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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Animal Disease Control in the United Kingdom

Submitted by the United Kingdom

Abstract

1. The United Kingdom (UK) has in place the key elements required for effective control of animal disease. These include an organisation with the overall responsibility for policy and its implementation together with mechanisms for delivery of the policy, the legal framework providing the necessary authority, intelligence and surveillance for disease identification and awareness, contingency plans to ensure procedures are ready and in place to deal with disease, a well established response mechanism including reliable diagnostic tools, and finally a recovery process to ensure a satisfactory conclusion from a disease outbreak.

2. A case study (rabies in 2002) will be used to illustrate how these different elements were implemented in practice. The same mechanisms would be used whether the animal disease was the result of a normal occurrence, or whether it was the consequence of a deliberate release. The key requirements for animal disease control are the need for well established and rehearsed contingency plans, effective surveillance with recognition of the unusual, and a well co-ordinated response capable of being scaled up.

Introduction

3. Animal disease can be roughly divided into two parts. First are those diseases that occur normally in the United Kingdom (UK). These are called endemic diseases. The second are those diseases that do not normally occur and these are called exotic diseases. Some endemic and exotic diseases are also of public health importance in that they are zoonoses, that is, they can be transmitted between animals and people.

4. Disease in animals can be a cause of serious economic loss, both directly (cost of treatment, deaths etc) and indirectly (loss in productivity, reduction in quality of products, etc). Because of the potentially serious consequences resulting from incursions of exotic disease the government takes responsibility for putting in place mechanisms and a legal framework for assisting the livestock industry in controlling such diseases. These will be described in this paper. Because the legal framework requires the notification of suspicion of these diseases, they are called "notifiable diseases."

Responsibilities

5. Animal health & welfare in England is the responsibility of the Animal Health & Welfare Directorate General (AHWDG), part of the Department for Environment, Food & Rural Affairs (Defra). There are separate but similar arrangements in the other parts of the UK - Scotland, Wales and Northern Ireland.

6. The AHWDG is one of seven Directorates within Defra. Its main aim is "to protect the publics' interest in relation to environmental impacts and health and ensure high standards of animal health and welfare." The Directorate is responsible for policy and its development, which may then result in legislation. The policy is delivered through:

- State Veterinary Service: comprising 26 Animal Health Divisional Offices (AHDO) in England, Scotland and Wales. Veterinary and support staff carry out surveillance, audits and inspections (at markets, ports, etc). They also investigate reports of notifiable diseases and implement control and enforcement policies.
- Local Veterinary Inspectors (LVIs): these are private Veterinary Surgeons who are contracted and managed by the SVS. They assist the SVS as required.
- Local Authority Animal Health Inspectors: these are normally part of the Trading Standards Departments of the local authorities. Local authorities have responsibilities for the delivery of government to local communities and to do so work within powers laid down under various Acts of Parliament. As a consequence these inspectors have responsibility for enforcing legislation concerning notifiable animal disease.
- Devolved Administrations in Scotland, Wales and Northern Ireland: each of these has responsibilities for policy delivery in their own areas.

Legal Framework

7. European Union legislation provides the means by which animal disease can be controlled. As a member of the European Union (EU) the UK is required to implement EU legislation. This governs trade in animals, animal products and germplasm. It also provides controls on intra community trade and is responsible for Border Inspection Posts to control third country imports. One of the main purposes of this EU legislation is to prevent and control animal disease, both by putting controls on animal and product trade into the EU, and on movements within it. National legislation not only implements EU Directives, but also provides other domestic legislative control for animal disease. As part of this it requires the notification of suspicion of notifiable disease to the

SVS or other enforcement agencies such as the police and local authority. The report is then investigated by the SVS.

Intelligence and Surveillance

8. The earlier a disease problem is identified and investigated, the quicker control measures can be put in place. Effective surveillance, combined with an up to date intelligence network, is an essential element in disease control. The AHWDG uses a wide variety of intelligence and surveillance sources on which to base risk assessments and subsequent policy development and implementation. These operate at two levels - international and national.

9. The Organisation International des Epizooties (OIE) is an inter-governmental organisation with about 170 member countries. The OIE collects information from member countries which is then notified to other member countries. This enables them to take the necessary preventive action. It also produces standards for disease diagnosis and testing which provides the basis for trade in animals and their products.

10. The European Commission also requires member states to report certain animal diseases to it, and disseminates to others so that preventative measures can be taken. In addition, the EU Standing Committee of the Food Chain and Animal Health reviews and legislates on animal health, which is then implemented through the Commission.

11. Nationally intelligence and surveillance is delivered through a large and extensive formal and informal network. These include:

(a) Livestock owners and their private veterinary surgeons reporting to the local AHDO;
(b) State Veterinary Service AHDO;
(c) Local Authorities
(d) Veterinary Laboratories Agency - in the course of examining diagnostic material from farms;
(e) Meat Hygiene Service - in slaughter-houses;
(f) Others such as the medical authorities, university veterinary schools, veterinary research institutes, members of the public, animal charities and trusts.

12. During the course of their work any of these may come to suspect an animal disease which is notifiable, or of particular concern. Through the network these will be reported to the AHDO for investigation.

Contingency Plans

13. It is important to have in place documented arrangements for the implementation of policy. In Great Britain the SVS is responsible for these contingency plans, both in their preparation and maintenance. They consult operational partners on them to ensure all are clear about their different responsibilities. Local authorities also have their own plans for dealing with emergencies, including those in animal health.

Response including Diagnostic Mechanisms

14. Information arising from international intelligence and surveillance are assessed by the AHWDG. Action depends on the potential threat. It will range from simply informing different groups with an interest within the AHWDG, to the preparation of new contingency plans and legislation.

15. Reports of suspected notifiable animal diseases arising from the national surveillance network are made to the AHWDG, or if local, to an AHDO. An assessment and investigation is undertaken by the AHDO which may include laboratory testing. AHWDG assesses the resulting information and decides on the appropriate response. This may range from no further action (where notifiable disease is not confirmed) to ministerial involvement, following the agreed procedure in the contingency plan. Only the Chief Veterinary Officer has the authority to confirm notifiable disease.

16. Laboratory testing for notifiable disease can only be carried out in government laboratories using approved tests, and working to a recognised quality system. Most of the tests are those prescribed by, for example, the OIE.
These laboratories are also contracted to develop new diagnostic procedures, keep up to date with international diagnostic development, keep AHWDG informed, and validate and adopt new procedures as required.

Recovery

17. Follow-up action will again depend on the nature of the disease problem. It will involve all the participating organisations and operational partners, as well as the stakeholder community such as farmers, veterinary organisations, livestock markets and abattoirs. A range of actions will be required including the lifting of legal restrictions, cleaning and disinfection of premises, disposal of carcasses and other wastes, and opening up of trade.
There are also international requirements to be met. For example, those specified in EU Council Directives which might require specific procedures to be followed such as serosurveillance.

Case Study: Rabies in 2002

18. A case of European Bat Lyssavirus (EBL), one of the rabies group of viruses, was identified in Lancashire in 2002. This was recognised and dealt with following the main mechanisms described in this paper.

19. There was already legislation in place to provide the legal framework for controlling the disease. This was supported by a contingency plan. The initial report was made by a member of the public who was looking after the bat after it was brought in by a cat. The bat developed signs suggestive of rabies. On receiving the report the local AHDO carried out an investigation and informed the AHWDG. Because this is potential zoonosis, the medical authorities were also informed who then implemented their own contingency plan. A local Incident Control team was established comprising veterinary and medical personnel, and the local authority.

20. The bat was sent for laboratory testing, in -contact animals were controlled and restrictions placed on both animals and premises. The test was positive for EBL. This was notified to international organisations such as OIE as the rabies-free state of the country could be affected. The media were also kept informed.

21. The recovery phase involved the lifting of restrictions on animals and premises once certain requirements had been met. This included clinical observations on in-contact animals, and the cleansing and disinfection of premises.
It took some 6-8 months after the first report for all of the stages of the control process to be taken, and for the recovery stage to be satisfactorily completed. Part of the latter was to review what had happened to assess whether changes were needed in the future. In this case some improvements were recommended, such as amending the contingency plan, and these were then implemented.

22. This case illustrates that all parts of the control procedure needs to be in place to ensure that there is effective control. In addition, there is a need to review what happened and make improvements if required.

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