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Consultation on Defra's Contingency Plan for Exotic Notifiable Diseases of Animals

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1 Introduction

1.1 The health and welfare of animals concerns not just livestock owners or government, but all of us. There have been over 14 exotic disease outbreaks in the last 10 years including foot and mouth disease, avian influenza and bluetongue. The costs of disease outbreaks range from £2 million to over £3 billion with knock-on effects in other economic sectors.

1.2 Contingency planning is part of the spectrum of work to ensure that the long term good health of livestock and the livestock industry is maintained.

1.3 This plan is for stakeholders to understand Defra's response to a notifiable exotic disease outbreak and for operational partners to understand where their work fits in to the bigger picture. It is arranged in chronological order from preparedness to recovery. Detailed operational instructions are maintained by each work area and are not included here.

1.4 Disease prevention work on legal and illegal imports; surveillance in the UK and elsewhere in the world; farm health planning; biosecurity; livestock movement controls and keeper vigilance do much to decrease the risk of exotic diseases occurring and spreading in England. There will inevitably be future disease challenges. These will best be met by working in partnership across government and with animal keepers and non-governmental organisations.

1.5 When disease does strike, Defra will act swiftly and decisively to:

- Eradicate the disease and regain disease free status;
- Protect public health and safety;
- Safeguard the health and safety of those involved directly in controlling the outbreak; and
- Minimise the burden on the taxpayer and public as well as the economic impact of the outbreak on industry.

1.6 Defra will endeavour to:

- Keep to a minimum the number of animals that have to be humanely destroyed either for disease control purposes or to safeguard animal welfare; and
- Minimise adverse impacts on animal welfare, the rural and wider economy, the public, rural communities and the environment.

1.7 Defra's capacity and capability for dealing with a disease outbreak is regularly tested in local and national exercises. A UK-wide exercise "Silver Birch" in November 2010 tested the response to a foot and mouth disease outbreak. The lessons from this and other exercise are incorporated into this plan. The full report "*Exercise Silver Birch 2010 - National Foot and Mouth Disease Exercise, Evaluation and Lessons Identified*" can be viewed and downloaded from the Animal Health website: www.defra.gov.uk/animalhealth

1.8 Scotland, Wales and Northern Ireland also maintain contingency plans; taken together the four plans and published disease control strategies meet the UK's obligations to the European Commission and Office International des Epizooties (OIE) (The World Organisation for Animal Health).

1.9 Additionally a GB& Northern Ireland plan [insert link] has been drawn together from the country plans to demonstrate the unified response to exotic notifiable diseases of animals within the UK.

2 Preparedness

2.1 This section highlights the activities and processes that ensure there is a high level of preparedness for an outbreak of exotic notifiable disease of animals.

2.2 Defra's Exotic Disease Policy Response Team (EDPRT) leads the exotic disease policy response and is responsible for developing and interpreting disease control policy.

2.3 Animal Health and Veterinary Laboratory Agency (AHVLA) takes the lead in the operational aspects of preparing for, containing and controlling an outbreak of exotic diseases of animals within GB. AHVLA has a specialist Contingency Planning Division (CPD) that co-ordinates this area of work.

2.4 Defra and AHVLA work closely with Welsh Assembly Government (WAG), Scottish Government (SG) and a variety of other agencies, organisations and operational partners such as Local Authorities, Local Resilience Forums (LRFs), Department for Communities and Local Government (DCLG) Sub-national Resilience Teams, the Health Protection Agency (HPA), the Police, the Environment Agency (EA) and the reference laboratory the Institute of Animal Health (IAH) to ensure that any response is well planned, integrated and coordinated, and involves the appropriate specialists.

Preparedness Roles and Responsibilities

Exotic Disease Policy Response Team

2.5 EDPRT is responsible for developing and implementing control strategies for the main exotic diseases in preparation for an outbreak. This has involved developing a more risk based approach to policy development and ensuring consistent use of evidence and expertise, as well as using cost / benefit analysis to inform policy decisions. It ensures there is an appropriate legislative framework in place to allow a swift and effective response to disease outbreaks. It develops and maintains key stakeholder relationships and promotes the sharing of responsibility through core groups of stakeholders. This is in addition to working closely with delivery agents and devolved administrations.

2.6 The team has in place trained resources to respond to a disease emergency and undergoes regular testing of its response.

AHVLA Regional Operations Directors (RODs)

2.7 Each of AHVLA's offices is responsible for ensuring that AHVLA is prepared to respond to an outbreak or incident of exotic diseases of animals. The Regional Operations Director (ROD) is the individual responsible for ensuring that plans are in place and that their staff are suitably trained.

2.8 The ROD has responsibility for local preparedness to deal with disease outbreaks which might be small and localised or part of a much larger (National or International) disease emergency. They are also responsible for building and maintaining effective local relationships with the local livestock/food chain sector as well as other parts of the public sector delivery chain (e.g. LRFs, Police, LAs, the HPA, Natural England and EA).

2.9 Between outbreaks RODs have an important role informing policy development – through feeding back into the centre, intelligence on local issues/practices which could impact on disease preparedness, risks and handling.

AHVLA Regional Resilience Managers (RRMs)

2.10 Each AHVLA region in England has an AHVLA Regional Resilience Manager (RRM). The RRM is responsible for supporting the preparation of local contingency and emergency plans, so that AHVLA maintains a continuous state of emergency readiness and resilience.

2.11 The response plans are closely aligned with the well established civil emergency response structures and AHVLA works closely with Local Resilience Forums (LRFs) and DCLG Sub-national Resilience Teams to ensure that disease control policies and strategies are fully understood and that the necessary multi-agency plans are in place.

2.12 The primary role of the RRM is to support the ROD in ensuring that their region is always at the required state of readiness and has the resilience to deal with emergencies caused by animal diseases and also to deal with situations where animal health or welfare may be compromised as a consequence of other types of emergencies. Their primary responsibilities are as follows:

- To ensure that the region has in place a contingency plan that complements the Defra Contingency Plan and AHVLA instructions and arrangements to ensure readiness. This state of readiness is regularly assessed using the Emergency Readiness Management Assurance Scheme (ERMAS) tool;
- To ensure that the region has in place business continuity plans to deal with incidents that may interrupt the delivery of services;
- To build effective networks with neighbouring regions, with AHVLA Contingency Planning Division (CPD) and with other RRM's to share best practice and to ensure that the region's contingency plans and processes are consistent with national policies and procedures;
- In liaison with CPD to assess current coverage and capability of locally based contingency contracts and where necessary to propose additional contractors and thereafter to keep these under continuous review;
- To work with the ROD and other staff in the region to plan, organise and deliver local exercises as set out in the AHVLA Programme of local exercises; and
- To support the ROD planning, establishing and managing the Local Disease Control Centre (LDCC).

Local Emergency Planning

2.13 AHVLA is fully engaged in all aspects of emergency planning and incident response related to outbreaks of exotic diseases of animals. The key objectives of this work is to ensure that there is a complete understanding of roles and responsibilities, and that the disease control structures and processes are aligned with the well-established emergency response structures that may be required to manage the wider consequences of an animal disease outbreak.

2.14 The principal mechanism for multi-agency co-operation under the Civil Contingencies Act is through Local Resilience Forums (LRFs). Although AHVLA is not a responder under the provisions of the Civil Contingencies Act, in practice LRF membership often expands to include relevant responders, and AHVLA is keen to further improve the strong links that it has developed.

2.15 The Local Resilience Forum (LRF) is a statutory process for bringing together all the Category 1 and 2 responders (responders with specific duties defined under the Civil Contingencies Act) within a local police area for the purpose of facilitating co-operation in fulfilment of their duties under the Civil Contingencies Act. They do not have a separate legal personality, powers to direct their members, or an incident management role, although the LRF chair often becomes the chair of the Strategic Co-ordinating Group (SCG) if one is formed. LRFs and SCGs have an important role in managing the wider consequences of animal diseases.

2.16 The purpose of the LRF is to ensure effective delivery of those duties under the Act that need to be developed in a multi-agency environment. In particular, the LRF process should deliver:

- The compilation of agreed risk profiles for the area, through a Community Risk Register;
- A systematic, planned and co-ordinated approach to encourage Category 1 responders, according to their functions, to address all aspects of policy in relation to:
 - Risk;
 - Planning for emergencies; and
 - Planning for business continuity management.
- Publishing information about risk assessments and plans;
- Arrangements to warn and inform the public;
- Other aspects of the civil protection duty, (including the promotion of business continuity management by local authorities; and
- Support for the preparation, by some or all, of its members of multi-agency plans and other documents, including protocols and agreements and the co-ordination of multi-agency exercises and other training events.

2.17 The National Risk Register, which is available online at (www.cabinetoffice.gov.uk/resource-library/national-risk-register), provides further details of the zoonotic (animal diseases that can be transmitted between, or are shared by, animals and humans) and non-zoonotics (those that are not transferable between animals and humans) animal disease outbreak risks for which LRFs need to

review and assess the local impacts. The risks assessed as being significant will need to be included within the local community risk registers. In many areas, AHVLA is fully engaged in this process and can help with information on the density of livestock and with assessing the impacts on local communities.

Operational Instructions

2.18 AHVLA and Defra have well developed Operational Instructions that are used by staff involved in the response to an outbreak of exotic disease of animals. They provide guidance on the many tasks involved in the outbreak response, ensuring that there is a consistent approach taken. The Operational Instructions reflect the policies and response strategies set out in this Plan.

2.19 Operational Instructions are reviewed regularly and updated as necessary and reflect current best practice in relation to disease outbreak response.

Contingency Contracts

2.20 In the event of an outbreak of exotic notifiable disease of animals it is important that services needed for the response can be accessed rapidly. Defra Procurement and Commercial Function (PCF) and AHVLA have arranged national and local contingency agreements and supply contingency arrangements to meet anticipated needs in an outbreak of exotic notifiable disease. The suppliers are vetted and subjected to regular review by PCF and AHVLA to ensure their ongoing suitability for use in an outbreak.

2.21 The current agreements and arrangements cover all the relevant supply chains and include on-farm culling (including catchers and licensed slaughtermen); carcass transportation; carcass disposal (rendering and incineration); and the provision of specialist services and equipment for undertaking cleansing and disinfection.

2.22 The Defra Procurement Emergency Response Team (PERT) will be responsible for negotiating robust contracts with any other suppliers should the extent of the outbreak require additional supply.

2.23 RODs and RRM's liaise with AHVLA's Procurement & Contract Management Unit and PCF to ensure timely, scalable and appropriate supply arrangements in the event of an outbreak of an animal disease covered by this plan.

Equipment and stores

Provisions of stores and equipment at National level

2.24 AHVLA Weybridge has stores of equipment to enable the Agency to carry out its routine duties within defined time limits. The normal stocking levels at AHVLA

Local minimum stocking levels

2.25 Each office is required to hold or have immediate access to sufficient equipment to deal with up to 10 disease cases in the first 48 hours, including provision for equipping up to 20 additional veterinary personnel. Stock levels are managed by designated local staff, who have day to day responsibility for monitoring availability and serviceability of stores. A stock control system is being developed to provide visibility of stock held by AHVLA allowing for mutual support across offices.

Laboratory Capacity

2.26 The Disease Emergency Response Committee (DERC) has a specific remit to ensure that sufficient laboratory facilities for the diagnosis and surveillance for exotic notifiable animal diseases are available during outbreaks and other surges in demand. The committee is constituted from representatives from AHVLA, IAH and Defra's Food and Farming Group.

2.27 AHVLA Weybridge provides the diagnostic and surveillance testing service for a number of notifiable diseases and is the National Reference Laboratory for Newcastle Disease, Avian Influenza, Rabies, Classical Swine Fever, Equine Infectious Anaemia, Equine Encephalomyelitis, West Nile Virus, Dourine and Glanders.

2.28 IAH Pirbright is the National Reference Laboratory for FMD, African Swine Fever, Swine Vesicular Disease, Bluetongue, Peste des petits ruminants, Rinderpest, several ruminant poxviruses and African Horse Sickness.

2.29 Test surge capacity, in the event of a disease outbreak, is provided by AHVLA Weybridge. Serological testing capacity is provided on a contingency basis of up to 120,000 samples per week. The laboratory would be ready to start contingency surge capacity testing within three weeks of notification with an initial capacity of 7,000 tests per week, 20,000 tests in the second week, 40,000 in the third week and building to full capacity of 120,000 tests per week at week 10.

Staff Resourcing for Outbreaks

Veterinary Resources

2.30 Veterinary staff from AHVLA, Defra and other government departments will provide the initial emergency response capability.

Non-Government Veterinary Personnel - Contingency Official Veterinarians

2.31 Contingency Official Veterinarians (COVs) have an important role between outbreaks as well as during an actual incident or outbreak. In the event of an

outbreak of exotic diseases of animals COVs would be called upon immediately to undertake roles that would otherwise be undertaken by permanent AHVLA Veterinary staff. The roles could include:

- Providing veterinary expertise to teams within the LDCC, e.g. to prioritise tracings or job allocations;
- Providing veterinary expertise that can take account of the local situation, e.g. husbandry, geography, marketing, movements etc;
- Advising on the disease situation to incoming staff;
- Approval of licence applications for permitted movements; and
- Acting as a point of contact and mentor for casual or temporary veterinary staff undertaking work in the field, e.g. veterinary inquiries, supervision of culling, assessment of dangerous contacts, etc.

2.32 It is not the intention that they will undertake routine field work. Other veterinary surgeons will provide this resource.

2.33 In addition to providing advice to the local community on disease prevention, suspicion etc, these staff can act as the Department's ears, eyes and mouthpiece, listening to local concerns, and providing intelligence and other feedback to the ROD and explaining the Department's policies and views.

Non-Government Veterinary Personnel - Temporary Staff

2.34 Non-Government veterinarians may be engaged on temporary contracts. This may include retired Government veterinarians and veterinary practitioners.

Non-Government Veterinary Personnel - Overseas Government Veterinary and Technical Personnel

2.35 The International Animal Health Emergency Reserve (IAHER) agreement was signed in 2004 with Ireland, USA, Canada, Australia and New Zealand to provide veterinary and technical staff in the event of an outbreak of disease. Assistance may also be sought from other EU Member States and is arranged by means of contact between Chief Veterinary Officers (CVOs).

General Field, Technical and Administrative Staff

2.36 Staff from AHVLA, Defra and other government departments will provide the initial emergency response capability. If necessary, during an outbreak of exotic diseases of animals, the Chief Executive of AHVLA will seek Defra Emergency Management Board authority to require the release of further staff from Defra and Defra Agencies to work on emergency duties. As appropriate, the Emergency Management Board will provide clear direction to Divisions, Agencies and work groups, in order that non-essential staff can volunteer their services and be released quickly. Defra has an Emergency Volunteers Register which is one of the principal ways of identifying the people who could provide assistance to an emergency. Those who have left the Department but have said they would wish to assist in the event of an emergency may also be contacted.

2.37 AHVLA have additionally established a Rapid Support Team (RST) who would provide immediate, short-term assistance at LDCCs and Forward Operations Bases (FOBs) at the start of a disease outbreak if required. Members of this team have appropriate skills and experience of disease outbreaks.

2.38 AHVLA Human Resources (HR), in conjunction with Defra Strategic HR and Shared Services Directorate, will lead on coordinating staff deployments in response to needs.

2.39 The Department will also make use of the central Memorandum of Understanding on Mutual Aid and the Redeployment of Human Resources, which will be triggered if necessary. This relates to the loan of staff from other government departments.

Training

AHVLA Field Veterinary staff

2.40 All new field veterinary entrants attend a 4-day course on notifiable diseases, which includes exotic viral diseases, at the Institute for Animal Health, Pirbright and AHVLA Weybridge. This is in addition to the general and specific training related to other work areas including training in notifiable disease procedures which is provided locally. Veterinary staff also have access to disease profiles on the D2R2 database and to AVIS (Advanced Veterinary Information System) giving disease specific information on 11 high impact exotic diseases. Selected individuals attend specific relevant Continuing Professional Development training, e.g. in Epidemiology. Courses are held, as required, to ensure an adequate resource of trained staff.

AHVLA Technical staff

2.41 All new technical staff receive background in animal disease awareness which covers the specific roles they may perform in a disease outbreak. There has been a major programme of practical and classroom based training for technical staff identified to take on the role of Case Officer, including training for those involved in Poultry Culling.

AHVLA staff involved in finance or procurement

2.42 Finance staff are trained to use all appropriate systems to support the financial management of the outbreak from the initial financial decisions, including setup of the LDCC, and all the subsequent financial information.

2.43 They are also trained to set up the appropriate files to capture financial information that will support any claim to both the European Union (EU) and HM Treasury and also provide timely, financial management information to senior management.

2.44 Defra's Procurement and Contraction Function (PCF) provide regular training sessions for procurement staff who may be required to be part of a Procurement Emergency Response Team (PERT) or LDCC.

AHVLA Administrative staff

2.45 Staff are involved in a local structured programme of training designed to equip them with the skills and knowledge to provide administrative support during an outbreak situation and to support the requirements for Finance and Management Information. Additionally, there is local and national level exercising of the contingency plan.

AHVLA Key Administrative, Field & Technical Staff

2.46 The National Disease Control Centre (NDCC) and LDCCs will require staff who are able to take up key positions on confirmation of disease. Key posts have been identified in the NDCC & LDCCs, together with responsibilities and working instructions.

2.47 Staff based in an office in which an LDCC is being established, and in AHVLA more widely, will be the first to be called upon if disease is confirmed. Key administrative, field and technical personnel take part in contingency exercises. This is part of their job description and work objectives

Contingency Official Veterinarians

2.48 On appointment there is a specific training programme for COVs, this includes:

- A similar induction to that of new Veterinary Officers (VOs);
- Awareness and use of the AHVLA Operations Manual;
- Establishment of LDCC/Forward Operations Base (FOB) and roles the COV would fill; and
- Involvement in local exercises.

2.49 Emergency Preparedness: As the COVs become familiar with their roles the amount of such preparatory training that is required will decrease. Involvement in exercises is still required but it is likely that there will be a number of days for which the COVs are available for other activities (assuming a commitment of 3 days per year).

2.50 The COVs can be used on these "spare" days on tasks that lead to an improvement in the wider context of local emergency preparedness.

Exercises and Assurance

Local Exercises

2.51 AHVLA undertakes an annual programme of coordinated animal disease exercises for local offices in order to refine and demonstrate the Agency's emergency preparedness to deal effectively with outbreaks of exotic diseases of animals. Each office takes part in at least one full-scale exercise in a two-year cycle which will usually involve the participation of Operational Partners and stakeholders.

2.52 Each exercise is assessed and an exercise evaluation report produced. These reports are used by Contingency Planning Division (CPD) to highlight and promote best practice and lessons learned and are used to review and update contingency plans as appropriate.

National Exercises

2.53 The EU FMD Directive 9474/03 requires Member States to exercise their FMD contingency plans twice within a five-year period although there is derogation allowing one of these real-time exercises to be for another "major epidemic disease affecting terrestrial animals" (Annex XV11 par. 11.2.3).

2.54 Exercise Silver Birch held in 2010 was the United Kingdom's national Foot and Mouth Disease exercise involving Defra, the Scottish Government, the Welsh Assembly Government, Department for Agriculture and Rural Development Northern Ireland, AHVLA and their associated Operational Partners and Stakeholders.

2.55 The exercise included a field operational element, table top exercises, simulated strategic meetings and exercise briefings, and concluded with a two day live exercise involving participants from across the United Kingdom.

2.56 Exercise Silver Birch enabled the UK Government to effectively test its contingency plans in the event of an outbreak of Foot and Mouth Disease and valuable lessons have been identified.

2.57 The full report "*Exercise Silver Birch 2010 - National Foot and Mouth Disease Exercise, Evaluation and Lessons Identified*" can be viewed and downloaded from the AHVLA website: www.defra.gov.uk/animalhealth

Emergency Readiness Management Assurance Scheme (ERMAS)

2.58 ERMAS is a framework tool used to enable AHVLA to monitor and confirm the extent to which the Agency's Regional, Divisional and Corporate teams can effectively mount an initial response to disease outbreaks. There are two components:

- ERMAS1 - measures the readiness of AHVLA's regional and divisional offices to operate in response to an animal disease emergency, to effect

the transition to the status of a functional LDCC and to sustain operations at a reinforced level thereafter; and

- ERMAS2 - measures the readiness of AHVLA's Headquarter Business Units (involved in an outbreak) to support the actions of the local offices during the initial stages of an outbreak.

2.59 ERMAS reviews occur annually, this necessitates an annual review of the framework tool to account for key changes to business processes or delivery models.

3 Organisational Structures for Control & Co-ordination

3.1 Upon confirmation of an exotic notifiable disease of animals, or where pending confirmation of disease, the suspicion of disease is strong and a decision has been taken to undertake disease control activities, this plan together with the GB and NI Framework Response Plan is invoked. Clear command and control structures are put in place to direct, coordinate and support the disease control response.

3.2 Three levels of command may be established operating at a strategic, tactical or operational level. Details of roles and responsibilities are provided below.

3.3 As it is important that there should be flexibility and proportionality in the delivery of the response, during smaller outbreaks or incidents, it may not be necessary to establish all the structures required for a major event. Although most of the activities and functions delivered through the response structures will still need to be delivered, there may be variations on how they are delivered.

3.4 Unlike most other major incidents and emergency responses Defra is not only the Lead Government Department but together with its executive agencies is directly responsible for both the local and national disease control response. Defra and AHVLA will however ensure a multi-agency response, that operational partners are represented at all levels of the command and control structures and that these are aligned with emergency response structures established to manage any wider consequences of the disease outbreak.

Strategic

Cabinet Office Briefing Room (COBR)

3.5 The United Kingdom maintains the capability to respond to the range of hazards and threats facing the country through the activation of central response arrangements within the Cabinet Office Briefing Room (COBR). The COBR mechanism facilitates cross-government decision-making and ensures Ministers and senior officials are provided with timely, coordinated and quality advice to enable quick and efficient decision making during times of national crisis.

3.6 COBR arrangements bring together Defra (the Lead Government Department), other Government departments, international partners and other response organisations where appropriate to maintain a common understanding of the latest situation and provide advice on strategic issues to Ministers. It consists of a Ministerial decision group (National Security Council (Threats, Hazards, Resilience and Contingencies) (NSC(THRC)) and a number of supporting elements which ensure they have access to coordinated, timely, well-balanced advice. COBR is designed to be a flexible mechanism that can be adapted to the circumstances. The support cells will always include a situation cell that will coordinate the production and maintenance of a Commonly Recognised Information Picture (CRIP). Other possible support cells include: policy and news coordination cells and a Scientific

Advisory Group for Emergencies (SAGE). SAGE will coordinate scientific and technical advice to inform cross-Government decision making.

3.7 The decision to activate COBR in response to an exotic disease outbreak in animals would be taken by the Cabinet Office, Civil Contingencies Secretariat (CCS), in conjunction with Defra and No. 10. Once activated, CCS is responsible for running the COBR mechanism to co-ordinate the cross Government response to the outbreak in support of the lead government department. The decision to activate SAGE would be taken by Defra, Chief Scientific Advisers (CSAs) and CVOs in consultation with CCS and the Government's CSA.

Secretary of State (SoS) for Environment, Food and Rural Affairs

3.8 The SoS's involvement will be dependent on the size and scale of the outbreak. Their involvement is likely to be greater in a national scale outbreak with regional spread of disease, or an instance of zoonotic disease with implications for human health. The SoS may be required to decide if emergency vaccination is to be implemented for disease control purposes. The decision must be justified to Parliament and will be based upon epidemiological and scientific advice provided by Chief Veterinary Officer UK and SAGE (if active). The SoS may be required to brief Parliament, the Cabinet and No. 10 about current risks and disease control measures and brief the media when appropriate, although the CVO UK will normally be the main spokesperson for the media.

Minister of State for Food, Farming and the Environment

3.9 During an outbreak of exotic disease in animals, lead Ministerial responsibility will rest with the Minister of State for Food, Farming and the Environment. If considered necessary, the Minister may attend meetings of the Defra Emergency Management Board (EMB) and the NDCC birdtable. The Minister will respond to Parliamentary Questions concerning the disease outbreak and chair meetings of the NSC(THRC) if sitting. The Minister may also brief the Environment, Food and Rural Affairs (EFRA) select committee and the media when appropriate although the CVO UK will normally be the main spokesperson for the media.

Defra Permanent Secretary

3.10 The Permanent Secretary is responsible for all strategic decisions taken within Defra and accountable, through the Chief Executive AHVLA and Defra Director of Finance, for ensuring the financial integrity of the control and recovery operations by establishing proper procurement, finance and audit procedures, in liaison with HM Treasury and the National Audit Office (NAO).

3.11 Upon confirmation of disease, the Permanent Secretary or their deputies, will notify Defra Ministers and the Secretary of State that disease has been confirmed, convene the Defra Emergency Management Board (EMB) as appropriate and, should EMB recommend it, notify the Government Security and Intelligence Co-ordinator at the Civil Contingencies Secretariat (CCS) that the NSC(THRC) should be convened. The Permanent Secretary will also activate the National Disease Control Centre if the CVO UK and the Chief Executive of AHVLA are unavailable to do so.

3.12 During the outbreak, the Permanent Secretary will contact CCS if additional staffing is required, in order to trigger the protocols set out in the Central Memorandum of Understanding on Mutual Aid and the Redeployment of Human Resources, work with the Secretary of State to ensure that No.10 is appropriately engaged and informed and horizon scan for wider government issues.

3.13 The Permanent Secretary will also ensure that Deputy Directors with key roles to play are clear about their roles and responsibilities and appoint suitable deputies as necessary.

Chief Veterinary Officer UK (CVO UK)

3.14 The CVO UK is responsible for the confirmation of disease in England, the National Disease Control Centre and the interface between the policy and operational functions, ownership of animal disease control policy and any associated risks, the provision of animal disease control policy advice to Ministers and other senior government officials, briefing the media on current animal disease control policy and acting as Defra's main spokesperson in this respect, strategic planning and setting of objectives and responding to any questions about test results and the timing of their delivery.

Deputy Chief Veterinary Officer (DCVO)

3.15 The DCVO will deputise for the CVO UK where necessary and is responsible for liaison with the European Union Standing Committee on Food Chain and Animal Health (SCoFCAH), other Member States and the World Organisation for Animal Health (OIE). The DCVO will notify these upon confirmation as well as the Royal College of Veterinary Surgeons (RCVS), the British Veterinary Association (BVA) and the Royal Society for the Prevention of Cruelty to Animals (RSPCA).

3.16 Throughout the disease control operation the DCVO will ensure that veterinary staff in core Defra are alerted and deployed where required, make recommendations to the Animal Disease Policy Group (ADPG), horizon scan for tactical risks and issues, attend weekly stakeholder meetings and chair the National Experts Group.

Defra Chief Scientific Adviser (CSA) and Deputy Chief Scientific Adviser (DCSA)

3.17 The Defra CSA is responsible for challenge to scientific advice provided for or to the Defra Animal Disease Policy Group and for communicating with the Government's CSA (GCSA) and strategic bodies such as the NSC(THRC). If SAGE is active it is likely that the Defra CSA or DCSA would chair SAGE or co-chair it with the GCSA.

3.18 The CSA and DCSA represent science and the department at high level meetings, public fora, and communicate with the media on the science underpinning Defra matters as appropriate. The DCSA is accountable for challenges to all scientific advice relating to a disease outbreak given to Ministers.

3.19 Upon confirmation of disease the CSA or DCSA will consider the activation of the government's Science Advisory Group for Emergencies (SAGE) and during the disease control operation, the CSA or their representative will horizon scan for strategic issues, attend media briefings, weekly stakeholder group meetings and other meetings as necessary and provide regular briefing to the GCSA.

Tactical

3.20 Unlike most other major incidents and emergency responses Defra is not only the Lead Government Department, but together with its executive agencies is largely directly responsible for the delivery of both the local and national disease control response.

3.21 The tactical response in GB is co-ordinated through a National Disease Control Centre (NDCC) appropriate to the level required to handle the outbreak/incident.

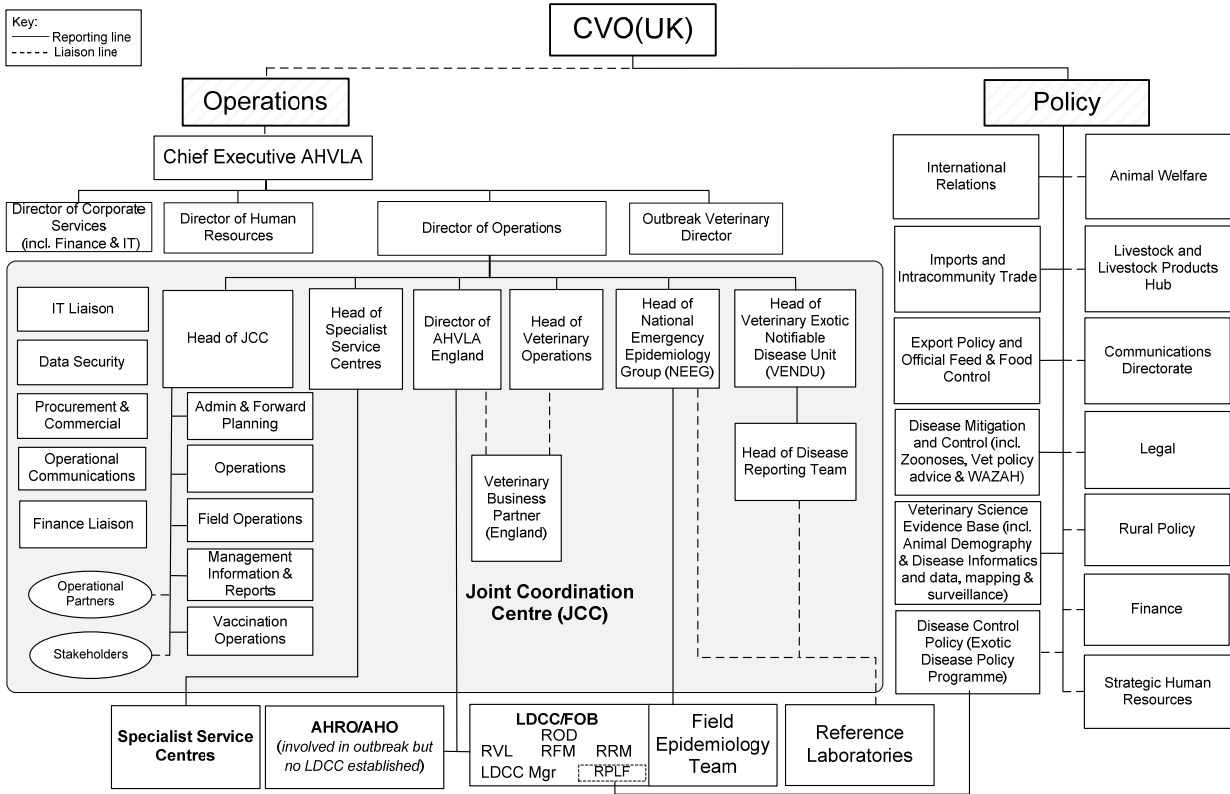
3.22 In England, the NDCC brings together policy functions provided by Defra with operations functions provided by AHVLA and other operational partners.

3.23 Figure 1 sets out the structure of the NDCC in England. The main responsibilities are:

- Policy:
 - To develop, determine and interpret policy within the legislative and wider strategic framework;
 - To advise Ministers and other strategic decision makers;
 - To set the overall objectives for the disease control operation; and
 - To work in partnership with stakeholders.
- Operations:
 - To co-ordinate and direct the delivery of the disease control operation in partnership with stakeholders.

3.24 A framework for decision making during outbreaks has been established which is clear, transparent, timely and auditable and adheres to the principle of subsidiarity (the organising principle that matters ought to be handled by the smallest, lowest or least centralised authority).

Figure 1 – NDCC structure in England



3.25 A description of the roles and responsibilities follows.

NDCC Policy Functions

Director General Food and Farming Group

3.26 The Director General Food and Farming Group is responsible for ensuring that the business as usual work of the Food and Farming Group continues as far as possible, reprioritising work and assisting the Chief Veterinary Officer UK as necessary in the disease outbreak effort.

Senior Responsible Owner, Exotic Disease Policy

3.27 The Senior Responsible Owner, Exotic Disease Policy is responsible for ensuring that the response to the outbreak is aligned with Defra’s Animal Health and Welfare strategy and that all of the relevant policies are taken into account. Upon confirmation of disease, they will notify Ministers, the Permanent Secretary, Defra Directors and relevant stakeholders and keep them informed of the situation. They will also chair stakeholder meetings and the Animal Disease Policy Group (ADPG), liaise with the Devolved Administrations on Animal Health and Welfare policy issues and horizon scan for strategic issues and shape of future policy.

Exotic Disease Policy Lead

3.28 The Exotic Disease Policy Lead is responsible for ensuring that policy advice and briefing is available to Ministers and other strategic decision makers. If appropriate, they will put in place Temporary Control Zones during suspicion and upon confirmation of disease, will draft a Declaration or Declaratory Order, as required by legislation, in order to establish the boundaries of the infected area. They will ensure that robust and appropriate policies are in place to support the operational response and make appropriate legislation and declarations.

Exotic Disease Policy Response Team (EDPRT)

3.29 The Exotic Disease Policy Response Team leads the exotic disease policy response and is responsible for developing and interpreting disease control policy, agreeing policies with Ministers, working with lawyers to establish control zones within England and co-ordinating briefing material for Ministers, officials and stakeholders on all disease related policy issues.

3.30 The team works with the Devolved Administrations, the Animal Disease Policy Group (ADPG) and stakeholders to develop policies that are, where possible, complementary across GB/UK and that are practical and take due account of issues on the ground. The team also sets up and manages a disease free status programme that provides historical timelines and articulates exit strategies.

3.31 The Communication cell within the Exotic Disease Policy unit (EDP) will work closely with Defra's Communication Team and Devolved Administrations to ensure the correct and timely information is provided

3.32 The logistics cell embedded in the EDP, in conjunction with team leaders, monitors staff resources required and can if required utilise a pool of emergency volunteers with the right policy and support skills that have been pre-identified as being available to be immediately seconded to the NDCC response teams in the event of a disease outbreak.

Regional Policy Liaison Function (RPLF)

3.33 RPLF are officials who are identified and trained between outbreaks and support the Regional Operations Director (ROD) and the Regional Veterinary Lead (RVL) on disease control policy related issues. RPLF are responsible for ensuring that AHVLA and other delivery partners understand and advocate the policy objectives and help collect intelligence on whether the policy objectives are being delivered and if not offer opinions on why and what needs to change to ensure they can be in future.

Veterinary Exotic Notifiable Diseases Unit (VENDU)

3.34 VENDU is a division within AHVLA, responsible for veterinary advice to policy makers on the control of the disease. VENDU receives reports of suspected disease from the field, ensures that disease investigations are undertaken effectively and that notifications are distributed and acted upon, co-ordinates sample test results from the

laboratory, considers the options for control, makes recommendations as appropriate and acts as a central co-ordination point to collate, refine and present up-to-date information on disease reports.

3.35 If appropriate during an outbreak / incident, VENDU may delegate some or all of their responsibilities relating to that outbreak/incident to an NDCC Disease Reporting Team (DRT). VENDU will retain functional management of the DRT and continue to handle report cases for other exotic diseases of animals.

Disease Reporting Team (DRT)

3.36 When established, the DRT takes on some or all of the role of VENDU for those reports from the field of suspected disease that relate to the current outbreak/incident. VENDU retain functional management of the team.

3.37 The decision to establish a DRT will be made by the Head of VENDU in consultation with the NDCC Director of Operations and the Head of the Joint Co-ordination Centre (JCC). The JCC will be responsible for the staffing of the Disease Reporting Team and designated AHVLA vets will be called in as additional resources as will the Head of DRT at an agreed time. A decision will also be made on the DRT's level of authority for disease confirmation.

Export Policy and Official Feed and Food Controls (OFFC)

3.38 Export Policy and Official Feed and Food Controls (OFFC) are responsible for policies to prevent the transmission of disease to other countries by controlling the export of susceptible commodities. This includes re-establishing export markets as the disease situation improves.

Imports and Intracommunity Trade

3.39 Imports and Intracommunity Trade monitor animal diseases across the world (particularly those affecting trading partners and countries bordering the EU), that would have a significant impact if introduced into the UK and produce preliminary outbreak assessments or full qualitative risk assessments to assist decision-making by those responsible for biosecurity, surveillance, disease preparedness and enforcement.

International Relations

3.40 International Relations are responsible for the development and delivery of a coherent negotiations strategy that supports the aims of the Animal Health and Welfare Strategy for GB.

Animal Demography and Disease Informatics (ADDI)

3.41 The Animal Demography and Disease Informatics portfolio is responsible for providing an analytical information support service to the Strategic, Tactical and Operational response. In the event of an outbreak of exotic disease, the NDCC Data Analysis and Mapping team (the Rapid Analysis and Detection of Animal-Related

Risks (RADAR) team in non-outbreak times) is responsible for the information on the distribution and numbers of livestock accessed via the RADAR data warehouse. This includes the provision of maps and statistics to support risk assessments, disease control operations and requirements to the EU, provision of population information to modellers, and drawing up official zones and production of maps in relation to imposing restrictions for England, Scotland and Wales. The ADDI portfolio also provides the Secretariat resources for the National Expert Group (NEG) and Tactical Advisory Groups (TAGs), which provide advice on specific issues including scientific, technical and disease control measures issues in disease incident/ outbreak situations.

Animal Welfare

3.42 The Animal Welfare Policy Team is responsible for providing policy advice on animal welfare on farm and during culling. During a disease outbreak the team will be responsible for providing policy advice on matters affecting the welfare of livestock including the need to protect the welfare of animals affected by movement restrictions. The team will also seek Ministerial approval of killing methods used for disease control purposes where this is required by the legislation. When appropriate they will work with the Livestock and Livestock Products Hub.

Livestock and Livestock Products Hub

3.43 The movements team within this hub will provides advice on a return to normal movements policy during the recovery phase. It will also provide advice on identification of animals as any compensation is usually dependent on animals being properly identified.

3.44 The products team will advise on the impact on the food supply markets of disease control policies (e.g. culling, movement restriction, stamping of meat from restricted areas, impact of vaccination on exports, etc). The team will also engage with the European Commission (DG Agri) on any market intervention measures; advise on any compensation levels for culled livestock; work with Animal Welfare on welfare; and advise on disposal of animal by-products.

Communications Directorate

3.45 The Communications Directorate is responsible for ensuring that Defra has a robust and proportionate communications strategy in place in order to meet the demands of a disease outbreak situation. They will ensure that internal communication channels, the Defra public website and the Defra Helpline are updated appropriately and issue press notices as appropriate. They will also advise the Secretary of State, Minister, CVO UK and Defra CSA on communications issues, engage with Government Communications Network (GCN) and Central Office of Information (COI) News & PR and establish a communications team as part of the NDCC and work with AHVLA Communications and Regional Operations Directors (RODs) to set up a local presence in the LDCCs.

Head of Finance

3.46 The Defra Head of Finance, Food and Farming Group is responsible for ensuring the financial integrity of the disease control operation, working alongside the AHVLA Finance Director. They will liaise with the Defra Director of Finance and AHVLA Finance Director to ensure all of the necessary finance structures are in place in the NDCC, LDCC(s) and sites associated with the outbreak, liaise with HM Treasury and the National Audit Office, oversee and provide support to the NDCC Finance and Procurement Teams and horizon scan for strategic and tactical issues and advise on options and recommendations.

Deputy Director Legal Group

3.47 The Deputy Director Legal Group (Animal Health and Welfare) is responsible for ensuring that the disease control operation complies with our domestic and international legal obligations and will liaise with policy colleagues to ensure that our disease control policies support this.

Reference Laboratories

3.48 National Reference Laboratories are responsible for the provision and interpretation of diagnostic and surveillance testing as well as disease-specific expert knowledge in relation to the application of laboratory tests, epidemiology and control measures.

NDCC Operational Functions

AHVLA Chief Executive (CE AHVLA)

3.49 The CE AHVLA is responsible for leading the delivery of the operational response, management of all operational disease control staff, including those drafted in from other areas of the Defra family and elsewhere, briefing Ministers and other officials on disease control operations and lead at NSC(THRC) on Operations.

3.50 Upon confirmation of disease and in the absence of the CVO UK, the CE AHVLA has the authority to activate the National Disease Control Centre.

3.51 During the outbreak, the CE AHVLA plans the effective delivery of strategic decisions, retains an overview of the operational aspects of the disease control effort, authorises AHVLA Human Resources to recruit additional staff if required and provide the Defra Permanent Secretary with information concerning the financial integrity of the control and recovery operations.

NDCC Director of Operations

3.52 The NDCC Director of Operations is sourced from within AHVLA and is responsible for managing the overall operational response, provision of veterinary advice to field staff (via the Head of Veterinary Operations) and field veterinary advice to the National Experts Group and Animal Disease Policy Group.

3.53 They will also deputise for the CE AHVLA, when necessary and liaise with VENDU on the transfer of disease reporting functions to the DRT and as appropriate appoint a Head of the DRT.

AHVLA Director of Corporate Services

3.54 The AHVLA Director of Corporate Services is responsible for all aspects of finance related to disease control operations and on-farm remediation work. Upon confirmation of disease, they will establish a finance team in the NDCC and ensure a finance manager is in place at each LDCC.

3.55 The NDCC Finance Team is responsible for ensuring that the full cost of the disease control operation is accurately monitored and captured. The team provides financial reports as required and supporting evidence if forecasts indicate that a claim for reserve funding is required from HM Treasury. They are also responsible for payment to suppliers and contractors, compensation to affected parties, Treasury reporting, financial reporting and EU co-financing claims.

AHVLA Director of Human Resources

3.56 The AHVLA HR Director is responsible for all aspects of HR related to disease control operations. Upon confirmation of disease, they will establish a HR team in the NDCC, an NDCC HR annexe at AHVLA HQ and send HR support to the LDCC.

3.57 Throughout the disease control operation, the AHVLA HR Director will be responsible for forward planning resource requirements, producing up-to-date management information regarding resourcing of the outbreak and horizon scanning for strategic and tactical resourcing issues.

3.58 The NDCC HR Team manages and coordinates the provision of veterinary, technical, specialist, and administrative resources to the NDCC and LDCC(s). It works with Defra HR, other parts of core Defra, Defra agencies and, depending on the size of the outbreak, with Cabinet Office Civil Contingencies Secretariat (CCS), Department for Work and Pensions (Jobcentre Plus), Operational Support Secretariat and Other Government Departments to secure emergency staff, including veterinary resource. The team may liaise with the Royal College of Veterinary Surgeons (RCVS), British Veterinary Association (BVA), Foreign and Commonwealth Office (FCO) and the Chief Veterinary Officers (CVOs) of other countries over recruitment of veterinary or other staff and the use of the International Animal Health Emergency Reserve (IAHER). The NDCC HR team is also responsible for establishing contract terms and conditions for additional staff and contracted personnel and liaising where appropriate with the Procurement Team. HR also provides and co-ordinates training.

Head of the Joint Coordination Centre (JCC)

3.59 The Head of JCC is responsible for the day to day running of the Joint Coordination Centre including centrally provided national functions which may extend across GB. They will notify interested parties during suspicion and upon confirmation

of disease, will establish the JCC and consider the establishment of proportional elements of the NDCC, ensure that contingency arrangements are enacted and notify the emergency vaccination contractor if appropriate.

3.60 The Head of JCC manages the JCC, ensures efficient coordination occurs across Defra, operational partners and stakeholders and agrees any deviation from the established operational structures and ways of working with the Chief Veterinary Officer UK.

3.61 The JCC teams (described below) provide tactical advice to their counterpart teams at the Local Disease Control Centre(s) (LDCC(s)).

JCC Administration and Forward Planning

3.62 The Administration and Forward Planning Team is responsible for horizon scanning to identify possible operational and logistic problems and provide solutions. They will use the output of epidemiological modelling for resource planning purposes in order to assess the operational impact of the predicted progression of the outbreak, identifying likely strategic, tactical and operational milestones.

JCC Operations

3.63 The JCC Operations Team acts as a central point for overseeing the relationship and communications between the NDCC and the LDCC(s). Its main function is to retain an overview of status of the response at the LDCC(s). It is also responsible for ensuring that information and guidance on the management of the outbreak (beyond that provided in Operational Instructions) is passed urgently to the LDCCs and that information flows from the LDCC(s) to the NDCC are accurate and timely.

JCC Management Information and Reports

3.64 The JCC Management Information and Reporting Team are responsible for collecting, collating and interpreting summary data and information on the control and management of the outbreak. The team will be a central point of intelligence for the outbreak, its impact and control. They will receive the collated daily situation reports from the LDCC(s) and when appropriate, from Rural Affairs Forums from the LDCC Liaison Team. They will compile the JCC report of data and analysis which will be submitted to CCS on a daily basis or less frequently as jointly agreed between CCS and the Head of the JCC. The JCC Management Information and Reporting Team will also coordinate the Defra/AHVLA contribution to the CRIP (Commonly Recognised Information Picture).

JCC Field Operations

3.65 The Field Operations team issues tactical guidance to LDCC(s) about valuations, culling, transport, disposal and cleansing and disinfection operations. It will liaise closely with the Procurement Team to ensure that services are available to carry out these key operational functions and with the central teams of other organisations whose local staff will be involved in the field operation. This includes

the Environment Agency and the Health Protection Agency. For large outbreaks the team may sub-divide into separate Teams covering Culling, Transport & Disposal and Cleansing & Disinfection. The Field Operations team is also responsible for imposing and lifting Air Exclusion Zones if required.

JCC Vaccination Operations

3.66 The Vaccination Operations Team will, through its management of the external emergency vaccination contractor, implement vaccination operations which will include supplying the vaccination teams, the supervising veterinary surgeons and supporting management structures. The team will provide advice and guidance to the commercial contractor and information on vaccination capability and operational arrangements.

JCC Legal Liaison

3.67 The Legal Liaison Team provides legal advice and expertise to the NDCC and ADPG. Defra Legal Group makes provision for this in its business continuity plans.

JCC Procurement & Contracts Team

3.68 The Procurement & Contracts Team provides support and advice on the procurement of goods and services covering the requirements from confirmation of disease until the Procurement Emergency Response Team (PERT) arrives at the LDCC, including the triggering of contingency contracts; use of emergency purchase orders; and contract management and letting.

JCC Information Technology Liaison

3.69 The IT Liaison Team co-ordinate requests for IT services and developments and manage their delivery. They liaise with the IT service contractor and AHVLA Information Management and Technology (IMT) Team who are responsible for the maintenance of IT Disease Control Systems.

JCC National Emergency Epidemiology Group (NEEG)

3.70 The Head of NEEG is responsible for setting up and resourcing the NEEG so that the NEEG Executive can provide the CVO UK with expert epidemiological opinion relevant to the control policy and contribute to the relevant National Expert Group (NEG) on epidemiological matters.

3.71 During an outbreak, the NEEG operates as an operational unit within the Joint Co-ordination Centre. The NEEG provides epidemiological advice and assessment on the determinants, level and distribution of disease to the NEG, other groups and the CVO UK to inform decisions on disease control and prevention measures including vaccination and surveillance. It leads the epidemiological investigations of exotic disease outbreaks, delivers epidemiological modelling, designs surveillance plans and analyses surveillance outcomes, contributes epidemiological information and expertise to veterinary risk assessments and provides epidemiology reports or

the epidemiological components of reports to Defra, the public website, European Commission and OIE.

JCC Veterinary Operations

3.72 The Veterinary Operations Team acts as the central point of contact in the JCC for LDCC veterinary staff. It co-ordinates and manages the veterinary and technical aspects of the control, eradication and recovery operation by liaison with policy colleagues and by providing veterinary and technical direction to the field operation by means of instructions and guidance. The team also provides veterinary and technical support to the NDCC including the management of sample results and circulation of these to the NEEG.

Field Epidemiology

3.73 The AHVLA Field Epidemiology Team operates in both the NDCC and LDCCs to gather, collate and disseminate field epidemiology information to the NEEG.

Operational Partners

3.74 The management, control, and eradication of an outbreak of exotic disease of animals inevitably requires a coordinated response between numerous organisations. Depending on the disease in question and the scale and severity of the outbreak, the JCC may include representation from operational partners including:

Environment Agency (EA)

3.75 The EA works with, and supports partners (including Defra, AHVLA, Local Authorities and landowners) to minimise the environmental impact of an outbreak. The Agency provide expert advice and management options, in particular on waste and disposal sites, determine applications and registrations for waste disposal and recovery activities (including carcasses, manures and wash waters), advise on pollution prevention issues and monitor the impact of the outbreak on the environment.

3.76 During outbreaks the EA will, where appropriate, provide Liaison Officers at strategic, tactical and operational command levels and, where necessary, attend Regional Civil Contingencies Committee and Strategic Co-ordinating Group meetings.

Health Protection Agency (HPA)

3.77 The HPA assess the impact of disease control measures on public health and ensure directors of public health in the Primary Care Trusts [or their replacement] are briefed on disease control measures and any related public health issues. The Agency will field health-related enquiries from public and local health service staff, ensure continuity of health care provision in restricted infected areas and assist in the analysis of human blood samples

and provide laboratory support, epidemiological advice and access to modelling capability.

3.78 During outbreaks the Agency will, where appropriate, provide representation at the tactical and operational command levels and, where necessary, attend Regional Civil Contingencies Committee meetings.

Association of Chief Police Officers (ACPO)

3.79 ACPO is responsible for developing policing policies. The Association works within a tripartite framework which brings together the local Chief Constable, the local Police Authority and the Home Secretary. ACPO advise on strategic policing issues arising from disease control operations, provide a link to Chief Constables in affected Police Forces and facilitate agreement of proposed routes with all affected Police Forces.

3.80 During outbreaks, ACPO provide representation at the tactical and operational command levels and, where necessary, attend NSC(THRC) meetings.

Individual police forces

3.81 In addition to their wider role in relation to maintaining order and protecting the public, individual police forces will fulfil a number of specific roles in relation to an animal disease outbreak including policing of control zones, enforcement of movement controls with local authorities, providing general co-ordination of emergencies support, particularly in pursuing legal entry to premises, providing specialist knowledge in the area of management and co-ordination of major incidents and work in partnership with local authorities and AHVLA to share and consider local intelligence.

3.82 A chief officer from the force area affected is usually the chair of the Strategic Co-ordinating Group (SCG) and will be the chair if an outbreak or the activities needed to deal with it reach such proportions that a critical or major incident is declared and the SCG becomes Gold Command.

Local Government Regulation (LGR)

3.83 LGR is the local government central body responsible for overseeing local authority regulatory and related services in the UK. During an outbreak, LGR provide representation at the tactical command level, liaise with Defra, Government Departments and other delivery partners to represent local government interests, provide local authorities with information, guidance and advice (on both regulatory and enforcement matters) and liaise with existing local authority advisers, including the National Animal Health and Welfare Panel, for immediate technical advisory input into policy development.

Individual Local Authorities

3.84 Local Authorities, county and unitary councils, are major operational partners in the response to an outbreak of exotic notifiable disease in animals. They play key roles in enforcement and implementation of disease control strategies and are fundamental to rapid and efficient access to local information and resources. They also fulfil a significant role in providing advice and education at a local level. Animal health legislation enforcement functions are usually provided by trading standards or environmental health services.

3.85 During an outbreak, Local Authorities provide resources such as staff (including Animal Health Officers, Emergency Planning Officers and Highways and Public Rights of Way departments), vehicles, equipment and buildings, where necessary, enforce disease control measures and movement licence conditions, erect road signs for publicising control zones. Local Authorities also provide liaison officer representation at the operational command level.

Department of Health (DoH)

3.86 The DoH's role is to provide clear and unambiguous advice on the human health implications of an animal disease outbreak. During an outbreak of exotic disease of animals, DoH will provide strategic guidance and advice on prophylaxis and treatment of people where necessary.

Department for Transport (DfT)

3.87 During an outbreak of exotic disease of animals DfT aims to provide support to Defra, its associated agencies and stakeholders by responding to demands for information on transport related issues, providing practical advice and guidance and facilitating contact with the transport industry where necessary.

Food Standards Agency (FSA)

3.88 The FSA is responsible for providing advice to the public concerning implications for the food chain arising from an outbreak of exotic disease of animals. FSA Operations is responsible for the protection of public and animal health through the proportionate enforcement of legislation in approved fresh meat premises. It is responsible for the delivery of official legislative controls relating to standards of hygiene in slaughterhouses and cutting plants

Natural England (NE)

3.89 Natural England (NE) is an executive non-departmental public body and is the government's independent adviser on the natural environment. NE is focused on conserving and enhancing England's biodiversity and landscapes and maximising the benefits they bring to the public. In particular, NE are responsible for managing England's agri-environment schemes, implementation of open access legislation including regulation for temporary

closure, they are the licensing authority for protected species, have responsibility for the statutory designation of a range of protected sites including Sites of Special Scientific Interest and National Parks and manage the majority of the National Nature Reserves and regulate the maintenance and condition of Sites of Special Scientific Interest.

Stakeholders

3.90 Depending on the size, location, scale and nature of the outbreak there may be stakeholder representation within the JCC. Stakeholders may be invited to attend NDCC birdtable meetings and various other meetings arranged. Stakeholders may also have a role in disseminating information to livestock keepers.

Devolved Administrations

3.91 Representatives from the Devolved Administrations (DAs) may be based in the JCC during large scale outbreaks in Great Britain. For smaller outbreaks or those where disease is limited to England only it may not be necessary for the DAs to be embedded within the JCC and they may participate at NDCC birdtables via teleconference.

Operational

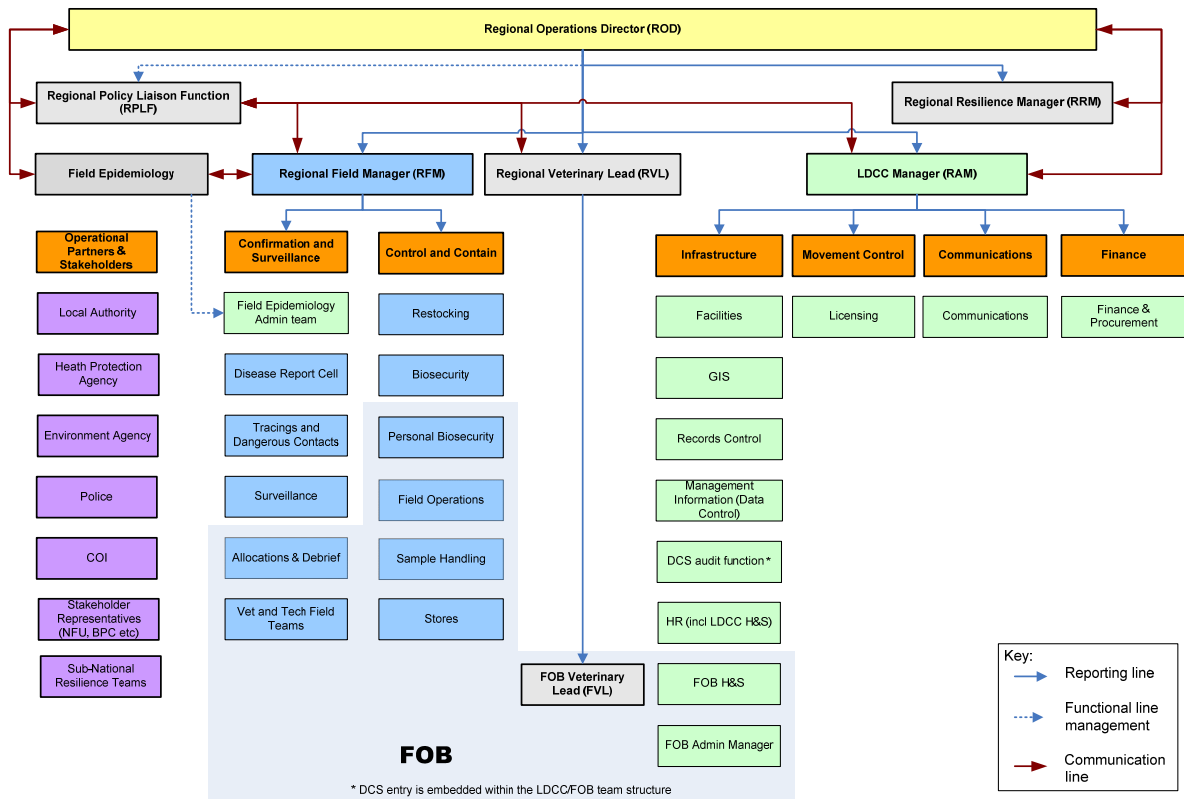
3.92 At the operational level, AHVLA establishes the Local Disease Control Centre(s) (LDCC(s)), headed by a Regional Operations Director (ROD) and appropriate to the level required to handle the outbreak/incident. The LDCC coordinate and implement the disease control operation, ensuring that local operational partners and stakeholders are appropriately engaged. The LDCC follows tactical direction and policy guidance set out in the relevant disease control strategies, contingency plans and operational instructions. The LDCCs also report back to the JCC on the progress of the disease control operation.

3.93 For logistical reasons one or more Forward Operations Bases (FOBs) may also be established close to the outbreak or incident, providing a local operational base for those LDCC teams that are predominantly involved in patrolling, surveillance and field operations activity.

3.94 Upon confirmation of disease, the ROD will brief the appropriate Sub-National resilience team and the Chair of the Local Resilience Forum on the situation and agree on the local arrangements necessary to consider wider consequences of the outbreak. If necessary, a local Strategic Coordinating Group (SCG) may be established to manage the wider impacts of an outbreak on the local area (e.g. health, social, economic, environmental and public information) and the Chair of the SCG and ROD will work closely together.

3.95 Figure 2 sets out the structure of LDCCs in England and a description of the roles and responsibilities follows.

Figure 2 – LDCC structure



Regional Operations Director (ROD)

3.96 The ROD is responsible for leading the local disease control operation and taking overall control of the Local Disease Control Centre (LDCC) and any associated Forward Operations Bases (FOBs). They act as the local spokesperson on the operational aspects of the disease control operation to the media, liaise with the local Regional Policy Liaison Function (RPLF), brief and liaise with the sub-national teams to ensure that arrangements are in place to manage the wider consequences of the outbreak and manage the relationship with the wider resilience partners.

Regional Veterinary Lead (RVL)

3.97 The RVL acts as the senior veterinary field adviser to the ROD and other staff within the LDCC. They are responsible for quality assurance of veterinary activities within the LDCC, ensuring that appropriate standards are applied and decisions are made on the basis of sound veterinary advice and appropriate risk assessment and considering wider aspects of veterinary issues. RVLs not directly involved in the response will deputise for the NDCC Veterinary Operations, where necessary. In the event of a FOB being established, FOB Veterinary lead(s) will provide veterinary advice to the FOB teams.

LDCC Manager

3.98 The LDCC Manager is responsible for managing the administrative functions of the disease control operation within the LDCC. They will ensure sufficient staff have been engaged to deliver administrative tasks, regularly review the accommodation requirements of the LDCC/FOB and provide support to the ROD.

Regional Field Manager (RFM)

3.99 The RFM is responsible for overseeing and managing the field delivery of the animal disease control operation within the LDCC. They will ensure sufficient staff have been engaged to deliver field tasks, regularly review the accommodation requirements of the LDCC/FOB and provide support to the ROD.

Allocations

3.100 The Allocations Team ensures that jobs are prioritised, allocated on time, fully completed and accurately recorded.

Bio-security

3.101 The Bio-security Team provides materials, personnel and information to reduce the risk of spread of disease from infected to uninfected stock.

Communications

3.102 The Communications Team provides a comprehensive, integrated communications service, including all aspects of internal and external communications.

Epidemiology

3.103 The Field Epidemiology Team contributes to the understanding and control of disease by gathering epidemiological information, considering patterns of disease and assessing risk factors. It is made up of members of the AHVLA Epidemiology team and is a key component of the NEEG, reporting to it through the AHVLA Head of Veterinary Epidemiology.

Facilities

3.104 The Facilities Team provides the LDCC and supporting structures (e.g. the FOB) with the required infrastructure including accommodation, data and communications, fixtures and fittings and security.

Finance

3.105 The Finance Team records, manages, advises and alerts on finance activity within the LDCC and will liaise with the NDCC Finance Team. The LDCC Finance Team records operational outbreak costs in areas under its responsibility. The

AHVLA Corporate Finance provides guidance and advice, including overseeing cost forecasts and claims for EU co-funding.

Procurement

3.106 The Procurement Team manages procurement and contractual activity at the LDCC in accordance with Defra and AHVLA procedures.

Geographical Information Services (GIS)

3.107 The GIS Team will work with the NDCC Data Analysis and Mapping team to ensure that the critical GIS response to the declaration of an Infected Premises (IP) is met.

Licensing

3.108 The Licensing Team assists the disease control process by considering applications for exemptions from restrictions and where allowed and appropriate, licensing those exemptions e.g. animal movements, activities or events.

Human Resources (HR)

3.109 The HR Team coordinates the provision of additional human resources and ensures that best HR practice and Defra/ AHVLA standards are applied.

Records Control Centre (RCC)

3.110 The RCC develops and manages an effective LDCC Records Centre, by managing official records including registered files and any other media which conveys information.

Surveillance

3.111 The Surveillance Team ensures that field teams undertake clinical inspections, verify details of premises, obtain information on stock numbers and disposition on premises and oversee the required surveillance to enable zone clearance or is required for other teams (e.g. Epidemiology).

Tracings and Dangerous Contacts

3.112 The Tracings and Dangerous Contacts Team works to identify the source of disease and limit its spread, by ensuring that tracings are identified and prioritised promptly and where a veterinary risk assessment indicates an unacceptable risk, recommend stock are culled as Dangerous Contacts.

Health and Safety

3.113 The Health and Safety Team provides advice and assistance for all aspects of staff health and safety, liaising with the NDCC HR Team and the HPA as appropriate.

Field Operations

3.114 The Field Operations team has overall responsibility for field operations. It is made up of the following teams.

Case Officer

3.115 A Case Officer is appointed for every premises on which disease control activity is taking place. They are responsible for overseeing all activities of AHVLA staff, police officers deployed to the site, other officials, valuers, slaughtermen, contractors etc. to ensure a coordinated, well directed operation, to ensure compliance with health and safety protocols, to minimise the risk of disease spread from the premises and to achieve rapid and effective completion of disease control measures.

Gate Officer

3.116 A Gate Officer is appointed to each premises on which work is taking place and controls and records movement of people, vehicles, materials and equipment onto and off of any premises on which disease control activity is taking place.

Culling Team

3.117 The Culling Team coordinates culling activities on all premises where animals are to be culled for disease control purposes. They will liaise with the NDCC Culling Team and the NDCC Procurement Team.

Disposal Team

3.118 The Disposal Team co-ordinates the disposal of carcasses from premises where animals are culled for disease control purposes.

Cleansing and Disinfection Team

3.119 The Cleansing and Disinfection Team co-ordinates appropriate cleansing and disinfection activities on all premises where animals have been culled for disease control purposes. They liaise with the NDCC Cleansing and Disinfection Team and the Procurement Team on the provision of contractors.

Sample Handling Team

3.120 The Sample Handling Team advises on sampling requirements and coordinates the packing and dispatch of samples to the laboratory. It may include a liaison officer from AHVLA Weybridge. It works closely with Surveillance and Epidemiology Teams.

Stores Team

3.121 The Stores Team maintains sufficient supplies to allow undertaking of patrolling, surveillance and for field operations activities on premises where animals have been culled for disease control purposes.

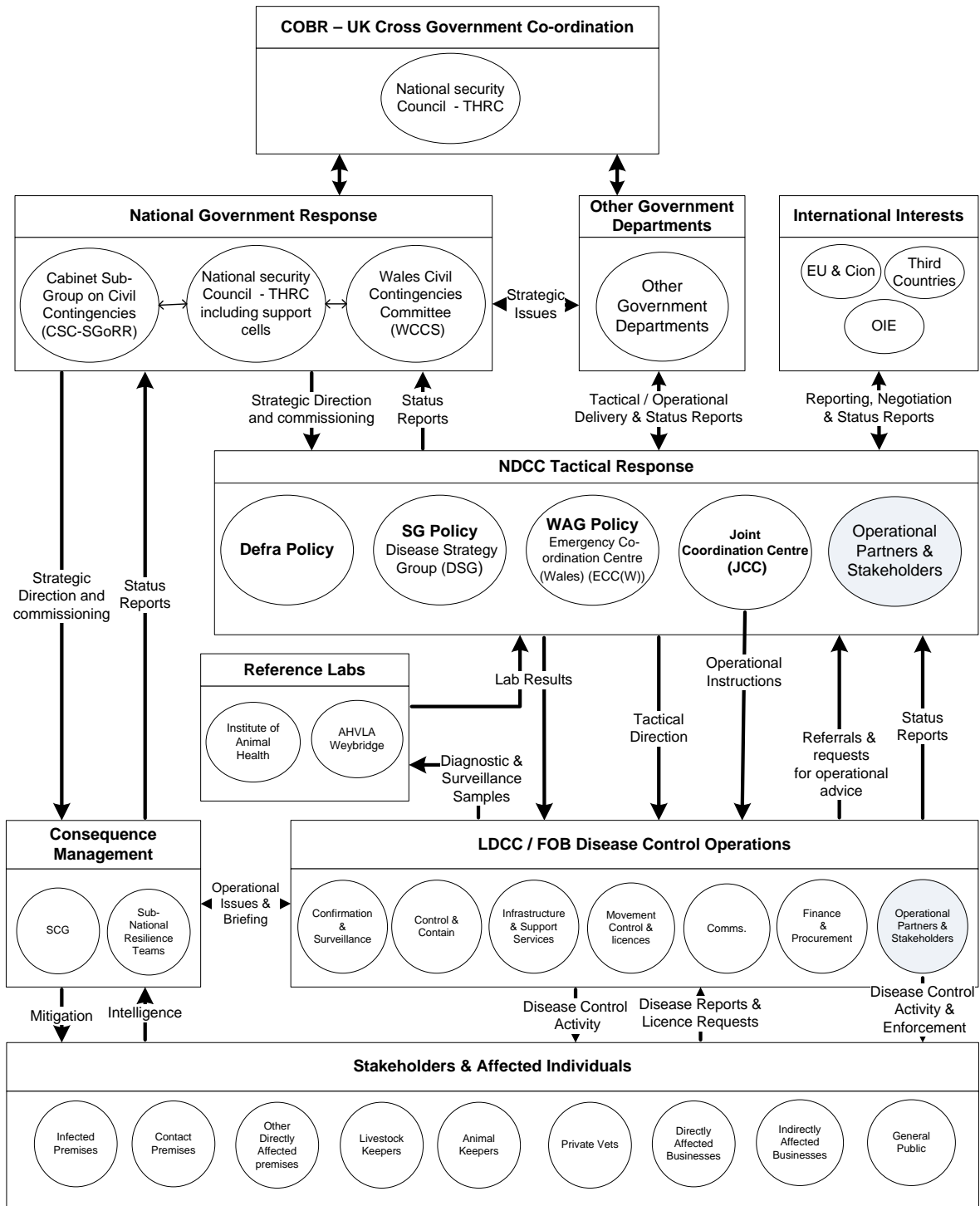
Valuation Team

3.122 The Valuation Team ensures that fair and accurate valuations of all livestock being culled for disease control purposes are carried out in accordance with legislative and policy requirements.

Diagrammatic representation

3.123 Figure 3 sets out the elements of each level of command and how they interrelate.

Figure 3 - Command structures in Great Britain



4 Groups and Committees

Strategic Level

National Security Council (Threats, Hazards, Resilience and Contingencies (NSC (THRC))

4.1 The NSC (THRC) is a ministerial sub-committee of the National Security Council. It meets to consider issues relating to threats, hazards, resilience and contingencies and includes a restricted group which considers intelligence matters. The Group will report as necessary to the National Security Council.

4.2 When meeting to consider the Government's response to civil emergencies the Terms of Reference will be as follows:

- To consider, in civil emergencies, plans for the protection of life, the continuity of everyday activity, and the restoration of disrupted services.

4.3 For outbreaks of animal disease the Chair will be taken by the Secretary of State for Environment and the Cabinet Office Civil Contingencies Secretariat will form the Secretariat. Ministers from the appropriate Government Departments, including the Devolved Administrations, will be invited to attend; though depending on the situation other organisations may also be included such as the Association of Chief Police Officers (ACPO) and the Food Standards Agency (FSA).

4.4 In large animal disease outbreak situations, the Prime Minister may chair the meetings and the Deputy Prime Minister may also attend.

4.5 The issues that are likely to be discussed include the operational response, the impacts on the wider Government, stakeholder engagement, international and European Issues, forward strategy, communications and media, and recovery.

National Security Council (Threats, Hazards, Resilience and Contingencies (Officials) (NSC (THRC) (O))

4.6 The NSC (THRC) (O) is the level where the senior officials of the appropriate Government Departments meet. If the civil emergency is sufficient to warrant it, for example in a large disease outbreak, the issues will be passed to the ministerial sub-committee NSC (THRC) to debate.

4.7 The Group have the same remit as NSC (THRC) and will be chaired by DG SIR (Security, Intelligence and Resilience) Cabinet Office or Director Civil Contingencies Secretariat (CCS).

Scientific Advisory Group for Emergencies (SAGE)

4.8 The Scientific Advisory Group for Emergencies (SAGE) coordinates scientific and technical advice from other expert groups to help support UK cross-government

decision making. SAGE may be activated from within the government's crisis management mechanism, often referred to as the Cabinet Office Briefing Rooms (COBR), whose aim is to facilitate collective UK decision making. SAGE advice will be one source of advice that will be presented to Ministers to support them in making evidence-based decisions. SAGE will be chaired by the Government's Chief Scientific Advisor, a departmental or national Chief Scientific Advisor, a Chief Medical Officer or Chief Veterinary Officer as appropriate. The Secretariat will be provided by the Lead Government Department. Where there is no lead the Secretariat will be provided by Cabinet Office and the Government Office for Science.

4.9 SAGE may establish a number of sub-groups depending upon the nature of the outbreak.

4.10 Existing advisory groups (i.e. Government agencies, national or department led advisory groups or external groups), can in an emergency:

- Become SAGE – where they are able to provide advice on all issues required and where they contain a full range of appropriate experts;
- Form a sub-group of SAGE – where they are able to provide advice on a sub-set of the issues required and where they contain a full range of appropriate experts on those issues; and/or
- Regularly communicate with SAGE – where maintaining the independence of the group is considered essential or beneficial.

Defra Emergency Management Board (EMB)

4.11 The Defra Emergency Management Board (EMB) is the strategic decision making body responsible for considering how best Defra should respond to the outbreak or incident. The EMB is chaired by the Defra Permanent Secretary and the Permanent Secretary's Office will provide the Secretariat. The initial meeting will be at an appropriate time following confirmation of an outbreak of animal disease. The Defra Permanent Secretary has responsibility for deciding if the scale and severity of the outbreak merits an EMB meeting and the frequency of these meetings.

4.12 EMB will focus on how Defra as a whole should respond and in particular the budgetary and resource aspects.

4.13 The EMB will comprise of all the Defra Director Generals, Defra Director of Communications, Chief Veterinary Officer UK, Defra Chief Scientific Adviser, Chief Executive AHVLA or their representatives.

4.14 The issues that are likely to be discussed include, resourcing (including Emergency Volunteers Register), financial and budgetary outlook, communication issues, coordination and liaison with CCS, OGDs and the DAs and Impact of outbreak on other Departmental responsibilities, including business continuity.

Animal Disease Policy Group (ADPG)

4.15 The ADPG provides disease control policy advice and strategy recommendations to Defra Ministers, the NSC (THRC) and other strategic decision

makers. It is the forum where disease control policy and strategic recommendations should be presented, reviewed, discussed, challenged and agreed. ADPG also has an important role in ensuring that policies are consistent (although they may be different) across the four administrations.

4.16 The Senior Reporting Officer (SRO) for EDP chairs ADPG and Defra's Exotic Disease Policy Response Team provides the Secretariat. The membership of ADPG will include representatives from Defra policy teams, Communications Directorate, Legal Group (Animal Health and Welfare), Chief Veterinary Officer UK, Defra Chief Scientific Adviser's representative, National Experts Group, DAs, Government Office for Science, CCS and the NDCC Director of Operations.

4.17 Membership also includes public health representatives who provide specific advice on zoonotic diseases and for significant policy decisions; membership may expand to include the Defra Permanent Secretary and other Directors General and Directors.

4.18 The issues that are likely to be discussed include policy recommendations for Ministers, disease control strategy advice to be given to NSC (THRC), science based policy decisions and the identification of risks and issues for scenarios that may have an impact upon strategies under consideration.

Daily Communications Meeting

4.19 The Daily Communications meeting is a daily forum for identifying and agreeing key points to make for communications (internal & external) and media briefing and ensuring the appropriate audience is reached.

4.20 The Director of Communications will chair the meeting and the Communications Directorate Strategic Communications Unit will provide the Secretariat. The participants at the meeting will include the Chief Executive AHVLA, Defra's Permanent Secretary, Defra Minister, Chief Veterinary Officer UK, No. 10 and Exotic Disease Policy Lead.

4.21 The issues that are likely to be discussed include the communications strategy, key messages, lines to take, issues of the day and media handling.

Daily Strategic Stocktake

4.22 The Daily Strategic Stocktake is a forum for ensuring senior managers within the disease control operation are aware of the latest developments and able to plan and take decisions on the overall strategic direction.

4.23 The CVO UK will chair the meeting and the CVO UK's office will provide the Secretariat. The membership will include the DCVO UK, Chief Executive AHVLA, SRO EDP Exotic Disease Policy Lead, Head of VENDU, NDCC Director of Operations, Head of Vet Ops, a member of the NEEG Executive, Head of International Relations, Head of Global Animal Health and economic/industry representatives as appropriate.

4.24 The issues that are likely to be discussed are recent developments and the overall strategic direction of the response.

National Experts Group

4.25 The National Experts Group is a permanently operational group which, in an outbreak of exotic disease of animals, provides specific technical and scientific advice and recommendations on the disease, its transmission and its control with a view to supporting Defra and GB policies via the Animal Disease Policy Group, CVO and Deputy Chief Veterinary Officer (DCVO UK). A Tactical Advisory Group may also be called to provide tactical advice for disease control purposes.

4.26 When convened, the DCVO will Chair the meetings with the Veterinary Science Team (Animal Demography and Disease Informatics (ADDI) portfolio) providing the Secretariat. The membership will include veterinary and/or scientific representatives from the Veterinary Science Team, Devolved Administrations, NEEG, AHVLA (such as NDCC Director of Operations, NDCC Director of Veterinary Operations, the relevant laboratory (VLA or IAH-Pirbright), and observers from Exotic Disease Policy. If required modelling experts, meteorologists, economists, scientific or veterinary representatives of Imports and Exports Portfolios and scientific experts in required fields e.g. vector biology may also be invited.

4.27 The issues that are likely to be discussed include disease control recommendations for ADPG such as the use of vaccination, risk of disease transmission and the commissioning of additional analytical work if existing models do not provide a sufficient understanding of the outbreak.

Stakeholder Meetings

4.28 Stakeholder meetings provide stakeholders with a forum for discussing and influencing policy developments and to help steer the strategic direction.

4.29 SRO for EDP generally chairs core and key stakeholder meetings, while the CVO UK or DCVO UK chairs veterinary stakeholder groups and Ministers will occasionally chair key stakeholder group meetings. The secretariat will be provided by Defra Exotic Disease Policy Response Team.

4.30 The participants will include the Defra Chief Scientific Adviser's representative, Defra CVO UK (or Deputy), Chief Executive AHVLA, Defra Communications Director, Defra Food Chain Programme Director, Stakeholders representing agricultural and rural interests, food supply, consumer organisations and other organisations (by open invitation). Other Government Departments will attend as necessary.

4.31 Depending on the outbreak, a number of different stakeholder groups may be convened. These include the Core Group, Key Stakeholders, Veterinary Stakeholders and Retailers and Exporters. The issues that are likely to be discussed vary, though may include the development of strategic disease control policies, input into decision making, the latest developments and the raising of issues.

Core Groups

4.32 Defra works closely with a number of industry Core Groups which are established for a specific animal disease to help formulate proposals and seek solution to issues. This group is comprised of senior individuals from a number of organisations who attend in a personal capacity rather than representing any particular organisation or specialism.

Defra Rural Issues Group

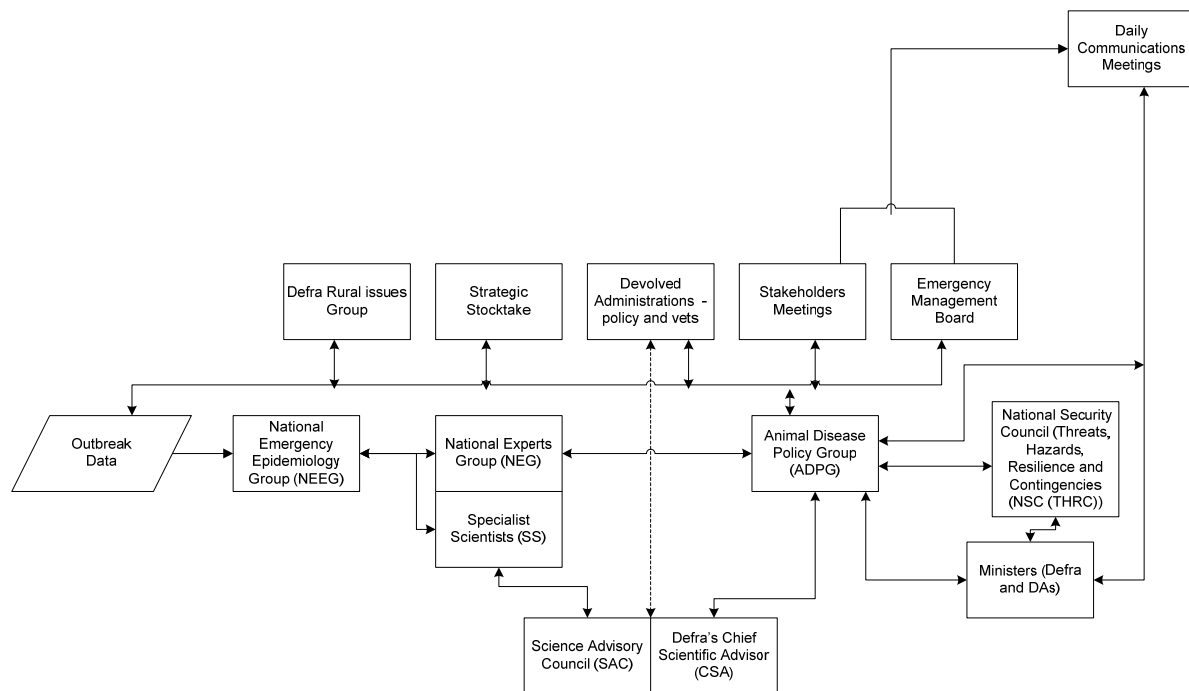
4.33 The Defra Rural Issues Group provides advice and policy recommendations on rural issues to the NSC (THRC) and ADPG.

4.34 The Director for Wildlife, Landscape and Rural will chair the Group and the Secretariat will be provided by the Director's office. The participants will include government departments and bodies affected by the impacts of the outbreak including, but not limited to, the Department for Culture, Media and Sport (Tourism), Department for Business Innovation and Skills (business support), Department for Work and Pensions (Jobcentre Plus), Department for Communities and Local Government (DCLG), Action with Communities in Rural England (ACRE), Campaign to Protect Rural England (CPRE), Country Land & Business Association (CLA), Countryside Alliance, English Heritage, Environment Agency, Forestry Commission (England), Local Government Association (LGA), National Farmers' Union (NFU), Natural England, Ramblers' Association, Royal Society for the Protection of Birds (RSPB) and Royal Society for the Prevention of Cruelty to Animals (RSPCA).

4.35 The likely issues to be discussed are the effects of policies on rural communities and industries, the raising of rural issues, assumptions within strategy development and horizon scanning for scenarios that may have an impact on strategies in the future.

Diagram of inter-relationships between Policy and Strategy Groups

Figure 4: Diagram of inter-relationships between Policy and Strategy Groups



Tactical Level

NDCC Birdtable Meetings

4.36 NDCC Birdtable meetings are conducted to:

- Provide a structure for the management of the outbreak by meeting regularly;
- Facilitate the effective management of the outbreak by ensuring communication between all policy, operational, and communications functions involved;
- Provide brief situation reports on all aspects of the operation to those concerned in its management, which may include operational partners and external stakeholders, to encourage a coordinated and cooperative response; and
- Identify key emerging issues and allocate responsibility for resolving them and reporting back, so creating and fostering feedback loops.

4.37 The Head of JCC (AHVLA Head of Contingency Planning Division) will chair the meetings with the secretariat provided by the JCC Operations team (AHVLA Contingency Planning Division).

4.38 The participants at the meetings will be from all the areas involved in the management of the disease control operation e.g. all NDCC Heads of Team, policy representatives, operational partners and invited stakeholders.

4.39 The issues reported on will include an update on current disease status and control measures, situation reports from NDCC team managers, updates from Stakeholders and Operational Partners, a review of outstanding actions from previous birdtables, the battle rhythm and housekeeping issues.

4.40 Birdtables are usually held standing up, with participants contributing in the same order each time. Not all the contributions listed are needed at all times in an outbreak. Contributions must be brief, well focused on immediate key issues, should be objective not speculative and be completed as expeditiously as possible. The chair will decide if teleconferencing facilities are to be provided for representatives from operational partners, other government departments and the Devolved Administrations who are exceptionally unable to attend in person.

Operational Level

LDCC Birdtable Meetings

4.41 LDCC Birdtable Meetings are conducted for the same purpose as NDCC Birdtable meetings above with the additional objective to provide a structure to deal with action points and a designated point at which all those involved in the response can consider future action.

4.42 The Regional Operations Director (ROD) will chair the meetings with the Secretariat provided by the LDCC Communications Team. The participants at the meetings will be from all areas involved in the operational response including the Regional Policy Liaison Function (RPLF), LDCC management team, all LDCC team leaders, operational partners and invited stakeholders.

4.43 The issues reported on will include an update on current disease status and control measures, situation reports from LDCC team managers, updates from Stakeholders and Operational Partners, a review of outstanding actions from previous birdtables, the battle rhythm and housekeeping issues.

LDCC Management Teleconference

4.44 The LDCC Management Teleconference provides a daily forum for local offices involved in the outbreak to communicate with the Joint Coordination Centre (JCC).

4.45 The Director of Operations will chair the teleconference with the secretariat provided by the JCC Operations team (AHVLA Contingency Planning Division). The participants will include Regional Operations Director(s), Regional Policy Liaison Function, Chief Executive AHVLA, Head of Veterinary Operations, Head of JCC and other senior AHVLA Managers involved in the outbreak.

4.46 The issues that are likely to be discussed include the National update, current regional situation(s), operational and policy issues, resources, communications, IT / Data, actions and issues requiring escalation.

Battle Rhythm

Table 1: Battle rhythm timings

Time	Level	Event
0800 – 0830	Strategic	Daily Stock take
	Operational	Daily Management & Communications Meeting
0830 – 0900	Tactical	NDCC Birdtable
	Operational	LDCC Birdtable
0900 – 0930	Tactical	Daily Communications Meeting
1000 – 1100	Strategic	NSC (THRC)
1130 – 1200	Strategic	Defra Media Briefing
	Operational	Media Briefing
1200 – 1230	Tactical	NDCC Birdtable
	Operational	LDCC Birdtable
1400 – 1430	Tactical / Operational	LDCC Management Teleconference
1500 – 1600	Strategic	NSC (THRC)
1800 – 1830	Tactical	NDCC Birdtable
	Operational	LDCC Birdtable
Ad-hoc	Strategic	Animal Disease Policy Group
	Tactical	National Experts Group

4.47 The battle rhythm set out here is indicative. These timings are for an outbreak of significant size in which a NSC (THRC) is established and a daily media briefing is the norm. Any deviation from the set battle rhythm must be agreed between the Head of the JCC (AHVLA Head of Contingency Planning Division) and the Chief Veterinary Officer UK.

4.48 Where an outbreak is small and events are slow moving a more condensed battle rhythm will be more appropriate, with a later start and earlier finishing time. The main point is to ensure that a schedule is set and understood by all.

5 Suspicion and Confirmation

5.1 The section provides an overview of the processes involved in the investigation of exotic disease of animals and the actions taken if disease is confirmed.

Alert System to Indicate Disease Status

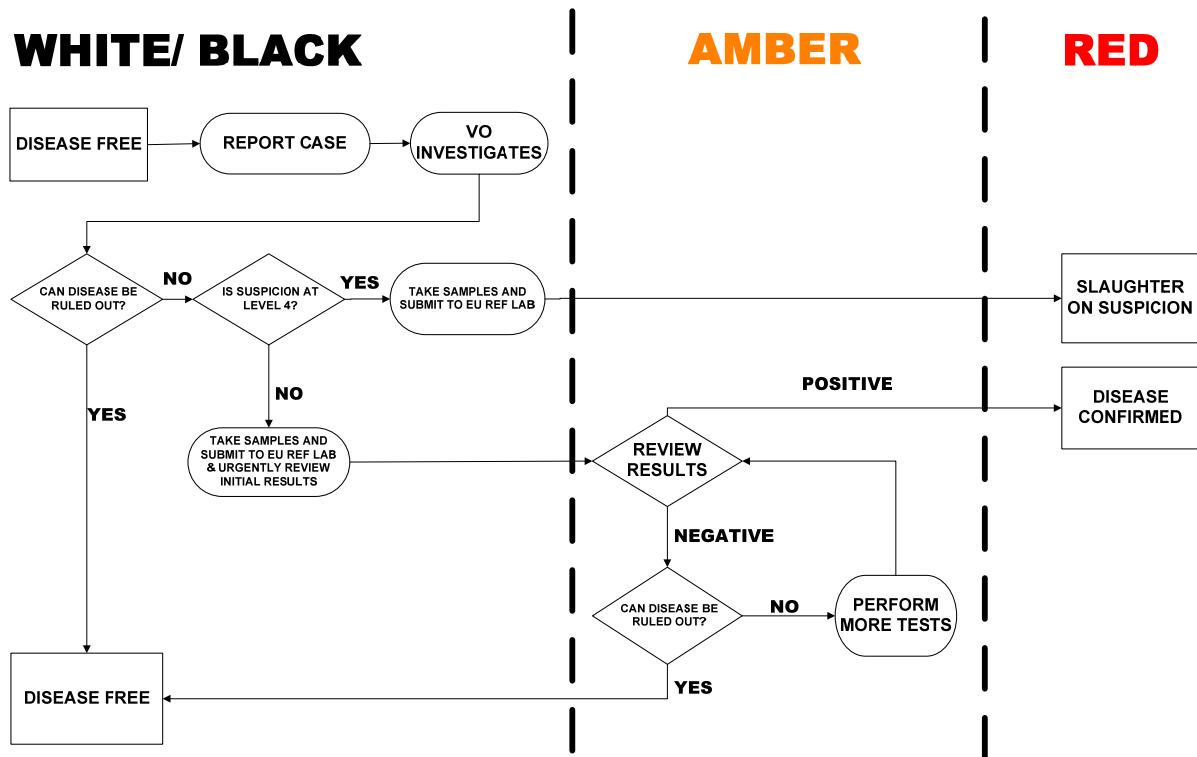
5.2 A standard alert system has been adopted to describe the current status of a specific disease outbreak or incident of exotic disease of animals.

Table 2: Alert status

White alert:	This indicates that the disease is not present or suspected in the UK and will be the state of alert under normal circumstances.
Black alert:	This indicates that the risk of disease is higher than normal. For example disease may be suspected or confirmed in a nearby EU Member State. This would warrant a higher level of vigilance. The decision to raise the state of alert from white to black will be taken by the Chief Veterinary Officer UK (CVO UK).
Amber alert:	<p>This indicates that there is a strong suspicion of the presence of the disease on a particular premises based on clinical picture, following a veterinary inquiry. Samples will have been submitted for laboratory analysis.</p> <p>Government Laboratories may identify a notifiable disease as part of routine surveillance, in which case there could be an immediate move to amber alert stage.</p>
Red alert:	This indicates that disease has been confirmed or that an operational response has been initiated.

5.3 Figure 5 illustrates the likely actions undertaken between white and red status for the first case of suspect notifiable exotic disease in clean country.

Figure 5: Actions performed between white and red status



5.4 The level of suspicion is case-specific, 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. Table 3 sets out the level of suspicion and possible scenarios for each alert state.

Table 3: Level of suspicion and possible scenarios for each alter state.

State of alert (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 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 may be culled as a preventative measure (excluding those culled for post- mortem examination and collection of tissue samples). Samples taken and submitted for laboratory diagnosis.
	3 Veterinary staff on farm and at Headquarters (HQ) believe from investigation on clinical grounds that disease exists.	
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 confirmed disease.	All susceptible animal(s)/ 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.

Suspicion of Disease

5.5 There is a legal duty on any person who suspects that an animal may have a statutory notifiable disease to report their suspicion to the Secretary of State via the local AHVLA Duty Veterinary Officer. Arrangements for out of hours cover are in place at AHVLA offices. If the report leads the Duty VO to suspect disease may be present, an investigation will be carried out by a veterinary inspector (normally an AHVLA Veterinary Officer).

5.6 The AHVLA Duty VO from the investigating office will inform the AHVLA Veterinary Exotic Notifiable Diseases Unit (VENDU) and the office of the Chief Executive AHVLA (CE AHVLA) that an investigation is underway.

5.7 VENDU will circulate an ND11 notification form to:

- Chief Veterinary Officer (CVO UK);
- Chief Veterinary Officer (Scotland);
- Chief Veterinary Officer (Wales);
- Chief Veterinary Officer (Northern Ireland);
- Defra Ministers and Senior Officials;
- Senior Officials in Defra, Scotland, Wales and Northern Ireland;
- Other Government Departments (Cabinet Office Civil Contingencies Secretariat (CCS));
- AHVLA senior management; and
- Others as appropriate.

5.8 Out of hours notification is the responsibility of the VENDU Duty Veterinary Adviser (VA) or Veterinary Services Manager (VSM) and the Duty Press Officer. ND11s are not normally issued out of hours.

CVOs Case Conference

5.9 On suspicion of disease there may be a series of case conferences to discuss emerging issues. Attendees would usually comprise the four UK Chief Veterinary Officers, supported by key policy and veterinary officials from each administration. This meeting would determine whether circumstances warranted triggering an Amber Teleconference. The case conference is organised by the CVO (UK)'s office and they also supply the secretariat.

Amber Teleconference

5.10 If suspicion of disease is strong and its presence cannot be ruled out on clinical grounds an Amber teleconference is held. Its purpose is to appraise all concerned of the situation, to assess the risk and to agree on next steps. The meeting is chaired by the CVO (UK) and follows a standard agenda. During the teleconference the CVO may agree to confirm disease (raising the alert status to Red) or specify what further evidence, such as test results, would be needed. The teleconference would also agree plans for future actions and communications based on the emerging situation.

5.11 The amber alert telephone conference is organised by Defra's Food and Farming Group Exotic Disease Policy Response Team. The teleconference is chaired by the CVO UK and participants include all the Devolved Administration CVOs, senior officials from Defra, SG, WAG AHVLA and the relevant UK reference laboratory for the disease under investigation, the local AHVLA managers for the affected area, and relevant representatives from other Government departments and Health Agencies.

5.12 If a veterinary risk assessment indicates an unacceptable risk in waiting for laboratory test results, the CVO UK may take the decision to move to red alert without waiting for the results of laboratory investigations.

Amber Teleconference Agenda

- Laboratory results and interpretation;
- Local situation report;
- National situation assessment including time line and risk assessment;
- Review of evidence to inform decision to confirm disease / move to Red alert; and
- Summary of action points (if not confirming disease / moving to Red).

5.13 If disease is confirmed and/or the state of alert is moved to Red, the following agenda items will also be discussed (The CVO UK may choose to have a preliminary discussion on these items, even if the state of alert is kept at Amber):

- Public Health Implications and proposed action;
- Food Safety issues and proposed action;
- Area and movement restrictions (including Temporary Control Zones where appropriate), implementation and communications;
- Vaccination issues;
- Stakeholder engagement, timing and content – National and Local;
- Objectives and lines to take for Communications;
- Arrangements for notifications and public announcement;
- Operational response, including arrangements for the establishment of the NDCC and LDCC and the initial battle rhythm; and
- Summary of action points.

5.14 Questions about test results and timing of their delivery, either at the teleconference or at any other time, must be addressed to the CVO UK or nominated contact.

Notifications

5.15 If following the teleconference, the level of suspicion is considered sufficient to warrant further action, officials will take responsibility for notifying others. If following these initial notifications it is considered that a full disease control operation is likely to commence, there are additional notifications and actions for officials to undertake, this will include:

- Placing of the NDCC Policy and Operational functions on alert and potentially establishing some elements of the NDCC; and
- Authorisation of and establishment of a LDCC.

5.16 At the suspicion phase there are several key communications actions undertaken by communications officials. This is to ensure accurate information is distributed as appropriate and that in the event of a move to a red alert, adequate communications resources are available to support operations.

Red Alert

5.17 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 the final test results are received.

5.18 In the event of a red alert, there are additional actions and notifications to be undertaken by officials, including:

- The development of objectives for disease control;
- The establishment of the NDCC;
- Determination of the boundaries of the infected area; and
- Organisation of National Experts Group Meeting and Animal Disease Policy Group meeting.

Notifications to the European Commission and OIE

5.19 The CVO (UK) has the responsibility for notifying the European Commission, other Member states and the OIE of an outbreak of notifiable disease within any part of the UK.

6 Communications

Communications Objective

6.1 For each outbreak or incident of notifiable exotic disease of animals it is important that there are effective, timely and accurate communications with stakeholders, farmers and animal keepers, the public and the media. Appropriate communications tools will be used to assist in reducing the impact and spread of disease and to provide accurate, timely updates on the latest situation.

Communications with the Media and General Public

6.2 As part of the NDCC the Policy Briefing and Communications Team gathers information on the disease outbreak. It aims to provide accurate and timely information on the outbreak for Ministers, the media, senior officials, help lines and all staff dealing directly with the public and for publication via the website.

6.3 Defra Communications Directorate (CD) aims to provide appropriate, clear and accurate information to key audiences. CD also aims to inform and coordinate Defra and central government information, identify early any issues of key interest to the media and the public, and assist policy colleagues with key messages, deliver timely, integrated communications advice to Ministers, provide key messages to staff and liaise with local Communications teams.

6.4 AHVLA Communications has lead responsibility for managing communications with livestock keepers. One of the main methods of communication is via a mass messaging system which using data held by AHVLA, allows a combinations of SMS, voicemail, email and fax messages to be sent to livestock keepers and, working in partnership with the Royal College of Veterinary Surgeons, veterinary practices. AHVLA Communications also manages the distribution of information packs to livestock premises within Protection Zones and Surveillance Zones.

6.5 A Daily Communications meeting is held at the NDCC (including representatives from AHVLA, Defra and other departments as appropriate) to identify and agree key points to make for internal and external communications.

6.6 Each LDCC will contain a communications team who liaise closely with the national communications teams and provide an integrated communications service at the local level.

Internal Communications

6.7 During an outbreak or incident of notifiable exotic disease it is important that those staff involved are kept informed of both the operational progress of the response and other key messages. There will also be a need to keep all

departmental staff and other Government departments and bodies informed. The Communications teams in the NDCC lead on this area.

Working with Stakeholders and Operational Partners

6.8 The management, control and eradication of an outbreak or incident of notifiable exotic disease of animals requires a coordinated response and effective communications between a number of organisations including Operational Partners and Stakeholders.

6.9 Operational Partners are the Government/public organisations who play a key delivery role in assisting with the management of certain critical aspects of the disease control operation, for example, the Environment Agency, Food Standards Agency, Police forces and Local Authorities

6.10 A stakeholder is a person or body who may be affected by the management (operations and policy) of an outbreak of exotic disease in animals, for example, the farming industry and rural businesses.

Local Level

6.11 At the Regional level RODs engage with local Operational Partners and stakeholders as part of their on-going emergency preparedness arrangements and, where possible include them in the planning and implementation of local exercises.

6.12 During disease outbreaks Operational Partners will be part of the operational level response and be part of the LDCC if appropriate and necessary. In addition, local stakeholder groups will be established within the LDCC. These groups will help inform local decision making as appropriate and will assist with ensuring that developments in local operations are communicated to all relevant parties.

National Level

6.13 Depending on the size, location, scale and nature of the outbreak or incident there may be at the stakeholder representation within the JCC. Operational Partners will also form part of the JCC as appropriate.

6.14 Representatives from major stakeholder groups may be invited to attend NDCC birdtable meetings and can attend various other meetings arranged for stakeholders.

6.15 Depending on the outbreak, a number of different stakeholder groups may be convened, including but not limited to:

- Core Group of stakeholders invited in a personal capacity to work with senior officials in developing strategic disease control policies;
- Key Stakeholders representing industry organisations impacted by the outbreak as a means of keeping people informed of latest developments and providing a forum to raise issues; and

- Veterinary Stakeholders - to ensure representatives of key veterinary bodies are kept informed of developments and have opportunity to input into decision making.

7 Area and premises restrictions & movement controls

Overview

7.1 In general a report of suspicion of notifiable disease triggers an official investigation by AHVLA that may place temporary statutory restrictions on that premises; the initial verbal restrictions are confirmed in writing if disease cannot be ruled out by clinical inspection carried out by a Veterinary Officer.

7.2 Depending on the disease concerned, these restrictions may apply to the whole premises or just to individual animals, would usually include a ban on the movement of susceptible animals on and off the suspect premises and may include restrictions on other things liable to transmit disease.

7.3 During the suspicion phase of certain diseases (e.g. Avian Influenza, Foot and Mouth Disease, African Swine Fever) a Temporary Control Zone (TCZ) may also be declared around the premises under suspicion.

7.4 Restrictions would remain in place until the official investigations are complete and an exotic notifiable disease can be ruled out.

7.5 If disease is confirmed, the primary objective is to prevent the spread of disease by:

- Taking action on the Infected Premises (IP) and other affected premises where disease is most likely (e.g. those linked by recent animal movements either to or from the IP);
- Imposing wider area based controls as required by legislation including animal movement controls (in the case of FMD in particular, GB administrations may impose national movement restrictions on susceptible animals);
- Restricting activities that might increase the risk of spread (e.g. there might be a ban on hunting or shooting);
- Placing controls on animal products;
- Considering export bans;
- Investigating the origin of the disease and determining whether there has been further spread of disease from that source; and
- Other surveillance to investigate possible further spread of disease.

Premises Restrictions

7.6 Premises restrictions are put in place by the competent authority to ensure that a disease agent is not moved off the premises. Restrictions prevent the movement of animals susceptible to the particular disease onto and off the premises.

7.7 Depending on the disease concerned, the movement of people, non-susceptible animals, animal products, feed and fodder, vehicles and anything else potentially contaminated with infectious material, off and onto the premises may also be restricted. Subject to legislative requirements, a veterinary risk assessment and suitable biosecurity procedures, they may be allowed to move off and on to the premises under licence.

7.8 The rules concerning the premises will be set out in the notice served on the animal keeper and also any licence will specify conditions permitting movements onto and off the premises or restricted place.

7.9 As an additional precaution, consideration will be given to the closure of any rights of way (e.g. footpaths, bridleways, etc.) that cross the premises.

Area Restrictions

7.10 In the event of a notifiable disease outbreak or incident, there is likely to be initially a degree of uncertainty about the origin of the disease, how long it has been present and its spread. Because of this uncertainty, area restrictions are usually imposed to stop animal movements into, from and within the restricted area. Area restrictions are not applied for every disease.

7.11 During the suspicion phase of certain diseases, a Temporary Control Zone (TCZ) may be declared around the premises under suspicion by Statutory Order under the relevant disease control legislation.

7.12 Upon confirmation of most notifiable diseases covered by this plan, a Protection Zone (PZ), surrounded by a larger Surveillance Zone (SZ) would be imposed around the Infected Premises (IP) by Statutory Order. To reflect the increased risk of transmission of disease, controls within the PZ would be more stringent than those within the SZ. In the case of Rabies, an infected area may be imposed by Statutory Order that could be sub-divided into further zones, each with their own set of controls.

7.13 For those diseases where confirmation would not result in a PZ and SZ being imposed, legislation and the relevant disease control strategy, provides for other types of controlled zones to be imposed. Although known by various terms, their main objective is to reduce the risk of disease spreading beyond the known affected area.

Temporary Control Zone (TCZ)

7.14 A Temporary Control Zone would impose specific measures and be of a size considered necessary to reduce the risk of or prevent the spread of disease. For FMD, the TCZ would typically have a minimum radius of 10km with the centre located at the IP using the location of the suspect animal(s). A further movement control zone may also be established depending on the disease, restricting the movement of animals in a wider area. The TCZ would be removed if the suspect

case tests negative or is converted to Protection and Surveillance Zones by Statutory Order if tests are positive and disease is confirmed.

Protection Zone (PZ)

7.15 A Protection Zone would typically have a radius of not less than 3 kilometres from the IP. It may be delineated as a circle or may follow roads or natural geographic boundaries. It may be necessary for the PZ to be a different shape, for example, if disease can be spread by vectors or likely to be windborne, to take into account the size and shape of the wind plume under which animals may have been exposed to disease. Provided there were no further cases and all the required surveillance has been carried out within the PZ, normally 21 days after completion of preliminary disinfection of the IP, the PZ can be merged with the SZ, with some relaxation in the controls in the original PZ area so they are equivalent to those of the SZ.

Surveillance Zone (SZ)

7.16 A surveillance zone would typically have a radius of not less than 10 kilometres from the IP. It may be delineated by a circle or by roads or natural geographic boundaries. Provided there are no further cases and all the required surveillance has been carried out, the surveillance zone will be lifted, usually not less than 30 days after the completion of preliminary cleansing and disinfection on the last infected premises within the Protection Zone.

Controls and Restrictions in the PZ and SZ

7.17 The detailed controls vary depending on which disease is involved and are set out in the relevant Statutory Order declaring the zones. In general, controls are primarily focused on the movement of animals since, for most diseases, this is the most potent method of spreading disease. Legislation includes controls on vehicles, fomites (things that may physically carry the disease agent), meat, animal products (including meat products, eggs, hides and in some cases milk and milk products derived from animals in the zones) and on the carcasses of animals.

7.18 Animal keepers within the control zones may be required to carry out additional biosecurity measures and report any suspicion of disease.

7.19 Whilst the zones are in place, AHVLA will carry out surveillance, involving clinical inspection, examination and possibly sampling for laboratory testing in the areas to demonstrate that disease has not spread. In extensive outbreaks or incidents, where there may be a large number of PZ and SZ areas declared, the areas may overlap to form a very large PZ and SZ which may increase the time required to carry out the required surveillance to demonstrate freedom.

Exemptions to Movement Restrictions

Licensing

7.20 As investigations in to an outbreak or incident progress, it will become clearer where the risks of disease spread lie.

7.21 Depending on the circumstances, subject to veterinary risk assessment and statutory requirements, exemptions to controls may be granted using specific or general licences issued by the competent authority. These licences would set out any criteria (e.g. veterinary inspection, cleansing and disinfection, monitoring, etc.) that would need to be met before, during or after the move.

7.22 Each UK administration operates its own licensing regime. Co-ordination and co-operation between the administrations provides a coherent approach to moves across administrative borders. Each administration will discuss its strategy for exit from movement controls with relevant stakeholders and identify priorities for change, subject to risk assessment, the disease situation at the time and within the requirements of the legislative framework.

Welfare moves

7.23 In the event of a widespread and/or prolonged outbreak of disease with prolonged movement controls and limited or no intra-community trade, there may be no outlet for meat and meat products. There may also be a build up of animals on premises because they cannot be moved off as a result of movement restrictions and cannot be sold for slaughter or because there is no market for them. Such a build up may have an adverse effect on the welfare of animals on the premises.

7.24 Pressures on accommodation can arise quickly and this is especially so in the pig and poultry sector. It is important therefore that all animal keepers have contingency plans in place to deal with prolonged movement restrictions.

7.25 The welfare of animals is the responsibility of the keeper of the animals and where there is suffering due to overcrowding the keeper may have to arrange for those animals to be humanely culled.

7.26 Immediately following the imposition of movement controls, consideration will be given to making licences available to permit certain movements for welfare purposes (e.g. dairy cow movements for milking, movements to permit treatment by veterinary surgeons, etc.). The conditions of these licences aim to ensure that such moves take place under suitable biosecurity rules.

Enforcement

7.27 The area movement restrictions and the licensing conditions are enforced by local authorities in England.

Public access to the countryside falling within control zones

7.28 The risks of disease being spread by those seeking recreational access to the countryside are very small, and can be reduced further by avoiding direct contact with animals. Every effort will be made to keep access to the countryside open but, subject to assessment of the risk, public access to land may need to be reduced or controlled in specific circumstances for specific diseases (most notably FMD).

International controls and controls on animal products

7.29 In the event of a disease outbreak or incident and depending on the disease, the UK may lose its OIE international disease free status which may prevent the export of animals and their products.

7.30 Within the EU, depending on the disease, there may also be a ban on intra community trade of susceptible animals, meat or meat products and milk and dairy products from the whole country or parts of it. Although these products may not be traded within the community, subject to the disease and any movement restrictions in place, they may be traded on the domestic market with a domestic health mark (round stamp).

7.31 In the case of trade with third countries (i.e. those countries that are not members of the EU or EFTA (The European Free Trade Association)), export certificates may be withdrawn until the situation has been clarified with the importing country.

Regionalisation

7.32 Depending on the disease situation it may be possible, following a risk assessment, to divide the country into areas defined as free of disease, low risk and high risk. This would allow the relaxation of some controls and allow additional movements within an area of the same status and from free or low risk areas to high risk areas. Regionalisation is dependent on the epidemiology of the disease, accurate up to date information on its geographical distribution and seasonal trade patterns. Laboratory surveillance may be required to demonstrate freedom from disease in a region. Proposals to regionalise must be acceptable to the other UK administrations, the European Commission and other trading partners. Regionalisation would also impose restrictions on animal and animal product movements to maintain the region's disease status. This may have an adverse economic effect that outweighs any short term advantage of regionalisation and economic considerations must be taken into account in coming to decisions on regionalisation.

Compartmentalisation

7.33 EU legislation enables intra-Community trade to resume relatively quickly once a disease is under control. However the resumption of trade with third country trading partners can take many more months.

7.34 Compartmentalisation is a concept that allows companies, in the event of a disease outbreak, to resume trade quickly with 'third countries' who have "signed up" to the scheme. Companies must meet the conditions of EC Regulation 616/2009 which includes strict biosecurity measures and the requirement for premises to be approved by Government. At the present time, compartmentalisation applies only to certain poultry premises in the event of an avian influenza outbreak.

8 Culling and Disposal

Overview

8.1 The carcasses of any culled animals must be disposed of in a safe and biosecure manner as quickly as possible. Disposal usually involves removing them from the premises using biosecure transport to the designated disposal facilities. AHVLA is responsible for arranging the culling and disposal of affected animals in England.

8.2 While speed of culling and disposal is essential, the health and safety of personnel, keepers and owners is paramount and careful preparations are put in place by AHVLA to ensure that health and safety is not compromised. This is particularly important in the case of animal diseases that are communicable to humans (zoonoses) and the Health Protection Agency (HPA) will advise on the precautions to be taken on affected premises to protect workers. The welfare of the animals to be culled is also given careful consideration.

Culling

8.3 Culling as a disease control measure is carried out under the supervision of a veterinary surgeon. The methods deployed will depend on the species, age of animals involved and the number of livestock that need to be culled and will take account of the specific site conditions and any resource constraints.

8.4 In most cases, culling will be undertaken by licensed slaughtermen who will be contracted by AHVLA. A range of contingency contracts are in place with licensed slaughtermen and marksmen.

8.5 The following are the main culling methods for cattle, sheep, pigs and other large animals:

- Lethal injection;
- Electrical stun/kill;
- Captive bolt followed by pithing; and
- Free bullet.

8.6 For poultry the main options are:

- Lethal injection;
- Neck dislocation;
- Percussion killing;
- Electrical stun/kill;
- Exposure to lethal gas mixtures; and
- Maceration (limited to day old chicks).

8.7 AHVLA has 50 containerised gassing units available for deployment as well as a number of poultry transport modules and stocks of specialist percussion killers. Following a number of successful trials, AHVLA negotiated a contract with a major bulk gas supplier to deliver a Whole House Gassing (WHG) service using liquid carbon dioxide. The use of gas-filled foam is also being investigated.

8.8 Under certain very limited circumstances where highly pathogenic avian influenza has been confirmed and where there is a threat to public health or where suitable resources to combat the disease are severely stretched, Defra may exceptionally consider the use of ventilation shutdown where no other practical method of culling is available.

8.9 Most of the options for poultry, except WHG, require the birds to be caught and either placed in crates or restrained prior to culling. Defra has contingency contracts with a number of specialist catchers and in the event of a major disease outbreak they will seek to work with the poultry industry to obtain additional catchers released from their existing work.

Culling of Animals to Prevent the Spread of Disease (pre-emptive cull)

8.10 Ministers also have the power to require the culling of animals in order to prevent the spread of Foot and Mouth, Avian Influenza and Newcastle diseases.

8.11 Before such powers are used, Ministers will have to make a statement explaining the situation and why it is necessary to resort to using such powers. Compensation will be paid for any animals culled under these powers.

Disposal Arrangements and Policy

8.12 In consultation with policy officials, environment agencies, local authorities and disposal industry representatives, the NDCC (National Disease Control Centre) will coordinate the task of finding and utilising available disposal capacity in GB. Responsibility for transporting the carcasses to these facilities rests with the LDCC. Decisions on which site to use take account of whether the sites are approved under ABPR (Animal By Products Regulations), Waste Incineration Directive (WID) and Waste Framework Directive; value for money; the proximity of the facilities to the affected premises, logistical and seasonal issues; the tonnage of carcase material that needs to be disposed of and any epidemiological data or modelling which may suggest the likely scale of the outbreak. There are also a number of strategies available, such as emergency vaccination for FMD, that if used, may help reduce the numbers of animals to be disposed of in an outbreak.

8.13 Taking into account the above, and as a guide, Defra's preferred hierarchy of disposal options for carcasses is:

- Commercial fixed plant incineration;

- Rendering (Category 1 and 2 animal by-product approved); and
- Permitted commercial landfill sites.

8.14 Operational protocols for use of incineration, rendering and permitted landfill in an outbreak of an exotic disease have been produced and shared with the Environment Agency, the United Kingdom Renderers Association (UKRA), the Foodchain and Biomass Renewables Associations (Fabra) and the Environmental Services Association (ESA).

8.15 LDCC staff are responsible for reviewing the selected site's biosecurity and ensuring that the plant complies with disposal site protocols. For zoonotic diseases, the HPA is also involved assessing the potential exposure of workers and will issue guidance and prophylaxis as appropriate.

8.16 On-farm pyres and on-farm burial may be considered in remote areas (e.g. The Isles of Scilly, which is covered by the remote area derogation) where access to other avenues of disposal are limited. Any decisions to use these disposal routes will be taken in consultation with key stakeholders and appropriate environmental and public health assessments will be undertaken at each disposal location prior to use.

8.17 Other disposal options, such as mass burial, air curtain burners, incineration in cement kilns and the use of hazardous or municipal incineration etc are potentially also available in certain limited circumstances and will only be considered where none of the preferred options are available and if demand exceeds the capacity of the preferred options of incineration/rendering and permitted commercial landfill.

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

Disposal Capacity

8.19 Disposal capacity is limited and subject to significant seasonal variation. Capacity is also poorly matched to the distribution of poultry and pigs within England since the main disposal facilities are generally located in areas of high cattle and sheep densities.

8.20 In an outbreak there will be a need to optimise disposal capacity and to work with the disposal industry to either divert existing business to other facilities or to ensure that biosecurity at a facility site is rigorous enough to permit existing waste streams to continue to be received alongside infective material. For diseases such as Foot and Mouth Disease, AHVLA is likely to require a dedicated disposal site. For some poultry diseases it may be preferable, for operational reasons, for a mixed poultry and mammalian waste stream to be received.

8.21 Additional capacity would be arranged as required in consultation with UKRA and Fabra. Readily available disposal capacity in the UK varies between 2,500 and

10,000 tonnes per week depending on the time of year, although additional capacity could be brought on stream over a period of weeks. It is unlikely that more than about 16,000 tonnes per week would ever be available for carcase disposal without major diversion of existing waste streams to landfill. Local AHVLA Offices have plans in place to invoke these disposal routes as required.

Transportation of carcasses

8.22 Defra has a number of framework agreements and call-off agreements with a range of specialist local, regional and national haulage companies in England. Local managers will identify and procure appropriate transport for carcase disposal in consultation with the NDCC Field Operations team and regional managers. For animals culled for disease control purposes the transport of carcasses is undertaken by companies under the control of AHVLA.

8.23 Defra also has an emergency call-off contract in place to supply a national transport logistics manager and supporting local transport manager(s) within 36 hours of confirmation of an outbreak. The local transport managers will take on responsibility for all transport logistics once appointed. There is sufficient contracted transport capacity to transport around 50,000 tonnes of carcase material per day.

8.24 Each vehicle will be leak-tested prior to being loaded, suitably placarded with hazard warning plates as required by ADR (Accord européen relatif au transport international des marchandises Dangereuses par Route) and the Transport of Dangerous Goods legislation and will travel by a prescribed route to the chosen disposal facility. For highly infectious diseases, each vehicle will also be escorted. The driver will carry a transport incident record card, which advises police and emergency services of any precautions that should be taken in the event of an accident or incident.

Cleansing and Disinfection (C&D)

8.25 Once susceptible animals have been culled and their carcasses securely disposed of, the premises and potentially contaminated transport and equipment is cleansed and disinfected to prevent spread from the premises and potential re-emergence (recrudescence) of disease when the premises is restocked. Animal feedstuffs and items which may have been contaminated and which cannot be cleansed and disinfected may be seized and destroyed.

8.26 Potentially contaminated areas must first be cleansed to remove organic material and are then disinfected with an approved disinfectant or biocide at the recommended rate.

8.27 The Environment Agency provides advice on precautions to be taken on premises undergoing C&D in order to minimise environmental impacts of disinfectants or biocides.

8.28 There are two phases to cleansing and disinfection (C&D), preliminary and final (secondary) - these are outlined below.

Preliminary Disinfection

8.29 Preliminary disinfection is carried out immediately after culling and disposal has been completed. It is carried out under the direction and control of AHVLA and at Government's expense. Preliminary disinfection consists of spraying contaminated and potentially contaminated areas where the animals were culled and where they were housed immediately before they were culled with an approved disinfectant or biocide. Preliminary disinfection is considered to be completed 24 hours after the last application of the approved disinfectant.

8.30 The timing of preliminary disinfection is important because, generally, the merging of the protection zone and surveillance zone can only take place after a defined number of days following completion of preliminary disinfection on the last infected premises within the zone. This period may vary depending on the disease.

Final (Secondary) C&D

8.31 Depending on the disease, final C&D can only commence a defined number of days after preliminary disinfection.

8.32 The costs of final C&D usually fall to the owner of the premises.

8.33 The time of completion of final C&D is important because for some diseases the earliest date of country freedom is dependent on the completion of final C&D. Restocking is also dependant on the completion date.

8.34 In cases where final C&D cannot be safely or economically completed (dangerous structures, for example), depending on the disease, the premises may remain restricted and not allowed to restock until AHVLA is satisfied that sufficient time has elapsed for the infectious agent to have become inactivated naturally.

9 Valuation and Compensation

9.1 In most instances when an animal is culled for the control of an exotic notifiable disease, Defra must pay compensation (fair market value or part thereof) to the owner of the animals. Several acts of legislation provide for this requirement. Some legislation dictates a statutory amount of compensation is required without valuation. Depending upon the disease and legislation, there may be instances where animals which are infected with disease are not compensated for or are compensated for at less than market value.

9.2 It is the Secretary of State's duty to arrive at an appropriate value and for this purpose engages an accredited valuer to value the animal(s). AHVLA holds and maintains a list of approved valuers that it will instruct to value the animal(s). This list is subject to an annual review. There are certain instances where valuers are not required and Valuation Rate Cards (mainly for poultry systems) are used. These rates are updated quarterly. However, valuers may still be required to value rare or specialised breeds of birds.

Disputed Valuations

9.3 Within 14 days of receiving a valuation, animal owners have the opportunity to dispute it. Their appeal, including the reasons for disputing the valuation, must be provided in writing to AHVLA. At their own expense, the owner may use their own valuer to re-value the animals in question as supporting evidence for their appeal against the original valuation. Any appeal will be processed by the NDCC and may then go to arbitration or for expert determination.

Monitor Valuers

9.4 Defra has appointed Monitor Valuers to ensure that valuations are fair, equitable and consistent and to ensure that Government does not pay excessive compensation. These appointments are reviewed on a regular basis, at least every three years. Monitor Valuers may visit LDCCs as necessary and provide:

- Advice on instructions and guidance to be issued to valuers with the aim of ensuring fairness, uniformity and consistency of valuations;
- A review of valuations on request, including cases for arbitration or expert determination;
- Advice, should it be needed, by a valuer while undertaking a valuation; and
- Advice concerning valuers who may appear not to be abiding by instructions or whose valuations appear to be over or under market value.

9.5 However, Monitor Valuers will not be able to over-rule valuations already made and issued to animal owners.

European Commission

9.6 For many diseases the European Commission provide a subsequent contribution (co-financing) towards the compensation paid to the owners of culled animals and other specific activities at the affected premises. There are strict guidelines and deadlines which must be followed by authorities in order to obtain the full contribution available. The European Commission reserves the right to scrutinise the methodology applied to reach the value of the animals and claims may be disallowed if a member state cannot demonstrate that compensation rates meet the strict guidelines for co-financing.

10 Vaccination

Overview

10.1 Foot and Mouth Disease (FMD) and Classical Swine Fever (CSF) are diseases where vaccination is identified in the disease control strategy. Therefore, the decision on whether to vaccinate or not will be considered at the earliest possible opportunity if either disease is confirmed.

10.2 When considering the role of vaccination, there will be many uncertainties about the behaviour and characteristics of the disease, its origin, the length of time it has been present in the country, its prevalence, the degree of geographical spread and the risk of undisclosed infection as a result of secondary spread.

10.3 In the face of such uncertainties, the decision on whether to vaccinate or not will need to take account of the following:

- The EU legal requirements governing vaccination;
- Veterinary and epidemiological advice;
- Availability and efficacy of the vaccine;
- The location of any proposed vaccination zone to achieve an effective outcome;
- Whether the vaccine can be administered in sufficient time to sufficient animals to be effective in controlling spread of the disease;
- Whether there are tests to distinguish between vaccinated and infected animals;
- Animal welfare;
- Stakeholder views;
- The effects on tourism and rural businesses, and
- Costs and benefits to the economy.

10.4 The decision taken may need to be reviewed if additional information becomes available such as, for example, spread of disease to previously unaffected areas.

10.5 Vaccination is disease specific and in accordance with EU requirements, emergency vaccination plans have been prepared for FMD and CSF detailing the procedures and vaccination strategies (e.g. vaccinate to live; suppressive vaccination (vaccination to kill)) that would be adopted if a decision to vaccinate was taken.

Preparations in England

10.6 As required under Foot and Mouth Disease Directive 2003/85/EC, Defra has appointed a vaccination contractor to implement any future vaccination programme for FMD within England. The contract, which runs until May 2012, also includes the potential to undertake the vaccination of FMD susceptible species against other exotic diseases for which vaccination is required, under the direction of AHVLA.

10.7 Under the terms of the contract, the contractor is required to be operationally ready to implement the vaccination programme within 5 days of being mobilised. To arrive at this state of readiness, they have 150 teams of trained lay vaccinators (450 staff) ready to provide assistance from the outset. Further to this, some 75 veterinary surgeons have been recruited to check for disease prior to vaccination and to direct the work of the lay teams in the field.

10.8 A detailed emergency vaccination plan for FMD can be found below.

Foot & Mouth Disease (FMD) - Emergency Vaccination Plan

Background

10.9 In accordance with the provisions of EU Foot and Mouth Disease Directive 2003/85/EC, to move emergency vaccination from a measure of last resort to the forefront of disease control strategies and thus enhance the capacity to respond to an outbreak, the following provides an overview of the operational capability to implement an emergency vaccination programme within England.

10.10 A vaccination contractor has been appointed to implement any future vaccination programme under the direction of AHVLA. As part of the management of the FMD vaccination operation a set of Standard Operating Procedures (SoPs) has been developed which sets out the roles and responsibilities of those involved in implementing an effective vaccination programme.

10.11 AHVLA has also agreed a Health and Safety Policy which incorporates the need for the contractor, their employees, sub and external contractors to comply with best practice and all relevant provisions, whether statutory or otherwise, relating to health and safety at work, including biosecurity protocols. Specific Health and Safety training must be provided for all staff.

10.12 In addition to the Health and Safety policy, an AHVLA team exists to deal specifically with Health and Safety related issues. This team will produce risk assessments for pre-vaccination visits by vets, for on-farm vaccinators and handling facilities, and maintain the necessary documentation for this.

Delivery arrangements

Accommodation

10.13 The contractor will provide 3 portable forward vaccination centres capable of being relocated to areas of the country where vaccination services are required. Contingency arrangements have been put in place to use markets, local airports and transport depots to house vaccination centres.

Equipment

10.14 The contractor is required to supply, store, distribute and maintain the necessary equipment to support the vaccination programme. Stores Managers have

been appointed to maintain these stores and contracts are in place to allow for the replenishment of stocks within 48 hours.

10.15 AHVLA will remain responsible for the maintenance of call-off contracts for ear tags, tag applicators and mobile handling facilities.

Vaccine Supplies

10.16 The UK has its own stocks of 8 different strains of FMD antigen, in total over 8 million doses, held on its behalf by a commercial supplier. In addition, the EU Vaccine Bank holds a wide range of antigens for emergency use. All antigens are administered according to their authorised marketing authority and the number of doses available and strains are kept under review. AHVLA has call-off contracts in place with the supplier for the delivery of vaccine to the vaccination centre including maintaining the cold chain throughout thereby ensuring vaccine is not adversely affected by temperature variations.

Lay Vaccination

10.17 To ensure that emergency vaccination can be implemented without delay in any future outbreak, Statutory Instruments have been created to allow non-veterinary personnel to handle and administer FMD vaccine. The Orders specifically permit vaccine to be supplied to and administered by lay vaccinators who meet specified eligibility criteria, thus reducing pressure on veterinary resources during an outbreak.

Process

10.18 In the event of a confirmed outbreak of FMD, AHVLA will convey the scope and policy of the vaccination project to the contractor and confirm the approach to be taken (including the vaccine delivery arrangements). AHVLA will also keep the contractor informed of all suspect and confirmed cases as they occur and inform them of any changes which may affect field operations.

10.19 If the decision to vaccinate is taken, a Vaccination Zone will be set up, and a Vaccination Surveillance Zone, of at least 10 km in width, surrounding the Vaccination Zone will be designated. The contractor will be supplied by AHVLA with a complete list of holdings within the Vaccination Zone and identify those with animals that require vaccination.

10.20 The contractor will then contact farmers to arrange pre-vaccination visits by veterinary surgeons appointed by them for this purpose. The visits will check animal handling facilities and will also inspect animals for clinical signs of FMD.

10.21 Where clinical signs of FMD are identified, the teams will be withdrawn from the farms and the agreed biosecurity protocols must be followed. Vaccination teams would then enter a 72 hour quarantine period before being redeployed.

10.22 Where FMD is not found during the pre vaccination visit, vaccination teams will be deployed to carry out vaccination, record animal identification numbers, collect

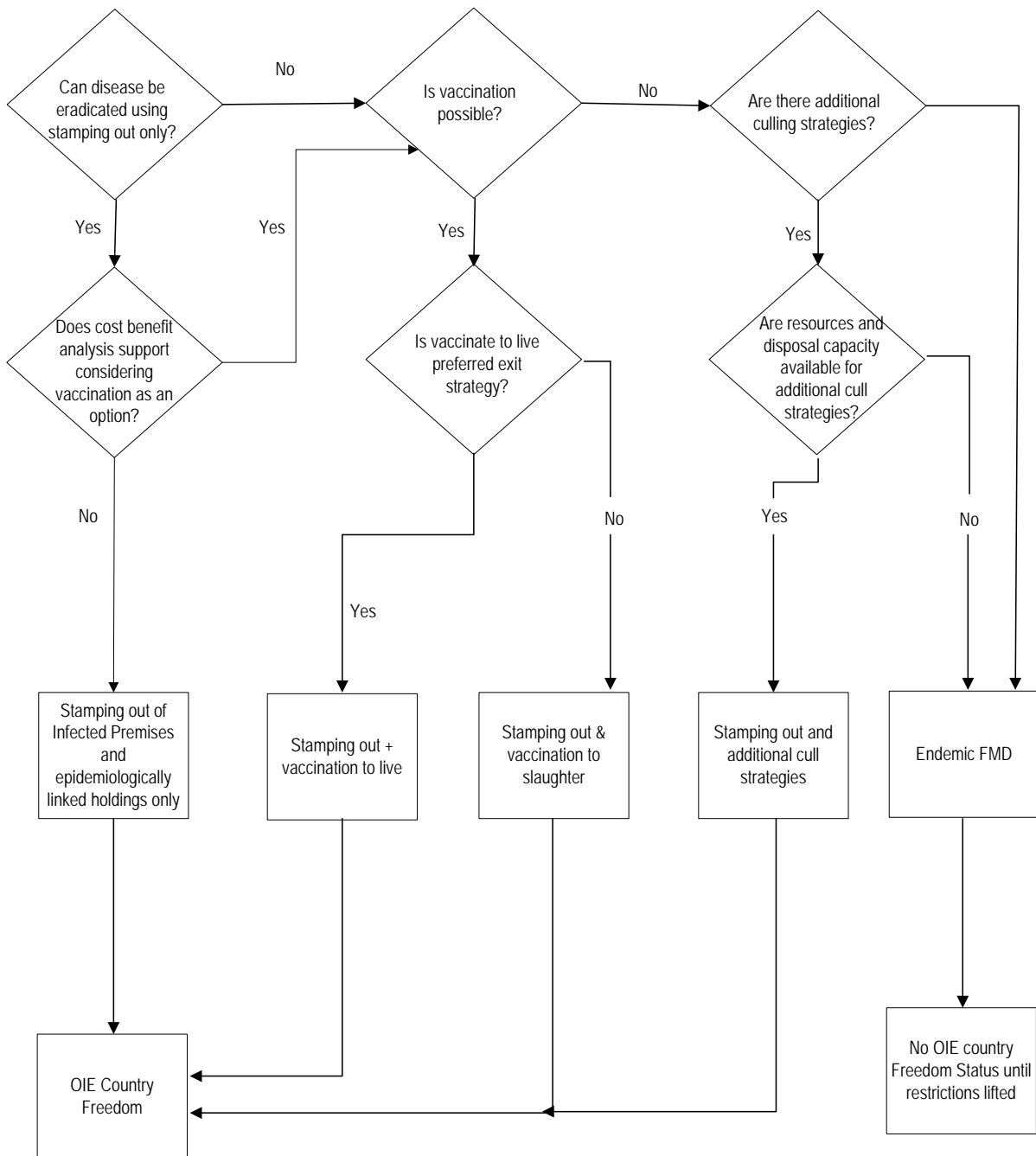
and return records. Vaccinated animals will be ear-tagged in a manner outlined in the FMD (Control of Vaccination) (England) Regulations 2006 and advised by Defra.

10.23 For identification purposes, vaccinated cattle will have their details recorded on the cattle passport and their current premises noted on the AHVLA Disease Control System (DCS).

Decision Tree for the Use of Emergency Vaccination During an Outbreak of Foot and Mouth Disease (FMD)

Figure 6: Decision Tree

Note: Start at top left decision – diamond box



Classical Swine Fever Vaccination

10.24 Vaccination would not normally be considered as a control measure in the current Classical Swine Fever 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.

10.25 However, 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 outbreak. This would need to be approved by the SoS. Since emergency vaccination is not likely to be used in the UK there are currently no operational arrangements in place to mount a wide scale CSF emergency vaccination programme in the event of an outbreak in Great Britain.

10.26 However, in accordance with our obligations under the provisions of EU Classical Swine Fever Directive 2001/89/EC, a detailed vaccination plan for CSF can be found below

Classical Swine Fever (CSF) - Emergency Vaccination Plan

10.27 In accordance with the provisions of EU Classical Swine Fever Directive 2001/89/EC, the following sets out arrangements for consideration of an emergency vaccination programme.

10.28 Both the EU Directive and our domestic legislation permits the use of vaccination as a disease control measure in certain circumstances. The primary disease control measure that would be adopted would be a policy of culling infected and dangerous contact pigs. The option to use vaccination would be considered regularly by the CSF Expert group at its meetings and would take account of Annex VI of Council Directive 2001/89/EC which lists the main criteria and risk factors to be considered for the decision to apply emergency vaccination in pig holdings.

10.29 A decision to use emergency vaccination would therefore be considered in any of the following circumstances:

- Disease had become well established in the country and there was a dramatic increase in the number of premises being confirmed each day;
- Disease was established in an area with a high density of pigs e.g. East Riding of Yorkshire and or Humberside;
- The predictions from disease modelers and epidemiologists suggest that it would take more than 2 months to bring the outbreak under control; and
- There was a shortage of rendering or incineration capacity such that infected animals or other animals being culled could not be processed after being culled.

10.30 If emergency vaccination was to be adopted, the CSF expert group would consider the extent of the geographical area in which the emergency vaccination is carried out and would make recommendations to the CVO. They would also make recommendations on the categories of pigs to be vaccinated and the duration of the

vaccination campaign. The latter would be affected by the number of premises to be vaccinated and the availability of vaccine.

10.31 In evaluating potential vaccines it is imperative that the vaccines used are effective and rapid at stimulating a good protective immunity in the vaccinated animal. It is also important that a vaccinated animal should not become infected when challenged by a field virus as such an animal may not develop clinical signs but be infectious to other animals as the field virus replicates and contaminates the environment. It is also essential that a vaccine should prevent congenital infections via the trans-placental infection of field virus which could result in persistently infected carriers and shedders of field virus.

10.32 There are two types of vaccines currently available – the live attenuated and the sub-unit vaccines. Of these, the live attenuated type is better at stimulating a rapid immune response. The sub-unit vaccines induce a slow immune response and need two vaccinations to produce full protection. This effectively means that the sub-unit vaccines are not suitable for use in emergency conditions due to the slow onset of immunity and the need for two vaccinations to induce full protection. In addition, both these vaccine types reduce clinical signs and mortality but do not prevent infection. Vaccinated pigs are therefore still capable of shedding infection and, in the case of sows, of producing persistently infected piglets.

10.33 At the present time the only CSF vaccines which are authorised for use are two sub-unit vaccines. These vaccines were authorised by the European Medicines Agency. There are no live attenuated vaccines approved for use in the UK. In an emergency situation the CVO would therefore need to assess the risks and benefits of using the authorised vaccines for emergency use in relation to the perceived risks of using the unauthorised conventional product which has demonstrated better efficacy in terms of onset of immunity and protection. Given this, it is likely that GB would only use suppressive vaccination to control the disease. This means that vaccinated pigs would be marked and then culled. This is necessary due to the fact that vaccinated pigs are still capable of shedding infection so would be a source of disease for other pigs in future.

10.34 The choice of vaccine to be used would be reviewed regularly by the CSF Expert group as they evaluate any new marker vaccines that are produced and marketed and have tests which can effectively differentiate between an infected but non-vaccinated animal, a vaccinated but non-infected animal, a vaccinated and infected animal and a non-infected and non-vaccinated animal.

11 Recovery Phase

11.1 The recovery phase is a complex and long running process that involves many agencies and participants. It is vital to involve the affected community in the recovery process from the outset of any emergency to enable an efficient and rapid return to normality.

11.2 One of the key elements of the recovery phase following an outbreak or incident of exotic notifiable disease is to have a clear strategy and plan to demonstrate absence of disease. This is essential to ensure normal trading can be resumed as quickly as possible following an outbreak. The strategy to restore 'disease freedom' to Great Britain and Northern Ireland must be considered at the same time as developing the disease control strategy as the two are interlinked.

11.3 During the recovery phase, and in certain circumstances, animal products which may be destined for export may have to undergo specific treatments e.g. heat treatment, deboning, maturing and marking with the EU oval health stamp, before being allowed to be exported. Depending on the disease, the duration of the outbreak and its extent, a serological surveillance programme may be required to demonstrate that the country is free from disease before disease free status could be granted. After this programme has been completed, a certain period of time must lapse without further cases of disease before country disease free status is restored as detailed in the OIE Terrestrial Animal Health Code which sets down rules for recovery of disease free status.

The OIE Terrestrial Animal Health Code

11.4 OIE on behalf of its Member Countries produces the Terrestrial Animal Health Code (The Code) which is formally adopted at the annual general assembly of all Delegates of OIE Members. The aim of the OIE Terrestrial Animal Health Code is to assure the sanitary safety of international trade in terrestrial animals (mammals, birds and bees) and their products. This is achieved through the detailing of health measures to be used by the veterinary authorities of importing and exporting countries to avoid the transfer of pathogens to animals or humans, while avoiding unjustified sanitary barriers. The Code sets out, amongst other things, the detailed requirements to claim Country freedom from particular animal diseases. The delegate member of the OIE for the UK is the CVO (UK).

11.5 The Code is now an integral part of the regulatory system established by the World Trade Organisation (WTO) for trade in animals and their products. Veterinary authorities are encouraged to base their import health measures on the OIE standards. In the EU many of the current measures are also based on the OIE standards. Whilst there is no specific legal obligation for EU member states to follow the OIE standards, should a complaint be made to the WTO, failure to comply with the standards could have serious implications for the country concerned.

Controlled Restocking

11.6 The controlled restocking of animals onto premises which have had affected animals culled and disposed of is an integral part of the recovery phase. Depending on the disease, restocking is not permitted until a defined number of days have elapsed following final (secondary) cleansing and disinfection. With certain diseases there is controlled restocking where limited numbers of animals are allowed on the premises (sentinel animals) and observed to ensure disease is no longer present. In some cases, samples are taken from these sentinel animals for laboratory testing to ensure that disease no longer exists on the premises before all restrictions are lifted and the premises allowed to restock completely. For some diseases, or in the event of prolonged outbreaks, or if final cleansing and disinfection is not possible the restocking of a premises may not be possible for several months.

Scale Down of the Disease Control Response

11.7 As part of the recovery phase it will be necessary to scale back on resources once certain parts of the outbreak or incident management response are completed. These decisions will be agreed between the CVO UK the NDCC Director of Operations, the CVO(s) from the affected country or countries and the Chief Executive of AHVLA.

11.8 In England, the CVO (UK) and Head of JCC in the National Disease Control Centre (NDCC) will decide when it is appropriate to de-escalate and reduce the schedule of NDCC meetings (including birdtables). When operations are at a sufficiently low level, the CVO (UK) and Head of JCC will agree the timing of the closure of the NDCC.

11.9 In Scotland the Rural and Environment Director on advice from the CVO Scotland will decide when it is appropriate to de-escalate and reduce the schedule of Disease Strategy Group (DSG) meetings. In Wales the CVO Wales in discussion with the Operations Director Wales, the Head of Exotic Animal Diseases Branch, veterinary advisers, the Assembly Resilience Co-ordinator and in consultation with the Director of Operations in the NDCC will decide when to de-escalate and reduce the schedule of Emergency Control Centre (Wales) (ECC (W)) meetings.

11.10 The Civil Contingencies Secretariat in the Cabinet Office has produced 'Recovery Guidance' in respect of Animal Health and Welfare which can be found at:

http://interim.cabinetoffice.gov.uk/ukresilience/response/recovery_guidance/environmental_issues/animal.aspx