets, to premises within the surveillance zone on which there are no other poultry, or
 - in the case of hatching eggs to a designated hatchery, subject to the eggs and their packing being disinfected before dispatch; and used litter and poultry manure are not removed or spread.

- The Order provides that no person shall –
 - move any poultry, eggs or carcasses within the zone, except that poultry may be transported without stopping through the zone on a major highway or railway.
 - hold any fair, market, show or other gathering of poultry or other birds.

Surveillance zones

- The following restrictions apply within the surveillance zone and I continue to apply for a period of at least 30 days after the preliminary cleansing and disinfection of the infected premises required by paragraph 11 of Schedule 1 to the 2003 Order and thereafter until the Secretary of State declares the restrictions to be lifted.
- The occupier of premises must ensure that –
 - any inspector who requires information as to presence of poultry on those premises is supplied with such information as soon as practicable;
 - poultry are not moved from the premises out of the zone except under a licence issued by a veterinary inspector for the purpose of transport direct to a designated slaughterhouse outside the surveillance zone;
 - hatching eggs are not moved from the premises out of the zone except under a licence issued by a veterinary inspector for the purpose of transport direct to a designated hatchery and subject to the eggs and their packing being disinfected before dispatch; and
 - used litter and poultry manure are not moved out of the zone.
- The Order provides that no person shall –
 - move any poultry or hatching eggs into or within the zone except that poultry may be transported without stopping through the zone on a major highway or railway.
 - hold any fair, market, show or other gathering of poultry or other birds.
- The owner of any vehicle used to convey poultry, poultry carcasses, poultry offal, poultry feathers or eggs originating in an infected area, before it is so used, as soon as practicable after each time it is so used and in any event before it is so used again, must effectively clean and disinfect it.

Future developments

3.6 A new Diseases of Poultry (England) Order is being considered to revoke and remake the 2003 Order. It is likely to provide for the possibility of:

- a Temporary Control Zone (TCZ) with local area movement restrictions on suspicion of disease on a premises.

- a Controlled Area with movement restrictions covering part, or all of, England around an Infected Area.

- Closure of footpaths in the Protection Zone

3.7 A Controlled Area would be implemented by means of a Declaratory Order.

3.8 Additional strategies could include:

- Increasing the size of the Infected Area
 - A cull of flocks in the immediate area (1km, 3km or possibly larger if necessary, to prevent the spread of disease)

3.9 There is a Disease Control (Slaughter) Protocol for use in the event of a pre-emptive (or firebreak) cull at Part IV: ND, Annex A.

3.10 This protocol sets out the requirements that must be followed if a pre-emptive cull is to be undertaken.

Vaccination In the event of an outbreak of Newcastle Disease

3.11 There is provision in the Diseases of Poultry (England) Order 2003 for the imposition of a compulsory vaccination zone. There is vaccine available with a marketing authorisation in England and is freely available for use.

Vaccination Area

3.12 Vaccination will be considered as a control measure in an outbreak of NDV. The decision to implement compulsory vaccination will depend on factors such as the density of poultry farms in the area.

Vaccination as a control measure

3.13 There are two types of ND vaccine available :inactivated vaccines, in which the viral component is killed, and live vaccines. Live vaccines can be delivered through spray, aerosolisation, drinking water or direct inoculation. This means that they can be delivered to a large number of birds relatively quickly and effectively. Inactivated vaccines may only be delivered by direct inoculation, which would be impractical on a large scale.

3.14 Current vaccines protect birds against clinical disease caused by NDV, but do not protect against infection. Infected vaccinated birds will excrete the virus, but in relatively small amount, and will remain apparently healthy.

Additional controls

- Export health certificates for live poultry and hatching eggs will be withdrawn. Consignments of live birds, day old chicks and if possible poultry

meat exported during the risk period would be identified and authorities in the importing country notified.

- Disposal of carcasses and other poultry products (e.g. eggs) by incineration would be implemented immediately

Further Action

3.15 Once Newcastle disease is confirmed, the main elements of this plan are brought into action. In particular:

Part I: Generic Plan, Section 3 outlines emergency preparedness & mobilisation

Part I: Generic Plan, Section 4 describes outbreak management

Part 1: Generic Plan, Section 5 sets out the main elements of the Communications Plan;

Part I: Generic Plan, Section 6 describes the strategic, tactical and operational organisations and structures.

3.16 These last two sections are augmented by the SVS instructions and the local office contingency plans.

SECTION 4 - Outbreak Management – Newcastle Disease

Health and Safety Guidelines and Staff Welfare

4.1 All staff in contact with diseased birds must follow the precautions detailed in the relevant risk assessment and are required to use personal protective equipment.

4.2 Information and guidance for anyone who may be involved in working with poultry that may be affected with Newcastle disease may be found at:

<http://www.defra.gov.uk/animalh/diseases/notifiable/disease/HSforal.pdf>

4.3 Non Defra personnel should also seek health and safety guidance from their employer or the Health Protection Agency."

BIOSECURITY GUIDANCE

4.4 Anyone coming into contact with poultry or their manure/litter runs the risk of spreading animal diseases. Biosecurity is the prevention of disease causing agents entering or leaving a livestock premises. It involves a number of measures and protocols designed to prevent potential disease causing agents being spread from one premises to another.

4.5 Guidance has been produced for all those who go onto farms. It applies to everyone who enters a farm or premises with farm animals or enters land used for grazing or keeping farm animals. It applies to all animal diseases covered and includes poultry. It deals with the precautions to be taken when entering or leaving any premises with farm animals in the absence of an outbreak of animal disease, after confirmation of an outbreak of an animal disease, and to premises under specific animal disease restrictions. All personnel implementing this contingency plan in the field must follow this guidance. It is at:

http://www.defra.gov.uk/animalh/biosecurity/farmguidance/biosecurity_guidance.pdf

4.6 Poultry owners, (particularly those with backyard flocks), game and wild bird keepers should keep wild birds, dogs, cats, rodents and other livestock out of poultry buildings and feed stores. Owners are encouraged to have an active rodent and pest control system in place, and should be vigilant for evidence of vermin and monitor vermin activity by baiting and trapping.

4.7 Further advice for poultry keepers is at Part IV: ND, Annex B and may be found on the Defra website at:

<http://www.defra.gov.uk/animalh/biosecurity/farmguidance/poultrybiosec.pdf>

4.8 This advice, and the health and safety guidance set out in this Plan, will be reissued and brought to all poultry keepers' attention in the event of an outbreak Newcastle disease. Defra ADC Division will provide access to use existing poultry

sector databases to mail the guidance and Press Releases. Any established networks that have been developed by Defra EDC division with respect to Farm Health Planning Initiatives (under the Animal Health and Welfare Strategy) will be used as an additional communication channel with industry, veterinary bodies and other bodies to alert poultry keepers to available best practice advice.

ANIMAL WELFARE

General Welfare Responsibilities

4.9 There is a responsibility on all involved with the keeping of poultry to anticipate problems and to take steps to mitigate the effects. Guidance would be issued by Defra to poultry keepers in advance of, or in the early stages, of movement restrictions being put in place. If welfare problems arise which cannot be alleviated by management or husbandry practices, poultry keepers will be given the opportunity to move their birds under licence. Such movements will include movement to slaughter for the food chain or to more suitable land or buildings. For example, broilers and spent hens in infected areas will be permitted to move to slaughter and as such a welfare disposal scheme would not be required for these birds.

4.10 The following poultry enterprises maybe at greatest risk of welfare problems if disease control measures are introduced:

Point of lay birds

4.11 Point of lay birds will need to be moved from rearer to laying accommodation. If laying accommodation can be found within the same movement restriction zone then welfare issues will not arise. However if there is no laying accommodation available within the zone these birds will present a welfare issue.

Broilers

4.12 Broilers, hens and other poultry in Protection and Surveillance zones and under restrictions may also need to enter welfare disposal scheme when they cannot move to slaughter houses.

Hatcheries

4.13 Hatcheries produce day old chicks, which are then delivered to rearing units. Current legislation only allows the hatcheries to deliver day old chicks to rearing units only if they are located in the same infected area. However it is not felt that a welfare disposal scheme would be required for this category of bird because hatcheries on the whole will be aware that there is no capacity on rearing farms and can destroy the chicks with the eggs humanely.

4.14 In order to reduce the risk of exposure it may be necessary to house poultry. Free range producers should ensure that adequate contingency arrangements are in place for providing for the welfare of free range birds when they need to be kept housed.

4.15 In these circumstances a welfare disposal scheme could be introduced, following a declaration by a veterinary surgeon that the birds in question are suffering (or will suffer in next four weeks) welfare problems, which are directly attributable to the movement restrictions. Defra will arrange the killing and disposal of birds. The killing will take place on farms, not in slaughterhouses.

4.16 There would be no compensation for birds slaughtered under a disposal scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002)

This states that "*experience has shown that payments to farmers under such schemes can provide a disincentive for them to take responsibility for looking after their animals, and may also create a false market*" and may be found at:

<http://www.official-documents.co.uk/document/cm56/5637/5637.htm>

4.17 The Head of Livestock Strategy Control Division, in consultation with the Heads of Animal Welfare Policy Division, Animal Welfare Veterinary Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

OPERATIONAL PROCEDURES

Vaccination

4.18 There are two types of ND vaccine available :inactivated vaccines, in which the viral component is killed, and live vaccines. Live vaccines can be delivered through spray, aerosolisation, drinking water or direct inoculation. This means that they can be delivered to a large number of birds relatively quickly and effectively. Inactivated vaccines may only be delivered by direct inoculation, which would be impractical on a large scale.

4.19 Current vaccines protect birds against clinical disease caused by NDV, but do not protect against infection. Infected vaccinated birds will excrete the virus, but in relatively small amount, and will remain apparently healthy

Initial Investigation

4.20 For details on operational procedures to be followed at the initial investigation stage refer to Part I: Generic Plan, Section 3.

Valuation

4.21 Where possible poultry will be valued according to standard rate cards. This system is used for valuing poultry flocks being culled for salmonella control and the range of species and husbandry types for which cards are available has been extended in consultation with the industry. In addition specialist poultry valuers may be required for valuation of species not covered by the cards and for resolving disputes.

Compensation

4.22 Compensation is payable at 100% of the market value for birds that are not affected with disease at the time of slaughter. Compensation is not payable for diseased or dead birds. Consideration is being given (without commitment) to the situation where birds die between the time of report/suspicion and confirmation of disease. The number of birds not diseased is recorded at the initial veterinary inquiry. However, this is an incentive to report suspicion of disease at the earliest opportunity and to allow slaughter to be undertaken as rapidly as possible. To calculate the amount of compensation, birds are counted and valued.

Slaughter

4.23 In the event of AI being identified the slaughter of poultry would be considered as a control measure in order to eliminate disease. Depending on the scale and nature of the outbreak vaccination will also be considered as a control measure. See Part IV: ND, Section 3 and Annex A for details on Disease Control Strategy and Disease Control (Slaughter) Protocol.

Disposal

4.24 In an outbreak of ND the disposal of carcasses and other poultry products (e.g. eggs) by incineration would be implemented immediately. However, pyre burning will not be considered for the disposal of poultry. See Part I: Generic Plan, Section 3 for current disposal options.

Cleansing and Disinfection of affected premises

4.25 Preliminary cleansing and disinfection of farm premises will remain the responsibility of Defra and will be undertaken and funded by Defra. Secondary disinfection of farm premises will remain the responsibility of the owner.

Surveillance Visits

The Protection Zone

4.26 On all poultry premises within the Protection Zone there will be regular clinical inspection and examination to look for evidence of avian influenza. When 21 days have passed since the last confirmed case in the infected area, diagnostic samples will be collected from poultry on all premises in the protection zone and submitted for laboratory examination.

The Surveillance Zone

4.27 When 21 days have passed since the last confirmed case in the infected area a statistically significant number of poultry premises will be inspected for signs of disease and diagnostic samples collected for submission to laboratories. Premises with waterfowl will be subject to targeted surveillance because clinical disease is not always apparent in infected waterfowl.

Wild Bird Population

4.28 If there is epidemiological evidence to suggest that wild birds may have a role in the local spread of the disease, this will be investigated further. The investigation may involve collection of dead wild birds for laboratory investigation and screening of wild bird colonies by testing of faecal samples.

IP/DC

4.29 When the cleansing and disinfection of infected premises has been completed satisfactory, the premises will remain under the restrictions for at least 21 days. After this, sentinel poultry can be introduced to the premises, under licence. Sentinel poultry are healthy birds that are susceptible to ND infection. The purpose of introducing sentinel birds is to detect the presence of any remaining ND virus. It is assumed that if virus remains birds will become infected and display signs of disease.

4.30 The health of the sentinel poultry will be monitored over the next 21 days to detect signs of disease. The restrictions on the premises will be lifted if the sentinel poultry remain free from disease caused by ND over the next 21 day period. If the owner decides not to use sentinel poultry, the premises will remain under restrictions for 56 days from the date that cleansing and disinfection had been completed to the satisfaction of a veterinary inspector.

Area Restrictions / Zones

4.31 PZ controls will apply for at least 21 days after the preliminary cleansing and disinfection of all infected premises, after which time the PZ becomes part of the SZ. The SZ will remain in place until a minimum period of 30 days has passed from the completion of the preliminary cleansing and disinfection of the last IP.

Lifting of restrictions on the premises

4.32 The infected area will be lifted after all surveillance visits and laboratory tests have been reported as negative, indicating that no ND virus remains.

SEROLOGY

Surveillance

4.33 Serological surveillance may be carried out for a number of reasons, including epidemiology and declaring surveillance and protection zones to be free from disease. Serological surveillance in support of lifting restrictions should not commence until at least 21 days following preliminary cleansing and disinfection of an infected premises.

Diagnostic Testing

4.34 The Veterinary Laboratories Agency at Weybridge provides the diagnostic testing service for Newcastle disease.

4.35 Personnel required to undertake blood sampling will be recruited and trained under the co-ordination of the Human Resources Services Division. Personnel could be drawn from veterinary/agricultural students and from local Job Centres.

Expert Group

4.36 A permanently operational expert group comprising of epidemiologists, veterinary scientists and virologists, has been established to maintain an expertise in order to assist the competent authority in ensuring preparedness against an outbreak of ND.

4.37 In the event of an outbreak of Newcastle disease, the ND Expert Group will be convened and its membership expanded to cover diseases of poultry and will be chaired by the CVO/DCVO

4.38 The expert group will be a strategic/tactical level group of specialists whose role will be to provide advice to senior management on surveillance programmes, analyse information and advise on control strategies. They will report to the CVO and the NDCC.

National Emergencies Epidemiology Group

4.39 Sufficient training has been undertaken to provide enough trained personnel to mount several epidemiology groups in the event of an outbreak of Newcastle disease. The intention is to have at least two veterinarians trained in epidemiology in each Region.

4.40 In the event of an outbreak, the group(s) will be alerted by the National Disease Control Centre and mobilised in the field as soon as the disease is confirmed. The primary task of the team is to provide the National and Local Disease Control Centres with a report which meets with relevant Commission guidelines. The team will also advise on sanitation and carcass disposal.

Part IV
Newcastle Disease
Annexes

ND ANNEX A

Newcastle Disease – Disease Control (Slaughter) Protocol

1. The Avian Influenza and Newcastle Disease (England and Wales) Order 2003 (Statutory Instrument 2003 No 1734) came into force on 11 July 2003. It extends to avian influenza and Newcastle disease certain measures introduced by the Animal Health Act 2002, including the power to slaughter animals to prevent the spread of disease (a preventive or firebreak cull). The use of this power is circumscribed by legislation. In particular there is a need to have a disease control (slaughter) protocol and this requirement was introduced by The Avian Influenza and Newcastle Disease (Biosecurity Guidance and Disease Control (Slaughter) Protocol) (England and Wales) Order 2003 (Statutory Instrument 2003 No 2035). The power cannot be used unless the protocol has been published and vaccination has first been considered to prevent the spread of disease (Section 32D(2) of the Animal Health Act 1981 as amended). The purpose of this disease control (slaughter) protocol is to identify criteria to be considered and procedures to be followed should it be considered necessary to call on this new slaughter power.

2. The definition of 'poultry' in the Animal Health Act 1981 as amended has been extended to include all birds (Article 2 of the Diseases of Poultry (England) Order 2003 and the Diseases of Poultry (Wales) Order 2003).

Purpose for which the power would be used

3. This power would be used only where this is justified by the circumstances of the possibility of disease spreading and on the basis of sound veterinary, epidemiological and scientific advice.

The principal factors to be taken into account

4. A major factor will be to get ahead of the disease. A particular example would be to protect areas of dense poultry population. The slaughter would include those flocks (and, if necessary, other birds) which, should they become infected, would present a significant risk to the farming and poultry community more generally by contributing to onward spread. It is in such circumstances that effective preventative action may be necessary to safeguard the wider public interest. Species, geographical area and, if appropriate, type of farming would be relevant. Any decision to use the wider powers of slaughter would be taken in the light of an overall assessment of the risks, costs and benefits in a given situation. This could include not only risks of transmission but also the potential social and economic costs that would arise if effective and timely action were not taken.

The procedure to be followed in reaching a decision

5. The steps to be taken comprise of:

(a) the identification of the poultry that are likely to contribute to spread of disease, based on epidemiological assessment, veterinary advice and local factors;

(b) the determination of which species are involved;

(c) consideration of exemptions on the basis of husbandry or other criteria, for example, rare breeds or genetic value;

(d) consideration of exemptions for hatcheries;

(e) the determination of the geographical area involved;

(f) the determination of the rules for inclusion or exclusion of poultry at the boundary of that area;

(g) analysis of risks, costs and benefits;

(h) the publication of an outline of the reasons why such a slaughter is needed.

The procedure by which poultry on a premises will be deemed to be included in a slaughter

6. Premises believed to contain poultry to be slaughtered to prevent the spread of disease would be identified. A Veterinary Inspector would visit and ascertain if poultry meet the criteria for inclusion in the preventive cull.

7. The Veterinary Inspector would be required to explain the reasons to the owner and give him an opportunity to provide evidence if he believed the poultry should be exempted. A slaughter notice would be issued that states the powers under which slaughter is required and the reason why the owner's stock is included (with reference to the criteria for slaughter to prevent the spread of disease).

The means by which a particular decision to slaughter can be reviewed

8. Both as part of the slaughter notice and during explanations the owner must be made aware that they can ask the Divisional Veterinary Manager (DVM) to review the decision that their stock meets the criteria for the preventive slaughter and be advised how and by when this can be done.

9. The DVM, or deputy, must be available to hear such reviews. The following action would be taken:

- they will consider the views of the owner as to why they believe the decision is wrong.
- they must ensure that the veterinary inspector has carried out a full and fair inquiry to establish if the poultry meet the appropriate criteria.

Biosecurity Poultry Guidance

Better Biosecurity Provides: Peace of Mind, A Healthier Flock and a More Viable Business

All Poultry keepers need to be aware of the need for strict biosecurity and hygiene on their premises:

Benefits:

- **HELPS KEEP OUT** exotic diseases such as Newcastle disease and avian influenza
- **REDUCES THE RISK** of zoonotic diseases such as salmonella becoming established
- **LIMITS SPREAD** of diseases and **HELPS TO PROTECT** your neighbours, public health and the countryside
- **IMPROVES** overall flock health
- **CUTS COSTS** of disease treatment
- **REDUCES LOSSES** and could improve farm profitability

How Disease Spreads:

- **Movement** of poultry, people, vehicles and equipment between and within farms
- **Introduction** of birds of low or unknown health status
- **Contact** with neighbours' flocks
- **Using shared farm equipment** and vehicles which have not been effectively cleansed and disinfected
- **Contact** with vermin and wild birds
- **Birds drinking** from contaminated water sources
- **Birds eating** contaminated feed
- **Unsatisfactory cleaning** and disinfection of vehicles, sheds, feeding troughs and other equipment

Important!

4. Make a flock health plan with your vet that includes the basic biosecurity measures in this guidance to reduce the risk disease spreading. Plans should include isolation for new stock and sampling procedures for certain diseases
5. **Ensure that all records are accurate and up to date to allow traceability of produce through the food chain**
6. **Train your staff – ensure they understand that biosecurity and strict hygiene is important**

How to Stop Disease – Keep Your Farm Clean!

- Don't bring infection onto your farm, or spread it around your farm, on your clothes, footwear or hands. Clean overalls and footwear must be worn when entering poultry farms. Protective clothing and footwear should be removed and either cleansed and disinfected, laundered or disposed of after use.
- Strictly limit and control access to poultry flocks. If possible the site should be fenced with a controlled entry point. Visitors and their vehicles should be limited and as far as possible kept away from poultry buildings and pastures
- Have pressure washers, brushes, hoses, water and an approved disinfectant available. Make sure they are used by visitors to clean vehicles, equipment and boots
- Keep farm access routes, parking areas, yards, areas around buildings and storage areas clean and tidy and well maintained. This helps avoid wild birds and animals being attracted onto the site and entering buildings and stores
- Wild birds can carry poultry diseases. Minimise contact between poultry and wild birds. Prevent accumulation of standing water and remove spilled feed that could attract wild birds. Maintain buildings to ensure that wild birds do not nest or roost in them
- Keep wild birds, dogs, cats, rodents or other livestock out of poultry buildings and feed stores
- Have an active rodent and pest control system in place. Be vigilant for evidence of vermin. Monitor vermin activity by baiting and trapping

- Supply only clean fresh drinking water to birds. Water lines and drinkers must be flushed through and cleaned regularly. In the case of free-range birds restrict access to possible sources of standing water used by wild birds
- Feed bins, hoppers and feeding equipment must be cleaned and maintained regularly. Feed silos and containers must be sealed to prevent animals and wild birds contaminating feed
- Feed should only be obtained from a mill or supplier that operates in accordance with relevant Defra and UKASTA Codes of Practice who will make available results of salmonella tests on request
- Damaged eggs, dead birds, litter and manure may carry disease. Dispose of them promptly and properly
- Clean and disinfect all vehicles after each journey. If possible, do not use the same vehicles for transporting birds, feed, manure or other wastes
- Regularly clean and disinfect all crates, containers and other equipment before and after use. Do not move any equipment into different poultry buildings without cleaning and disinfecting it first. This also applies to injecting and dosing equipment
- At depopulation at the end of a cycle, thoroughly clean the building and all equipment, including ducting, drains and fans. Remove all surplus feed, dead birds and litter. Disinfect the premises and all equipment and carry out rodent and other pest control. Cleaning equipment and protective clothing should also be cleaned and disinfected

Buying New Stock -

Always know the health status of birds you are buying or moving!

- Incoming stock should be kept properly isolated from the rest of the flock - discuss with your vet and agree a testing and monitoring programme
- Only place new stock in facilities which you know have been cleaned and disinfected
- Use separate equipment and staff or handle isolated stock last. Never re-enter your main flock buildings after dealing with isolated stock until you have washed and changed into cleaned overalls and boots
- Keep isolation buildings as near as possible to the farm entrance and as separate from other poultry buildings. Ensure buildings are in good repair and effectively prevent vermin from getting in and spreading any diseases

Be Vigilant!

- **Look out for signs of disease in your flock**
- **Increased mortality, falling egg production and signs of respiratory problems may be early indicators of a disease problem**
- **If you suspect disease, ask your vet for advice as soon as possible. Do not wait for more evidence - some diseases can spread very quickly!**

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PART V
CLASSICAL SWINE FEVER

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SECTION 1. Classical Swine Fever

1.1 Classical swine fever (CSF) is a highly contagious viral disease, which affects pigs. Infected animals suffer a variety of clinical signs including loss of appetite, purple discolouration of the skin, and constipation followed by diarrhoea. More severe cases of the disease may result in abortion or weak litters, as well as nervous signs such as tremors or convulsions, particularly in new born piglets. The disease can result in mortality in affected animals.

1.2 The movement of infected pigs is a common method of spreading CSF. However all excretions from an infected animal contain the virus. Therefore any animal, human, or object which has been in contact with such excretions and then in turn comes into contact with a pig, can spread the disease. Although other animals are able to spread the disease through contact with infected excretions it is not possible for them to display clinical symptoms of CSF. The main source of its spread appears to be from pigs eating infected pork or pork products. In this form the CSF virus can remain active for many months.

1.3 At present the UK is CSF free, with the last outbreak having taken place in August 2000, lasting a period of three months.

SECTION 2. General Legislation- Classical Swine Fever

2.1 **The Animal Health Act 1981** provides powers for the control of CSF. It includes the following measures for disease control:

- Slaughter of diseased pigs, pigs suspected of disease and those exposed to disease.
- The use of vaccination as a preventative measure for disease control. This allows Ministers to authorise the use of CSF vaccine in any pig which has been in contact with a diseased animal or has been exposed to the disease, or which is in an area declared to be an “infected area” (see below).

n.b: At present there is no CSF vaccine with a marketing authorisation for use in England.

- The act also provides for compensation to be paid for animals slaughtered and prescribes how the level of compensation is arrived at.

2.2 **The Classical Swine Fever (England) Order 2003**, made under the Animal Health Act 1981, implements Council Directive 2001/89/EC for the control of classical swine fever. In Scotland, the Classical Swine Fever (Scotland) Order 2003 applies, and in Wales the Classical Swine Fever (Wales) Order 2003 applies. The provisions of these Orders include the following measures:

- Requirement for notification of suspicion of CSF.
- Provision for a temporary control zone whilst the suspicion of disease on a premises is being investigated.
- The imposition of movement restrictions and eradication measures at any premises on which there is a diseased or infected pig or carcase (an infected holding in the case of a farm).
- Powers to make Declaratory Orders creating “infected areas”. These are areas surrounding an infected holding. Controls will be placed on the movements of pigs, manure, and any other pig by-products within the areas.
- Cleansing and disinfection of buildings used to house pigs, their surroundings, the vehicles used for transport and all other things likely to be contaminated.

2.3 **The Diseases of Animals (Seizure) Order, 1993** gives powers for the seizure and destruction of anything other than live animals that might carry or transmit the disease (including a carcass).

2.4 **European Union Legislation: Council Directive 2001/89/EC** sets out measures required in EU law for the control and eradication of classical swine fever in Member States. The key provisions of the Directive which domestic legislation implements are:

- Notification to the competent authority of the Member State if CSF is suspected.
- Imposition of movement controls on suspicion of disease.
- Entry to premises for the purpose of veterinary inquiry.
- Where disease is confirmed, the imposition of a protection zone (minimum 3km) and a surveillance zone (minimum 10km) around the infected holding.
- Elimination of the disease by slaughter of infected and contact animals and/ or vaccination under strict controls.
- Cleansing and disinfection of buildings used to house pigs, their surroundings, the vehicles used for transport and all equipment likely to be contaminated.
- In very specific circumstances a plan for emergency vaccination can be agreed with the Commission.
- Surveillance of any feral pigs.

2.5 **Enforcement Provisions:** Local Authorities will execute and enforce the provisions of the Classical Swine Fever (England) Order 2003, other than where the legislation makes specific provisions otherwise. Similar policies exist for legislation in Scotland and Wales. The penalties for not complying with the legislation are detailed in Part V of the Animal Health Act of 1981.

2.6 The table below indicates the local veterinary action to be taken in relation to the level of suspicion.

VETERINARY GUIDANCE FOR INITIAL ACTION ON SUSPECT CASES

LEVEL OF SUSPICION	IMMEDIATE ACTION
Level 0 – disease not suspected following veterinary inquiry.	All restrictions on premises lifted no further action.
Level 1 – lesions and clinical disease not typical – but disease	Suspect animal (s) left alive and observed. Samples submitted for

cannot be ruled out entirely on clinical grounds.	laboratory diagnosis. Premises restrictions enforced. Option to impose Temporary Control Zone.
Level 2 - lesions and clinical disease suggestive classical swine fever but not entirely convincing.	Suspect animal (s) left alive and observed. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Option to impose Temporary Control Zone.
Level 3 - veterinary staff at premises under investigation and at HQ believe from examination on clinical grounds that disease exists.	All animals on the premises slaughtered on suspicion. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Option to impose temporary control zone.
Level 4 - as at level 3 plus disease already confirmed in the country or substantial evidence that disease may have entered the country for example disease in imported animals originating from a region with confirmed classical swine fever.	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Form A premises restrictions enforced. Area restrictions imposed. Option to impose temporary control zone. All animals on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment.

SECTION 3. Disease Control Strategy

3.1 The disease control strategy will be consistent with the UK's EU obligations and inline with the appropriate EU legislation. The Government's objective in tackling CSF will be to eradicate the disease and to restore the UK's disease- free status as quickly as possible. In doing so, Government will seek to select control strategies which balance:

- minimising the number of animals which need to be slaughtered, either to control the disease or on welfare grounds which keeps animal welfare problems to a minimum;
- causing the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities and the wider economy;
- minimising damage to the environment and protecting public health; and
- minimising the burden on taxpayers and the public at large

3.2 The following policies will be applied on confirmation of classical swine fever, most of which arise from the terms of the Classical Swine Fever (England) Order of 2003 which was made under the provisions of the Animal Health Act of 1981: (Note: The first case will be confirmed by the CVO following a laboratory diagnosis).

- A Protection Zone will be imposed with a radius of 3 km around the Infected Premises. Regular veterinary patrol visits of all premises with pigs within this area will take place. All pigs will be required to be kept in their living quarters or other place where they can be isolated. Movements of animals would be restricted within the area.
- A Surveillance zone with a minimum radius of 10km from the Infected Premises would also be established. Movement restrictions would also apply here.
- A temporary control zone restricting the movement of animals within a certain area may be also be established. The location and extent of the zone would depend on all the relevant information available at the time. The zone would be declared as a precautionary measure until the full nature of the outbreak became apparent.
- Footpaths will be closed only on Infected Premises and Suspect Premises.
- It is unlikely that emergency vaccination would be used as a measure of disease control for CSF, due to the absence of challenge tested

vaccine. However if vaccination were to be used in certain limited circumstances its is most likely that a policy of suppressive vaccination would be implemented.

- An Infected Area will be declared with a minimum radius of 10km around Infected Premises and will remain in place for at least 30 days after preliminary cleansing and disinfection of all infected places. An Infected Area consists of a protection zone with a minimum radius of 3 kilometres contained within a surveillance zone with a minimum radius of 10 kilometres.
- Diseased and other pigs on the Infected Premises will be killed as soon as possible.
- Dangerous contacts will be identified. Where the risk of exposure to virus is high, the pigs will be slaughtered and laboratory samples taken to check for disease. Where the risk of exposure is assessed as not high, restrictions on the premises will be in place for 21 days and regular veterinary visits undertaken.
- Disposal of carcasses by incineration would be implemented immediately with rendering as the next option and other disposal routes being available as an additional resource subject to environmental, land use planning and public health considerations.
- Export health certificates for pigs and pig by- products will be withdrawn. Exports from GB of susceptible animals during the risk period will be identified and notified to the importing countries.
- Once the cleansing and disinfection of an infected premises has been completed satisfactorily, the premises will remain under restrictions for at least 30 days.

VACCINATION

3.3 Vaccination would not normally be considered as a control measure in the current CSF control strategy. CSF vaccination is restricted by legislation which states that no person shall administer a CSF vaccine to any pig unless authorised to do so by the Secretary of State.

3.4 It is possible that vaccination might be used in areas of very high pig density to prevent the occurrence of unrecognised infection in such areas during a prolonged epidemic.

3.5 There are currently no operational arrangements in place to mount a widescale CSF emergency vaccination programme in the event of an outbreak in Great Britain.

Further Action

3.6 Once classical swine fever is confirmed the main elements of this plan are brought into action.

Part I: Generic Plan, Section 3 outlines emergency preparedness & mobilisation

Part I: Generic Plan, Section 4 describes outbreak management

Part 1: Generic Plan, Section 5 sets out the main elements of the Communications Plan;

Part I: Generic Plan, Section 6 describes the strategic, tactical and operational organisations and structures.

These last two sections are augmented by the SVS instructions and the local office contingency plans.

SECTION 4. Outbreak Management

Human Welfare

4.1 Refer to Part I: Generic Plan, Section 3.

Biosecurity Guidance

4.2 Anyone coming into contact with livestock or their waste runs the risk of spreading animal diseases. Biosecurity is the prevention of disease causing agents entering or leaving a livestock premises. It involves a number of measures and protocols designed to prevent potential disease causing agents being spread from one premises to another.

4.3 Biosecurity guidance to prevent the spread of animal diseases has been developed (in accordance with legislation¹) This guide, for anyone who comes into contact with animals, can be found at Part I: Generic Plan, Annex H of this Plan and on the Defra website at:

http://www.defra.gov.uk/animalh/biosecurity/farmguidance/biosecurity_guidance.pdf

Animal Welfare

4.4 There is a responsibility on all involved with the keeping of livestock to anticipate problems and to take steps to mitigate the effects. Guidance would be issued by Defra to farmers in advance of, or in the early stages of, movement restrictions being put in place. If welfare problems arise which cannot be alleviated by management or husbandry practices, farmers will be given the opportunity to move their animals under licence. Such movements will include movement to slaughter for the food chain or to more suitable land or buildings. If it is more appropriate fodder could be taken to the stock and Defra will assist in facilitating access to fodder and bedding.

4.5 If it is considered appropriate and to prevent deterioration in welfare standards, Defra will arrange the slaughter and disposal of animals. Animals will be slaughtered in abattoirs or purpose built killing plants, and where this is not possible on farms. On farm slaughter will only take place when animals cannot be licensed off the farm or when the animals cannot be transported e.g. heavily pregnant animals or newly born calves, piglets and lambs. Each case will be evaluated to ensure that welfare standards are maintained. Moreover, there would be no compensation paid to farmers for animals

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Animal Health Act 1981 as amended by the Animal Health Act 2002,

slaughtered under the scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002). This states that "*experience has shown that payments to farmers under such schemes can provide a disincentive for them to take responsibility for looking after their animals, and may also create a false market*".

4.6 The Head of Livestock Strategy Control Division, in consultation with the Heads of Animal Welfare Policy Division, Animal Welfare Veterinary Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

Operational Procedures

Vaccination

4.7 Current domestic policy on vaccination does not recommend the use of routine vaccination as a measure of disease control. However the vaccination of rare breeds and endangered species may be considered in certain circumstances.

4.8 There are two subunit marker vaccines licensed for use within the EU and a test has been approved by the EC that allows vaccinated animals to be distinguished from infected animals. However, these vaccines have limitations that would be likely to preclude their use in the UK, at present. The vaccines can take 2-3 weeks to provide protection against CSF. Although the response to immunisation can protect against disease, it does not protect against infection or prevent virus shedding; the response also does not protect against in utero transmission. It is also harder to detect antibodies to field virus in vaccinated animals that have been exposed to field virus (it can take up to 6 weeks for these antibodies to reach detectable levels following exposure).

4.9 Article 19 of EU Directive 2001/89/EC states that where there is epidemiological data to suggest that CSF is likely to spread emergency vaccination may be used as a measure of disease control. Under the terms of the Directive any member state wishing to undertake a vaccination programme for the control of CSF must submit an emergency vaccination plan to the EU.

4.10 If such a programme were to be undertaken it is likely that a strategy of suppressive vaccination (vaccinate to kill) would be adopted due to a lack of availability of challenged tested vaccine. In a large scale outbreak such a measure may help to relieve pressure on oversubscribed slaughter and disposal facilities.

4.11 Defra currently has no operational arrangements in place to carry out an emergency vaccination programme for CSF. Contractual arrangements would need to be put in place for a supplier of vaccination services.

Initial Investigation

4.12 Refer to Part I: Generic Plan, Section 3.

Valuation

4.13 The State Veterinary Service holds and maintains a list of approved valuers, which is subject to review on an annual basis. In the event of an outbreak all valuers on the list will be contacted to ensure they are still eligible for approval and to remind them of their responsibilities.

4.14 Operational instructions require all valuations of animals slaughtered for control of exotic disease only to be undertaken by a Valuer from the approved list.

4.15 In order to ensure consistency in delivery of valuation policy the Department has appointed four Monitor Valuers (these appointments are reviewed on a regular basis, at least every three years). Although initially based in London, the Monitor Valuers may visit LDCC's as necessary, depending on the extent of the outbreak.

4.16 Defra is currently undertaking a review of animal disease valuation and compensation procedures with a view to rationalising and simplifying them. Part of this process will be to look at the case for compulsory standard valuations. This would remove the need for individual valuation by approved valuers in many cases. Such a system would help minimise the risk of disease spread by speeding up the slaughtering process and would improve the consistency of animal valuation.

Compensation

4.17 Where animals are slaughtered to control swine fever, compensation is payable as described in schedule 3 of the Animal Health Act 1981. If a slaughtered animal is affected with swine fever, compensation will be paid at half the value of the pig were it not affected. For all other pigs slaughtered for the control of swine fever, payment is the full the value of the pig immediately before slaughter.

Slaughter

4.18 Refer to Part I: Generic Plan, Section 3 of the plan.

Disposal

4.19 Refer to Part I: Generic Plan, Section 3 of the plan.

Cleansing and Disinfection of Affected Premises

4.20 Current policy on cleansing and disinfection is that all preliminary and

secondary disinfection is currently undertaken and funded by Defra other than at markets and slaughterhouses.

4.21 In the future, government funding of secondary cleaning and disinfection on farm premises will be subject to review and separate consultation as part of the consideration of the future funding of disease control measures. When carrying out cleaning and disinfection, disinfectants used must be approved by Defra for use under general orders and must be used according to the manufacturers instructions.

Serology

4.22 Serological surveillance may be carried out for a number of reasons, including epidemiology and declaring surveillance and protection zones to be free from disease. Serological surveillance in support of lifting restrictions should not commence until at least 21 days following preliminary cleansing and disinfection of an infected premises.

4.23 In GB all official diagnostic samples for CSF must be sent to the Veterinary Laboratories Agency (VLA) at Weybridge. The VLA laboratory is the National Reference Laboratory for CSF and an OIE Reference Laboratory for CSF.

Laboratory Diagnosis:

4.24 Commission Decision 2002/106/EC states that a primary outbreak of classical swine fever can be confirmed if clinical signs and lesions have been detected in pigs and at least two antigen or genomic detection tests have given a positive result. The OIE diagnostic manual states that laboratory methods for diagnosis of CSF should be aimed at detection of the virus or viral antigens, or detection of specific antibodies.

Eradication of Disease in Feral Pigs

4.25 Investigation must take place at suspicion stage. At confirmation stage an expert group must be established to advise on controls, an infected area, and eradication plan, and to monitor then effects of controls. Pig holdings in the area must also be put under official surveillance

4.26 If CSF is suspected in the feral pig population powers exist to establish an investigation zone, which would monitor the presence and distribution of infected pigs.

4.27 Subject to veterinary advice, if CSF is found in the feral pig population a plan for its control will be submitted to the EU within 21 days of disease having been confirmed.

Protection of Rare Breeds

4.28 Subject to the provisions of the EU Classical Swine Fever Directive 2001/ 89/ EC (Article 5.2) Defra will, subject to individual farm risk assessments, seek where possible to protect rare breeds of pigs in the event of an outbreak of CSF.

Transport

4.29 Transport of samples should be in accordance with transport regulations and be carried out in the appropriate environment to prevent deterioration of their quality.

National Emergencies Epidemiology Group

4.30 Sufficient training has been undertaken to provide enough trained personnel to mount several epidemiology groups in the event of an outbreak of classical swine fever. The intention is to have at least two veterinarians trained in epidemiology in each Region.

4.31 In the event of an outbreak, the group(s) will be alerted by the National Disease Control Centre and mobilised in the field as soon as the disease is confirmed. The primary task of the team is to provide the National and Local Disease Control Centres with a report which meets with relevant Commission guidelines. The team will also advise on sanitation and carcase disposal.

4.32 The composition of the groups may vary but it is envisaged that each will consist of at least:

- A senior veterinarian
- 1-2 veterinarians
- 1 member of staff from the diagnostic laboratory (Institute for Animal Health, Pirbright).
- Field staff with training in epidemiology and meteorology.

Expert Group

4.33 A permanently operational expert group comprising of epidemiologists, veterinary scientists and virologists, has been established to maintain an expertise in order to assist the competent authority in ensuring preparedness against an outbreak of FMD.

4.34 In the event of an outbreak of classical swine fever, the FMD Expert Group will be convened and its membership expanded to cover diseases of pigs and will be chaired by the CVO/DCVO

4.35 The expert group will be a strategic/tactical level group of specialists whose role will be to provide advice to senior management on surveillance

programmes, analyse information and advise on control strategies. They will report to the CVO and the NDCC.