




ANIMAL DISEASE RESPONSE PLAN

Author:	Suffolk Joint Emergency Planning Unit on behalf of SRF
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Remember to destroy all unnecessary drafts and unneeded correspondence, once the final version of this plan is agreed.

Amendment Record

Amendment	Date	Amended by	Summary
V1 Issue 1	2006	JEPU	Original Issue
V1 Issue 2	November 2007	JEPU	Post incident review of lessons learnt Feb 07 plus minor changes in organisational references following review of DEFRA Guidance Dec 06
V2 Issue 3	May 2008	JEPU / TS	Inclusion of Blue Tongue Virus, West Nile Virus and Equine Diseases, post incident lessons learnt (Nov 07) and minor changes in organisational references following review of DEFRA Guidance Dec 07
V2 Issue 4	10/06/09	JEPU / TS	Minor changes in organisational references following review of DEFRA Guidance Dec 08

Plan Validation & Exercise Log

Details the date, type of exercise and any pertinent comments each time the plan is exercised.

Date	Type	Name	Comments
03 / 02 / 07	Incident	Holton	H5N1 Outbreak – Ex Blackrock Feb 07 cancelled in lieu of incident; full review of plan post incident debrief
21 / 09 / 07	Incident	Baylam	Blue Tongue Virus – Emergence of virus in UK
11 / 11 / 07	Incident	Op Nipper - Redgrave	H5N1 Outbreak – confirmed plan review
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Foreword

This plan was devised and written by Suffolk Joint Emergency Planning Unit and Trading Standards in conjunction with the Suffolk Resilience Forum.

Consultation with other Category 1 and Category 2 Responders (Civil Contingencies Act 2004) has taken place via the Suffolk Resilience Forum Support Group.

This document is the multi-agency response plan for high risk animal diseases in Suffolk and provides detail on the outline response, management and roles and responsibilities of individual agencies.

This plan reflects current [DEFRA guidance](#) as at 9th December 2009.

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GO-East - Resilience Team	1
Animal Health - Bury St Edmunds	2
Suffolk Constabulary	3
Suffolk Fire and Rescue	4
NHS Suffolk	5
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1. **INTRODUCTION**

1.1 This plan summarises the Suffolk response to a notifiable animal disease outbreak within the county to allow co-ordinated contingency planning to take place within individual agencies. This plan is linked to the higher level [Defra's Framework Response Plan to Exotic Animal Diseases V2 Dec 07](#)

1.2 Defra's disease control strategy, in compliance with UK and EU law, aims to minimise the number of animals which need to be culled either to control the disease or on welfare grounds, and which keep animal welfare problems to a minimum by;

- *Protecting public health.*
- *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.*
- *Minimising the burden on taxpayers and the public.*

1.3 This multi-agency plan is supported by detailed plans of each individual agency involved to deliver the roles and responsibilities mentioned later.

1.4 This multi-agency plan provides a generic framework for Suffolk response to an outbreak of a notifiable animal disease and provides further detail in Annexes on specific animal diseases that are HIGH risk to the county from the Suffolk Resilience Community Risk Register.

2. **AIM**

2.1 The aim of this plan is to set out a multi-agency emergency response to an outbreak of a notifiable animal disease by providing the structures, systems and arrangements to deliver the following objectives in Suffolk:

- a) Assisting Animal Health and Defra in the control of any outbreak of notifiable animal disease.
- b) Provide accurate and timely information to the public and local business on the response.
- c) Manage wider impact on Suffolk of specific response measures to minimise disruption to the countryside, transport networks or to rural communities.
- d) Provide support to local business during the recovery.

3. **RISK**

Suffolk has both significant commercial and social animal activity which is of substantial value to the economy and welfare of the county and its population. Any outbreak would have a significant effect on these economies and should not be underestimated or undervalued

The risk of an outbreak of animal disease in Suffolk is covered within the Suffolk Community Risk Register published on the Suffolk Resilience website www.suffolkresilience.com. The highest animal disease risks are summarised as follows and form the basis for the focus of this plan:

- a) [Foot and Mouth \(FMD\)](#) The last National outbreak of FMD was in 2001. FMD is probably more infectious than any other livestock disease and spreads rapidly if uncontrolled. Cattle, sheep, pigs, goats, deer and other cloven-hoofed species are susceptible. Control measures such as animal movement restrictions and footpath closures may apply. An outbreak either locally or nationally could have a major impact on the Suffolk agricultural and tourism economies.

- b) [Highly Pathogenic Avian Influenza \(AI\)](#) Since mid-December 2003, a growing number of countries have reported outbreaks of highly pathogenic avian influenza in chickens and ducks, with significant outbreaks in Europe and the UK becoming more frequent. One strain known as H5N1 has been identified as the cause of most of these outbreaks - this strain is a major cause for concern in human health planning as it can jump the species barrier and has caused human deaths and has the capacity of becoming a human pandemic. The rapid spread with outbreaks occurring at the same time in several countries is historically unprecedented and of some concern for human health as well as for agriculture. An outbreak of highly pathogenic avian influenza in Suffolk will have a major impact on the Suffolk economy, typically placing controls on poultry, poultry products, animals and in some instances people.

- c) [Blue Tongue Virus \(BTV\)](#) This viral disease only recently occurred for the first recorded time in the UK. The virus is carried by midges (genus Culicoides). These midges are usually killed by colder West and North European winter climates. However, recent prolonged milder winters have allowed the midge to successfully 'over-winter' in Western Europe. Its impact on ruminant livestock (sheep, cattle, goats and deer), associated control zone distances and longevity to eradicate it, makes it comparable with; FMD, AI or CSF. An outbreak either locally or nationally could have a significant impact on the respective agricultural and tourism economies.

- d) [Classical Swine Fever \(CSF\)](#) The last outbreak in East Anglia was in 2000. Although less infectious than FMD the control measures would be similar and any outbreak in Suffolk would have a major impact on the local agricultural and tourism economies.

- e) [Newcastle Disease](#) Last occurred in England in 2005. It is caused by a virus which can infect a wide variety of birds, and may result in severe losses - similar effect to AI.

- f) [Aujeszky's Disease](#) The last outbreak of the disease in GB was in 1989. It is caused by a porcine virus that primarily affects pigs but can be spread to other animals. Control measures include destruction of stock and would be likely to have a major impact on the local agricultural and tourism economies.

- g) [Rabies](#) The current risk of an outbreak of Rabies in Suffolk is deemed to be LOW following the virtual eradication of the disease in Western Europe. However Rabies is still a major threat in Asia and Eastern Europe and still could be introduced to the UK via an illegal import. The greatest risk to humans would be from contact with infected dogs and cats. If the virus were to be introduced into wildlife in Great Britain, then the fox would be the most likely reservoir species. Any outbreak would have a major impact on the local economy, potentially affecting tourism and leading to controls on cats, dogs, people and wildlife.

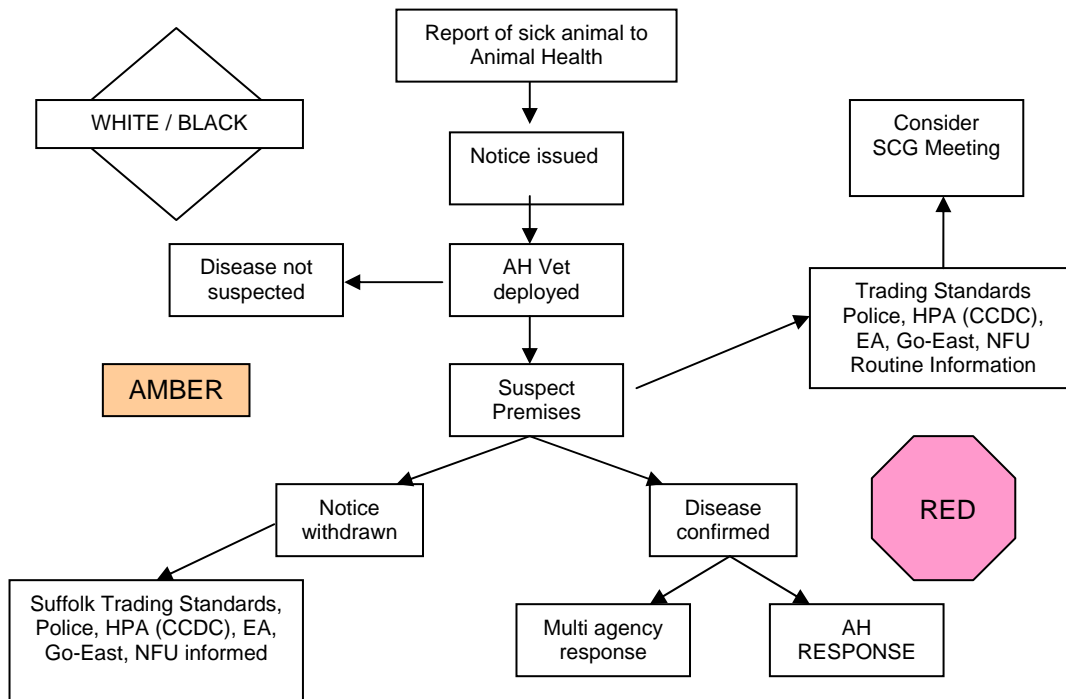
- h) [West Nile Disease \(WNV\)](#) West Nile Virus is a viral infection of birds, horses and humans, spread by mosquitoes and can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord) and may lead to human fatalities. West Nile Virus has never been recorded in the UK, however recent research has found antibodies against the virus present in birds in Great Britain, suggesting past or present infection with WNV

- i) [African Horse Sickness](#) A highly fatal and infectious viral disease, spread by insects, which affects horses, mules and donkeys. The disease is not directly contagious between horses, and is present (endemic) in sub-Saharan Africa. The disease has spread as far north as Morocco and the Middle East – similarly as did Blue Tongue Virus.

- j) [Equine Infectious Anaemia \(EIA\)](#) or "swamp fever" is a viral disease of horses causing intermittent fever, anaemia, emaciation and death. It can be transmitted by mechanical transfer of blood by biting insects and occurs typically in low-lying swampy areas. EIA has a worldwide distribution, outbreaks between 1980 to 1989 were reported in many parts of America, Asia (India, Malaysia, Myanmar, Philippines, Thailand) Europe (Austria, France, Greece, Italy, Romania, USSR and Yugoslavia) and Australia.

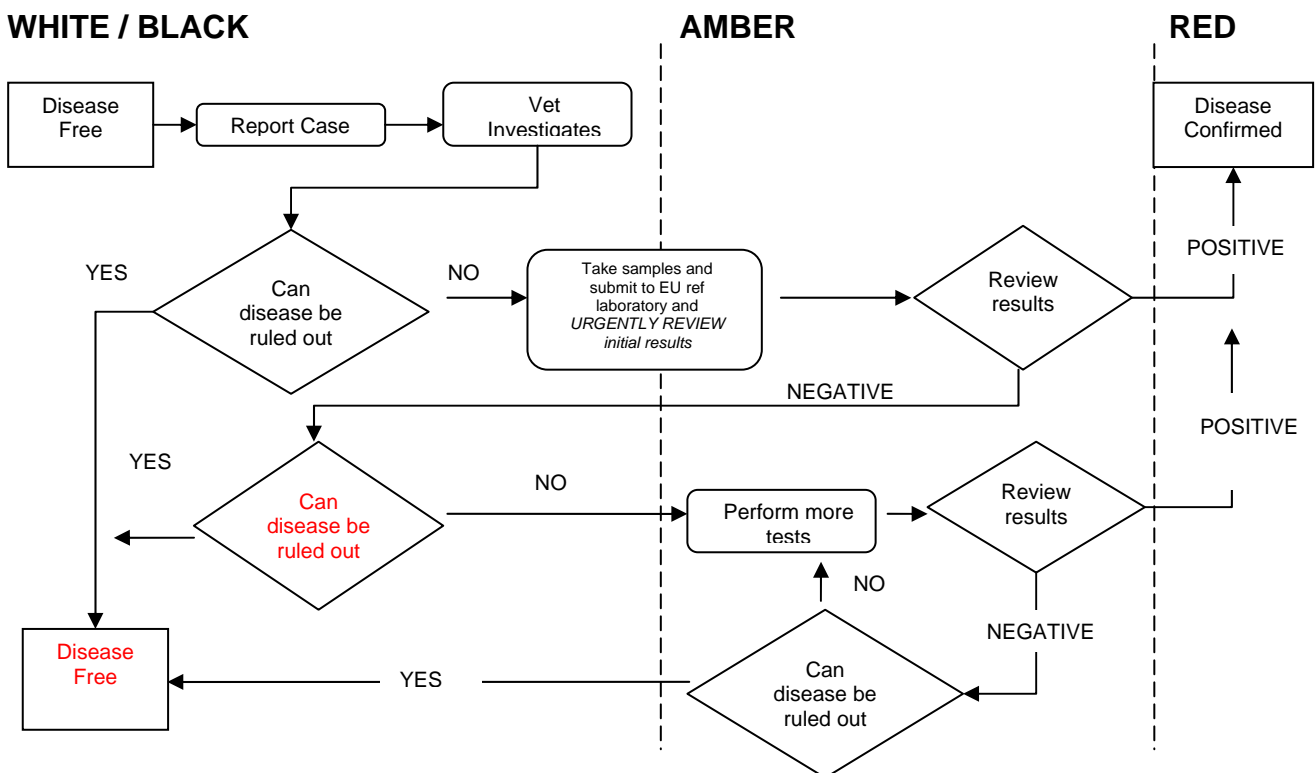
4. WARNING and INFORMING

4.1. Warning The warning chain for notifiable animal diseases starts with Animal Health following reports of sick animals. The following warning flow chart will be followed:

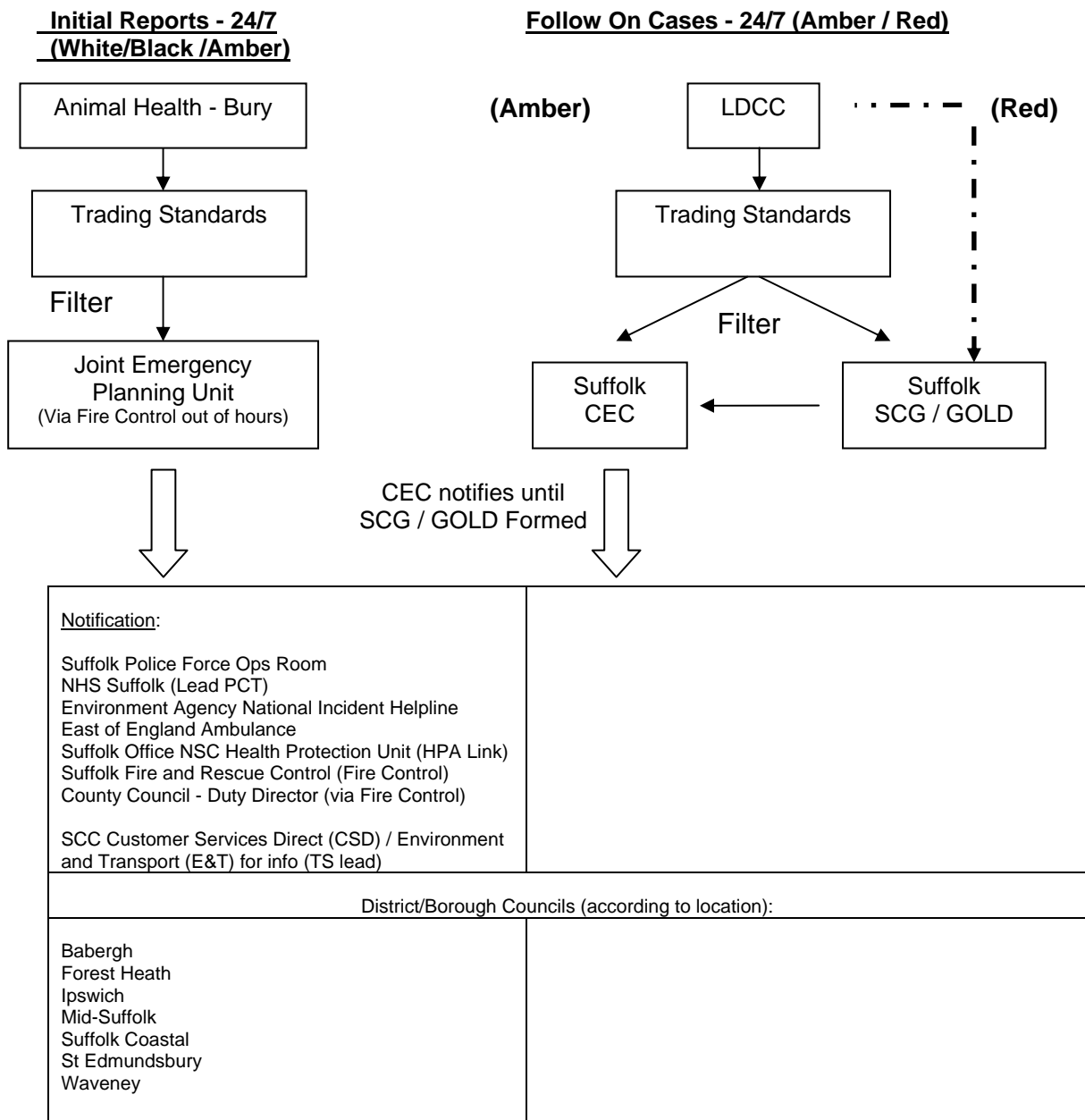


4.2 National Alert System A standard national alert system (Annex A) has been adopted as the basis for responding to an outbreak of a notifiable animal disease. Under normal circumstances the UK will be at WHITE (disease is not present or suspected in the country). Alert states of BLACK (where risk of disease is perceived as higher than normal), AMBER (in the case of suspicion of disease based on clinical grounds following a veterinary enquiry) and RED (on confirmation of first case of disease) will be declared by Defra as appropriate.

4.3 Disease investigation and alert level flowchart



4.4 County Alerting System The following Suffolk alerting system will be used to initiate the county Animal Disease response [not releasable under FOI]:



4.5 Communications The primary means of communicating between emergency management nodes is fixed telephone or e-mail. The primary means of communicating with officers in the field is mobile, AIRWAVE (Police) and radio (Fire and Ambulance). A secondary means of communications available to local authority staff is AIRWAVE. Emergency Management centres Animal Health - Local Disease Control Centre (LDCC), Local Authority - County Emergency Centre (CEC), and GOLD – Strategic Coordination Centre (formerly known as the LEC) will maintain up to date contacts lists.

4.6 Media The media interest in any outbreak of a notifiable animal disease, based upon historical evidence, is likely to be very high for the first cases within the UK (national and regional media). The management of the Suffolk media response will be guided by the Suffolk Resilience Media Plan and Toolkit, centred upon the Suffolk CEC in the early stages and then GOLD located at the Strategic Coordination Centre, Martlesham Heath on declaration of a Major Incident. Communicate Suffolk staff will need to maintain a link with Central Office of Information (COI) News and PR (COI) to ensure that a common communications message is produced.

5. GENERIC CONCEPT OF EMERGENCY RESPONSE TO NOTIFIABLE ANIMAL DISEASE

5.1. Responsibility

5.1.1 Defra Lead government department for a response to a notifiable animal disease and maintain the Framework Response Plan for Exotic Animal Diseases.

5.1.2 Animal Health Government's delivery agent responsible for animal health and welfare in England, Scotland and Wales.

5.1.3 Trading Standards Suffolk County Council Trading Standards is the lead local authority department with the responsibility for control of animal diseases.

5.2 Response The response to an animal disease outbreak may involve the following:

- Site visit by Animal Health to the infected site.
- Restriction in the movement of animals, people and vehicles on and around infected site/premises.
- Implementing protection, surveillance and restricted zones around confirmed/suspected infected site/premises
- Positioning of public warning and information signage.
- Restriction or closure of public rights of way within protection zones.
- Introduction of bio security measures.
- Slaughter of infected/suspect stock.
- Disposal of infected/suspect stock.

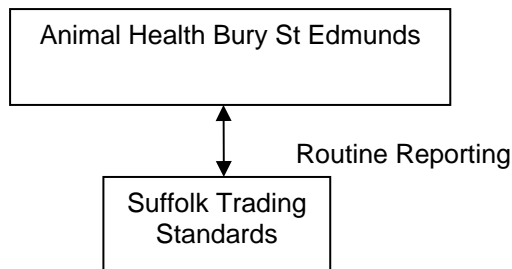
Further information on the outline Suffolk response to specific notifiable animal diseases is contained within the annexes to this plan. Detailed response information can be found in the Defra Framework Response Plan for Exotic Animal Diseases.

5.3 Recovery Confirmation of the termination and lifting of restrictions following an animal disease outbreak will be provided by Defra / Animal Health. On completion of specific animal disease related activity at a business location, the local authority assumes responsibility for the remaining recovery actions (link to [SRF Recovery Plan](#))

5.4 Emergency Management The management of response and recovery to an outbreak of an animal disease in Suffolk will vary depending on the type of disease (see scenario's 1 + 2 – to be read in conjunction with Annex A and the specific animal disease reporting systems as detailed in annexes B1 to B8). This process will follow a rising tide scenario whereby the management of the response will be expandable to meet the scale and spread of any outbreak. In addition, the management structure will interface with Animal Health and GO-East emergency management structures that would be established to direct response activity.

5.4.1 Scenario 1 Stage 1 – Notification of a suspect notifiable disease outbreak of an animal disease other than those diseases listed at clause 3 above.

Following such a notification from Animal Health, Suffolk Trading Standards will closely monitor the situation with Defra / Animal Health. Trading Standards staff will provide a filter for such routine reports to prevent false alarms and will initiate the Stage 2 response if disease is confirmed.



5.4.2 **Scenario 1 Stage 2 – Notification of a confirmed notifiable disease outbreak of an animal disease other than those diseases listed at clause 3 above.**

Following notification from Animal Health, Suffolk Trading Standards will act as the focal point for Suffolk County Council's response and would establish a control area in Endeavour House (lime green block floor 4). Trading Standards would provide support and assistance to Defra / Animal Health when requested and will interface with the LDCC in Bury St Edmunds. In recognition of Suffolk's significant commercial horse industry, Suffolk Trading Standards will alert Joint Emergency Planning Unit (JEPU) of any notifiable horse disease outbreaks who will warn and notify local SRF responders - Trading Standards, in liaison with Animal Health, will advise if the scale of incident requires a meeting of the Suffolk Strategic Co-ordination Group. The SCG will meet to assess the impact of any significant outbreak and to make recommendations on whether a multi-agency framework needs to be established as in Scenario 2 Stage 2.

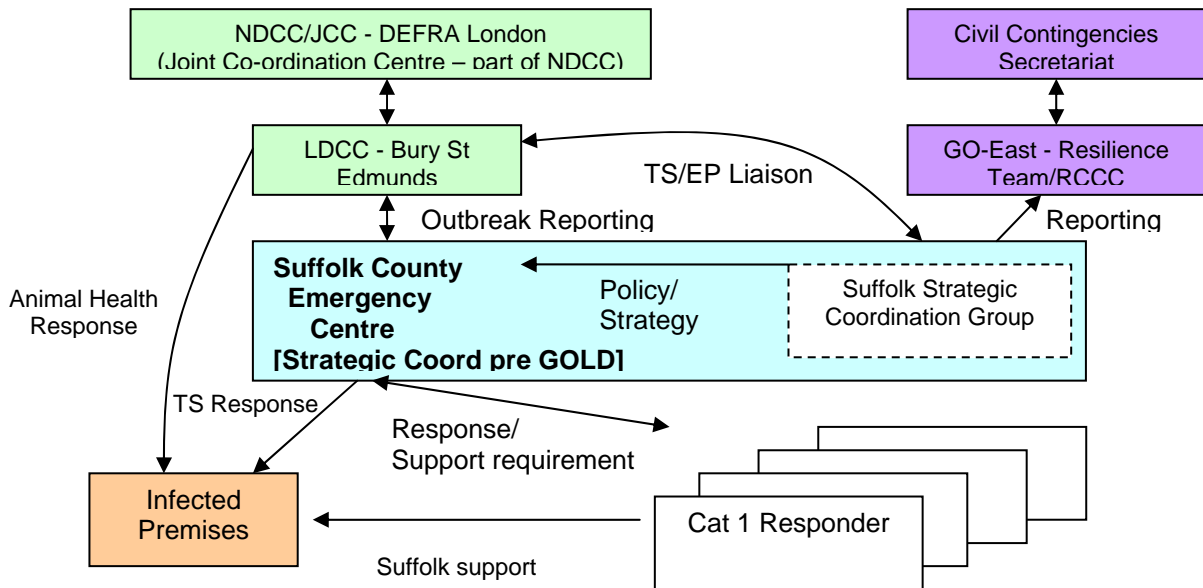
5.4.3 **Scenario 2 Stage1 (AMBER) – Notification of a suspect notifiable disease outbreak of an animal disease listed at clause 3 above.**

Following an amber level notification from Animal Health, Suffolk Trading Standards will immediately alert JEPU (out of hours the Emergency Planning Duty Officer via Fire Control) to warn and notify local authority responders. Trading Standards will continue to closely monitor the situation with Defra / Animal Health and will provide a filter for such routine reports to prevent false alarms and will initiate the Stage 2 response if disease is confirmed - if Animal Health risk assessment indicates an unacceptable risk in waiting for laboratory confirmation Chief Veterinary Officer (Defra) may elect to immediately proceed to RED Alert status.

5.4.4 **Scenario 2 Stage 2 (RED) – Notification of a confirmed notifiable disease outbreak of an animal disease listed at clause 3 above.**

Following confirmation a multi-agency framework would be established based upon the Suffolk County Emergency Centre (CEC), Endeavour House. The CEC will provide a focal point for the co-ordination of County Council support to any Defra / Animal Health response through the SCG / GOLD to the LDCC in Bury St Edmunds. In addition, a meeting of the SCG would be held to review the situation and to endorse local course of action to support any response.

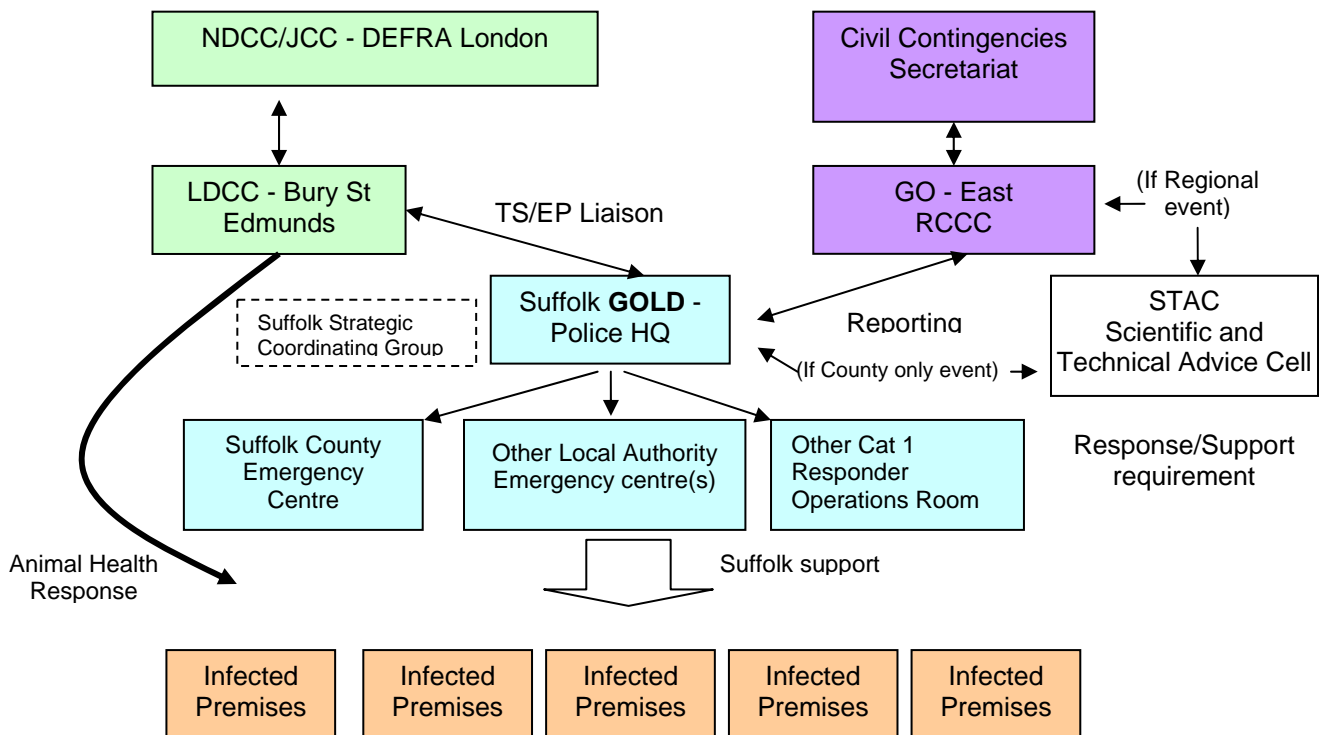
5.4.5 Multi-agency Framework



5.4.6 Scenario 2 Stage 3 - Major Incident

When an outbreak exceeds the capacity of Suffolk County Council to respond effectively to or draws exceptional resource demands on other Category 1 responders (e.g. Police, Fire, Ambulance, Environment Agency, Local Authorities, NHS, HPA, etc) consideration will be given to the declaration of a Major Incident. This process would be preceded by a meeting of the Suffolk Strategic Co-ordination Group. At this stage, management of the response would move to GOLD located at the Strategic Coordination Centre, Martlesham Heath and lead to the LDCC at Bury St Edmunds.

5.4.7 Major Incident Management Structure



5.5 Mutual Aid Informal arrangements are in place for Trading Standards to call upon support from their colleagues in Norfolk, Essex and Cambridgeshire County Councils. However, if the outbreak is widespread across the region, these other Trading Standards staff will be focused on their own counties response.

6. ROLES and RESPONSIBILITIES

The following roles and responsibilities are envisaged in a Suffolk response to an outbreak of a notifiable animal disease:

6.1 Animal Health Manage and coordinate the local components of a national response to control and eradicate an animal disease outbreak by:

- Providing materials, personnel and information to reduce the risk of spread of disease from infected to uninfected stock, including provision of information on notification and relevant literature to registered holdings and those identified as holding susceptible species within the various zones.
- Co-ordinate and conduct door to door inspection of susceptible premises.
- Maintaining liaison with Suffolk stakeholders (via multi-agency responders, farming industry (including National Farmers Union), poultry industry, local poultry veterinary surgeons, rural business, local community groups and those promoting tourism).
- Analyse patterns of disease and assess risk factors.
- Co-ordinate and manage disease management at the infected premises.
- Co-ordinate appropriate cleansing and disinfecting on all premises where animals have been slaughtered for disease control purposes.
- Coordinate the disposal of carcasses from premises where animals have been slaughtered for disease control purposes.
- Control and record movement of people, vehicles, materials and equipment onto and off infected premises via Control Points.
- Collect and submit samples to the EU Reference Laboratory for testing.
- Coordinate slaughter activities on all premises where stock are to be slaughtered for disease control purposes.
- Ensure valuations of all livestock being slaughtered for disease control purposes are carried out in accordance with legislative and policy requirements.
- Provide GIS response & supporting mapping data as appropriate to Trading Standards as requested when a declaration of an infected premise is made.

6.2 Government Offices for the East of England (GO East)

- Support the local response and provide a channel for information exchange between local and central tiers.
- Monitor wider impacts of the emergency and provide advice on consequent management issues.
- Support the co-ordination of the response where the emergency crosses a number of counties within the region.
- Brokerage of mutual aid across the region and between regions.
- Attend and provide the support function to a Regional Civil Contingencies Committee (RCCC).
- Provision of Regional Operations Centre for East of England.
- Assist in the co-ordination of recovery.

6.3 Suffolk Strategic Coordination Group

- Responsible, until the Multi Agency GOLD is formed for a declared Major Incident, for the coordination and resilience of Suffolk at a county level as part of the Suffolk Resilience multi-agency emergency response and recovery framework.
- Identify staff and other resource requirements from departments and multi-agencies at county level.
- Provide a link with the LDCC to coordinate the emergency response to a notifiable animal disease outbreak within Suffolk and that any wider implications are managed.
- Provide multi-agency support to Animal Health lead response at infected premises.

6.4 Environment Agency

- Provide expert advice to local and national stakeholders, in particular on waste management options. The advice will focus on disposal sites the Agency regulates.
- Determine applications and registrations for waste disposal and recovery activities (including carcasses, manure and wash waters) where required and as appropriate.
- Advice on pollution prevention issues such as the siting and operation of cleansing and disinfection facilities.
- Monitor the impact of the outbreak on the environment.
- In partnership with the Local and Health Authorities advise on the response to air quality issues and health impacts on the wider population.
- Provide Liaison Officers as appropriate for Cabinet Office/Defra, NDCC & LDCC and where necessary representation at RCCC and SCG.

6.5 Health Protection Agency

- Provide input via local HPU Office to STAC and LDCC, and input to GOLD (SCG) via regional representative.
- Field health-related enquires from public and local health service staff, especially where risk of exposure to animal disease has or is likely to take place – General public health enquiries will be pre filtered by NHS Direct.
- Ensure continuity of health care provision in restricted infected areas.
- Assess the impact of disease control measures on public health.
- Ensure Directors of public health in NHS Suffolk are briefed on disease control measures and any related public health issues via NHS Incident Management Team (IMT).
- Assist in the analysis of human blood samples.
- Work with multi-agency partners to ensure that incidents are controlled and managed in an integrated fashion (LDCC and GOLD (SCG)) when animal disease has potential of infecting humans.
- Representation at RCCC, if necessary.
- Contribute to communications and briefing requests.
- Communicate policy changes to rest of HPA and direct deployment of HPA specialist functions.
- Provide laboratory support, epidemiological advice and access to modelling capability.

6.6 Suffolk Health Authorities

- Provide clear and unambiguous advice on the human health implications of an animal disease outbreak - including foreign language information support as required.
- Provide guidance and advice on prophylaxis and treatment where necessary.
- Provide treatment & prophylaxis as necessary to those exposed to, or likely to be exposed to, animal diseases.
- Work with multi-agency partners to ensure that incidents are controlled and managed in an integrated fashion (LDCC and GOLD (SCG)).
- Ensure continuity of health care provision in restricted infected areas.

6.7 Suffolk Constabulary

- Assist local authorities with enforcement of movement controls and policing of various control zones.
- Provide assistance to Animal Health through provision of specialist knowledge in the area of management and co-ordination of major incidents.
- Provide support in pursuing legal entry into premises.
- Work in partnership with local authorities and Animal Health to consider local intelligence.
- Manage disturbances at disposal sites / prevent any breaches of the peace.
- Stopping and checking vehicles transporting animals.
- Prevent public access to infected premises and closed rights of way / land.
- Work with multi-agency partners to ensure that incidents are controlled and managed in an integrated fashion (LDCC and GOLD).
- Representation at RCCC, if necessary.

6.8 Local Government Association (LGA)

- Confirm Defra / Government Department emergency contact points.
- Alert local authority Chief Executives.
- Provide representation within Joint Co-ordination Centre (JCC) of the National Disease Control Centre (NDCC) in London and attend NDCC meetings ('birdtables') as necessary.
- Attend Civil Contingencies Committee meetings as and when required.

6.9 Local Authorities Co-ordinators of Regulatory Services (LACoRS)

- Provide advice to Local Authorities on both regulatory and enforcement matters.
- Assist in enforcing Animal Health and welfare legislation.
- Confirm Defra / Government Department emergency contact points.
- Ensure key ' staff are alerted and updated to current situation.
- Alert pre arranged "ready reference" local authority contact group for use as an immediate technical advisory group.
- Make available , on the website, information and guidance for Local Authorities and send out regular e-mails.

6.10 Local Authorities

- Work with multi-agency partners to ensure that emergency response is controlled and managed in an integrated fashion (LDCC, GOLD (SCG) and GO East).
- Assist Animal Health / Defra with provision of resources such as staff, vehicles equipment and buildings where necessary (e.g. a Forward Operating Base) - dependent on availability of those resources and external priorities.
- Supply and erect road signs for publicising Protection and Surveillance Zones at appropriate boundaries.
- Support Defra policy on access to 'rights of way'¹
- Be prepared to reinforce Trading Standards response in following areas:
 - o Co-ordinate requests for volunteers to all responder agencies to support Animal Health & Trading Standards enquiries.
 - o Door-to-Door Enquiries. Provide staff to augment Trading Standards' door to door enquires for domestic animals susceptible to the notifiable disease identified.
 - o Trading Standards Licensing Support. Provide administrative, office-based support, to Trading Standards licensing activities during an outbreak.
- Take the lead for the recovery once specific animal disease related activity has ceased.
- Animal Health Officers and Trading Standards Officers
 - o Responsible for the enforcement of Animal Health legislation, including movement restrictions/licensing and enforcement within Surveillance Zones.
 - o Identify and communicate alert and response levels to other operational partners via Local Authority Emergency Centres.
 - o Liase with Emergency Planning staff for implementation of contingency plans and assistance with establishing disease outbreak control rooms (Suffolk County Emergency Centre).
 - o Liaise with LDCC surveillance teams to obtain appropriate GIS data to support foot patrols and planning response.
 - o Co-ordinate location of road signage with Highways Agency
 - o Close / re-open rights of way.
 - o Respond to enquires from farmers/industry/general public.
 - o Monitor livestock welfare, especially on transport and at markets.
 - o Provide assistance with control of cleansing and disinfecting premises and licensed animal gatherings.
 - o Provide a representative at the LDCC Bury St Edmunds.
 - o Provide advice on enforcement.
 - o Advise on appropriate location of Media Liaison Point.
 - o Proactively disseminate advice and education to local communities through established communications channels (Communicate Suffolk).

¹ [Defra link to rights of way](#)

- Liaise with LACoRS to ensure an awareness of national guidance is maintained and to ensure major issues are reported and resolved at a national level.
 - Maintain effective liaison with other local operational partners.
- Joint Emergency Planning Unit and EPO Ipswich Borough Council
- Warn and notify local authority responders for all amber level notifications.
 - Local authority emergency management coordination through Local Authority Emergency Centres.
 - Provision of contingency resources (through Local Authority Emergency Centres).
 - Identifying resources from all other parts of Local Authority (through Local Authority Emergency Centres).
 - Co-ordinate Local Authority representation at the LDCC to facilitate Local Authority activity.
- Communcations
- Provide public information including foreign language support capability.
 - Provide and update public website information as appropriate.
- Customer Services Direct
- Provide extra call centre capability.
 - Provide GIS and data solutions support to TS
- Environmental Health Officers
- Provide advice on public health implications of the disease control operations (e.g. disposal operations).
- Suffolk Highways
- Provide highways support to LDCC and Suffolk Police with traffic management issues around infected premises and zones, and if necessary the LDCC.
 - Provision of road and footpath access signs in conjunction with advice from Trading Standards.
- Waste Management
- Provide support, in conjunction with the Environment Agency to LDCC on disposal of slaughtered carcasses if in county options are being considered. (N.B: this is VERY unlikely).
 - Disposal of dumped carcasses.

6.11 Central Office of Information (COI) News and PR

- Provision of briefing/media expertise for LDCC Bury St Edmunds and GOLD (SCG).

6.12 Communicate Suffolk

- In accordance with the Communicating in a Crisis Plan and Toolkit, provide an integrated media and communications capability as an integral part of the response.
- Provide a link to Central Office of Information (COI) News and PR.
- Establish appropriate media facilities.
- Provide a media representative to GOLD (SCG).

7. **TRAINING**

Additional training outside of normal roles should be commensurate to ensure all Suffolk responders are able to support this plan. Additional staff brought in to augment responders will be provided, wherever practicable, with relevant briefings and where possible will co-work with trained personnel.

8. **EQUIPMENT**

Additional equipment required outside of that already held by multi-agency responders to support this plan will be sourced by those agencies as required. Stockholdings of equipment held should be sufficient to meet the responders roles in the event of a major outbreak.

9. **FINANCE**

9.1. Responders Initially the provision of support to an emergency response is provided at cost to the providing organisation. Where costs are significant, application can be made via the Bellwin Scheme (Local Authority and Fire) to Department of Communities and Local Government for the relief of some or all of the costs related to the emergency response. Procurement of equipment and supplies during an emergency response should wherever possible follow existing agency procedures although exceptions may be made where timing or geographical situations dictate.

9.2. Infected Premises The Rural Payments Agency, an agency of Defra, would provide assistance for compensation under Schedule 3 of Animal Health Act 1981 or as part of EU compensation arrangements.

Annexes:

- A. National (countrywide) Alert framework
- B. Links to Defra
- B1. Aujeszky's Disease - Background and Concept of Response Operations
- B2. Avian Flu - Background and Concept of Response Operations.
- B3. Blue Tongue Virus - Background and Concept of Response Operations.
- B4. Classical Swine Fever - Background and Concept of Response Operations.
- B5. Foot and Mouth - Background and Concept of Response Operations.
- B6. Newcastle Disease - Background and Concept of Response Operations.
- B7. Rabies - Background and Concept of Response Operations.
- B8. [Equine Diseases Summary](#)
- B9. [West Nile Disease](#) - Background
- B10. [African Horse Disease](#) - Background
- B11. [Infectious Equine Anaemia](#) - Background
- B12. [Concept of Operations for Equine Diseases](#)

Further annexes will be added to cover diseases in proportion to the threat and risk analysis by Trading Standards in later versions of this plan.

ANNEX A

National (countrywide) Alert framework: The level of suspicion is case specific, and therefore must be assessed each time disease is suspected, although each state of alert may cater for more than one possible disease scenario within its corresponding level(s) of suspicion.

ALERT STATE (COUNTRYWIDE)	LEVEL OF SUSPICION (CASE SPECIFIC)	POSSIBLE SCENARIOS
WHITE/ BLACK	0 Disease not suspected following veterinary enquiry	Any restrictions on premises lifted, no further action.
	1 (Amber for FMD only) Lesions and clinical disease not typical - but disease cannot be ruled out entirely on clinical grounds.	Suspect animal (s)/ birds left alive and observed. Samples taken for laboratory diagnosis.
AMBER	2 Lesions and clinical disease suggestive of the notifiable disease but not entirely convincing.	Suspect animal(s)/ birds showing lesions are culled as a preventative measure (excluding those culled for <i>post- mortem examination and collection of tissue samples</i>). Samples taken and submitted for laboratory diagnosis.
	3 Veterinary staff on the farm and at HQ believe from investigation on clinical grounds that disease exists.	All susceptible livestock / birds on the premises culled on suspicion as a preventative measure. Samples submitted for laboratory diagnosis.
RED	4 As a 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 confirm disease.	All susceptible livestock / birds on the premises culled on suspicion and disease confirmed on clinical grounds only without awaiting laboratory results. Samples will be submitted for laboratory diagnosis. First reported case where disease is confirmed. Disease is already in the country and further cases have been confirmed

Notifications at Suspicion Stage

If disease is suspected (whether it be by an animal keeper, Animal Health veterinary officer, veterinarian official, or private veterinarian, the local Animal Health Divisional Veterinary Manager (DVM) must be notified. Arrangements for out of hours cover are in place at all Animal Health Divisional Offices (AHDOs). The DVM will notify Defra Veterinary Exotic Notifiable Diseases Unit (VENDU) and the office of the Chief Executive Animal Health (CE AH).

VENDU will circulate a Notifiable Disease Form 1 (ND1) to:

Defra Ministers and Senior Officials,
 Chief Veterinary Officer (CVO),
 Devolved Administrations,
 Other Government Departments (Cabinet Office Civil Contingencies Secretariat (CCS) and others as appropriate.

Out of Hours notification is the responsibility of the Duty Veterinary Adviser and Duty Press Officer.

Amber Alert – Suspicion of Disease

If a veterinary risk assessment indicates an unacceptable risk in waiting, the CVO may take the decision to move to red alert without implementing the actions required at amber alert phase.

If suspicion of disease is strong and its presence cannot be ruled out on clinical grounds a teleconference is held, chaired by the CVO. Its purpose is to appraise all concerned of the situation and risk assessment, and to plan future action and communication accordingly.

This amber alert telephone conference is organised by FFG Emergency Response Capability Core Team, who also make the necessary arrangements for out of hours cover. It is chaired by the CVO and participants include:

*CVO [or nominated representative], Deputy Chief Veterinary Officer
Defra Chief Scientific Advisor
Chief Executive Animal Health, Animal Health Contingency Planning Director
Divisional Veterinary Manager (DVM)
Animal Health Director of Field Operations
Animal Health Director of Veterinary and Technical Services
Veterinary Exotic Notifiable Diseases Unit (VENDU)
Senior Responsible Owner of the Exotic Disease Policy Programme
Livestock Strategy Director or Deputy Director
Department of Health (DoH), Health Protection Agency (HPA).
Head of National Epidemiology Emergencies Group (NEEG)
Food Standards Agency & Meat Hygiene Service
Representative for Central Office of Information (COI) News and PR (COI) / News Coordination Centre
Communications Director (CD)
Private Offices, No. 10
Emergency Response Capability Core Team
Civil Contingencies Secretariat (CCS)
Scottish Executive, Welsh Assembly Government (WAG EPC) & Department for Agriculture and Rural Development Northern Ireland (DARDNI),
FFG International Trade Core Function
UKRep - UK Permanent Representation to the EU (F&C Office)*

Other agencies may be involved in the teleconference depending upon the nature of the disease.

If it is considered necessary, more than one amber teleconference may be held. Questions about test results and timing of their delivery, either at the teleconference or at any other time, must be addressed to the CVO or nominated contact. If, following the teleconference, the level of suspicion is considered great enough to warrant further action, officials will take responsibility for notifying others in line with the provisions set out in the Framework Response Plan.

Actions at Red Alert

In cases where laboratory confirmation is imminent and the veterinary risk assessment indicates an unacceptable risk in waiting, **the CVO may take the decision to move to red alert before final test results are received.**

If the CVO confirms disease in the suspect animal or if the risk assessment indicates an unacceptably high risk of disease, the alert state will immediately be raised to 'Red'.

Animal health reorganisation not yet complete; roles and functions tbc and inserted into 09/10 issue 5.

KEY LINKS

[Defra's Framework Response Plan to Exotic Animal Diseases V2 Dec 07](#)

[Defra's Overview of Emergency Preparedness for Exotic Animal Disease Dec 2006](#)

[Defra, UK - Disease surveillance and control - International disease monitoring - POA](#)

[Defra link to Contingency Plans and Fact Sheets](#)

[Defra link to Countryside & Rights of Way](#)

BACKGROUND – Aujeszky’s Disease

1. Aujeszky's disease (pseudorabies), primarily affects pigs.
2. Although it can infect cattle, sheep, cats, dogs and rats causing fatal disease, pigs are the only natural host for the virus. The disease is caused by porcine herpes virus and is characterised by respiratory, reproductive and nervous signs. Piglets will have no coordination, recumbency and convulsion, mortality rates in less than 7 day old pigs may be 100% but as the animal ages this tends to decrease. Older pigs suffer from coughing, sneezing and nasal discharge. Infection of sows can cause abortion and stillbirths.

CONCEPT OF OPERATIONS – Aujeszky’s disease

3. There is no specific treatment for acute infection. Vaccination would alleviate the clinical signs and is used in some countries. In Great Britain a slaughter policy exists to control the disease and on confirmation of disease:
 - Notice will be served on the infected premises, restricting movements into and out of the premises.
 - Whole herd slaughter with compensation, apparently healthy and marketable pigs will be transported to a slaughterhouse sick and unmarketable pigs will be slaughtered on the premises.
 - Cleansing and disinfection of the premises and removal of restrictions.

Further detail:

Defra Notifiable diseases – Aujeszky’s Disease

BACKGROUND - Avian Influenza (Highly Pathogenic)

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. Highly pathogenic AI (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. This disease may also jump species barrier leading to a Pandemic in humans (SRF Pandemic Influenza Plan refers for further information on human health impacts and responses).
2. Infection with low pathogenic AI (LPAI) viruses usually results in milder, less significant disease. However, LPAI viruses can mutate into highly pathogenic strains.
3. 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 a potentially important reservoir, acting as a possible source of infection to poultry and other animals.
4. EU legislation to control and eradicate AI applies to HPAI viruses and LPAI viruses – subtypes H5 and H7. Flocks found to be infected with LPAI would be assessed. It is likely that such flocks would be slaughtered.
5. 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.
6. 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.
7. Good biosecurity is required to stop onward spread.

CONCEPT OF OPERATIONS - Avian Influenza (Highly Pathogenic)

8. Temporary Control measures - Isolation from Wild Birds In the event of HPAI being found in poultry, captive birds or wild birds in the UK, all poultry owners will be required, wherever practicable, to move birds indoors as soon as possible.
9. Temporary Control Measures - National Movement Ban In the event of HPAI being found in poultry in the UK, the government may require a short term national movement ban of all poultry and hatching eggs. The impacts of the national ban would be mitigated by the immediate introduction of licensed low risk movements. A short term national movement ban may also be introduced in the event of HPAI being found in wild or captive birds, although this would not be automatic and would be subject to a veterinary risk assessment.

10. Premises Controls Premises where disease has been confirmed are known as Infected Premises (IPs); birds on other premises that are considered to have been exposed to infection may be designated as dangerous contacts (DCs), and culled out

- All poultry on IPs will normally be culled.
- Movement restrictions will apply to IP or high risk DC until all birds have been culled, cleansing and disinfection has been completed and a veterinary check completed.
- Restrictions are applied and lifted by serving the occupier of the premises with notices which explain the restrictions and any licensing provisions.

11. Area Controls Area controls on movement around suspected premises can be applied on suspicion of AI and revised once the disease is confirmed: (However, it would be unusual for controls to be imposed *before* disease was confirmed)

- Protection Zone (PZ) Minimum 3km radius from the IP outbreak point. All poultry premises within the Protection Zone will have regular clinical inspection and examination to look for evidence of AI and clinical sampling up to 21 days from the last confirmed case.

Measures within the PZ may include:

- Housing or isolation of poultry and other captive birds.
 - Movement restrictions on poultry, other captive birds, mammals, eggs, poultry meat, carcasses and poultry waste except where licensed.
 - Biosecurity measures for people, premises and vehicles.
 - Bans on bird gatherings.
 - Bans on releasing of wild birds.
 - Potential closure of footpaths, particularly those immediately adjacent to the IP as advised by Veterinary risk assessment.
- Surveillance Zone (SZ) Minimum 10km radius from IP.

Measures within the SZ are similar to those within the PZ, but likely to be less restrictive, for example no restrictions on the movement of poultry meat or carcasses.

- Restricted Zone (RZ) Zoned area as defined by Defra / Animal Health which may range from a part to the whole of the UK.

12. Lifting of Restrictions Protection Zone controls will apply for at least 21 days after the preliminary cleansing and disinfection of any infected premises, after which time the area becomes part of the Surveillance Zone. The Surveillance Zone 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 infected premises. The duration period for the PZ and SZ will be based on evidence supporting no disease present.

Further detail:

Defra AI Suffolk (Holton 2007) Final Epedemiological Report

Defra Notifiable diseases - Avian Influenza

BACKGROUND – Blue Tongue Virus (BTV)

1. BTV is a highly infectious viral disease that can affect all species of ruminants (i.e. grazing animals that have four stomach chambers typically; sheep, cattle, goats and deer). The severity of disease depends upon the strain and subtype of virus and the type of ruminant infected. The BT viruses have the potential to cause severe disease in sheep, associated with a high death rate - up to 70% of a flock. Cattle can also show signs of the disease and act as a reservoir leading to repeated outbreaks of the disease occurring.
2. Ruminants may similarly harbour the midge either directly, via feed, associated wet ground and waste bedding. They are thus a potentially important reservoir, acting as a possible source of infection to other animals, as the virus cannot be passed directly from animal to animal. Transmission of the virus during an outbreak therefore depends on continuing cycles of infection between infected animals and vector insects. The virus could also be introduced through illegal imports of animals or contaminated blood products (e.g. bulls semen).
3. BTV could be introduced to uninfected livestock or deer through bite contact with infective midge's of the *Culicoides* species. The vector-borne nature of the disease (and distribution of vectors) ensures that the risk of disease spread can only be mitigated against to a degree. The benefits of housing animals at times of the day when the midge vector is most active are unproven (at least in the context of BTV8). Treatment of midge breeding grounds e.g. manure heaps as well as using repellents and approved pour-on insecticides on cattle and sheep may reduce the risk of infection to some degree in certain circumstances
4. The Bluetongue Order 2003 implements Council Directive 200/75/EEC concerning the control and eradication of Bluetongue. Controls would apply to domestic ruminants and wild deer reared in captivity for breeding, the production of meat or for restocking supplies of game.

CONCEPT OF OPERATIONS – Blue Tongue Virus (BTV)

5. The default measures aimed at preventing disease spread involves restricting animal movement and vector mitigation. Veterinary investigation on suspect premises, and restrictions (including a ban on movement of susceptible animals on and off the premises)
 - On confirmation, restrictions remain in place and are extended to a Control Zone (CZ) of 20km around the IP.
 - Two wider zones must also be declared; the protection zone (at least 100km in radius around an IP); the surveillance zone (at least 50km in radius beyond the PZ).
 - Movement of susceptible animals out of these zones is banned (although animals can move freely within those zones) and surveillance programmes must be implemented.
6. Premises Controls Premises where disease has been confirmed are known as Infected Premises (IPs). The spread of disease is caused by vectors (i.e. midges) rather than from animal to animal, compulsory slaughter of ruminants infected with Bluetongue would not normally form part of the control strategy.

- Movement restrictions will apply to suspect premises which will include a ban on movement of susceptible animals on and off the premises.
- Restrictions are applied and lifted by serving the occupier of the premises with notices which explain the restrictions and any licensing provisions.

7. Area Controls (Post disease confirmation)

- Protection Zone (PZ) Minimum of at least 100km around the IP.
- Surveillance Zone (SZ) Additional minimum of 50km in radius beyond the PZ. Movement of susceptible animals out of these zones are banned (although animals can move freely within the zones) and a surveillance programme will be implemented.

8. Lifting of Restrictions The restriction notices on infected holdings and in holdings in designated areas within a 20km radius of infected holdings will remain in place until 100 days after vector activity has ceased in the area and surveillance indicates that BTV transmission is no longer occurring.

The infected area (PZ and SZ) will remain in place and these measures will continue to be implemented until amended or repealed by an Order of the Secretary of State with the approval of SCFCAH.

This will require demonstration that vector activity has ceased for at least 100 days and that BTV transmission is no longer occurring.

Surveillance to demonstrate that BTV transmission is no longer occurring will require continuation of four weekly monitoring of naïve sentinel cattle (either born after BTV transmission had ceased or demonstrated BTV – free introductions from other areas).

The period may be no less than 12 months where vaccination has been carried out.

The disease will be declared as out of circulation following a 2 year period with no new cases.

Further detail:

Defra Notifiable diseases - Blue Tongue Virus

Blue Tongue Virus - Draft Contingency Plan Aug 06

BACKGROUND – Classical Swine Fever

1. Classical swine fever (CSF) is a highly contagious viral disease of pigs. In its acute form the disease generally results in high morbidity and mortality. CSF was first confirmed in this country in 1864 and was initially allowed to spread unchecked until 1878, when legislation for its control was introduced. The disease persisted for many years until it was finally eradicated from Great Britain from 1966 - 1971.

2. There have been sporadic outbreaks in 1971 and 1986, more recently a serious outbreak occurred in East Anglia in 2000 affecting 16 farms. A total of 74,793 pigs including those on contact farms were slaughtered to eradicate the disease. The cause of this most recent outbreak was not finally established but was most likely the result of pigs eating a contaminated imported pork product.

3. The main source of CSF appears to be from pigs eating infected pork or pork products. In this form the CSF virus can remain active for many months. The movement of infected pigs is a common method of spreading CSF. Apparently healthy pigs may be incubating disease and recovered pigs can excrete the virus for long periods of time.

- The virus can exist outside the pig for long periods. The movement of contaminated vehicles, clothing, footwear and equipment can also spread disease.
- Whilst the UK operates strict controls over the import of meat and meat products to guard against the introduction of animal diseases, it is possible that on occasions meat and meat products infected with an animal disease virus such as swine fever may accidentally enter the country.
- Ban on swill feeding introduced in May 2001 (now included in the Animal By-Products Regulations 2003).
- 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.

CONCEPT OF OPERATIONS – Classical Swine Fever**4. Summary of initial action on suspect cases**

Alert State	Suspect Level	CSF
White	0	All restrictions on premises lifted no further action.
White Black	1	Suspect animals left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
Amber	2	Sick pigs may be killed while the rest are kept left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Option to impose temporary control zone.
Amber	3	All animals on the premises are pre-emptively slaughtered. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
Red	4	Would not apply.

5. Premises Controls

The following policies may be applied on confirmation of CSF.

- Diagnosis will be confirmed by the Chief Veterinary Officer (CVO) - post lab analysis for the first case.
- Diseased and other pigs on the Infected Premises will be slaughtered 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 infected premises has been completed satisfactorily, the premises will remain under restrictions for at least 30 days.

6. Area Controls

- A Protection Zone (PZ) will be imposed with a radius of 3 km around the Infected Premises. 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 (SZ) 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 established.
- Footpaths will be closed only on Infected Premises and Suspect Premises.

7. EU Framework Plan for the Control of Classical Swine Fever

Note this is different from the Exotic Animal Disease Generic Contingency Plan.

The EU framework plan sets out measures for the control of classical swine fever in accordance with Council Directive 2001/89/EC and has been approved by the Commission. The plan provides a framework for member states to draw up their own more detailed contingency plans as does the generic plan.

Further detail:

Defra notifiable diseases - Classical Swine Fever

The Classical Swine Fever Contingency Plans for Great Britain  (405 KB).

BACKGROUND – Foot and Mouth Disease

1. Foot-and-mouth disease (FMD) is an acute infectious disease and probably more infectious than any other animal disease affecting Man or animals. The 2001 outbreak in the UK lasted from Feb – Oct and covered much of Northern England and Scotland. Over 2000 locations were identified and some 4,000,000 animals were ordered destroyed. The disease, if unchecked, can spread extremely quickly, causing fever, followed by the development of vesicles (blisters) - chiefly in the mouth and on the feet.

2. Among farm stock, cattle, sheep, pigs, goats and deer are susceptible. Hedgehogs, rats and any wild cloven-footed animals can also contract it. FMD is endemic in parts of Asia, Africa, the Middle East and South America. The interval between exposure to infection and the appearance of symptoms varies between twenty-four hours and ten days or longer. The average time, under natural conditions, is three to six days.

CONCEPT OF OPERATIONS – Foot and Mouth Disease

3. Disease prevention

The accepted disease control policy is to slaughter all affected livestock and any other susceptible animals which have been exposed to the risk of infection full compensation is paid for animals slaughtered.

4. Summary of initial action on suspect cases

Alert State	Suspect Level	FMD
White	0	All restrictions on premises lifted no further action.
White Black	1	Suspect animal(s) left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Impose temporary control zone (Form C).
Amber	2	Suspect animal(s) showing typical lesions are killed. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Impose temporary control zone (Form C).
Amber	3	All susceptible livestock on the premises are pre-emptively slaughtered. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Impose temporary control zone (Form C).
Red	4	Disease confirmed on clinical grounds only without awaiting laboratory results. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Area restrictions imposed All susceptible livestock on the premises slaughtered. Dangerous contacts traced and slaughtered depending on veterinary assessment.

5. Summary of Control Policies

- o Diagnosis will be confirmed by the Chief Veterinary Officer (CVO) - post lab analysis for the first case.

- A GB wide national movement ban of susceptible species will be put in place immediately through the declaration of a Supplementary Movement Control Zone throughout the whole country around a Temporary Control Zone – which would be the area immediately surrounding a suspect premises.
- A Protection Zone (PZ) will be imposed with a minimum radius of 3km around the Infected Premises.
- No animal movements will be allowed except for movement to emergency slaughter.
- Surveillance Zone (SZ) imposed with a minimum radius of 10km from the IP.
- 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.
- In both the Protection and Surveillance Zones, there will be requirements for increased levels of biosecurity on farms, cleansing and disinfection (C and D) of vehicles, people and machinery moving on/off farms.
- Movement of animals, animal products, feed and bedding will be prohibited, except under license.
- Products from animals in these zones will be subject to treatment to ensure destruction of the FMD virus.

6. Footpaths

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 Volume 1: Generic Plan, Annex G)

7. Vaccination

Since the epidemic of 1967-68, legislation provides that vaccination is normally prohibited, but may be sanctioned by the EU Commission as an additional means of arresting the spread of the disease. If a decision to vaccinate was taken, the Defra would vaccinate, free of charge, all susceptible stock within the area considered to be at risk.

8. European Union (EU) Legislation

Council Directive 2003/85/EC, adopted in September 2003, updated 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.

Further detail:

Defra Notifiable diseases - Foot and Mouth Disease Disease Control (Slaughter) Protocol.

BACKGROUND – Newcastle Disease

1. Newcastle disease virus (NDV) is a highly contagious and often fatal bird disease caused by Avian Paramyxovirus –APMV-1, and occasionally virulent strains from pigeons (APMV1), affecting fowls, turkeys, geese, ducks, pheasants, guinea fowl and other wild and captive birds. In the UK, isolated cases of this disease were first reported in the 1930s. From 1947 outbreaks occurred over the next 30 years, there were further isolated cases in 1984, 1996-7 and 2005. This disease however remains a problem world-wide.
2. The disease is transmitted through infected birds' droppings and secretions from the nose, mouth, and eyes. NDV spreads rapidly among birds kept in confinement, such as commercially raised chickens, and spreads primarily through the bodily discharges of infected birds. In Bird flocks, many animals die without showing any clinical signs, and in some outbreaks, mortality has reached almost 100 per cent in unvaccinated flocks - NDV may even cause mortality in vaccinated flocks.
3. There is no known treatment for the highly pathogenic form of Newcastle disease virus, sometimes called exotic Newcastle disease or END.
4. The confirmation of this highly contagious disease could mean that neighbouring countries will close their borders to protect their poultry industries. It may mean some markets previously available as export markets will no longer be available.

CONCEPT OF OPERATIONS – Newcastle Disease5. Summary of initial action on suspect cases

Alert State	Suspect Level	NDV
White	0	All restrictions on premises lifted no further action.
White Black	1	Suspect birds left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
Amber	2	Sick birds may be killed. Suspect flock left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
Amber	3	All poultry on the premises are pre-emptively slaughtered. Samples submitted for laboratory diagnosis. Premises restrictions imposed. Area restrictions imposed.
Red	4	Would not apply

6. Control Policies

- o Diagnosis will be confirmed by the CVO - post lab analysis for the first case.
- o Birds known to have been exposed to contact with Infected premises (IPs) are known as Dangerous Contacts (DCs) and may be culled out.

7. Premises Controls

- Premises where disease has been confirmed are known as Infected Premises (IPs).
- All poultry on IPs will normally be culled.
- Movement restrictions will apply to IP or high risk DC until all birds have been culled, cleansing and disinfection has been completed and a veterinary check completed.
- Restrictions are applied and lifted by serving the occupier of the premises with notices which explain the restrictions and any licensing provisions.

8. Area Controls Area controls on movement around suspected premises can be applied on suspicion of NDV and revised once the disease is confirmed: (However, it would be unusual for controls to be imposed *before* disease was confirmed)

- Protection Zone (PZ) Minimum 3km radius from the IP outbreak point. All poultry premises within the Protection Zone will have regular clinical inspection and examination to look for evidence of NDV and clinical sampling up to 21 days from the last confirmed case.

Measures within the PZ include:

- Housing or isolation of poultry and other captive birds.
 - Movement restrictions on poultry, other captive birds, mammals, eggs, poultry meat, carcasses and poultry waste except where licensed.
 - Biosecurity measures for people, premises and vehicles.
 - Bans on bird gatherings.
 - Bans on releasing of wild birds.
 - Potential closure of footpaths, particularly those immediately adjacent to the IP as advised by Veterinary risk assessment.
- Surveillance Zone (SZ) Minimum 10km radius from IP.

Measures within the SZ are similar to those within the PZ, but likely to be less restrictive, for example no restrictions on the movement of poultry meat or carcasses.

- Restricted Zone (RZ) Zoned area as defined by Defra / Animal Health which may range from a part to the whole of the UK.

9. Lifting of Restrictions Protection Zone controls will apply for at least 21 days after the preliminary cleansing and disinfection of any infected premises, after which time the area becomes part of the Surveillance Zone. The Surveillance Zone 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 infected premises. The duration period for the PZ and SZ will be based on evidence supporting no disease present

Further detail

Defra Notifiable diseases - Newcastle Disease

BACKGROUND - Rabies

1. Rabies is a fatal viral disease of the nervous system caused by a rhabdovirus which can affect all mammals including humans.
2. The disease is usually spread by saliva from the bite of an infected animal. Clinical signs include paralysis and aggression leading to a painful death. The virus is shed by the infected animal towards the end of the incubation period, for a short time, before the onset of clinical signs. The length of this period when the animal is able to transmit infection is not known with precision for many species, but in cats and dogs it is less than two weeks.
3. Classical rabies was eradicated from the UK in 1922 and the Pet Travel Scheme and quarantine helps protect against infected animals entering the UK, but because of the existence of the disease elsewhere there is concern about rabies being reintroduced by illegally imported mammals.
4. Rabies affects bats as well as terrestrial mammals. A strain of rabies called European Bat Lyssavirus (EBLV 2) has been found in Daubenton's bats in the UK on five occasions.

CONCEPT OF OPERATIONS – Rabies

5. Disease Control
 - Most species of rabies-susceptible animals entering the UK are required to spend six months in quarantine, unless arriving under and complying with all the pet passport conditions as detailed in the EU Regulation 998/2003.
 - Defra has a Rabies Contingency Plan which would be used in the event of an outbreak. The plan includes the following strategies for containing and eliminating rabies:
 - declaring an infected area and within this,
 - vaccinating, muzzling and leashing domestic animals,
 - banning any animal gatherings,
 - rounding up and quarantining all stray cats and dogs and vaccinating or destroying them,
 - if wildlife is involved (foxes, badgers, feral cats) control of the disease through vaccination and/or destruction.

Further detail:

[Defra Notifiable Diseases - Rabies](#)

[Rabies Draft Contingency Plan](#)

[Defra International Animal Health Division](#)

[Review of rabies prevention policies \(26 January 2007 - News release\)](#)

[Animal Quarantine](#)

[World Health Organisation website](#)

[Rabies Bulletin Europe website](#)

Equine diseases

Notifiable diseases in horses (subject to the Infectious Diseases of Horses Order 1987).

Disease	Last UK Occurrence	Animal Mortality %	Transmission	Controls
<u>West Nile Virus</u>	Never	35% (USA)	Mosquitoes - can also infect humans	<u>Draft Specified Type Equine Exotic Diseases (STEED) Contingency Plan 2005</u> Vector Control and <u>DOH WNV Contingency Plan</u>
<u>African Horse Sickness</u>	TBC	60% - Cardiac 95% - Acute	Insects	<u>Draft Specified Type Equine Exotic Diseases (STEED) Contingency Plan 2005</u> <u>Specified Diseases (Notification & Slaughter) Order 1992</u>
<u>Equine Infectious Anaemia (or Swamp Fever)</u>	1976	TBC	Biting flies, blood products, or clinical equipment	<u>Draft Specified Type Equine Exotic Diseases (STEED) Contingency Plan 2005</u> <u>Defra Equine Diseases COP and culling</u>

BACKGROUND - West Nile Virus (WNV)

West Nile Virus (WNV) is a viral infection of birds, horses and humans, spread by the bite of infected mosquitoes that can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord). Where the disease has passed to humans, many infected people show no symptoms. When disease does occur,

it is usually a flu-like illness with fever. A small proportion of cases (less than 1%) develop meningo-encephalitis which produces nervous signs and may be fatal.

In the USA in 2002, 4,161 people were reported as infected with the disease, of whom 277 died, In recognition of the human health implications the DoH has developed the [West Nile Virus Contingency Plan 2004](#).

Recent research by Natural Environment Research Council (NERC) found antibodies against the virus present in birds in Great Britain, suggesting past or present infection with WNV. WNV infection has never been identified in horses or humans in Great Britain. WNV is a flavivirus, one of a member of a group of Arthropod-Borne viruses (Arboviruses).

ANNEX B10

BACKGROUND - African horse sickness

African horse sickness is a highly fatal and infectious disease, which affects horses, mules and donkeys. It is caused by an orbivirus, and there are nine strains of the virus. The disease is not directly contagious between horses, and is present (endemic) in sub-Saharan Africa. The disease has spread as far north as Morocco and the Middle East. Zebras and elephants may be infected without showing signs of disease. Dogs can also be severely infected by the virus, usually by eating infected horsemeat.

The spread of disease is influenced by climatic conditions which favour the spread of carrier insects (vectors) including warm, moist weather and high rainfall, as well as spread by wind dispersal. It is likely that the virus persists (overwinters) in other, unknown species in Africa when the insect is not active. This explains why the disease does not persist in other countries following an outbreak.

ANNEX B11

BACKGROUND - Equine Infectious Anaemia

Equine Infectious Anaemia (EIA) or "swamp fever" is a virus disease of horses causing intermittent fever, anaemia, emaciation and death. It can be transmitted by mechanical transfer of blood by biting insects and occurs typically in low-lying swampy areas. The disease was first described in France in 1843. The term "swamp fever" was first used by Torrance in 1903 in Canada, where this disease had been known before 1882.

EIA has a worldwide distribution. Early in the twentieth century serious outbreaks occurred in France, Japan and America. During the decade 1980 to 1989 the disease was reported in many parts of America, Asia (India, Malaysia, Myanmar, Philippines, Thailand) Europe (Austria, France, Greece, Italy, Romania, USSR and Yugoslavia) and Australia.

ANNEX B12

CONCEPT OF OPERATIONS FOR EQUINE DISEASES:

Extract from 'DRAFT Specified Type Equine Exotic Diseases (STEED) Contingency Plan 2005' (page 19) – Note supersession of SVS by Animal Health

3.20 Actions when Alert Status of Disease is confirmed (RED)

The following control measures are aimed at limiting the impact of a confirmed incursion of the specified viruses and would include:

- a) Immediate local SVS and PVS heightened alert for the particular STEED diagnosed.
- b) LDCC will be established and arrangements for briefing and liaison with any ICT agreed with DH/ HPA. Consideration will be given to informing local Police Gold Command. The local CCDC may be part of a LDCC so that when an ICT is formed, they are fully aware of the disease situation and the networks established.
- c) SVS will make enquiries retrospectively to establish if there are other deaths in avians or equines locally that may be related.
- d) History and tracings investigations will be continued in depth, to provide information required for an epidemiological assessment.
- e) Undertake rapid diagnostic testing for the STEED.
- f) Containing the spread of the disease by the reduction of vector populations in the immediate vicinity of the infected premises. Defra is not responsible for, and has no plans for widespread vector control
- g) Establishing the extent of infected populations of horses and if relevant, avians, under the direction of Defra HQ. This information will also be of value to DH and HPA.
This will be achieved by means of epidemiological assessments, tracing back and forward for at least two disease incubation periods, and the use of restrictions, which may include movement restrictions. Sero surveys and retrospective clinical surveys may be required.
- h) Defining which other species and disease vectors may be involved in the outbreak.
- i) Reducing the exposure of animals to infection by the use of appropriate Protection Zones (PZs) and by awareness campaigns to inform owners and PVSs of measures to decrease the risk of infection. The DH and HPA will be responsible for advice to the general public. Locally the ICT will lead on such advice.

It is extremely important to limit further exposure to infected vectors.

3.21 Whilst it is most likely that the disease incursion will be limited, the situation should be monitored to ascertain more widespread infection than initial single cases may indicate.

Note:

General Controls:

The Infectious Diseases of Horses Order 1987, gives an inspector powers to declare an infected place where disease is suspected; to carry out a veterinary inquiry, prohibits the movement of horses carcasses and other things onto or off the premises and requires cleansing and disinfection.

Further Detail:

Summary of responses to consultation

Draft Specified Type Equine Exotic Diseases (STEED) Contingency Plan 2005

Defra's Gateway to equine issues in Government

Glossary

AI	Avian Influenza (HP – Highly Pathogenic, LP – Low Pathogenic)
AHDO	Animal Health Divisional Office
Bronze	Operational level of emergency services command and control
BTV	Blue Tongue Virus
CCDC	Health Protection Agency - Consultant in Communicable Diseases
CEAH	Chief Executive Animal Health
CEC	County Emergency Centre for Suffolk Local Authorities
COI	Central Office of Information and Public Relations
CSF	Classic Swine Flu
CVO	Chief Veterinary Officer
DVM	Divisional Veterinary Manager
EA	Environment Agency
EIA	Equine Infectious Aneamia
EU	European Union
FMD	Foot and Mouth Disease
GIS	Geographical Information System
GO East	Government Office for the Eastern Region (Beds, Cambs, Essex, Herts, Norfolk & Suffolk)
Gold	Strategic level of multi agency major incident command and control
HPA	Health Protection Agency
HPU	Health Protection Unit – Local HPA Office
IMT	(NHS) Incident Management Team
JCC	Joint Coordination centre (part of NDCC)
LACoRS	Local Authority Coordinators of Regulatory Services)
LDCC	Local Disease Control Centre
LGA	Local Government Association
ND1	Notifiable Animal Diseases Form 1
NDCC	National Disease Control Centre (DEFRA – London)
NFU	National Farmers Union
NHS	(Suffolk) National Health Service
RCCC	Regional Civil Contingencies Committee (part of Regional Resilience team)
SCC	Suffolk County Council
SCG	Strategic Co-ordination Group
SRF	Suffolk Resilience Forum
Silver	Tactical level of emergency services command and control
STAC	Scientific and Technical Advisory Cell
TS	Trading Standards
VENDU	Veterinary Exotic Notifiable Diseases Unit
WNV	West Nile Virus