

**MEETING OF THE STATES PARTIES TO THE
CONVENTION ON THE PROHIBITION OF
THE DEVELOPMENT, PRODUCTION AND
STOCKPILING OF BACTERIOLOGICAL
(BIOLOGICAL) AND TOXIN WEAPONS AND
ON THEIR DESTRUCTION**

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Items 5 and 6 of the agenda

**Existing mechanisms for responding to and mitigating the effects of cases
of alleged use of biological or toxin weapons or suspicious outbreaks
of infectious animal diseases in Italy**

Submitted by Italy

1. In line with relevant regulations and directives of the European Community, Italy has adopted ad hoc legislation to effectively respond to and mitigate the effects of outbreaks of most dangerous infectious animal diseases.

2. In this context it is worth mentioning the following emergency plans:

“Measures to fight avian influenza”

3. The response plan to avian influenza outbreaks is structured in the following phases:

Activation/Access

4. Upon notification of the alleged infectious case, the veterinary doctor (“official veterinary doctor”) of the competent local sanitary agency (“A.S.L.”):

- (i) Immediately informs the competent “Zoo-prophylactic Experimental Institutes” (IZS) and alerts the mobile disinfection unit, indicating the adequate disinfectant product required by the involved biological agent;
- (ii) Promptly and safely accesses, wearing appropriate protective equipment, the area (most probably an avian breeding) where the alleged infectious case occurred;

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- (iii) adopts necessary measures to prevent the infectious disease's spreading outside the breeding, limiting contacts between local staff and potential receptive animals and identifying appropriate access where exiting staff and vehicles can be disinfected.

5. The veterinary doctor of IZS joins the official veterinary doctor, using the same protective measures, in order to perform appropriate on-site epidemiological investigation.

On-site epidemiological investigation

6. Official and IZS veterinary doctors:

- (i) Identify the basic structures and features of the involved breeding;
- (ii) Perform clinic and epidemiological investigations so to detect confirmed and/or alleged infectious cases, and collect samples (lungs, tracheas, intestines) to be promptly sent to local IZS;
- (iii) Compile an ad hoc protocol of epidemiological investigation containing all relevant information on the infectious cases, to be sent to the "National Reference Centre" for avian influenza (IZS of Veneto, Trentino Alto Adige and Friuli), to the Ministry of Health and to the competent veterinary service of the regional administrative authority;
- (iv) After completing on-site epidemiological investigations, official and IZS veterinary doctors leave the breeding, carefully disinfecting their bodies as well as the equipment and vehicles used to access the breeding.

Confirmation of the infectious case and related response measures

7. Upon confirmation of the infection outbreak by the "National Reference Centre", measures are adopted in order to control and eradicate it in the affected area. They include:

- (i) Deployment of the mobile disinfection unit at the access point of the involved breeding, that becomes the only entry and exit point for persons and vehicles;
- (ii) Drastic limitation of movements from and to the infected area;
- (iii) Notification, by the official veterinary doctor, of the infectious disease outbreak to the local administrative authority (the mayor), to the competent A.S.L., to the Ministry of Health and to the regional health service

8. Following the above notification:

The competent mayor issues:

- (i) A first ordinance establishing the obligation to:
 - (a) Seize and kill on-site all avian population (whose carcasses must be buried) of the infected breeding;
 - (b) Identify and destroy avian meat slaughtered during the period of disease incubation;
 - (c) Clean and disinfect areas dedicated to avian breeding and their surroundings, as well as vehicles used for animal transport and all potentially infected material;
 - (d) Avoid re-introducing avian population in the breeding before thirty days from cleaning and disinfection operations.
- (ii) A second ordinance establishing a “protection zone” (within a radius of 3 kilometres from the infectious centre) in which:
 - (a) All avian breeding must be identified and undergo periodic clinic examination of their avian populations, that must be duly confined;
 - (b) All access to avian breeding must be duly disinfected;
 - (c) All moving of avian population or fertilised eggs from their breeding is forbidden.

The director of the regional health service issues an ordinance establishing:

- (i) A “surveillance zone” within a radius of 10 kilometres from the infectious centre;
- (ii) the prohibition to transport avian population within the surveillance zone;
- (iii) the prohibition, for the first 15 days after the adoption of the ordinance, to move avian population and fertilised eggs outside the surveillance zone;
- (iv) the prohibition to introduce game inside the surveillance zone.

9. The above ordinance remains in force for 30 days after the de-contamination of the infectious centre, provided that no new infectious outbreaks occur in the meantime.

Response plan to “Bovine Spongiform Encephalopathy” (BSE) outbreaks

10. The response plan to “Bovine Spongiform Encephalopathy” (BSE) is structured in the following phases:

Preliminary investigations and preventive measures

11. Upon notification of the alleged infectious case, the veterinary doctor (“official veterinary doctor”) of the competent local sanitary agency (“A.S.L.”) immediately visits the area (most probably a cattle breeding) where the alleged infectious case occurred, in order to verify it.
12. If the case appears to be grounded, the official veterinary doctor:
 - (i) Orders the isolation of the involved animal/s and prohibits its/their moving;
 - (ii) Take a census of all animals present in the breeding (including non bovine species).
13. Relevant data are collected and sent to the local veterinary service, that forward them to “National Reference Centre” for BSE (IZS of Piemonte, Liguria and Valle d’Aosta) and to the “Operational Veterinary Centre for epidemiology, planning and information” (IZS of Abruzzo and Molise).
14. Potentially infected animals must be kept for 15 days under clinic observation by the local veterinary service and by local IZS. If involved animals die during this period, the local veterinary service takes relevant samples and sends them to the local IZS for BSE diagnosis.

Response measures after epidemiological exams

15. After 15 days:
 - (i) If detected neurological symptoms regress, or a disease different from BSE is identified, previously adopted confinement measures are revoked following a joint visit by the local veterinary service and IZS, and due notification is made to both the “National Reference Centre” for BSE and to the “Operational Veterinary Centre for epidemiology, planning and information”;
 - (ii) If BSE diagnosis cannot be ruled out, involved animals must be considered “BSE suspect”. Consequently, the official veterinary service:
 - (a) Orders the slaughtering of BSE suspect animals (with brain tissues sampling, eventually sent to local IZS for histo-pathology exams), seizes all bovine animals present in the breeding and prohibits their moving.

- (b) notifies the BSE suspect cases to the Ministry of Health, the regional administrative authority, the local IZS, the “National Reference Centre” for BSE and the “Operational Veterinary Centre for epidemiology, planning and information”.

16. Carcasses of slaughtered animals and of bovines died during the observation period must be buried:

- (i) If the BSE diagnosis is negative, preventive measures previously adopted are revoked;
- (ii) If the BSE diagnosis is positive, local IZS sends relevant samples to the “National Reference Centre” for BSE and to the “Operational Veterinary Centre for epidemiology, planning and information”, for further confirmation.

17. Upon confirmation of BSE cases, the local veterinary authority orders:

- (i) The tracing of all animals potentially exposed to BSE risk;
- (ii) The slaughtering of all bovine animals in the involved breeding and the burial of their carcasses;
- (iii) The tracing and slaughtering of all bovine animals born from infected animals two years prior to BSE outbreak;
- (iv) The tracing and slaughtering of all bovine animals of the same age of the infected animals and having shared their same risk factors;
- (v) The tracing of the mothers of all infected animals.

18. All slaughtered animals must undergo BSE diagnostic exams.

19. Tracing activities are co-ordinated by the Ministry of Health, in co-operation with the “National Reference Centre” for BSE and the “Operational Veterinary Centre for epidemiology, planning and information”.

20. If infected animals have been imported from abroad, the Ministry of Health seeks all relevant information in order to establish the country of origin and identify the presence of other bovine animals belonging to the same stock.

21. If epidemiological investigation in the involved breeding shows that sheep and goat species also present there may have been exposed to BSE risk, local veterinary service establishes a specific epidemiological surveillance on them.

Preventive and response measures related to BSE cases in slaughtering houses

22. If an alleged BSE cases involving animals older than 20 months is identified during “ante mortem” veterinary visits in a slaughtering house, the veterinary doctor of the house:
- (i) Informs the “National Reference Centre” for BSE and the “Operational Veterinary Centre for epidemiology, planning and information”;
 - (ii) Orders the slaughtering of the suspect animals (with brain tissues sampling, eventually sent to local IZS for histo-pathology exams) and quarantines their flesh.
23. If BSE exams are positive, those flesh must be immediately destroyed, and the last breeding that owned the infected animals must be traced.

National Unit for BSE crisis

24. If BSE outbreaks are identified within the Italian territory, the “Permanent Emergency Commission” established at the Ministry of Health - duly integrated by representatives of informs the “National Reference Centre” for BSE and the “Operational Veterinary Centre for epidemiology, planning and information” - serves as national unit for BSE crisis management.

BSE-related Laboratory diagnostic

25. The “High Institute of Health” (ISS), in co-operation with the “National Reference Centre” for BSE organises inter-laboratory tests aimed at verifying and enhancing diagnostic techniques related to detection of mammal tissues in animal feed.
26. The “National Reference Centre” for BSE organises inter-laboratory tests aimed at verifying and enhancing diagnostic techniques related to animal BSE detection.

“Measures to fight and eradicate blue-tongue disease”

27. The response plan to “Blue-Tongue” disease is structured in the following phases:

Suspect outbreak and preliminary epidemiological exams

28. Upon notification of the alleged infectious case, the official veterinary doctor of the competent A.S.L. immediately visits the area (most probably an ovine breeding) where the alleged infectious case occurred, in order to verify it. To this end, the official veterinary doctor places the breeding under official surveillance and orders:
- (i) A census of all animals present in the breeding, indicating - for each species - the number of dead, infected or allegedly infected animals;

- (ii) A census of all sites that could favour the survival or the reproduction of the insect vector of “Blue-Tongue”;
 - (iii) An epidemiological exam related to:
 - (iv) Duration of the disease presence in the breeding;
 - (v) Possible cause of the disease and identification of other breedings potentially infected by the same virus;
 - (vi) Presence and distribution of disease’s vectors;
 - (vii) Animal movements from and to involved breedings;
 - (viii) The prohibition of any movement of animals from and to involved breedings;
 - (ix) The confinement of animals during hours of activities of “Blue-Tongue” vectors;
 - (x) The periodic treatment of animals and sites by authorised insecticides;
 - (xi) The destruction, elimination, incineration or burial of dead animals’ carcasses.
29. Pending a decision by the official veterinary doctor, breeding owners are obliged to apply the above mentioned confinement measures as well as the prohibition to move animals from the breeding.
30. Preventive measures can also be applied to other breedings if there is a grounded evidence of potential contamination outside the first breeding involved.
31. Those preventive measures are enforced until the suspect of “Blue-Tongue” outbreak is ruled out.

Measures adopted following confirmation of “Blue-Tongue” outbreak

32. Following confirmation of “Blue-Tongue” outbreak, the official veterinary doctor orders:
- (i) The slaughtering of animals required in order to prevent the disease spreading;
 - (ii) The destruction, elimination, incineration or burial of dead animals’ carcasses;
 - (iii) The implementation of preventive measures to all ovine breedings within a radius of 20 kilometres from the infected breeding;

- (iv) The implementation of measures indicated by the Ministry of Health, in line with EC regulation, concerning in particular a vaccination program or other alternative initiatives;
- (v) An epidemiological exams according to principles indicated sub c.1.

33. The Ministry of Health notifies to the European Commission of the measures implemented under this paragraph.

“Protection” and “surveillance” zones

34. To complement measures indicated sub c.2, the Ministry of Health - or the authority delegated for veterinary police issues - establishes a “protection zone” (with a radius of 100 kilometres from the infected breeding) and a “surveillance zone” (50 kilometres width from the “protection zone”).

35. If the above zones fall across the borders of several EU Member States, their demarcation is either agreed by involved governments or decided within EU co-ordination.

36. In the “protection zone”, the following measures are implemented:

- (i) Identification of all breeding owning animals receptive to the disease;
- (ii) Implementation of a program of epidemiological surveillance based on the control of bovine group of reference;
- (iii) Prohibition to move animals from the zone.

37. In addition, the Ministry of Health - after informing the European Commission - can decide to vaccinate animals against “Blue-Tongue”.

38. The same measures are implemented in the “surveillance zone” excepting animal vaccination, that has to be previously agreed with the European Commission.

“Blue-Tongue”-related Italian and European laboratories

39. The Italian national laboratory of reference for “Blue-Tongue” is established at the IZS of Abruzzo and Molise. It is competent for co-ordinating regulation and diagnostic methods as well as for reactants’ use and vaccines’ testing.

40. The EU laboratory of reference for “Blue-Tongue” - the “AFRC Institute for Animal Health” in Woking, Surrey, United Kingdom - promotes co-ordination among diagnostic methods of EU Member States, supports national efforts to identify “Blue-Tongue” outbreaks, facilitates training of experts in laboratory diagnostic, and ensures exchange of information with OIE related to “Blue - Tongue” diffusion worldwide.
