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Exotic Animal Disease Generic Contingency Plan
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Covering Foot & Mouth Disease, Avian Influenza, Newcastle Disease, Classical Swine Fever, African Swine Fever & Swine Vesicular Disease

Volume 4- Pig Diseases

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Note: See Volume 1: Generic Annex K for **Glossary**

CLASSICAL SWINE FEVER

SECTION 1. Classical Swine Fever

1.1. Classical Swine Fever (CSF) is a highly contagious viral disease, which affects pigs. Infected animals suffer a variety of clinical signs including loss of appetite, purple discolouration of the skin, and constipation followed by diarrhoea. More severe cases of the disease may result in abortion or weak litters, as well as nervous signs such as tremors or convulsions, particularly in newborn piglets. The disease can result in mortality of affected animals.

1.2. The movement of infected pigs is a common method of spreading CSF. However all excretions from an infected animal contain the virus. Therefore any animal, human, or object which has been in contact with such excretions and then in turn comes into contact with a pig, can spread the disease. Although other animals are able to mechanically spread the disease through contact with infected excretions it is not possible for them to display clinical signs of CSF. A main source of its spread appears to be from pigs eating infected pork or pork products. In this form the CSF virus can remain active for many months.

1.3. When it first enters a herd it can spread very rapidly; a high proportion of the pigs may become ill with a high fever, and many of them may die. The effects of CSF are very similar to another serious notifiable disease of pigs, African Swine Fever (ASF), which is caused by an unrelated virus. The diseases can only be told apart by use of laboratory tests. Recently, less virulent forms of CSF have occurred which are easy to recognise. A second complication in the diagnosis of CSF is the emergence of two new pig diseases, Post- Weaning Multi Systemic Wasting Syndrome (PMWS) and Porcine Dermatitis and Nephropathy Syndrome (PDNS). PDNS, which may be a sequel to PMWS, can easily be confused with CSF and ASF.

1.4. A potential route for the introduction of Swine Fever into the United Kingdom is through the illegal import of infective porcine meat products leading to the subsequent infection of pigs by ingestion. There is also a risk of disease introduction form the illegal import of infective live pigs, however the level of risk is difficult to quantify.

1.5. Direct contact with infected pigs up to one month after infection and the ingestion of waste food containing uncooked pig meat or pig meat products are the main ways in which infection spreads.

1.6. Because CSF cannot be distinguished from ASF by either clinical or post- mortem examination, all suspected cases of swine fever must be confirmed by laboratory examination.

1.7. Advice from the Department of Health is that humans are unlikely to be affected by CSF. The Food Standards Agency (FSA) has advised that the disease has no implications for the human food chain.

1.8. Good biosecurity is required to stop onward spread.

SECTION 2. General Legislation – Classical Swine Fever

2.1. **The Animal Health Act 1981** provides powers for the control of CSF. It includes the following measures for disease control:

- Slaughter of diseased pigs, pigs suspected of disease and those exposed to disease.
- The use of vaccination as a preventative measure for disease control. This allows Ministers to authorise the use of CSF vaccine in any pig which has been in contact with a diseased animal or has been exposed to the disease, or which is in an area declared to be an "infected area" (see below).
  N.B: At present there is no CSF vaccine with a marketing authorisation for use in England.
- The Act also provides for compensation to be paid for animals slaughtered and prescribes how the level of compensation is arrived at.

2.2. **The Classical Swine Fever (England) Order 2003**, made under the Animal Health Act 1981, implements Council Directive 2001/89/EC for the control of classical swine fever. In Scotland, the Classical Swine Fever (Scotland) Order 2003 applies, and in Wales the Classical Swine Fever (Wales) Order 2003 applies. The provisions of these Orders include the following measures:

- Requirement for notification of suspicion of CSF.
- Provision for a temporary control zone whilst the suspicion of disease on a premises is being investigated.
- The imposition of movement restrictions and eradication measures at any premises on which there is a diseased or infected pig or carcase (an infected holding in the case of a farm).
- Powers to make Declaratory Orders creating "infected areas" comprising of a protection and surveillance zone surrounding an infected holding. Controls will be placed on the movements of pigs, manure, and any other pig by-products within the areas.
- Cleansing and disinfection of buildings used to house pigs, their surroundings, the vehicles used for transport and all other things likely to be contaminated.

2.3. **The Diseases of Animals (Seizure) Order 1993,** gives powers for the seizure and destruction of anything other than live animals that might carry or transmit the disease (including a carcase).

2.4. **European Union Legislation: Council Directive 2001/89/EC** sets out measures required in EU law for the control and eradication of CSF in Member States. The key provisions of the Directive which domestic legislation implements are:

- Notification to the competent authority of the Member State if CSF is suspected.
- Imposition of movement controls on suspicion of disease.
- Entry to premises for the purpose of veterinary inquiry.
- Where disease is confirmed, the imposition of a protection zone (PZ)(minimum 3km) and a surveillance zone (SZ) (minimum 10km) around the infected holding.
- Elimination of the disease by slaughter of infected and contact animals and/ or vaccination under strict controls.
- Cleansing and disinfection of buildings used to house pigs, their surroundings, the vehicles used for transport and all equipment likely to be contaminated.
- In very specific circumstances a plan for emergency vaccination can be agreed with the Commission.
- Surveillance of any feral pigs.

2.5. **Enforcement Provisions:** Local Authorities will execute and enforce the provisions of the Classical Swine Fever (England) Order 2003, other than where the legislation makes specific provisions otherwise. Similar policies exist for legislation in Scotland and Wales. The penalties for not complying with the legislation are detailed in Part V of the Animal Health Act of 1981.

2.6. The table below indicates the local veterinary action to be taken in relation to the level of suspicion.

SUMMARY OF INITIAL ACTION ON SUSPECT CASES

Level	**CSF**
0	All restrictions on premises lifted no further action.
1	Suspect animals left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
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
3	All animals on the premises are pre-emptively slaughtered. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
4	**Would not apply**

SECTION 3. Disease Control Strategy

3.1. The disease control strategy will be consistent with the UK's EU obligations and inline with the appropriate EU legislation. The Government's objective in tackling CSF will be to eradicate the disease and to restore the UK's disease- free status as quickly as possible. In doing so, Government will seek to select control strategies which:

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

Premises Controls

3.2. Upon suspicion of disease a temporary control zone restricting the movement of animals within a certain area may be established. The location and extent of the zone would depend on all the relevant information available at the time. The zone would be declared as a precautionary measure until the full nature of the outbreak became apparent.

3.3. The following policies will be applied on confirmation of CSF. (Note: The first case will be confirmed by the CVO following a laboratory diagnosis).

- On suspicion of CSF, a temporary control zone can be established , restricting the movement of animals within a certain area. The location and extent of the zone would depend on all the relevant information available at the time. The zone would be declared as a precautionary measure until the full nature of the outbreak became apparent.
- A PZ will be imposed with a radius of 3 km around the Infected Premises. Regular veterinary patrol visits of all premises with pigs within this area will take place. All pigs will be required to be kept in their living quarters or other place where they can be isolated. Movements of animals would be restricted within the area.
- A SZ with a minimum radius of 10km from the Infected Premises would also be established. Movement restrictions would also apply here.

- Footpaths will be closed only on Infected Premises and Suspect Premises.

- It is unlikely that emergency vaccination would be used as a measure of disease control for CSF in the UK. Although vaccines are available, there are limitations to their use. However, in certain exceptional circumstances vaccination may be considered and its use approved by the Standing Committee on the Food Chain and Animal Health (SCOFCAH), who would also need to approve the relevant vaccination plan.
- Diseased and other pigs on the Infected Premises will be killed as soon as possible.
- Dangerous contacts will be identified. Where the risk of exposure to virus is high, the pigs will be slaughtered and laboratory samples taken to check for disease. Where the risk of exposure is assessed as not high, restrictions on the premises will be in place for 21 days and regular veterinary visits undertaken.
- Disposal of carcases by incineration would be implemented immediately with rendering as the next option and other disposal routes being available as an additional resource subject to environmental, land use planning and public health considerations.
- Export health certificates for pigs and pig by- products will be withdrawn. Exports from GB of susceptible animals during the risk period will be identified and notified to the importing countries.
- Once the cleansing and disinfection of an infected premises has been completed satisfactorily, the premises will remain under restrictions for at least 30 days.

Vaccination

3.4. Vaccination would not normally be considered as a control measure in the current CSF control strategy. CSF vaccination is restricted by legislation, which states that no person shall administer a CSF vaccine to any pig unless authorised to do so by the Secretary of State.

3.5. In exceptional circumstances, emergency vaccination may be considered, for example where there was a dramatic increase in the number of premises being confirmed each day or in areas of very high pig density areas during a prolonged epizootic. This would need to be approved by the Secretary of State.

3.6. Since emergency vaccination is not likely to be used in the UK there are currently no operational arrangements in place to mount a widescale CSF emergency vaccination programme in the event of an outbreak in Great Britain.

Further Action

3.7. Once CSF is confirmed the main elements of this plan are brought into action.

- Volume 1: Generic Plan, Section 3 outlines emergency preparedness & mobilisation
- Volume 1: Generic Plan, Section 4 describes outbreak management
- Volume 1: Generic Plan, Section 5 sets out the main elements of the Communications Plan;
- Volume 1: Generic Plan, Section 6 describes the strategic, tactical and operational organisations and structures.

These last two sections are augmented by the SVS instructions and the local office contingency plans.

SECTION 4. Outbreak Management

Human Welfare

4.1. Refer to Volume 1: Generic Plan, Section 3.

Biosecurity Guidance

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

4.3. Biosecurity guidance to prevent the spread of animal diseases has been developed (in accordance with legislation[1]) This guide, for anyone who comes into contact with animals, can be found at Volume 1: Generic Plan, Annex H of this Plan and on the Defra website at:

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

Animal Welfare

4.4. For all involved with the keeping of livestock, there is a responsibility to anticipate problems and to take steps to mitigate the effects. Guidance will be issued by Defra to farmers in advance of, or in the early stages of, movement restrictions being put in place. If welfare problems arise, which cannot be alleviated by management or husbandry practices, farmers will be given the opportunity to move their animals under licence. Such movements will include movement to slaughter for the food chain or to more suitable land or buildings. If it is more appropriate fodder may be taken to the stock and Defra may assist in facilitating access to fodder and bedding.

4.5. If it is considered appropriate and to prevent deterioration in welfare standards, Defra will arrange the slaughter and disposal of animals via a Livestock Welfare Disposal Scheme. Animals will be slaughtered in abattoirs or purpose built killing plants. On farm slaughter will only take place when animals cannot be licensed off the farm or when the animals cannot be transported e.g. heavily pregnant animals or piglets. Each case will be evaluated to ensure that welfare standards are maintained. There will be no payment made to farmers for animals slaughtered under the scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002). This states that "*experience has shown that payments to farmers under such schemes can provide a disincentive for them to take responsibility for looking after their animals, and may also create a false market*".

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

4.6. The Head of Sustainable Farming Businesses/ Livestock Products Division, in consultation with the Heads of Animal Welfare Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

Operational Procedures

Vaccination

4.7. Current domestic policy on vaccination does not permit the use of routine vaccination as a measure of disease control. However, the vaccination of rare breeds and endangered species may be considered in certain circumstances.

4.8. There are two subunit marker vaccines licensed for use within the EU and a test has been approved by the EC that allows vaccinated animals to be distinguished from infected animals. However, these vaccines have limitations that would be likely to preclude their use in the UK, at present. The vaccines can take 2-3 weeks to provide protection against CSF. Although the response to immunisation can protect against disease, it does not protect against infection or prevent virus shedding; the response also does not protect against in utero transmission. It is also harder to detect antibodies to field virus in vaccinated animals that have been exposed to field virus (it can take up to 6 weeks for these antibodies to reach detectable levels following exposure). Furthermore, there are also a 'C' strain vaccine available. They can provide rapid and strong immunity but do not comply with DIVA (Differentiating infected from vaccinated animals). The C strain vaccine does not have a marketing authorisation for use in the UK and therefore only be used following emergency authorisation by the CVO.

4.9. Article 19 of EU Directive 2001/89/EC states that where there is epidemiological data to suggest that CSF is likely to spread emergency vaccination may be used as a measure of disease control. Under the terms of the Directive any member state wishing to undertake a vaccination programme for the control of CSF must submit an emergency vaccination plan to the EU.

4.10. If such a programme were to be undertaken it is likely that a strategy of suppressive vaccination (vaccinate to kill) would be adopted.. In a large scale outbreak such a measure may help to relieve pressure on oversubscribed slaughter and disposal facilities. While the use of 'C' strain vaccine would be more effective in an emergency vaccination campaign there are drawbacks in that it would have to be 'vaccinate to kill' as we cannot differentiate between a vaccinated pig and an infected pig. There may be issues with using products from such vaccinated pigs in the human food chain as the vaccine does not have a valid marketing authorisation from the Veterinary Medicines Directorate (VMD) or its European equivalent body.

4.11. Defra currently has no operational arrangements in place to carry out an emergency vaccination programme for CSF. Contractual arrangements would need to be put in place for a supplier of vaccination services.

Initial Investigation

4.12. Refer to Volume 1: Generic Plan, Section 3.

Valuation

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

4.14. Operational instructions require all valuations of animals slaughtered for control of exotic disease only to be undertaken by a Valuer from the approved list.

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

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

Compensation

4.17. Where animals are slaughtered due to CSF, compensation is payable as described in schedule 3 of the Animal Health Act 1981. If a slaughtered animal is affected with swine fever, compensation will be paid at half the value of the pig were it not affected. For all other pigs slaughtered for the control of swine fever, payment is the full value of the pig immediately before slaughter.

Slaughter

4.18. Refer to Volume 1: Generic Plan, Section 3 of the plan.

Disposal

4.19. Refer to Volume 1: Generic Plan, Section 3 of the plan.

Cleansing and Disinfection of Affected Premises

4.20. Current policy on C & D is that all preliminary and secondary disinfection is currently undertaken and funded by Defra other than at markets and slaughterhouses.

4.21. In the future, government funding of secondary cleansing and disinfection on farm premises will be subject to review and separate consultation as part of the consideration of the future funding of disease control measures. When carrying out cleaning and disinfection, disinfectants used must be approved by Defra for use under general orders and must be used according to the manufacturers instructions.

Laboratory Diagnosis

4.22. Commission Decision 2002/106/EC states that a primary outbreak of classical swine fever can be confirmed if clinical signs and lesions have been detected in pigs and at least two antigen or genomic detection tests have given a positive result. The OIE diagnostic manual states that laboratory methods for diagnosis of CSF should be aimed at detection of the virus or viral antigens, or detection of specific antibodies.

Serology

4.23. Serological surveillance may be carried out for a number of reasons, including epidemiology and declaring surveillance and protection zones to be free from disease. Serological surveillance in support of lifting restrictions should not commence until at least 21 days following preliminary C & D of an infected premises.

4.24. In GB all official diagnostic samples for CSF must be sent to the Veterinary Laboratories Agency (VLA) at Weybridge. The VLA laboratory is the National Reference Laboratory for CSF and an OIE Reference Laboratory for CSF.

Eradication of Disease in Feral Pigs

4.25. A feral pig is defined as a pig which is not kept or bred on a holding, and is not in a slaughterhouse, knackers yard or means of transport.

4.26. Investigation must take place at suspicion stage. At confirmation stage an expert group must be established to advise on controls, an infected area, and eradication plan, and to monitor then effects of controls. Pig holdings in the area must also be put under official surveillance

4.27. If CSF is suspected in the feral pig population powers exist to establish a feral pig investigation zone, which would monitor the presence and distribution of infected pigs.

4.28. Subject to veterinary advice, if CSF is found in the feral pig population a plan for its control will be submitted to the EU within 21 days of disease having been confirmed.

Protection of Rare Breeds

4.29. In accordance with the provisions of the EU Classical Swine Fever Directive 2001/ 89/ EC (Article 5.2) Defra will in the event of an outbreak of CSF, undertake individual risk assessments to seek where possible to protect rare breeds of pigs in zoos, wildlife parks etc. The derogation in the Council Directive against killing does **not** apply to farms- it is restricted to specific types of premises including: laboratory, zoo, wildlife park, or fenced area where the pigs are kept for scientific purposes or purposes related to the conservation of species or rare breeds.

Transport

4.30. Transport of samples should be in accordance with transport regulations and be carried out in the appropriate environment to prevent deterioration of their quality.

National Emergencies Epidemiology Group

4.31. Sufficient training has been undertaken to provide enough trained personnel to mount several epidemiology groups in the event of an outbreak of classical swine fever. The intention is to have at least two veterinarians trained in epidemiology in each Region.

4.32. In the event of an outbreak, the group(s) will be alerted by the NDCC and mobilised in the field as soon as the disease is confirmed. The primary task of the team is to provide the National and Local Disease Control Centres with a report, which meets with relevant Commission guidelines. The team will also advise on sanitation and carcase disposal.

4.33. The composition of the groups may vary but it is envisaged that each will consist of at least:

- A senior veterinarian
- 1-2 veterinarians
- 1 member of staff from the diagnostic laboratory (Institute for Animal Health, Pirbright).
- Field staff with training in epidemiology and meteorology.

Expert Group

4.34. In the event of an outbreak of CSF, the FMD Expert Group will be convened and its membership expanded to cover diseases of pigs and will be chaired by the CVO/DCVO

4.35. The expert group will be a strategic/tactical level group of specialists, whose role will be to provide advice to senior management on surveillance programmes, analyse information and advise on control strategies. They will report to the CVO and the NDCC.

SWINE VESICULAR DISEASE

SECTION 1. Background

Swine Vesicular Disease

1.1. Swine vesicular disease (SVD) is a contagious viral disease of pigs, the symptoms of which in the acute forms of the disease are clinically indistinguishable from the other vesicular diseases of pigs, notably Foot and Mouth disease (FMD).

1.2. Clinical disease is of high morbidity in groups of pigs. Fever is followed by the development of vesicles or blisters. In the initial stages there is a fever and a transient loss of appetite. Lameness develops due to the eruption of vesicles at the top of the hooves and between the toes. Vesicles may also develop on the snout, tongue and lips.

1.3. The disease usually appears suddenly, but does not spread as rapidly as foot-and-mouth disease. Recovery is usually complete within two or three weeks. The descriptions of the symptoms of SVD will vary according to the age of the pigs affected, the conditions under which they are kept, and the strain of SVD virus involved.

1.4. The disease is usually mild, but in acute cases there can be some loss of production. However, due to its similarity to FMD, it is of economic importance and as a result strict control measures are in place.

1.5. Infection can be initiated form abrasions on the feet and through the tonsil depending on the exposure to infected material. Vesicular fluid/material, faeces and any viraemic tissue are all highly infective. The incubation period is 2-7 days and pigs can excrete virus prior to exhibiting disease for a period of up to 3 weeks.

1.6. The Swine vesicular disease virus is very resistant to chemical and physical disinfection (more so than FMDV) and is only inactivated by extremes of pH and temperatures. The virus can persist in manure for 6 months and indefinitely in pork or pork produces that are not heated for 56c for 1 hour.

1.7. Clinical disease has only been observed in pigs. Advice from the Department of Health is that humans are unlikely to be affected by SVD. The Food Standards Agency (FSA) has advised that the disease has no implications for the human food chain.

1.8. A potential route for the introduction of swine fever to the United Kingdom is through the illegal import of infective porcine meat products leading to the subsequent infection of pigs by ingestion. However, the ban on swill feeding has removed this threat to farmed pigs; although illegal feeding practices or scavenging on discarded illegally imported pork and pork products would still carry a risk. Feral pigs and wild boar are more likely to acquire infection through scavenging than farmed pigs.

1.9. There is also a risk of disease introduction from the illegal import of infective live pigs. However, in view of strict import regulations there is negligible risk from the legal import of live pigs or porcine meat products.

1.10. There is also a risk from movement of contaminated pig transport vehicles.

SECTION 2. General Legislation – Swine Vesicular Disease

2.1. The Swine Vesicular Disease Order 1972 (as amended), extends the definition of disease in Section 84 of the Diseases of Animals Act 1950 (now replaced by Section 88 of the Animal Health Act 1981) to include Swine Vesicular Disease for all the purposes of the Act, and enables pigs affected or suspected of being affected with that disease, or exposed to infection, to be slaughtered. It also applies certain provisions relating to Foot and Mouth Disease for the purpose of Swine Vesicular Disease.

2.2. The Swine Vesicular Disease (Compensation) Order 1972, provides for compensation to be paid for animals slaughtered under Section 17 of the Diseases of Animals Act 1950 (now Section 32 of the Animal Health Act 1981) because they were affected or suspected of being affected with Swine Vesicular Disease or had been exposed to infection.

2.3. This Order provides that, where an animal is affected with SVD, the level of compensation shall be the value of the animal immediately before it became infected. In every other case, compensation shall be the value immediately before it was slaughtered.

2.4. The Pigs (Records, Identification and Movement) Order 2003 also provides for the tracing and movement control of pigs.

European Union Legislation

2.5. Council Directive 92/119 EEC introducing general Community measures for the control of certain animal diseases and specific measures relating to that in the event of a confirmed case of SVD a protection zone of 3km radius from the infected holding, and a surveillance zone of at least 10km radius will be set up. All animals of susceptible species on the infected holding must be killed on site. Directive 92/119 also prescribes the procedure for cleansing and disinfection in cases of SVD, and stipulates minimum time limits before restocking can take place.

2.6. It is intended to replace the 1972 Order, to update in loine with current procedures and fully implement the provisions of the Directives referred to above.

2.7. Enforcement Provisions: Local Authorities will execute and enforce the provisions of the Swine Vesicular Disease Order 1972, other than where the legislation makes specific provisions otherwise.. The penalties for not complying with the legislation are detailed in Part V of the Animal Health Act 1981.

2.8. The table below indicates the local veterinary action to be taken in relation to the level of suspicion.

SUMMARY OF INITIAL ACTION ON SUSPECT CASES.

Level	SVD
0	All restrictions on premises lifted no further action.
1	Suspect animals left alive and observed. Samples submitted for laboratory diagnosis. Premises restrictions imposed.
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
3	All animals on the premises are pre-emptively slaughtered. Samples submitted for laboratory diagnosis. Premises restrictions imposed.. Option to impose temporary control zone
4	**Would not apply**

NB: The first clinical case would be treated as though FMD were suspected, until such time as the results were available.

SECTION 3. Disease Control Strategy

3.1. The disease control strategy adopted will be consistent with the UK's EU obligations and in line with the appropriate EU legislation. The Government's objective in tackling any fresh outbreaks of SVD will be to eradicate the disease as quickly as possible and to maintain the UK's disease-free status. In doing so, the Government will seek to select a control strategy which:

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

Control Policies

3.2. Upon suspicion of disease a GB wide national movement ban of susceptible species will be put in place immediately as the suspicion would be dealt with as for FMD. It is very likely that this would be short lived once SVD was confirmed within a matter of hours of the samples arriving at the laboratory and FMD results were negative.

3.3. The following policies will be applied on confirmation of SVD:
(Note: The first case will be confirmed by the CVO following Laboratory diagnosis)

- 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 killed 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.
- A Protection Zone will be imposed with a minimum radius of 3km around the Infected Premises and a Surveillance Zone with a minimum radius of 10km. In the Protection Zone no animal movements will be allowed except for movement to emergency slaughter. In both the Protection and Surveillance Zones, there will be requirements for increased levels of biosecurity on farms, cleansing and disinfection (C&D) of vehicles, people and machinery moving on/off farms. Movement of animals, animal products, feed and bedding will be prohibited, except under licence. Products from animals in these zones will be subject to treatment to ensure

destruction of the SVD virus. This is an animal health measure rather than a public health measure.

- Disposal by incineration will be implemented immediately with rendering as the next option and other disposal routes being available as an additional resource subject to environmental, land use planning and public health considerations.

Further Action

3.4. Once SVD is confirmed the main elements of this plan are brought into action.

- Part 1: Generic Plan, Section 3 outlines emergency preparedness & mobilisation
- Part 1: Generic Plan, Section 4 describes outbreak management
- Part 1: Generic Plan, Section 5 sets out the main elements of the Communications Plan;
- Part 1: Generic Plan, Section 6 describes the strategic, tactical and operational organisations and structures.

These last two are augmented by the SVS instructions and the local office contingency plans.

SECTION 4. Outbreak Management – SVD

Human welfare

4.1. For guidance on health and safety and staff welfare refer to Volume 1: Generic Plan, Section 3.

Biosecurity Guidance

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

4.3. Biosecurity guidance to prevent the spread of animal diseases has been developed (in accordance with legislation[1]) This guide, for anyone who comes into contact with animals, can be found at Volume 1: Generic Plan, Annex H of this Plan and on the Defra website at:

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

Animal Welfare

4.4. For all involved with the keeping of livestock, there is a responsibility to anticipate problems and to take steps to mitigate the effects. Guidance will be issued by Defra to farmers in advance of, or in the early stages of, movement restrictions being put in place. If welfare problems arise, which cannot be alleviated by management or husbandry practices, farmers will be given the opportunity to move their animals under licence provided this is proportionate to the biosecurity risk. Such movements might include movement to slaughter for the food chain or to more suitable land or buildings. If it is more appropriate fodder may be taken to the stock.

4.5. If it is considered appropriate and to prevent deterioration in welfare standards, Defra will arrange the slaughter and disposal of animals via a Livestock Welfare Disposal Scheme. Animals will be slaughtered in abattoirs or purpose built killing plants. On farm slaughter will only take place when animals cannot be licensed off the farm or when the animals cannot be transported e.g heavily pregnant animals or piglets. Each case will be evaluated to ensure that welfare standards are maintained.

4.6. There will be no payment made to farmers for animals slaughtered under the scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002). This states that *"experience has shown that payments to farmers under such schemes can provide a*

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

disincentive for them to take responsibility for looking after their animals, and also may create a false market".

4.7. The Head of Sustainable Farming Businesses/ Livestock Products Division, Animal Welfare Veterinary Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

Operational Procedures

Vaccination

4.8. Vaccine development is unlikely. Vaccination against this disease is not listed as a disease control measure by the OIE.

Initial Investigation

4.9. For details on operational procedures to be followed at the initial investigation stage refer to Volume 1: Generic Plan, Section 3.

Valuation

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

4.11. Operational Instructions require all valuations of animals slaughtered for control of exotic disease only to be undertaken by a Valuer from the approved list.

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

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

Compensation

4.14. he Swine Vesicular Disease (Compensation) Order 1972
This Order prescribes compensation payable for animals slaughtered under Section 31 of the Animal Health Act 1981, because they were affected or suspected of being affected with Swine Vesicular Disease or had been exposed infection.

4.15. Where an animal is affected with SVD, compensation shall be the value immediately became infected. In every other case, compensation shall be the value immediately before it was slaughtered.

Slaughter

4.16. Refer to Part 1:Generic Plan, Section 3 of plan.

Disposal

4.17. See Volume 1: Generic Plan, Section 3 for details on disposal options

Cleansing and Disinfection of Affected Premises

4.18. Preliminary C & D will remain the responsibility of Defra and will be undertaken and paid for by Defra. Government funding of secondary cleansing and disinfection on farm premises will be subject to review and separate consultation as part of the consideration of the future funding of disease control measures.

4.19. Further cleansing and disinfection will be the responsibility of the owner of the premises and must be carried out by appropriately trained operatives.

4.20. In the case of SVD Flame guns may also be used to kill the virus on non-combustible surfaces. Sealed rooms maybe fumigated.

4.21. All surfaces should be sprayed with an alkaline disinfectant having a pH greater than 12.3 or any other approved disinfectant. The disinfectant should be washed off after 48 hours.

4.22. Treatment with a flame gun or alkaline disinfectant should be repeated after 14 days.

Restricted Zone

4.23. A restricted zone is an area where restrictions could be declared around an infected area and which can extend to cover the whole of England.

If declared, movement restrictions can be placed on susceptible animals and their products as well as other biosecurity controls.

Serology

4.24. Those carrying out clinical examinations or serological sampling will do so in accordance with the requirements of Annex III of Directive 2003/85/EC (which may be varied by decisions of the European Commission).

Serology

4.25. Serological surveillance may be carried out for a number of reasons, including epidemiology and declaring surveillance and protection zones to be free from disease. Serological surveillance in support of lifting restrictions should not commence until 21 days following preliminary C & D of an infected premises.

4.26. The Institute for Animal Health (IAH) Pirbright provides the diagnostic testing service for SVD. It also cundertakes additional tests (i.e. VNT) on positive or inconclusive serology samples submitted by VLA.

4.27. IAH Pirbright offers an immediate serology capacity of up to 8,000 samples per week. Defra has an agreement with the VLA that they will provide serological testing capacity for SVD on a contingency basis of 120,000 samples per week at three laboratories.

4.28. Diagnostic testing will be carried out in accordance with the requirements of Commission Decision 2000/428/EC (which may be varied by Decisions of the European Commission).

Transport of Samples

4.29. Transport of samples should be in accordance with transport regulations and be carried out in the appropriate environment to prevent deterioration of their quality.

National Emergencies Epidemiology Group

4.30. Sufficient training has been undertaken to provide enough trained personnel to mount several epidemiology groups in the event of an outbreak of Classical Swine Fever. The intention is to have at least two veterinarians trained in epidemiology in each region.

4.31. In the event of an outbreak, the group(s) will be alerted by the NDCC and mobilised in the field as soon as disease is confirmed. The primary task of the team is to provide the National and Local Disease Control Centres with a report, which meets with relevant Commission guidelines. The team will also advise on sanitation and carcase disposal.

4.32. The composition of the groups may vary but it is envisaged that each will consist of at least:

- A senior veterinarian
- 1-2 veterinarians
- 1 member of staff from the diagnostic laboratory (Institute for Animal Health, Pirbright)
- Field staff with training in epidemiology and meteorology.

AFRICAN SWINE FEVER

SECTION 1. African Swine Fever (ASF)

1.1. African swine fever (ASF), otherwise known as African pig disease or warthog disease is a highly infectious viral disease of pigs. It is caused by a large DNA virus and some strains of the virus can cause severe disease and high mortality.

1.2. The clinical signs are indistinguishable from those seen in classical swine fever (hog cholera) and vary with virus strain.

1.3. Disease caused by ASF virus can vary in severity, being either acute, sub acute or chronic. In parts of Africa where the disease is endemic wild pigs and hogs can be infected without showing signs of disease. However, infection of domestic pigs with virulent strains of the virus may result in very high death rates.

1.4. Acute disease is characterised by a period of fever which is followed by a range of clinical signs such as: appearance of blotchy skin lesions, depression, inappetence, weakness, vomiting, diarrhoea, nasal and ocular discharges. coughing, breathing difficulties, rapid pulse rate, reluctance to move. Groups of affected pigs may huddle together and pregnant sows may abort.

1.5. Sub acute disease is characterised by fever that may persist for up to 2-3 weeks and less intense clinical signs such as depression, lethargy and abortion in pregnant sows. The mortality rates due to sub acute disease vary and may be less than 5%. Recovered pigs and their meat products may remain infectious for several weeks.

1.6. Chronic disease is characterised by weight loss, intermittent fever, skin ulcers, arthritis, swelling over joints and respiratory signs. Mortality due to chronic disease is low.

1.7. The severity and distribution of lesions vary with virus strain. Haemorrhages occur in the lymph nodes, heart and kidneys; haemorrhages in other organs are variable in incidence and distribution.

1.8. On clinical grounds the disease and pathologically of the disease may be confused with classical swine fever. However, CSF virus and ASF virus are in different taxonomical families. Laboratory tests differentiate between the two diseases and immunity to CSF does not confer immunity to ASF or vice versa.

1.9. ASF can be spread by direct contact, ingestion of contaminated porcine meat products and by specific tick vectors. The virus is present in all secretions and excretions during the acute period of infection. Pigs are usually infected by nuzzling, although primary infection may sometimes occur through the lower respiratory tract. At present there are not any significant numbers of

specific tick vector species in the UK. Therefore the current risk of spread by this route in the UK is negligible.

1.10. A potential route for the introduction of swine fever to the United Kingdom is through the illegal import of infective porcine meat products leading to the subsequent infection of pigs by ingestion. There is also a risk of disease introduction from the illegal import of infective live pigs, however, the level of risk is difficult to quantify. It is also possible for infective ticks to introduce disease to the UK.

1.11. Direct contact with infected pigs up to one month after infection and the ingestion of waste food containing uncooked pig meat or pig meat products are the main ways by which infection spreads.

1.12. Because ASF cannot be distinguished from CSF by either clinical or post-mortem examination all suspected cases of swine fever must be confirmed by laboratory examination.

1.13. Advice from the Department of Health is that humans are unlikely to be affected by ASF. The Food Standards Agency (FSA) has advised that the disease has no implications for the human food chain.

1.14. Good biosecurity is required to stop onward spread.

SECTION 2. General Legislation – African Swine Fever

Note: Unless otherwise stated any reference to swine fever in this section applies to both classical and African swine fever.

2.1 **The Animal Health Act 1981** provides powers for the control of ASF. Section 32(2) of the Animal Health Act, enables the Minister to apply slaughter procedures to any disease In the event of a suspect case, an appropriate Order would be made to bring ASF under these powers.

2.2 **The African Swine Fever (England) Order 2003**, made under the Animal Health Act 1981, implements Council Directive 2001/60/EC for the control of African swine fever. In Scotland, the African Swine Fever (Scotland) Order 2003 applies, and in Wales the African Swine Fever (Wales) Order 2003 applies. The provisions of these Orders include the following measures:

- Requirement for notification of suspicion of ASF.
- Provision for a temporary control zone whilst the suspicion of disease on a premises is being investigated.
- The imposition of movement restrictions and eradication measures at any premises on which there is a diseased or infected pig or carcase (an infected holding in the case of a farm).
- Powers to make Declaratory Orders creating "infected areas", comprising of a protection and surveillance zones surrounding an infected holding. Controls will be placed on the movements of pigs, manure, and any other pig by-products within the areas.
- Cleansing and disinfection of buildings used to house pigs, their surroundings, the vehicles used for transport and all other things likely to be contaminated.

2.3 **The Diseases of Animals (Seizure) Order, 1993** gives powers for the seizure and destruction of anything other than live animals that might carry or transmit the disease (including a carcase).

2.4 **The African Swine Fever (Compensation) Order 1980,** obliges the Minister to pay compensation for animals, which are infected or have been exposed to infection with ASF and which are slaughtered under the powers of the Animal Health Act 1981 referred to above[1]. The basis for payment is the same as for CSF.

[1] The Order in fact referred to section 17 of the Diseases of Animals Act 1950 (c. 36) but this has been replaced by section 32 of the Animal Health Act 1981.

2.4 **Council Directive 2002/60/EC laying down specific provisions for the control of African swine fever and amending Directive 92/119/EEC as regards Teschen disease and African swine fever (OJ L. 192, 20.7.2002, p. 27)** sets out measures required in EU law for the control and eradication of CSF in Member States. The key provisions of the Directive which domestic legislation implements are:

- Notification to the competent authority of the Member State if ASF is suspected.
- Imposition of movement controls on suspicion of disease.
- Entry to premises for the purpose of veterinary inquiry.
- Where disease is confirmed, the imposition of a PZ (minimum 3km) and a SZ (minimum 10km) around the infected holding.
- Elimination of the disease by slaughter of infected and contact animals and/ or vaccination under strict controls.
- Cleansing and disinfection of buildings used to house pigs, their surroundings, the vehicles used for transport and all equipment likely to be contaminated.
- Surveillance of any feral pigs.

SUMMARY OF INITIAL ACTION ON SUSPECT CASES.

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

SECTION 3. Disease Control Strategy

Note: Unless otherwise stated any reference to swine fever in this section applies to both classical and African swine fever.

3.1. The disease control strategy will be consistent with the UK's EU obligations and in line with the appropriate EU legislation. The Government's objective in tackling ASF will be to eradicate the disease and to restore the UK's disease- free status as quickly as possible. In doing so, Government will seek to select control strategies which:

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

3.2. The control strategy adopted for African Swine Fever is similar to that used in Classical Swine Fever. This is due to the similarities in epidemiology and pathogenesis. However, the certain differences such as the lack of vaccine for ASF and the possibility that this disease can be transmitted by vectors are accounted for in the ASF strategy.

Premises Controls

3.3. Upon suspicion of disease a temporary control zone restricting the movement of animals within a certain area may be also be established. The location and extent of the zone would depend on all the relevant information available at the time. The zone would be declared as a precautionary measure until the full nature of the outbreak became apparent.

3.4. The following policies will be applied on confirmation of ASF. (Note: The first case will be confirmed by the CVO following a laboratory diagnosis).

- On suspicion of ASF, a temporary control zone can be established, restricting the movement of animals within a certain area. The location and extent of the zone would depend on all the relevant information available at the time. The zone would be declared as a precautionary measure until the full nature of the outbreak became apparent.
- A PZ will be imposed with a radius of 3 km around the Infected Premises. Regular veterinary patrol visits of all premises with pigs within this area will take place. All pigs will be required to be kept in

their living quarters or other place where they can be isolated. Movements of animals would be restricted within the area.

- A SZ with a minimum radius of 10km from the Infected Premises would also be established. Movement restrictions would also apply here.
- Footpaths will be closed only on Infected Premises and Suspect Premises.
- Diseased and other pigs on the Infected Premises will be killed as soon as possible.
- Dangerous contacts will be identified. Where the risk of exposure to virus is high, the pigs will be slaughtered and laboratory samples taken to check for disease. Where the risk of exposure is assessed as not high, restrictions on the premises will be in place for 21 days and regular veterinary visits undertaken.
- Disposal of carcases 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.
- Surveillance for vectors will be undertaken on the IP as part of the epidemiological enquiry.
- Export health certificates for pigs and pig by- products will be withdrawn. Exports from GB of susceptible animals during the risk period will be identified and notified to the importing countries.
- Once the cleansing and disinfection of an infected premises has been completed satisfactorily, the premises will remain under restrictions for at least 30 days.

Vaccination

3.5. There is currently no vaccine available for the control of African Swine Fever.

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Further Action

3.6 Once ASF is confirmed the main elements of this plan are brought into action.

- Volume 1: Generic Plan, Section 3 outlines emergency preparedness & mobilisation
- Volume 1: Generic Plan, Section 4 describes outbreak management
- Volume 1: Generic Plan, Section 5 sets out the main elements of the Communications Plan;
- Volume 1: Generic Plan, Section 6 describes the strategic, tactical and operational organisations and structures.

These last two sections are augmented by the SVS instructions and the local office contingency plans.

SECTION 4. Outbreak Management

Human Welfare

4.1. Refer to Volume 1: Generic Plan, Section 3.

Biosecurity Guidance

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

4.3. Biosecurity guidance to prevent the spread of animal diseases has been developed (in accordance with legislation[1]) This guide, for anyone who comes into contact with animals, can be found at Volume 1: Generic Plan, Annex H of this Plan and on the Defra website at:

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

Animal Welfare

4.4. For all involved with the keeping of livestock, there is a responsibility to anticipate problems and to take steps to mitigate the effects. Guidance will be issued by Defra to farmers in advance of, or in the early stages of, movement restrictions being put in place. If welfare problems arise, which cannot be alleviated by management or husbandry practices, farmers will be given the opportunity to move their animals under licence. Such movements will include movement to slaughter for the food chain or to more suitable land or buildings. If it is more appropriate fodder may be taken to the stock and Defra will assist in facilitating access to fodder and bedding.

4.5. If it is considered appropriate and to prevent deterioration in welfare standards, Defra will arrange the slaughter and disposal of animals via a Livestock Welfare Disposal Scheme. Animals will be slaughtered in abattoirs or purpose built killing plants. On farm slaughter will only take place when animals cannot be licensed off the farm or when the animals cannot be transported e.g. heavily pregnant animals or piglets. Each case will be evaluated to ensure that welfare standards are maintained.

4.6. There will be no payment made to farmers for animals slaughtered under the scheme. This is in line with the policy set out in the Government's response to the FMD Inquiries (November 2002). This states that "*experience has shown that payments to farmers under such schemes can provide a*

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

disincentive for them to take responsibility for looking after their animals, and may also create a false market".

4.7. The Head of Sustainable Farming Businesses/ Livestock Products Division, in consultation with the Heads of Animal Welfare Policy Division, Animal Welfare Veterinary Division and Exotic Disease Prevention and Control Division will draw up a contingency plan for such measures and will consult stakeholders on it.

Operational Procedures

Vaccination

As there is currently no vaccine available for the control of African Swine Fever, there are no arrangements for emergency vaccination in place.

Initial Investigation

4.8. Refer to Volume 1: Generic Plan, Section 3.

Valuation

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

4.10. Operational instructions require all valuations of animals slaughtered for control of exotic disease only to be undertaken by a Valuer from the approved list.

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

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

Compensation

4.13. The African Swine Fever (Compensation) Order 1980,states that where an animal is infected with African Swine Fever, the compensation shall be half the value of the animal immediately before it became infected, and in

every other case the compensation shall be the full value of the animal immediately before it was slaughtered.

Slaughter

4.14. Refer to Volume 1: Generic Plan, Section 3 of the plan.

Disposal

4.15. Refer to Volume 1: Generic Plan, Section 3 of the plan.

Cleansing and Disinfection of Affected Premises

4.16. Current policy on C & D is that all preliminary and secondary disinfection is currently undertaken and funded by Defra other than at markets and slaughterhouses.

4.17. In the future, government funding of secondary cleansing and disinfection on farm premises will be subject to review and separate consultation as part of the consideration of the future funding of disease control measures. When carrying out cleansing and disinfection, disinfectants used must be approved by Defra for use under general orders and must be used according to the manufacturers instructions.

Serology

4.18. Serological surveillance may be carried out for a number of reasons, including epidemiology and declaring surveillance and protection zones to be free from disease. Serological surveillance in support of lifting restrictions should not commence until at least 21 days following preliminary C & D of an infected premises.

4.19. In GB all official diagnostic samples for ASF must be sent to IAH Pirbright.

Laboratory Diagnosis

4.20. Commission Decision 2002/106/EC, states that a primary outbreak of African swine fever can be confirmed if clinical signs and lesions have been detected in pigs and at least two antigen or genomic detection tests have given a positive result. The OIE diagnostic manual states that laboratory methods for diagnosis of ASF should be aimed at detection of the virus or viral antigens, or detection of specific antibodies.

Eradication of Disease in Feral Pigs

4.21. A feral pig is defined as a pig, which is not kept or bred on a holding.

4.22. Investigation must take place at suspicion stage. At confirmation stage an expert group must be established to advise on controls, an infected area, and eradication plan, and to monitor then effects of controls. Pig holdings in the area must also be put under official surveillance

4.23. If ASF is suspected in the feral pig population powers exist to establish an investigation zone, which would monitor the presence and distribution of infected pigs.

4.24. Subject to veterinary advice, if ASF is found in the feral pig population a plan for its control will be submitted to the EU within 21 days of disease having been confirmed.

Protection of Rare Breeds

4.25. In accordance with the provisions of the EU African Swine Fever Directive 2002/60/ EC (Article 5.2) Defra will in the event of an outbreak of ASF, will undertake individual risk assessments to seek where possible to protect rare breeds of pigs in zoos, wildlife parks etc. The derogation in the Council Directive against killing does **not** apply to farms- it is restricted to specific types of premises including: laboratory, zoo, wildlife park, or fenced area where the pigs are kept for scientific purposes or purposes related to the conservation of species or rare breeds.

Transport

4.26. Transport of samples should be in accordance with transport regulations and be carried out in the appropriate environment to prevent deterioration of their quality.

National Emergencies Epidemiology Group

4.27 Sufficient training has been undertaken to provide enough trained personnel to mount several epidemiology groups in the event of an outbreak of classical swine fever. The intention is to have at least two veterinarians trained in epidemiology in each Region.

4.28 In the event of an outbreak, the group(s) will be alerted by the NDCC and mobilised in the field as soon as the disease is confirmed. The primary task of the team is to provide the National and Local Disease Control Centres with a report, which meets with relevant Commission guidelines. The team will also advise on sanitation and carcase disposal.

4.29 The composition of the groups may vary but it is envisaged that each will consist of at least:

- A senior veterinarian
- 1-2 veterinarians
- 1 member of staff from the diagnostic laboratory (Institute for Animal Health, Pirbright).

– Field staff with training in epidemiology and meteorology.

Expert Group

4.27. A permanently operational expert group comprising of epidemiologists, veterinary scientists and virologists, has been established to maintain an expertise in order to assist the competent authority in ensuring preparedness against an outbreak of pig diseases.

4.28. In the event of an outbreak of ASF, the Expert Group will be convened and its membership expanded to cover diseases of pigs and will be chaired by the CVO/DCVO

4.29. The expert group will be a strategic/tactical level group of specialists, whose role will be to provide advice to senior management on surveillance programmes, analyse information and advise on control strategies. They will report to the CVO and the NDCC.