EUROPEAN LIVESTOCK ASSOCIATION

26 August 2008

EUROPEAN COMMISSION
DG Health and Consumer Protection
Commissioner Androulla Vassiliou
B-1049 BRUSSELS

EUROPEAN COUNCIL for Agriculture and Fisheries
Rue de la Loi, 175
B-1048 Brussels

Cc: Mr. Philip Tod, member of the cabinet (DG SANCO)
Mr. Neil Parish, Member of the European Parliament, chairman of the Agricultural Committee
Ms. Elisabeth Jeggle, Member of the European Parliament
Ms. Lily Jacobs, Member of the European Parliament
Mr. Jan Mulder, Member of the European Parliament

Dear Mrs. Vassiliou, dear members of the Council,

The European Livestock Association (ELA) would like to draw your attention to the following.

ELA has established that neither the EU nor the various Member States are well prepared for the arrival of African Horse Sickness (AHS), a disease like bluetongue (BT) spread by Culicoides. The importance of northern native vectors in the spread of BT was under-estimated with disastrous consequences. Lessons should be learnt from this experience, and swiftly applied to disease control policies of other Culicoides transmitted diseases such as AHS. In addition the ever present threat of disease introduction through increased global trade, has led experts to warn that it is not a matter of IF but WHEN it arrives.

After the devastating consequences for many sheep holders of the arrival of BT virus type 8 to the Northern parts of Europe, ELA has observed with great concern that Directive 92/35/EEC, laying down control rules and measures to combat AHS, has obviously not been updated in spite of the BT-experience of the last two years.

In view of the huge strides in vaccine and diagnostic technology particularly in the last decades the current Directive, with its emphasis on slaughter and very limited vaccination, is greatly in need of updating to conform to 21st century solutions for disease control. A “Killing on suspicion” [1] policy will be unacceptable to the public in general and to the owners in particular. Such a policy did not work in the case of BT and probably will also fail to control and eradicate AHS. Horses are in most cases animals of high value either sentimentally or financially or both. Therefore, horse owners will not likely agree to a destruction team on

[1] Prof. Alan Guthrie (SA) very strongly advised at the Newmarket seminar that in South Africa horses are not killed on suspicion to stimulate the owners to stay put with their animals and report symptoms.

their premises and will not willingly stand by and watch their precious animals being killed. Furthermore, there is a very real concern that current legislation will permit some Member States to effect wider slaughter on suspicion, or even firebreak killing.
Of paramount importance in disease control is cooperation from owners, and it is widely acknowledged that the threat of killing horses would result in mass movements of horses all over Europe, thereby increasing the likelihood of disease spread.

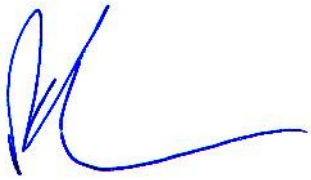
ELA is extremely concerned that it might again take two years of negotiating to obtain permission to vaccinate.
Action should be taken now!

ELA-members, present at the Emerging Equine Diseases seminar in Newmarket on 23 June 2008 (organised by The Horse Trust and the British Thoroughbred Breeders' Association), have taken notice of the remarks by Dr. Jules Minke of Merial, about developing an AHS-vaccine (recombinant vaccine) that Merial will be testing on horses over the next two months in South Africa. This is to be a joint effort by Prof. Alan Guthrie (South Africa), Dr. Jules Minke and Prof. James MacLachlan of UC Davis (California).
If these trials are successful, proper vaccines for the specific AHS strain could probably be developed in a relatively short period of time.

With these new developments at hand and knowing the devastating scenario that the arrival of AHS to the EU would create, we strongly recommend that the EU Commission, the EU Council and the Member States do revise the Directive and the national contingency plans. And just as important, we all should invest in this development.

We therefore urge you to take the only sensible step and decide together to agree at the earliest opportunity to ensure that killing is not a viable option for the veterinary authorities to consider. Instead the emphasis should be on vaccination and movement control. Such action would induce vaccine producers and the horse industry to make the necessary efforts to develop the technology and capability, in order to have the required vaccines available in case of an AHS emergency.
If all of the EU, Commission, Council and MSs, would work together, an effective and up to date AHS control policy could be in place in time.

With regards,



Peter King, Chair

ATTACHMENT

Quote on *Warmwell.com* from Dr. Rudy Meiswinkel (CIDC-Lelystad, Netherlands), expert on Culicoides as vectors for Bluetongue and African Horse Sickness

> "In most respects it is correct say that AHS is a re-invention of the BT wheel i.e. all the same epidemiological principles apply. But with a mortality rate[2] of close to 100% you can be sure that if AHS was to strike it would cause a kind of mayhem that the veterinary authorities might well not be prepared for.
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> With BTV-8 in northern Europe we are seeing how difficult it is to anticipate the spread of the virus because of the movement of infected animals and the random dispersal of infected midges; both these avenues of virus movement are impossible to control effectively. Once this was realised (with realisation coming only through experience!) the competent authorities opted for widespread vaccination, but only after 15 months had passed. If AHS was to arrive in northern Europe there is NO WAY that a wait of 15 months could be allowed. In all probability the EU would opt for the live-attenuated vaccine currently being produced and used in South Africa and where it gives adequate protection. While 9 serotypes of African horse sickness virus (AHSV) exist large outbreaks invariably involve only one of the serotypes. The serotypes circulate at random but each seems to be as devastating as the next. Where instituted the culling of infected animals did little to halt the spread of BTV-8. There is NO chance that the culling of horses for the control of AHS would be tolerated by the equine industry.
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> While it is not known which European species of Culicoides will be able to transmit AHSV it seems safest to assume that at least one or more of the six potential vectors of BTV will also transmit African horse sickness. In Africa both Culicoides vectors of bluetongue act as vectors of AHSV. So AHS demands that we look directly into its eye - because this is a no-nonsense disease."

[2] The most severe form (peracute) of AHS is the pulmonary form which is referred to as "dunkop" in S Africa. Recovery less than 5 %Incubation period of 3 to 4 days. Very rapid onset. Death occurs within half an hour to a few hours of horse showing respiratory distress.
The cardiac form (dikkop) is very serious but not quite as acute, with longer incubation period of 5 to 7 days. 50% death rate. Death usually occurs "within 4 to 8 days after the onset of the febrile reaction".
Certainly owners should be allowed to take that 50% chance, given they are prepared to take the appropriate quarantine measures.