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EXPORT OF DAIRY PRODUCTS TO KENYA

NOTES FOR THE GUIDANCE OF THE CERTIFYING OFFICIAL VETERINARIAN

IMPORTANT

These notes provide guidance to Official Veterinarians (OV) and exporters. The NFG should have been issued to you together with export certificate 3662EHC. The NFG should not be read as a standalone document but in conjunction with certificate 3662EHC. We strongly suggest that exporters obtain full details of the importing country's requirements from the veterinary authorities in the country concerned, or their representatives in the UK, in advance of each consignment.

1. **SCOPE OF THE CERTIFICATE**

Export health certificate 3662EHC may be used for the export of dairy products from United Kingdom to Kenya.

2. **CERTIFICATION BY AN OFFICIAL VETERINARIAN (OV)**

This certificate may be signed by a Veterinary Officer of the Department or by an authorised Official Veterinarian (OV) appointed to the appropriate panel for export purposes by the Department for Environment, Food and Rural Affairs (Defra), the Scottish Government or the Welsh Government or an Authorised Veterinary Inspector (AVI) appointed by the Department of Agriculture, Environment and Rural Affairs Northern Ireland (DAERA), who is on the appropriate panel for export purposes.

OVs/AVIs should sign and stamp the health certificate with the OV/AVI stamp in any colour **OTHER THAN BLACK.**

Certified Copy Requirements – England, Wales and Scotland
Guidance concerning return of certified copies of EHCs has changed and only specific certified copies are required to be returned to the APHA. Certifying OVs must return a certified copy of EHCs only for the following EHC types:

- if the exported commodity is cattle, pigs, sheep, goats or camelids;
- if the certificate was applied for manually and the application documents have been emailed to APHA and not applied for via the Exports Health Certificates Online (EHCO) system.

Certified copies should be emailed on the day of signature to the Centre for International Trade Carlisle (CITC) at the following address: certifiedcopies@apha.gov.uk.

For certificates that have been issued to the Certifying OV via the EHCO system, the Certifying OV must complete the certifier portal with the status of the certificate and the date of signature.

A copy of all EHCs and supporting documentation certified must be retained for two years.

Certifying OVs are not required to return certified copies of other EHCs issued, however CITC may request certified copies of EHCs and supporting documentation in order to complete Quality Assurance checks or if an issue arises with the consignment aftercertification.

DAERA Export Health Certificates: provision of certified copies
Authorised Private Veterinary Practitioners (aPVPs) certifying DAERA

Export Certification On-Line (DECOL) produced EHCs must return a legible, scanned copy of the final EHC to the relevant DAERA Processing Office within 1 working day of signing.

Good quality photographic copies will be accepted by the Department where obtaining a scanned copy is not feasible - for example, where 'on site' certification is undertaken and scanning facilities are not available.

For record purposes, a copy of the final Export Health Certificate and associated Support documents should be retained by the aPVP for a period of 2 years from the date of certification.

The Department will carry out periodic audits of all aspects of export certification to ensure that a high standard of certification is being maintained.

3. **NOTIFIABLE DISEASE CLEARANCE**

Paragraphs IV A. 2. and 3 refer. OVs may certify these paragraphs on behalf of the Department provided written authority to do so has been obtained on form 618NDC from the APHA Centre for International Trade at Carlisle.

4. **HEALTH MARK/EU STANDARDS**

Paragraph IV A. 1. may be signed on the basis of the health identification mark and relevant UK legislation. The Notifiable Disease Orders under the Animal Health Act require that no milk can be sourced from holdings where a case of any disease to which cattle are susceptible (and which can be transmitted through the milk) has been confirmed.
Bluetongue is not transmissible through the milk and diseases like anthrax are not considered epizootic. So, these diseases can be ignored.

Paragraph IV. A. 4. may be signed on the basis of the health identification mark, and TB/brucellosis surveillance programme implemented in the UK (bulk milk sampling). EU Regulation (EC) No 853/2004, specifically – Section IX, Chapter 1 which requires milk from animals which react positively to the tests for tuberculosis and brucellosis to be kept out of the bulk tank (disposed of). For a country or Region which is Officially Brucellosis Free (OBF – eg Great Britain) active serological surveillance is not required, but if surveillance through bulk milk is positive, then individual animals are subjected to serology. Also, animals which abort within the Brucellosis suspicion window are subjected to serology. If these individuals test positive, then their milk is disposed of pending further investigation/slaughter.

Paragraphs IV. A.5. and 6: These clauses may be signed on sighting of the health identification mark on the basis of compliance with EU Regulation (EC) No853/2004 which requires milk to be derived from animals which do not show any symptoms of infectious diseases communicable to humans through milk and on the basis that the milk is required to be pasteurised (paragraph B2 of the certificate refers).

> *Some concerns have been raised about the effectiveness of pasteurisation in destroying M. avium paratuberculosis (MAP) – the organism responsible for Johne's disease.. An FSA (Food Standards Agency) commissioned survey found MAP in approximately 2% of samples of pasteurised milk in the United Kingdom. Whilst this indicates that MAP can survive pasteurisation, it is clear that pasteurisation significantly reduces the number of viable bacteria. Therefore, it is essential to ensure that FBOs carry out pasteurisation correctly, and*

even more so to ensure that the farms from which the milk is sourced follow good hygienic practice (environmental, milking and storage hygiene). While MAP may be secreted directly into the milk in the udder, resulting in relatively low numbers, perhaps < 10 cfu/ml, the main source is thought to be faecal contamination. The faeces of infected animals can contain > 1 X 108 cfu/g. Some researchers have indicated that the concentration of MAP in raw milk could be as high as 104 cfu/ml due to faecal contamination. Others have suggested that a MAP concentration of 106 CFU/ml should be used when modelling MAP destruction for safety reasons. This demonstrates the importance of good hygienic practice, especially if there is clinical evidence of disease on the farm.

Certification/declaration from the supplying farms/FBOs to the effect that good environmental, milking and storage hygiene practice is being followed and familiarity with the process at the processing FBOs may be used to support certification of paragraph IV 2.

Under experimental conditions, a longer holding period at 72°C proved to be more effective in inactivating MAP than a higher pasteurisation temperature. Of the three strains studied, only one strain was isolated from milk heated at 72°C for 20 sec and none of the strains was isolated from milk heated at 72°C for 25 secs.
These findings suggest that the duration of heating is more important for the inactivation of MAP in milk than the intensity of heating.

If the product has been subjected to heat treatment for at least 25 seconds, then the declaration/certification from the farm may be dispensed with.

Pasteurisation mitigates TB, Brucellosis and Leptospirosis risk.
In regard to EBL, vibriosis and trichomonosis, the risk of transmission in milk is considered as negligible for these diseases, and there are no WOAH recommendations for trade of milk for these 3 diseases, as they are mainly spread via direct contact/breeding.

Paragraph IV A. 7 refers. This may be certified on the basis of official documentation provided by the exporter that, in the case of imported products, paragraphs 1. – 6. Have been complied with. We recommend that OV obtain a copy of the health certificate used for imports of raw materials to GB to see if the assurances required for export to Kenya were fulfilled. If these were not covered by the import health certificate, then the OV would need to request additional veterinary statements or other supporting documentation from the country of origin to cover any additional assurances they needed.

For imported dairy products from the EU, the health identification mark is considered sufficient when dairy was imported from the EU legally with a GB Import health certificate according to BTOM rules, which provides additional assurance on compliance with the relevant health requirements. We would advise that the exporter checks the Lumpy skin disease (LSD) and Contagious bovine pleuro-pneumonia (CBPP) status of the country of origin with the EU OV as there is a requirement in Part A.2 for freedom of LSD and CBPP for 3 months (prior to export to GB, as this is not covered in the GB IHC.

Paragraphs IV B. 1 - 3 may be signed on the basis of the health identification mark.

In regard to food additives, businesses can only use approved additives under The Food Additives Regulation 2013, which is regulated by FSA and local authorities. The producer should have procedures in a place to verify this, and the OV can check the

production processes to ensure no unauthorized additives are used. Guidance on food additives for GB can be found here: https://data.food.gov.uk/regulated-products/. EU list: Database - Food Safety - European Commission

Paragraph IV B. 4. may be signed on the basis of the health identification mark and relevant UK legislation The assimilated Regulation (EC) No 853/2004 require that raw milk may not contain antibiotic residues in excess of levels prescribed by the EC, or residues of substances having a pharmacological or hormonal action, or pesticides, detergents or other substances which are harmful or which might alter the organoleptic characteristics of dairy products or make their consumption dangerous, or harmful to human health insofar as those residues exceed permitted tolerance limits.

Paragraph IV.B.6. may be signed on the basis of the health identification mark

Paragraph IV.B.7. – microbiological compliance may be signed on the basis of the health identification mark; however quality control must be verified by the OV separately.

Paragraph IV B. 8. refers. This may be certified on the basis of formal signed declarations from the exporter for UK origin milk, or, for imported product, OV must verify GH Import Health Certificate/ documentation confirming legal import into UK. The declaration should include a clause indicating that the signatory is aware that making a false declaration is an offence.

5. **RADIATION MONITORING**

Paragraph IV B. 5. relating to harmful radiation may be certified on the basis of the radioactive surveillance performed in compliance with EU/UK legislation – RIFE report. Radioactivity in food and the environment (RIFE) report - GOV.UK

Current EU limits for radionuclides in food only apply to agricultural imports from third countries contaminated by the Chernobyl accident (EC Regulation 737/90 and amendments). This establishes a limit for Cs-134 + Cs-137 of 600 Bq/kg. However, the EU has recommended that milk and mixed diets are monitored in the Member State of origin. In support of this recommendation, the FSA monitors

milk at several dairies across the UK and complete meals from large consumption areas such as canteens or restaurants. The FSA, in association with the environment agencies, publishes an annual report - Radioactivity in Food and the Environment - which summarises the results of such monitoring and any additional monitoring carried out on the basis of risk e.g. around the nuclear sites. The results of these monitoring in 2003 demonstrate that even the most exposed members of the public received radiation doses from consumption of food and exposure to environmental radioactivity due to discharges and direct radiation that were below the statutory United Kingdom annual dose limit to members of the public of 1 mSv (millisievert) i.e. below European Union limits and within Government targets. Current Codex guideline levels for radionuclides (in internationally traded food) only apply following accidental nuclear contamination.

6. **DISCLAIMER**

This certificate is provided on the basis of information available at the time and may not necessarily comply fully with the requirements

of the importing country. It is the exporter's responsibility to check the certificate against any relevant import permit or any advice provided by the competent authority in the importing country. If these do not match, the exporter should contact the AHVLA Centre for International Trade at Carlisle, via the link below:

http://www.defra.gov.uk/ahvla-en/imports-exports/international-trade/