

**MEMORANDUM FOR ANDERSON INQUIRY**  
**FOOT AND MOUTH DISEASE CONTINGENCY**  
**PLANNING**

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## CONTINGENCY PLANNING FOR FOOT AND MOUTH DISEASE

### Introduction and Summary

33. A major responsibility for the State Veterinary Service (SVS) is to deal with notifiable diseases of animals. It is not surprising, therefore, that there was a detailed and extensive set of contingency plans in place which had been maintained and updated over the years.
34. The plans which covered all aspects of Foot and Mouth Disease control consisted of three main parts:
  35. The plans submitted to the EU in accordance with Article 5 of Directive 90/423, which included (ii) below;
  36. the instructions issued to the SVS for dealing with an FMD outbreak and contained in Chapter 3 of the SVS instructions;
  37. the local Divisional plans drawn up by each Animal Health Divisional Office.
38. In March 1991, the European Commission published Recommendations or Guidelines for Contingency Plans against Foot and Mouth Disease DGVI/1324/9. One of the recommendations was that each Member State should ensure it had immediately available sufficient trained staff to deal with, at any one time, up to 10 outbreaks and to properly maintain surveillance of premises in the 3km protection zone required to be established around each. The contingency plan submitted to the EU was accepted by the EU Commission and approved by the Standing Veterinary Committee.
39. In developing its contingency plans in 1993, the SVS used two scenarios (moderate and severe) each comprising 10 simultaneous outbreaks. The severe case scenario envisaged there being more premises at risk in the 3-km protection zones around each outbreak and the need to carry out more tracings, including livestock movements through a market, than the moderate case scenario. The later showed that for GB, 235 veterinary officers would be required.
40. Account of this was taken in the Management Review of the Animal Health and Veterinary Group (the Lebrecht Review) that also commenced in 1993. Commenting on the Animal Health and Veterinary Group's (that included the SVS) Fire Brigade Role, the Lebrecht Review' Stage Two Report said:

“We doubt however that there is a case of retaining a function within MAFF solely because of the fire brigade role. The minimum numbers of staff needed as a safeguard against the risk of exotic disease outbreaks have been assessed against “the worst case scenario” of an outbreak of

the proportions of 1967/68 FMD outbreak. However, no estimate of the probability of the costs of an outbreak of this size (or any other size) has been constructed and there is therefore no basis for judging what minimum level of permanent staff is necessary to perform the fire brigade role. *The EC Commission however considers that the UK's readiness for disease outbreaks is the best in the Community which suggests that the present staff numbers are adequate or more than adequate*".

41. In the third stage of the Lebrecht Review Report, published in January 1994, the authors commented on the estimate of the numbers of veterinary officers required as follows:

"Subsequent to completion of our Stage two report, AHVG have estimated that a minimum of 230 Veterinary Officers need to be available within the VFS to deal with, at any one time up to 10 outbreaks of FMD and to maintain proper surveillance in the 3km radius protection zone associated with each. This is the baseline scenario recommended by the European Commission for contingency planning purposes and the estimates include staff required for carrying out essential work unrelated to the FMD emergency. AHVG estimate the need rising to perhaps above 300 in a more extensive situation. In that circumstance, additional veterinarians would be drawn from the VIS, CVL, the private sector and from certain foreign countries with whom agreements have been reached".

42. Efforts have been made to maintain the number of VOs at 230 but recruitment and retention difficulties have meant that this has not always been possible.
43. The primary legislation in place covering FMD control has been the Animal Health Act 1981 and subordinate legislation, the Foot and Mouth Control Order 1983. This provided the necessary powers to deal with an outbreak of foot and mouth disease in accordance with the provisions of Council Directive 85/511/EEC.
44. The Institute for Animal Health's Pirbright Laboratory is both the National, EU Community and World Reference Laboratory for FMD. Its responsibilities have included *inter alia* the provision of reagents and media necessary for the laboratory diagnosis of disease and the submission of samples. It has also provided FMD expert advice and training to all veterinary officers on the clinical diagnosis of FMD.
45. At the time of the epidemic started, the SVS IT systems, Vetnet and the Vetnet Tracing and Verification System (VTVS), were in place. They had been successfully used during the CSF outbreak and formed the basis for the Disease Control System (DCS) which was developed with up to the minute web technology and used so effectively to manage the FMD epidemic. Geographical Information Systems (GIS), which had also been used effectively in the CSF outbreak, proved a more valuable

tool in the FMD justifying the capital investment and the investment made in training its operators.

46. Other important preparations in place before the outbreak were the International Vaccine Bank which had been set up in 1985, the UK being a founder member. This provide the UK with immediate access to very high potency FMD vaccines against the Type O Pan Asia strain responsible for the 2001 epidemic. Vaccine was also available from the EU Community bank but not of the same potency. Chapter 3a instructions had previously been prepared to implement a policy of ring vaccination should that be necessary. There were also agreements in place with Commonwealth Countries to supply veterinary staff in a disease emergency.
47. This paper sets out, with reference to examples, the considerable effort that went into the preparation of local contingency plans and the training of staff in epidemic disease control. It shows that local plans were maintained and that staff were kept in a state of readiness through extensive training.
48. All of the above plans, preparation and training meant that the SVS was well prepared to deal with an incursion of exotic disease and stamp it out. It had effectively dealt an incursion of Classical Swine Fever in August – December 2000. The paper touches upon the likely scenarios that were planned for, given both the low incidence of disease within the EU and the low ratio of secondary cases to primary cases in the last thirty years. It highlights that the 2001 outbreak was unprecedented in its scale and wide geographical dispersion of disease before it was know that disease was present in the country.
49. Our epidemiologists have concluded from investigations carried out so far that at least 57 premises were infected by 8pm on 20 February when the first outbreak of FMD was confirmed and by 5pm on 23 February, when a national ban on the movement of livestock was introduced, at least 119 premises were infected. Despite the immediate and rapid response of the SVS its resources were overwhelmed by this unprecedented dispersion of disease before it was aware that disease had entered the country. On the day the first outbreak was confirmed, the SVS was faced with not with 10 primary outbreaks but at least 57, all in the major sheep producing areas of the country. Even if there had been worst case scenario planning, it is unlikely that the additional resources needed to combat the disease could have been mobilised any quicker than they were.
50. That is not to say that there was any complacency in terms of contingency planning. It is clear that while the fundamentals were in place there was more to do following the Drummond Report and the lessons learned from the CSF outbreak. In particular the problem of carcass disposal against an increasing awareness of the need to

protect the environment and backdrop of changing environmental protection legislation, was being addressed.

51. The conclusions of the Drummond Report, the lessons learned from the CSF Report and other concerns expressed by SVS managers together with proposed actions are set out in annexes 3 and 4 to this report.
52. Contingency planning, preparation and training for an incursion of foot and mouth disease has always been a high priority for the SVS but this has had to be set against other competing demands for SVS resources including BSE and bovine tuberculosis.
53. What was unique about this epidemic was not just its scale and geographical extent but that it occurred in sheep, at a time of year that favoured virus survival and against a backdrop of structural changes in an industry which favoured spread of disease. The significance of the fact the epidemic was sheep based should not be overlooked. Not only is disease more difficult to diagnose than in cattle and pigs but there is little global experience and expertise of dealing with (a) FMD outbreaks in sheep and (b) outbreaks of this size and nature in countries which were free of disease. Each FMD outbreak is bound to have its unique features and it should not be assumed that controlling an outbreak in sheep is the same as dealing with outbreaks in cattle or pigs.
54. While the contingency plan clearly worked for the cluster of outbreaks in Essex and Kent that developed from the first confirmed outbreak at Cheales abattoir (FMD/01), there are genuine problems in identifying and planning for all the factors that contribute to the uniqueness of an outbreak and marshalling the resources necessary to deal with them.
55. Finally at a meeting of the EP Temporary Committee on Monday 25 March. Mr David Byrne the Commissioner gave a presentation on the Commission's view of the FMD outbreak in the EU. It is however worth highlighting his remarks on contingency planning:-

*“All Member States were required to have a contingency plan in place to deal with potential outbreaks of FMD. These plans were reviewed and approved by the Commission. Nonetheless, nobody envisaged an epidemic on a scale of over 2000 outbreaks. This was considered unthinkable, especially on an island Member State considered especially well positioned to keep out the virus.*

*I have also noted more than once that perhaps the pre-occupation with BSE over-stretched veterinary services. Certainly, any proposal to strengthen measures in relation to FMD before the last year's outbreak would have been considered a diversion from the political priority attached to BSE."*

J M Scudamore  
Chief Veterinary Officer  
28 March 2002



## Scenarios

33. With respect to contingency planning the number of outbreaks that were anticipated is critical to the plan and the resources needed. Our contingency planning in the light of the evidence that was then available from past outbreaks in Europe, reviews by the European Union, and our own surveillance of cases around the world determined the scenario that was anticipated.
34. The Commission in March 1991 published Recommendations or Guidelines for Contingency Plans against Foot and Mouth Disease DGVI/1324/91. Section 6 of this document dealt with the personnel resources required to deal with disease emergencies. It stated at 6.12 that - "Each Member State should ensure that it has immediately available sufficient trained staff to deal with, at any one time, up to 10 outbreaks and to properly maintain surveillance in the 3km radius protection zone associated with each. It has been estimated that a trained veterinarian can visit and examine stock at no more than 5 holdings on one day if he/she properly undertakes the required disinfection procedures."
35. Based on the EC requirement a paper was prepared on "The Size of the SVS to Deal with an Outbreak of Foot and Mouth Disease" in December 1993. In that paper, prepared by Fred Landeg, the work rate assumption based on field training exercises and the current size and distribution of livestock farms, was that the number of visits made by a trained veterinarian in a day was in fact 3 and not 5. Two scenarios were described: a moderate case scenario with 10 simultaneous outbreaks, which estimated the VO and AHO resource as 232 and 76 respectively; a severe case scenario with 10 simultaneous outbreaks estimated at 347 VOs and 104 AHOs would be required. Following the Lebrecht Review of the State Veterinary Service the Affordable Staffing Level was set and has remained at the 235 VO full time equivalents, although it has not always been possible to recruit and retain the number of VOs at this level. A copy of the paper is at Appendix 1 to this Annex.
36. The FMD situation within Western Europe improved dramatically from a peak in the late 1950's from over 25000 cases to virtually none in the last 3 decades of the 20<sup>th</sup> Century. In the 1950's there were massive outbreaks all across Europe and this set the conditions for the introduction of national control programmes involving mass routine prophylactic vaccination of susceptible animals (mainly cattle) in most European countries in the 1960's. The improvements were dramatic particularly from the mid 1960's onwards when vaccination campaigns had built real momentum. By the 1980's the numbers of cases had reduced so significantly that the EC decided to move to a non-

vaccination policy, and the rest of the continent followed suit. All of this contributed to the improved situation throughout that time.

37. From 1991 to 2001 the number of introductions per year for the entire continent was good with only 2.1 introductions per year and there was a significant period of complete freedom between 1996 and 2000. The ratio of primary to secondary outbreaks over this period in Europe is also worth noting. The total overall ratio was 15.38 secondary outbreaks for each primary outbreak. It is not surprising therefore that the general consensus for contingency planning in Europe was for a scenario of 10 simultaneous outbreaks.
38. The scenario which we ultimately faced was one where disease had been present in the country for 2-3 weeks before it was identified on a pig farm. By then it had spread into the sheep population and had been widely disseminated throughout the country in a sub-clinical unapparent form. Our epidemiologists have concluded from investigations carried out so far that at least 57 premises were infected by 8pm on 20 February and by 5pm on 23 February, at least 119 premises were infected. The situation which we faced was exceptional and unprecedented and it is unlikely, almost certain, that any other country in the world had in place prior a contingency planning for such scenarios prior to February 2001.
39. It is interesting to note that following our experience, the Americans have only recently become concerned about the potential for rapid dissemination of disease through the rapid and long distance movement of animals, particularly pigs. They have been alerted to the fact that a single case in the Eastern States could result in 8 infected states within 48 hours due to pig movements. They had not considered the possibility that such a situation could occur before our outbreak.

**Size Of The SVS To Deal With An Outbreak Of Foot And Mouth Disease**

[Scanned from original photocopy]

**1.0 Introduction**

1.1 The purpose of this paper is to estimate the human resources, based on EC recommendations, to deal with an outbreak of foot and mouth disease in GB. Two Tables of resource requirements are constructed. One is based on a severe case scenario the other *is* based on a moderate case scenario. The assumptions made in constructing the tables are explained in the body of the text. Where appropriate, the assumptions are based on the experience of previous outbreaks.

**2.0 EC Recommendations**

2.1 Doc V1/1324/91 Recommendations or Guidelines for Contingency Plans Against FMD states:

Paragraph 6.12 “Each Member State should ensure that it has immediately available sufficient trained staff to deal with, at any one time, up to 10 outbreaks and to properly maintain surveillance in the 3 Km radius protection zone associated with each. It has been estimated that a trained veterinarian can visit and examine stock at no more than 5 holdings in one day if he/she properly undertakes the required cleansing and disinfection procedures.”

2.2 The above EC recommendation was taken as a starting point to calculate the veterinary, technical and administrative support staff requirements to deal with an outbreak of Foot and mouth Disease in Great Britain.

2.3 Foot and mouth disease is one of the most infectious diseases known to man it can spread very rapidly and the virus may be windborne. It is therefore essential that veterinarians trained to recognise the disease and trained in procedures to swiftly deal with it are immediately available to deal with outbreaks as they occur before the disease spreads. The source of trained veterinarians will be the SVS. Staff in animal health offices regularly hold training exercises and all VOs are available to go on detached duty to deal with an outbreak of disease. The first few hours of control operations are critical in identifying the disease outbreak and preventing its spread. With the need to have trained staff immediately available it is assumed there will not be an initial call on LVIs. The current structure of veterinary practice suggests that the number of private veterinary surgeons available to assist with an

outbreak is likely to be small compared with the number available at the last major epidemic in 1968.

### **3.0 Teams Required to Deal with an Outbreak**

3.1 In an outbreak the following professional and technical teams would be required:

#### HQ Team

To monitor, direct and co-ordinate control efforts throughout GB.

To provide advice to Ministers in deciding National Control Strategy.

To advise on the financial planning aspects of control operations and compensation.

To advise on National Public Relations aspects.

#### Control Centre Team

To monitor, direct and co-ordinate control efforts at a local level.

To liaise with and co-ordinate the efforts of local authorities, police and other organisations affected by the outbreak - Market Authorities, Hauliers, AI organisations, Milk co-operatives, Slaughterhouses, National Rivers Authority, NFU, Private Veterinary Surgeons etc.

To provide the resources required for operations i.e. Equipment, Machinery, Contractors' labour etc.

To provide financial controls for the operations including compensation.

To deal with local public relations, enquiries from the public and reports of suspect disease.

#### Epidemiology Team

To determine the origin of disease.

To predict the likely spread of disease.

To advise HQ and Control Centre on best deployment of resources based on predicted spread.

#### Infected Premises

To carry out clinical examination and sampling to make a diagnosis.

To carry out an epidemiological investigation on farm.

To supervise valuation.

To supervise humane slaughter.

To supervise disposal.

To supervise cleansing and disinfection.

To supervise restocking.

#### Surveillance Team

To maintain surveillance in the 3 Km radius protection zone.

#### Tracing Team

To investigate animal or other movements from or to the IP either to determine an origin or to ensure there has been no spread.

#### Report Case Team

To investigate reported cases of suspected disease and deal with consultation cases from private veterinary surgeons.

#### Non-FMD Work Team

To remain at the home station to deal with urgent non-FMD work, BSE, other notifiable diseases, TB,

Brucellosis urgent welfare and import work.

### **4.0 Administrative support**

4.1 In controlling an outbreak of disease considerable administrative staff will be required to support the above professional and technical teams. This requirement has been estimated on the basis of Veterinary Units (VUs) as follows:

1 EO for every 25 VUs involved in the outbreak.

1 AO for every 6 VUs involved in the outbreak.

1 AA for every 4 VUs involved in the outbreak.

Where one Veterinary Unit is a veterinary surgeon irrespective of grade. No estimate has been made of administrative support above EO Grade.

### **5.0 Senior Veterinary Management**

5.1 No attempt, has been made to estimate the veterinary management requirements above grade 5.

## **6.0 Policy Team**

6.1 No attempt has been made to estimate the size of the HQ administrative policy unit.

## **7.0 Spatial Assumptions**

7.1 The ten 3 Km radius protection zones do not overlap.

7.2 The control centre team, the surveillance team, the 1P team and the epidemiology team will operate within a limited declared infected area.

7.3 The tracing team will operate not only within the infected area but within the whole of Great Britain. Animals which moved out of the infected area before it was declared may have to be traced - they could have moved anywhere within GB. Similarly back tracing to find an origin may have involved a movement from anywhere in GB to the IP.

7.4 The report case team will also operate anywhere within Great Britain. Following the outbreak of FMD on the Isle of Wight, there were nearly 200 report cases of suspected disease. Of these reports, 70 were on the Isle of Wight, 37 within the infected area on the GB mainland and the remainder were scattered throughout Great Britain.

7.5 It is assumed that the tracings and report cases, that could occur anywhere in Great Britain outside of the infected area, will be dealt with by veterinary staff from their permanent Animal Health Offices. The present number and location of animal health offices allows the SVS to respond rapidly to report cases and tracings without wasting time in excessive travelling to farm premises. If the number of animal health offices is reduced then the tracing team and report team numbers given in the tables below would have to be increased to accommodate additional travelling time of Veterinary Officers. It follows that there must be trained staff in left in each AHO to deal with tracings, report cases and consultation cases and urgent non FMD work

## **8.0 Temporal Assumptions**

8.1 The ten outbreaks are confirmed simultaneously.

8.2 The HQ team, Control Centre Team, Epidemiology Team, IP Team and the Surveillance Team would be required from the moment disease was declared and all would be required at once. Ideally visits to protection zone premises should take place within day one of the outbreak, realistically these visits will occur within 48 hours.

8.3 The tracing team would be required to complete tracings within 2 days of disease confirmation.

- a. It is assumed the bulk of report cases would come in over a period of 10 days from the confirmation of disease.

## **9.0 Work Rate Assumptions**

9.1 The EC Recommendation estimates that a trained VO can visit 5 premises a day within the 3 km protection zone. UK experience suggests that geography, size of farms and foot and mouth disease tending to occur in winter would slow the rate of visiting down and the most visits made in a day by a trained VO would be 3.

9.2 A trained VO can carry out 3 tracings or 3 report cases in one day allowing for travelling time.

## **10.0 Severe Case Scenario Assumptions**

10.1 There are 49 livestock holdings in the protection zone in addition to the IP. Recent tracing exercises in Scotland have indicated 48-50 farms within the zone. In SW England the recent imposition of 3km warble fly treatment zones showed that in Somerset, the greatest number of holdings in a 3km zone was 51.

10.2 There will be 30 tracings from each IP. A market is involved with an additional 400 animal tracings. A further 200 tracings will be carried out by AHOs to deal with vehicle movements, vehicle cleansing and disinfection and confirmation of movement to slaughter. In a large market on a single sales day, analysis of throughput has shown that, there may be in excess of 8000 animals sold through the market. Animals may be sold singly or in batches. In addition to the throughput declared to the auctioneers, inevitably some sales will be private sales and the animals involved may have to be traced.

10.3 Each IP will “generate” 50 report/consultation cases.

10.4 Two control centres will operate.

10.5 Two epidemiology teams will operate.

10.6 The table indicates the minimum number of staff necessary to deal with the outbreak scenario from day 1 and assumes they will be dedicated solely to disease control with the exception of the reserve team.

## **11.0 Moderate Case Scenario Assumptions**

11.1 There are 34 livestock holdings, in addition to the IP, in each of the ten

3 Km radius protection zones.

11.2 There will be 12 tracings from each IP. A Market is involved with an additional 120 tracings. A further 60 tracings will be carried out by AHOs to deal with vehicle movements, vehicle cleansing and disinfection and confirmation of movement to slaughter.

11.3 Each IP will “generate” 20 report/consultation cases.

11.4 Only one control centre will operate.

11.5 The table indicates the minimum number of staff necessary to deal with the outbreak scenario from day 1 and assumes they will be dedicated solely to disease control.

## **12.0 Ring Vaccination**

12.1 No estimate has been made of the human resource requirements for a vaccination programme. For the purpose of this paper the assumption is made that a stamping out policy would be operated first and that, if sufficient trained resources were immediately available as outlined, vaccination could be avoided.

## **13.0 Urgent non FMD Work**

13.1 As outlined in paragraph 3.1 staff would have to remain at their home station to deal with urgent non FMD work - for example BSE cases, Brucella, TB, urgent welfare cases and import work. For both the severe and moderate case an assumption is made that each AHO in England, Scotland and Wales will have 9 such visits a day to deal with. The work rate of 3 visits per day is assumed in each case.



#### 14.0 Severe Case Scenario Resource Requirement

	RVO	DVO	VO	SAHO	AHO	EO	AO	AA
HQ Team	1	3						
Control Team	2	8	4	4	2			
Epidemiology Team		2						
IP Team			10	10	20			
Surveillance Team			82		10			
Tracing Team			117		33			
Report Team			17					
Non FMD Work Team			117		39			
<b>Total</b>	<b>3</b>	<b>13</b>	<b>347</b>	<b>14</b>	<b>104</b>	<b>13</b>	<b>54</b>	<b>81</b>

#### Moderate Case Scenario Resource Requirement

	RVO	DVO	VO	SAHO	AHO	EO	AO	AA
HQ Team	1	2						
Control Team	1	4	2	2	1			
Epidemiology Team		1						
IP Team			10	10	20			
Surveillance Team			56		10			
Tracing Team			40		6			
Report Team			7					
Non FMD Work Team			117		39			
<b>Total</b>	<b>2</b>	<b>7</b>	<b>232</b>	<b>12</b>	<b>76</b>	<b>7</b>	<b>27</b>	<b>40</b>

SPEECH/02/131 David BYRNE European Commissioner for Health and Consumer Protection Experiences of the Foot and Mouth Epidemic Committee on Foot and Mouth Disease of the European Parliament Brussels, 25 March 2002

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**SPEECH/02/131**

**David BYRNE**

**European Commissioner for Health and Consumer Protection**

**Experiences of the Foot and Mouth Epidemic**

**Committee on Foot and Mouth Disease of the European Parliament**

**Brussels, 25 March 2002**

Mme President, Rapporteur, Members of the Committee

I am very pleased to join you today to assist you in your work in relation to foot and mouth disease.

Clearly, the decision of Parliament to establish the committee has its origins in the major outbreak of the disease in the EU last year. That crisis has now passed. The last outbreak was on 30 September 2001. All four affected Member States have regained their disease free status under the OIE. The consensus on the non-use of prophylactic vaccination remains intact.

However, it would be a very serious error to judgement to believe that the book is therefore closed on the crisis. The sheer scale, cost and impact of the crisis call for a fundamental review of our existing approach towards major animal diseases.

In particular, we have to assume that further outbreaks of FMD are a distinct possibility. This requires us to ensure that the necessary legislative framework and contingency plans are in place to deal with such outbreaks.

The work of this committee will play an instrumental role in this process. Parliament took a keen interest in the Commission's handling of the EU dimension to the crisis last year. I appeared before the Plenary and the Agriculture Committee on a number of occasions to explain the Commission approach.

The time is now opportune for a deeper assessment of what happened and what can be done to ensure that it does not happen again. I look forward to assisting you with your work in this respect.

I have already received your comprehensive questionnaire on the key issues you wish to examine in relation to the Commission's role in relation to FMD. I do not intend to answer these questions in detail today. Instead, I intend to focus on the key political issues which clearly emerge from your questions.

A detailed written response to your questions will follow in the next few days. I intend, if you agree, to also clarify any additional issues which arise today in this written response.

Turning, therefore, to the main issues, I would identify the following as the principal concerns of Parliament which emerge from your questionnaire:

33. The origin of the outbreak and the level of preparedness;
34. Vaccination;
35. The stamping out policy in the event of outbreaks;
36. The performance of individual Member States in dealing with the outbreak;
37. The environmental implications of mass animal carcass disposal;
38. The costs and economic impact.

### **Origin and Level of Preparedness**

The indications point towards the illegal use of swill, containing contaminated animal material, as the origin of the disease. This material could only have been illegally imported to the EU. There is an obvious need to look again at controls at imports in the light of this illegal import.

Swill feeding has also been banned in 13 of the 15 Member States. There is an argument that swill feeding, under properly controlled conditions, is safe. This is of course true. However, the majority of Member States are not prepared to take this risk in view of the catastrophic consequences of a failure of controls.

The issue remains unresolved. An EU wide ban on swill feeding is scheduled to come into effect on 1 November. However, Parliament recently voted an amendment in its opinion on the Council's common position on Animal By-Products which would allow for its continuation. Conciliation now appears inevitable on this sensitive subject.

*Irrespective of the origin, the consequences were devastating, especially for the United Kingdom. The epidemiological evidence now suggests that there were more than 50 outbreaks before the virus was first discovered.*

Moreover, it is now evident that the subsequent outbreaks in France, the Netherlands and Ireland all had their origin in animal movements which took place before this discovery. *The reality is that from the very first moments the authorities, especially in the UK, faced a monumental task in eradicating the outbreak.*

*All Member States were required to have a contingency plan in place to deal with potential outbreaks of FMD. These plans were reviewed and approved by the Commission. Nonetheless, nobody envisaged an epidemic on a scale of over 2000 outbreaks. This was considered unthinkable, especially on an island Member State considered especially well positioned to keep out the virus.*

*I have also noted more than once that perhaps the pre-occupation with BSE over-stretched veterinary services. Certainly, any proposal to strengthen measures in relation to FMD before the last year's outbreak would have been considered a diversion from the political priority attached to BSE.*

## **Vaccination**

Frankly, there is not a lot I can add to what I have already said on vaccination. I addressed the issue in considerable detail at the International Conference on FMD which took place in December. But, because of the importance and sensitivity of the issue, let me summarise the Commission position on vaccination.

First and foremost, the Commission did not follow a non-vaccination policy throughout the outbreak as is sometimes, falsely, alleged. The Council Directive provides for emergency vaccination and the Commission maintained a bank of 39 million doses of antigen for potential formulation into vaccine. This included 10 million does for the O 1 strain.

More importantly, the Commission agreed the conditions for emergency vaccination in both the Netherlands and the United Kingdom on the basis of the existing Directive. We also signalled agreement in principle to Belgium and Germany but neither Member State followed through with formal requests.

Second, it is not credible to suggest that prophylactic vaccination should have been carried out. There were suggestions that the crisis could have been avoided through such a generalised vaccination of the livestock population. It was equally suggested that it was a mistake to abandon the possibility for such an approach in 1991.

This is of academic interest only. The fact is that the Member States collectively agreed at that time that vaccination should serve only as a tool to eradication of FMD. I have seen little to suggest that they were wrong. It is simply not credible that the entire population of susceptible livestock should have been inoculated. I have not heard any convincing arguments to suggest that the Member States were wrong with this approach.

It is already significant that the conclusions of the International Conference on FMD held in Brussels in December were very cool towards such an approach.

Third, the Commission cannot impose vaccination on a Member State. The legislation simply does not allow the Commission to make such an imposition. The Commission role is to ensure that if Member States do decide to have recourse to vaccination that it is done with due regard to the relevant EU legislation and to the wider interests such as trade.

Thus, in the course of the outbreak, the Commission ensured that there were regular discussions with the veterinary experts of the Member States on the approach towards vaccination. In addition, the situation was also regularly reviewed in the Agriculture Council, in the European Parliament and indeed in the European Council itself.

The consequences of not following such an approach are clear. If any Member State unilaterally introduced vaccination, other Member States and third countries would immediately impose restrictions to preserve their own disease-free status.

Its introduction within an EU framework is the only sensible approach. It was this, for example, which allowed the Netherlands to continue its huge pigmeat exports with a minimum of disruption throughout its outbreak.

Whatever the views of individuals, there was a clear consensus in all the Institutions of the EU that the Commission approach was correct. Quite correctly, however, there was an equally strong consensus that the approach should be reviewed when the outbreak was eradicated. This is what is now happening.

Fourth, of course our approach towards vaccination has to be reviewed, particularly in the light of new and more effective vaccines. The Commission will actively support such a review both at the EU level and in the relevant international bodies like the OIE.

However, we should not allow our enthusiasm for more effective vaccines cloud our judgment. Instead, they must be properly researched, validated and accepted for use at the international level. FMD is too dangerous to allow fundamental changes in approach which are taken in haste.

I look forward to your own discussions on this issue, therefore, with the OIE and indeed with countries like Argentina and Brazil where vaccination continues to be used, but only as a tool towards the objective of eradicating FMD.

### **Culling of Animals**

Unquestionably, the most disturbing aspect of the outbreak was the slaughter and destruction of large numbers of livestock. We need no reminding of the horror provoked by the burning pyres of animals slaughtered in the United Kingdom.

This destruction was indeed difficult to defend before public opinion in the countries concerned. The proposition that this process was unnecessary and could be avoided through vaccination did not help.

*Again, the Commission position is clear. Culling of infected animals and in contact animals is a clear requirement of the current approach towards FMD. It is also the approach recommended by the OIE.*

There is no support for a departure from this policy. Infected animals, even when fully recovered from the disease, remain potentially infective. It is too big a risk not to slaughter and destroy such animals. This is true also of animals with which they may have been in contact.

If there can be no argument over the slaughter these animals, the case for slaughter of contact animals is more controversial. However, the experience is that decisive action to stamp out herds or holdings where FMD is suspected remains the most effective action in stamping out the disease.

This was the experience even in the course of the most recent outbreak. Both France and Ireland took very decisive action to stamp out infected holdings and suspected holdings. In both cases this policy was highly effective.

Late last week, the Irish authorities published a comprehensive analysis of their FMD outbreak. This study estimated the cost in Ireland at 0.2% of GDP. However, the same study estimated that a widespread outbreak of FMD would have reduced GDP by between 1% and 5%. In this context, the measures taken by the Irish authorities to eradicate the outbreak were both prudent and worthwhile.

A similar conclusion can be made in France where the approach was to stamp out its two outbreaks.

The Netherlands is drawing its own conclusions on its experience. But, the hard reality is that painful as the outbreak may have been, it still fell very far short of the outbreak of swine fever in 1997. One of the major lessons of the 1997 outbreak was that the suspension of the preventive killing of suspected holdings resulted in a massive spread of infection.

This was subsequently identified as a major mistake in the reviews of that outbreak. Clearly, this was a factor in the policy approach followed last year by our Dutch colleagues. The decision was taken that the slaughter and destruction of infected animals and suspected infected animals was the best action to eradicate the outbreak and restore the country's disease free status.

This extended to the destruction of vaccinated animals even though the possibility to use the products of these animals for human consumption existed. Perhaps the resulting delay in regaining a disease free status, without vaccination, was considered too high a price to pay.

*In the United Kingdom, it is also clear that solid progress in eradicating the outbreak only began with the effective implementation of the so-called 24/48*

*hour rule. That is to say, once infected holdings were slaughtered within 24 hours and suspected holdings within 48 hours.*

The UK experience is of course the subject of a number of on-going reviews. It is notable that the Department of Environment, Food and Rural Affairs (DEFRA) continues to defend its culling approach in its official contribution to the "Lessons Learned" Inquiry being carried out by Professor Anderson.

Tomorrow, both Nick Brown and Dr Scudamore, the UK Chief Veterinary Office, will be appearing before you where I am sure that this issue will be a focus of your attention.

Mme President, you have also directed a number of questions to the Commission in relation to the arrangements for the destruction of the huge number of animals killed during the outbreak. The fact is that this proved only to be a major problem in the UK.

The other Member States concerned were able to find the destruction capacity without, for example, the use of pyres. The UK clearly had a much greater problem which required the army's intervention. Again, this is an issue which is best left to your discussions tomorrow.

Nonetheless, I do believe that there is a need for Member States to build into their future contingency plans scenarios for large scale carcass disposal. It is already clear from the existing problems with the destruction of meat and bone meal that there is a need for a fundamental review of disposing of such products.

### **Budget**

You have put a wide range of questions to the Commission regarding the budgetary implications. As I pointed out earlier these will be replied to in detail in writing. Permit me, however, make a few general observations.

The expenditure involved is potentially very, very considerable. Last year alone, over €420 million was paid by the Commission towards the costs incurred. A broadly similar amount has been budgeted for this year to deal with the remaining costs. This expenditure will be overwhelmingly directed towards the UK for obvious reasons.

I want to assure you that the interests of the European taxpayer will be ensured. The Commission is carrying out a very comprehensive examination of all claims for co-financing of the measures introduced in the relevant Member States. This is based on a number of on-the-spot inspections by our audit staff, including a week long visit to Cumbria, the worst affected region, last week.

The findings of the reports of the Food and Veterinary Office will also be taken into account. Later this afternoon, you will have an opportunity to discuss with Mr Hutchins of the FVO these reports and their findings. I might also mention that the Court of Auditors is also carrying out a report on the outbreak.

All payment decisions will also be fully discussed with the Member States experts. I believe that this combination of measures will ensure that only eligible expenditure incurred in accordance with the relevant legislation is supported. I know that Parliament will be especially insistent on this point and you have my assurances that this will be the case.

Already, concerns have been expressed at the current financing arrangements for dealing with animal disease outbreaks of this nature. The expected expenditure last year was of the order of €43 million, a figure which has been surpassed by a factor of ten. One issue which has been raised is a possible insurance scheme.

The Commission has the intention to launch a study shortly to look at such a possibility. The Spanish Presidency also intends to submit a memorandum on the financing possibilities, possibly at the Agriculture Council next month.

### **Economic Impact**

We are all aware of the wider impact of the crisis. Farmers, especially in the affected areas, clearly bore the brunt of the crisis. However, the impact was also strongly felt by other sectors of the rural economy and in particular tourism. The full impact of these costs has been estimated by the Member States concerned.

The impact on the EU budget arises only in respect of the expenditures provided for in relation to the eradication costs and certain associated market support measures. As I pointed out a moment ago, these costs are still being assessed. For the moment, the most that can be said is that the budgetary provision is of the order of €800 million.

The question of compensation from the EU budget for the losses arising to the non-farming sector has not arisen. It appears that this is a subsidiarity issue which Member States prefer to keep within their own range of responsibilities. In any event, given the nature of EU expenditure, it is not clear if and how such compensation costs could be financed within the existing financial arrangements.

### **Next Steps**

The question now arises: what happens next? The proposal which the Commission will present shortly for a new Directive on the control of FMD will provide the opportunity for a full debate on most of the key issues. The current approach towards vaccination in particular will be up for review.

This proposal is now more or less finalised within my services. The intention is now to have it translated and put to the College in the coming weeks. I hope that it will be widely debated in both Council and Parliament and that we can agree a consensual approach towards the future handling of FMD.

The Commission's intention is, by mid 2003 at the latest, to have a new strategy in place which will learn from the lessons of last year. To repeat the



objectives I highlighted at the recent International Conference on FMD, we must aim for the following:

39. Strengthening our defences against further outbreaks. This will require more effort and resources to tackle illegal imports of potentially contaminated products.
40. A livestock population which is managed with the prospect of infectious diseases like FMD in mind. This objective will require improved identification and traceability and more restrictions on animal movements.
41. Improved surveillance and control measures to ensure that outbreaks are spotted quickly and that decisive action is taken to eradicate them before they take hold.
42. Revised contingency plans which take on board the lessons of the recent outbreak and which provide for a more inclusive response to any future outbreaks.
43. The exploitation of the new tests to ensure that vaccination is a more effective tool in combating FMD and that the unnecessary slaughter and destruction of healthy animals can be avoided.
44. A more coherent international framework, working with the OIE in particular, which allows trade to take place but also takes account of other legitimate concerns, including enlargement.

*I would like to close with one very important observation. Whatever one's views of the handling of the crisis, one fact is now evident. There was a remarkable degree of solidarity between the Member States in eradicating the outbreak.*

*No Member State sought to exploit the crisis to its political advantage. No Member State sought to exploit it for trade or commercial advantage. No Member State sought to break the consensus in approach.*

This was one of the more positive aspects of the crisis: the solidarity in approach. All the key Commission decisions over sixty of them received a favourable opinion from the veterinary experts of the Member States. These decisions were all implemented effectively and quickly.

There was virtually no recourse to national measures and thus none of the conflicts between national and EU law which were an unfortunate feature of successive BSE crisis. The FMD outbreaks, for all the tragedy and damage involved, served nonetheless as an excellent example of the Member States acting together constructively in their collective interest.

I take great personal satisfaction in the Commission's role in, first, building and, second, maintaining this consensus. The officials of my Directorate General displayed a remarkable degree of professionalism which is widely

recognised. I hope that when you present your report that you will also recognise this professionalism.

I look forward Mme President to the report of your committee. It is my intention that it will feed directly into the discussions on the draft directive.

I recall your very constructive role in relation to the Council Directive Swine Fever where you acted as Parliament's rapporteur. There are clear synergies between FMD and swine fever and I hope that we can benefit again from your experience in the discussions which lie ahead.

Thank you for your attention.

**FMD CONTINGENCY PLANS**

45. The GB contingency plans comprise three components:-
- a. The plans submitted to the EU in accordance with Article 5 of directive 90/423
  - b. The national instructions contained in Chapter 3 of the SVS instructions
  - c. The local Divisional plans drawn up by each Animal Health Divisional Office

**EU Plan**

46. The requirement to have a contingency plan originated from Directive 90/423 setting out Community measures for the control of FMD. Following discussions in the SVC the content of such plans were set out in Decision 91/42.
47. The Commission formally requested the GB plan on 22 March 1991. The draft plan was submitted by the CVO to the Commission on 10 September 1991. A number of minor problems affecting implementation of the plan were found and following a visit from the Commission a revised plan was submitted on 4 December 1991.
48. The progress of approving the contingency plan was straightforward. The GB plan was considered by the SVC and subsequently approved by Decision 93/455.
49. The July 2000 revision of the FMD contingency plan was submitted to the Commission. The only difference between this version and earlier and later versions are contact names and numbers were up dated. The substance of the plan remained unchanged as it fully met the Commission requirements. Following approval in 1993, subsequent minor factual updates of the plan were sent as a courtesy to the Commission.

**National instructions**

50. The raison d'être for the State Veterinary Service is to deal with notifiable diseases of animals. Before the outbreak there were therefore extensive and very detailed instructions covering all aspects of FMD. The instructions which apply nationally (GB Wide) address each component of disease control from reporting and diagnosis through the arrangement for valuation, slaughter and disposal of infected animals

and on to cleaning and disinfection of premises followed by restocking procedures. The instructions also deal with liaison and co-ordination with key Agencies. They are an integral part of the overall contingency plan.

51. The National Instructions are set down in VIPER (Veterinary Instructions, Procedures and Emergency Routines) Chapter 3 and expand upon and implement the national contingency plan as they provides full details of the legislation, division of responsibility and how to deal with reports of notifiable disease, confirmation and other actions. It is a comprehensive and complete set of instructions for dealing with FMD which is based on practical experience gained over many years and informed by current knowledge of the epidemiology of the disease.
52. Chapter 3 is a living document, it was revised in part and issued as Version 2.00 on 17 August 2001; Version 2.1 was issued on 23 February 2001. The Chapter 3 instructions are supplemented by other types of SVS instructions to the field, for example, Emergency Instructions, Action Notes and Field Information Notes. Emergency Instructions take precedence over anything in the Chapter. Normally they all should have been incorporated into the Chapter within 30 days. However, experience gained in amending Chapter 10 on Classical Swine Fever during that outbreak, suggested that updating and re-issuing Chapter 3 (a much longer document) would not be possible within the 30 days with the resources available in HQ. Chapter 3 was however updated during the outbreak when Sections within it were amended and re-issued. The latest update (Version 2.92) was issued on 24 October 2001.
53. The Chapter 3 instructions consists of both instructions and guidance. The instructions relate mainly to legislative, financial and administrative matters and to scientific procedures. The guidance is drawn from a consideration of a body of experience and has been compiled after careful thought to produce what is felt to be the best practice at the time. When dealing with cases veterinary officers are instructed to take careful note of the guidance provided by the Chapter but that they may also need to use their veterinary judgement as appropriate.
54. Chapter 3a had also been prepared prior to the outbreak. It contained instructions to carry out Ring Vaccination. This Chapter was not issued to field staff but was kept in reserve should vaccination be necessary.

### **Local Contingency Plans**

55. Chapter 3 instructions are far more detailed than the usual understanding of a plan but are also supplemented by local contingency plans developed at Divisional level which also clarify the role of other Agencies.

56. Section I of VIPER Chapter 3 describes the steps to be taken by Heads of Veterinary Services and local Divisions to prepare for the handling of an outbreak of disease. Many of the matters are referred to in greater detail in other sections of the Chapter but Section I deals with contingency planning and training.
57. In all Divisions a contingency plan has been prepared and usually involves local authorities, Police and Environment Agency. Similar plans are drawn up for other diseases.
58. The local contingency plans are tested and amended where necessary through regular exercises in each Division. These exercises are designed by the DVM and involve local staff possibly HQ staff and others with an interest. The SVS exercise can include full or desktop tracing exercises, based on a market as well as full farm-based exercise designed to test the preparedness of all Agencies.

### **Maintaining Divisional Plans**

59. All local planning fits into the framework of the National Plan. The Animal Health Offices and outstations are located to ensure that no case will be more than two hours away from the nearest office. All Veterinary, Technical and Administrative staff are aware of the need to respond to cases within this timescale.
60. It is the responsibility of each Divisional Veterinary Manager to maintain a level of preparedness in his Division such that an initial outbreak of disease can be dealt with and contained in terms of investigating, imposing restrictions on the premises, taking samples, imposing movement restrictions in the neighbourhood, and then after confirmation, slaughtering and disposing of livestock until resources from elsewhere in the Service can be moved in to provide assistance to set up and run the local Disease Control Centre and the need to start the patrol visits to premises in the immediate neighbourhood, set up tracings, etc. These resources from other offices would be expected to arrive within 24 – 72 hours.
61. The local plan consists of VIPER Chapters (In the case of FMD this is Chapter 3) plus lists of contacts, people to be notified and suppliers of goods and services. Updating the local contingency plans is a continuous process. Appendix 1 to this annex gives the state of play in terms of updating the local Animal Health Office plans both before and after the outbreak. It shows that all Animal Health Offices had updated their local plans relatively recently prior to the outbreak. The aim is to review them all annually, with more frequent updates as necessary. This includes checking the contact numbers and getting in touch with suppliers of goods and services to ensure that they are still available. Generic plans, which covered wider aspects of disease control within a locality, became available in 1999 and were being introduced as the updating process progressed. In each Animal Health Divisional Office

one Veterinary Officers will normally have delegated authority to maintain and oversee the contingency plans. Technical staff (The Senior Animal Health Officer or one of his Animal Health Officers) would check and update the goods and services list and the administrative staff would do the same for the contacts and notifications list.

62. This process also identified areas that needed changes or further development. These would be actioned locally, raised at Region or fed back to Page Street depending on the importance and significance. For example, it led to the recognition of a local need for training in the use of dart guns. This was arranged for March 2000. It also identified difficulties in providing accommodation and infrastructure for Disease Control Centres (DCC) and these issues were being addressed regionally.
63. At a national level the need for better tracing systems led to the development of the VetNet Tracing and Verification System (VTVS). During the outbreaks of Classical Swine Fever and Foot and Mouth Disease it became apparent that new IT systems had to be developed rapidly and brought into service. The Disease Control System (DCS) was initially developed for use in the CSF and was modified for the FMD. The Animal Movement Licensing System (AMLS) was developed and brought into service during the FMD. In both cases further enhancements were introduced and large numbers of staff had to be trained in their use – during the height of the outbreaks.
64. Examples from the Preston office (Appendix 2 to this Annex) show activities that taking place, the issues that were being identified, and the steps that were being taken to address them.
65. The need to identify suitable local accommodation for a DCC following the disappearance of large public buildings such as Community halls became apparent. These DCCs would have to be able to accommodate large numbers of staff, their cars, their equipment and stores and a large number of administrative staff that would need IT equipment, telephones and wide band data communication links etc. This part was dealt with by local staff who had to take into account other issues that are dealt with centrally such as the supply of appropriate communications (fixed or mobile telephones and high speed data communications for IT systems and the need to have a sufficient supply of up to date IT hardware and software available. These provide good examples of the integration that is needed between the local staff and the staff who run National Contracts for the provision of services to the Department (usually with the Procurement and Contracts Division (PCD)).
66. The Senior Animal Health Officer in Preston was tasked with identifying suitable sites in his in year review in December 1999. The requirements for the site included flat space for temporary buildings, parking for 100 cars, electricity, water, sewage and communications link situated close to an outbreak, so journey times were short. Four sites were to be identified around the Division and Gisburn DCC provides a good

example of what can be achieved. This site had been identified by the DVM and SAHO prior to the outbreak, a modular building was supplied and the close proximity to high speed data lines meant that it could be set up and linked to the DEFRANET (formerly MAFFNET) within 7 days.

## Local Preparedness

67. Veterinary and Technical Staff, who generally stay in post for longer periods of time, were best prepared for outbreaks of notifiable disease. Their training extended from the National Level (including Veterinary Officer training courses at The Institute for Animal Health Laboratory at Pirbright on the practical and theoretical aspects of recognising disease, and Animal Health Officer training in dealing with IPs) through to Regional Level and to Local Level (using specific pieces of equipment). Most had an understanding of what would be required in a Disease Centre, the posts that would need to be filled, and the broad outline of the work that would be involved. Prior to 2001 and during the CSF outbreak it was anticipated Veterinary Officers would deal with report cases and visits to farm premises, DVMs would provide veterinary management in the Disease Centres and Senior Animal Health Officers would supervise the Animal Health Officers would be dealing with individual infected premises (along with the relatively small number of contracted staff working on them).
68. For the administrative staff the position was more variable. In recent years training for this group in disease control centres procedures had been developing. Training, again, through Regional Conferences and Local Exercises was taking place but the relatively high turnover of staff meant that there was always be a proportion who were untrained because of other priority workloads in animal health offices. Job descriptions and desk instructions were being developed for all groups but this work was at an early stage. The plans had not envisaged the appointment of the Regional Operation Directors to the local DCCs.
69. Most offices had carried out simulation exercises (84 exercises were held between 1995 & 1999) in notifiable disease control. It should be noted that this was not always FMD specific but the principles of disease control and administrative procedures may be applied to many notifiable diseases. The exercises varied in scope from desk top exercises on a specific aspect, such as tracing all the animals that passed through a market on a particular day, to field exercises involving a simulated report case and the subsequent actions. These helped to reinforce the theoretical training taking place but inevitably (due to the pressures of routine work) had to be limited to a certain extent in scope and duration. One of the differences between an outbreak of disease and most civil emergencies is the duration and extent of the 'acute phase'. Most civil emergencies relate to a time limited event (e.g. plane crash), in which there is a large amount of effort put in by the emergency services in a short space of time. A major disease outbreak can be prolonged and involves trying to influence the event (e.g. limiting the spread) as well as

reacting to new outbreaks. In practice, it is much more like a battle in war - where the actions being taking influence the progress of the event and where it can be some considerable time before an impact can begin to be made. Planning for this sort of scenario requires much larger scale exercises that would last for some periods of time. However, it is not easy taking large numbers of staff away from the routine work for long periods during peacetime as the other routine work would not be done. There was a general feeling that although the exercises are useful and help reinforce the theoretical training, they could not simulate fully the pressures that would exist in a real situation or the long-term commitment that would be needed. The outbreaks of Newcastle Disease in 1996 and Classical Swine Fever in 2000 provided more realistic training opportunities for staff who were on the 'front line' and were used extensively. In the latter case administrative staff, for the first time, went on detached duty as a matter of routine and gained invaluable, practical experience.

70. The involvement of other agencies has varied widely. Where local authorities have been involved this appears to be mainly at the Animal Health Inspector level. In some areas police also assisted with planning. They too have other commitments and find it difficult to commit to a long-term training programme while dealing with their routine work.
71. All this work was based on the national plan which assumed a relatively small number of cases would be detected in one, or perhaps two locations, the offices responsible would start the ball rolling and the staff for other offices would quickly come to their aid. It is also clear that although very important planning and training had to take its place with the other high priority work that was demanding the use of resources. The 2001 outbreak was, of course, different both in its speed and its extent and was well beyond anything we or any other country would have reasonably considered. As a result, many staff found themselves having to adopt different roles to those considered in our planning and training. For instance, Veterinary Officers had to assume much more of a management and training role for temporary veterinary inspectors (from local veterinary practices and other countries) (rather than dealing with diagnosis and IPs) and Technical staff (SAHOs / AHOs) were managing many premises and large teams of staff instead of each dealing with one or two premises. The permanent administrative staff also had to assume much more of a management and training role for casual / agency staff that were employed to man telephones and carry out data input and other office duties such as filing papers Etc.
72. Everyone regarded dealing with notifiable disease as their number one priority. Preparing and training for the scenarios envisaged in our national plan was part of everyday life and could never be expected to be complete – there were always changes to the implementation that had to be considered. All would have liked to spend more time on this (any training on notifiable disease is always popular) but there was always the 'day job', particularly the BSE and associated tasks, to



consider. Taking Preston AHDO as an example, since 1989 it has completed the selective cull, carried out the offspring cull, dealt with Portal Surveillance and XAP approval, took part in the LVI tendering pilot and provided large numbers of staff to deal with CSF before FMD came along. All of this at a time when there were always had veterinary and administrative vacancies.

## **Training**

73. Training for notifiable disease forms an important part of the planning process and is constant, ongoing and extensive. For our own staff there are national training days (eg ASVO 2000, new entrant VO course at Pirbright, new entrant AHO courses such as the one in Chesterfield in 2000), regional training days (CSF diagnosis at Thirsk VLA), regional conferences, specialist training days and local training on particular issues. Use is also made of external sources. Many VOs attend outside veterinary training (Continuing Professional Development), at Universities, seminars and conferences.
74. In recent years training has been extended to include administrative staff. The aim was to ensure familiarity with procedures and provide an overview of what might be involved in setting up and running a centre. Again this has been both theoretical (regional conferences, local training) and practical (this would include desktop exercises). The main difficulty in maintaining training for the administrative staff is the relatively high turnover of these individuals. Specific training is also provided in new technologies such as VTVS as needed. As mentioned above administrative staff had to be trained to use newly developed IT systems during the outbreaks (DCS / AMLS) and re-trained after new developments were introduced.
75. For the wider Veterinary population a series of specific articles to assist in the recognition and diagnosis were commissioned and published in the State Veterinary Journal. Specific training is provided on particular issues at LVI meetings and training is also provided at some veterinary schools (certainly Edinburgh, Glasgow and Liverpool).
76. Some examples of the training in Northern Region involving Preston AHDO is provided at Appendix 3 to this Annex.

## Other aspects of contingency planning

77. A firm legislative base was in existence and had been so long before the outbreak. The primary legislation was the Animal Health Act 1981 which gave powers to slaughter affected and exposed animals, pay compensation and impose movement and other restrictions in order to prevent the spread of disease. The secondary legislation in place at the start of the outbreak was the Foot and Mouth Disease Order 1993 setting out, inter alia, the controls on infected places, infected areas and control areas. The necessary forms under this legislation and other forms, notices and posters were printed and held in each animal health office as set out in the instructions in Chapter 3 of VIPER.
78. In place also well before the start of the outbreak was the high containment laboratory of the Institute for Animal Health at Pirbright, Surrey. It is the EU Community Reference Laboratory, the World Reference Laboratory and a centre of excellence for FMD research much of which was funded by MAFF over the years. In addition to providing expert advice, it provided diagnostic facilities and had prepared ready for an outbreak diagnostic reagents and media for the transport of diagnostic specimens. Importantly the laboratory provided training to all veterinary officers in the clinical diagnosis of disease demonstrated by live infected animals held in containment. These requirements were set out in a contract between IAH and MAFF/DEFRA which was reviewed annually and updated as appropriate prior to the outbreak.
79. The UK had shares in the International Vaccine Bank and was the lead country in setting up the Bank. It could also, as a Member State of the EU call on vaccine from the EU Vaccine Bank.
80. There were agreements in place with certain Commonwealth Countries to share veterinary resources in the event of an outbreak of FMD.
81. The need to develop IT systems to help with disease control of epidemic disease had long been recognised and the Vetnet Tracing and Verification System (VTVS) had been developed but needed enhancements and a more user friendly user interface. The database used for the control of swine fever was used as the starting point for the development of a Disease Control System (DCS). Just prior to the outbreak of Classical Swine Fever an investment was made in Geographical Information Systems (GIS) and the CSF outbreak gave an opportunity to exploit these tools for the control of epidemic disease. The experience and training in GIS provided by the CSF outbreak was exploited during the FMD outbreak and meant that it was possible to have an effective GIS unit operational right from the very start of the epidemic. The Centaur system which incorporates the Community ANIMO system used to notify Member States of movements of traded animals was in place and used to notify those Member States that had

received consignments of animals during the risk period. It was also used to identify and stop other consignments intended for export.

## Appendix 1 to Annex 2

### Table Showing When Local Contingency Plans Were Updated

Region	AHDO	Do you have a contingency plan	When was it last revised?	Prior to 19 Feb 2001 when was it last revised?
Scotland	Inverurie	Y	07/03/2001	19/06/2000
Scotland	Inverness	Y	Sep-00	Sep-00
Scotland	Perth	Y	On going	Jan-01
Scotland	Ayr	Y	Feb-00	Feb-00
Scotland	Galashiels	Y	On going	Aug-00
Wales	Caernarfon	Y	19/02/2001	Jul-00
Wales	Cardiff	Y	On going	Jun-00
Wales	Carmarthen	Y	Aug-01	Aug-00
North	Newcastle	Y	On going	See Carlisle
North	Leeds	Y	On going	Apr-00
North	Carlisle	Y	20/01/2002	Jun-00
North	Preston	Y	Jan-02	autumn 2000
North	Lincoln	Y	May-01	1997/8
North	Stafford	Y	Aug-01	12/02/2001
East	Bury	Y	30-Jan-02	Jun-00
East	Chelmsford	Y	Jan-99	Jan-99
East	Reigate	Y	Jan-01	Jan-01
East	Reading	Y	Mar-01	Apr-00
East	Leicester	Y	On going	1999/0
West	Truro	Y	Aug-01	Dec-00
West	Exeter	Y	Sep-01	26/09/2000
West	Gloucester	Y	Dec-01	31/01/2001
West	Taunton	Y	Jun-01	Jun-00
West	Worcester	Y	Jan-02	16/02/2001
Return at 1600 31 January 2002				

## Appendix 2 to Annex 2

### Preparedness – Examples Of Contingency Planning Preston AHDO

<b>DATE</b>	<b>EVENT</b>	<b>OUTCOME</b>
Summer 98	Annual Meeting with Ruttles	Air Curtain Incinerator discussed
Autumn 99	Attendance at Welsh Planning Meetings.	Plans drawn up for exercises in this Division early 2000
Autumn 99	DVM Meeting at Region	5 year rolling plan for exercises
Autumn 99	Annual Staff Review	Rob Baines tasked with identifying sites for centres
Summer 99/00	Annual Meeting with Ruttles	H&S possible problem - working group meeting in Page Street in 2000
99/00	VTVS Development & User Group	Development of VTVS
Autumn 00	DVM Meeting	Recognition that accommodation to be sorted at AHDOs
Autumn 00/01	Attendance at Carlisle RSC - working group on communications	Draft Communication Plan drawn up.
Spring 01	Attendance at LA - Rabies Planning Meeting	LA plans updated.
Spring 01	DVM Meeting	Project on accommodation with BEMD to be started.

## Appendix 3 to Annex 2

### Overview Of Notifiable Disease Training Involving Preston Staff

DATE	LEVEL	TYPE	PLACE	COVERED	ATTENDEES
Feb-00	National	Training	Tolworth	FMD Epidemiology and Disease Control	VOs
Mar-00	National	Training	Market Bosworth	Notifiable Disease (ASVO)	VOs
Jun-00	National	Training	Edinburgh	Scrapie	VOs
Jul-00	National	Training	Chesterfield	Introduction to IPs in stimulation exercise	David Wild, Rob Baines & new AHOs
Feb-98	Regional	Conference	St Annes	Notifiable Disease, TSE, Swine Fever, Epidemiology of Newcastle, Setting Up and Running a Centre, On Farm problems – Euthanasia, C&D – practical problems, Wash Up - Lessons for the Future	VOs/ Techs/ Admin
Feb-99	Regional	Conference	Harrogate	FMD, Rabies, Notifiable Diseases, TSE	VOs
Feb-99	Regional	Conference	Harrogate	BSE, FMD, Notifiable Diseases	Admin
Jul-99	Regional	Training	Preston	Health & Safety, Respiratory Protectors	VOs/ Techs
Jul-99	Regional	Training	Preston	TB	VOs
Jan-00	Regional	Training	Thirsk	CSF – post mortem and sampling	VOs
Feb-00	Regional	Training	Carlisle	Exotic Diseases	VOs
Feb-00	Regional	Training	Harrogate	Syndicate session, Swine Fever, Setting up a DCC, Notifiable Disease - contingency planning	Admin
Feb-01	Regional	Conference	Skipton	Disease control, How to run a Control Centre, Notifiable disease - the epidemiologists role, Swine Fever	Admin
Jul-98	Local	Training	Preston	CSF Disease Symposium, Birmingham	VOs

Mar-00	Local	Training	Preston	Use of Dart guns	VOs
Apr-00	Local	Training	Preston	Use of Rabies equipment	VOs
Jan-01	Local	Training	Preston	Captive Bolts	VOs/Techs
May-99	External	Training	Liverpool	Annual notifiable Disease Training for Final Year Students	VOs & Veterinary Students
Mar-00	External	Training	Liverpool	Annual notifiable Disease Training for Final Year Students	VOs & Veterinary Students

## DRUMMOND WORKING GROUP REPORT

### Background

1. At the Senior Management Group meeting held on 8 July 1998 a short paper on notifiable disease preparedness was presented by Tony Edwards. After discussion it was agreed that a working group would be set up to report within 6 months. Richard Drummond Head of the Veterinary Service in Harrogate and with Lead Region responsibility for notifiable disease was asked to chair the working group. This would include on its membership a number of DVMs and VOs.
2. The working group was asked to study how well prepared to the SVS was to deal with outbreaks of notifiable disease and to make recommendations in relation to any improvements in the arrangements. The terms of reference were:-
  3. To investigate the current state of readiness of the SVS and the other involved organisations to deal with outbreaks of exotic notifiable disease
  4. To identify the key problems arising from our current control policies and the relevant issues to be considered in solving those problems.
  5. To suggest action on how matters should be taken forward which might include recommendations for the formation of further working groups.

### The Report

6. The report was submitted to Martin Atkinson Director of the Veterinary Field Service on 5 February 1999. Concerns were expressed at that time about the resource issues. The work to be done would be very resource intensive and against the background of the comprehensive spending Review it would be difficult to find the resources.
7. The report identified five broad topics for action:-
  8. Training
  9. Contingency Planning
  10. Infected Premises work
  11. Use of IT in Outbreak control
  12. Staffing and Direction

### Action plan

13. At a meeting of Assistant Directors and the Director in April 1999 the report of the working group was considered. It was agreed that resources would permit action on 5 key areas which would be addressed as a first priority. These were:
  - a. making a generic emergency plan for FMD available to each DVM to use if desired;
  - b. formulating regional and Divisional training plans;



- c. preparing national guidance on overcoming the problems associated with the supply of services and materials in dealing with outbreaks;
  - d. ensuring that up to date instructions were available for staff on-line;
  - e. discussing with the veterinary profession on how to improve relations with LVIs.
14. At a Senior Management Group meeting on 10 June 1999 the CVO emphasised the importance of emergency planning to deal with outbreaks of notifiable disease. This important work had been neglected because of the BSE crisis. This work should assume a higher priority.
15. At the same meeting Richard Drummond tabled paper SMG 99/2 on the SVS Action. This summarised the discussions which had taken place in April and formally identified the key issues and the priorities. The need to concentrate initially on 5 key areas and to produce an action plan covering these was agreed. The other important issues would be considered at a later date.
16. The existing Veterinary Head of Team post dealing with TSEs and exotic disease was to be split with the creation of a new Head of Team post at Head Office dealing solely with exotic disease control. This would raise the profile of exotic notifiable disease control and the post-holder would need to move forward with the issues of concern and provide the necessary central input.
17. In a letter dated 20 August 1999 Richard Drummond confirmed to Tony Edwards that
- the action points on a) and c) were completed in June.
  - Action on b) was on-going and that the responsibility rested with Assistant Directors and DVMs.
  - Current responsibility for d) lay with the appropriate sections at Tolworth.
  - As far as e) was concerned some of the DVMs attended a meeting of BVA Divisional Presidents in July which would pave the way for further contact.

### **Further Action**

18. An SVS National Management meeting held at Cannock in October had on the agenda a number of issues relating to notifiable disease preparedness. A speaker from the Environment Agency invited to present the Agency's perspective on problems faced with respect to carcass disposal.
19. In November 1999 a report by Richard Drummond to Richard Cawthorne following the National Management meeting at Cannock raised a number of points. There has been useful presentations from a number of outside speakers including a Police Inspector from Strathclyde Police who spoke about multi-agency approach to dealing with emergencies. Notable points to emerge from this were:
20. An integrated Emergency Management document to be held by all stakeholders

21. Consideration of appointing an emergency procedures advisor
22. Consider ensuring a written log to record the trail of decision making in order to assist with any subsequent inquiry into how an outbreak was dealt with.
23. The Regional Information Officer described the changing role of the RIO in the Regional Service Centre organisation in England. The RIOs would change in line with a revised communications strategy for MAFF and it was recognised that the media attention in any outbreak would be intense.
24. At the same meeting there was a report of liaison with the Environment Agency and the likely implications of the Integrated Pollution Prevent and Control Act 1999 on the disposal of material.
25. On 9 February 2000 Fred Landeg who had taken over as Head of the Veterinary Exotic Disease Team in December 1999 wrote to Tony Edwards about a number of his communications concerning the value of notifiable disease training, simulation exercises, identification of practical problems of implementing disease control. In his note Landeg indicated that there should not be unnecessary duplication of effort and use of scarce resources to reinvent the wheel with respect to contingency planning. The Veterinary Exotic Disease Team were currently in the process of assessing workloads in outstanding areas of work with respect to exotic disease control and contingency planning. One of the conclusions in the note was that whilst recognising that a great deal of work needed to be done the fundamental systems and plans are in place which would provide a good starting point. Whilst we need to be better prepared was not in dispute it was pessimistic to say that we were ill prepared.
26. In April 2000 a meeting was held with Richard Drummond and John Cross Heads of Veterinary Services, Fred Landeg Head of the Veterinary Exotic Teams, Hugh Morris, Brendan Walsh and representatives from the Emergency Planning Unit.
27. A number of issues were discussed but the major action points were as follows:
  28. Northern Region with Lead Region responsibility for emergency planning to work closely with Fred Landeg's team
  29. An urgent need to take forward the actions recommended in Richard Drummond's working paper on notifiable disease preparedness
  30. Whilst it was recognised that many of the action points were for local managers and much good work had already been done, many others needed to be taken forward in a co-ordinated way, avoiding duplication of effort and keeping managers informed of progress
  31. David Mouat has produced a paper proposing a project approach. The meeting felt that it was the way forward and that a Project Board should report to a small steering group
32. There were other important issues to progress and it was agreed that:
  33. Richard Drummond would be responsible for liaison with the Environment Agency in respect of carcass disposal

34. Fred Landeg would be responsible for health and safety aspects and for taking forward any national negotiations with respect to supply of goods and services.
35. In a minute from Richard Drummond on 14 June to Fred Landeg there was a recommendation that a number of small self contained projects associated with preparedness could be taken forward by VOs in North Region. There were three reasons why Richard wished to press ahead in dealing with the outstanding issues:
  36. There was unlikely to be a marked improvement in the dire veterinary staffing at Page Street
  37. There could be less veterinary resource available in North Region in the future once work associated with the reduction of national scrapie and the Krebs trial area in Derbyshire gets under way.
  38. The additional workload to the LVI fee tendering is likely to cause.
39. Details of the three projects were set out with the key points for dealing with them.
40. On 18 July 2000 the CVO responded to a note from Tony Edwards expressing concern at the lack of progress on our contingency planning exercises. The main problems related to slaughter and disposal of carcasses, training of staff and availability of up to date contingency plans. Linked to this was the need to ensure that there was a satisfactory epidemiological capacity to deal with outbreaks of disease with respect to investigation of origin of spread.
41. The CVO was concerned that we had not resolved issues identified 2 years previously by the working group. Swine Fever confirmed was confirmed on 4 August 2000 which meant that resources were not available to take forward these initiatives.

## LESSONS LEARNT FROM THE CSF OUTBREAKS

### The Dutch Outbreaks

42. Lessons were learnt from the Classical Swine Fever outbreak in Holland in 1997 in as far as they were appropriate to UK agriculture. The situation in Holland with the density of livestock, the ownership of farms, the distribution of pigs and their major exports are all quite different to the situation found in most of the UK apart from perhaps Humberside. Consequently lessons learned in Holland were appropriate to their agriculture system.
43. Lessons were learned in a number of ways.
  44. A veterinary officer was sent to Holland during the outbreak to work with the Dutch for a short period. She produced a comprehensive report.
  45. The Dutch provided regular reports to the Standing Veterinary Committee. There were discussion in the SVC on the problems encountered by the Dutch and the effectiveness of their control measures.
  46. On a number of occasions Veterinary Officers from Holland were invited to visit the UK to speak at Conferences attended by UK Government Veterinary Officers. At these conferences discussions took place on the disease, its epidemiology, pathogenesis and control.
  47. Reports are provided to EU CVOs and there were informal discussions at various CVO meetings on the situation and the control problems encountered in Holland. There is no doubt that in the early stages the recognition of the disease was lacking which led to widespread distribution of the disease. Furthermore the structure of the farms, many of which had split to avoid environment taxes allowed the disease to spread rapidly from one premises to another which were in fact in the same epidemiological unit. Other important factors in the spread of the disease were delayed confirmation and the inability to clean and disinfect because of sub zero temperatures.
  48. The Commission incorporated many of the lessons learned from the outbreak in Holland into their draft proposal for the replacement Directive to control CSF. This has been discussed for the past two years and many of the experiences from the UK outbreak, particularly in relation to surveillance, were incorporated into the final draft discussed at the beginning of this year. The new directive has been agreed and is in its final stages due to come into force next year. It should also be recognised that the Dutch had 2 years in which to learn the lessons from their CSF before they had the FMD and even then they had difficulties.

49. In addition to learning lessons from the Dutch outbreak we used the proposed directive as a guideline in dealing with the UK outbreak in 2000. Of particular value were the lessons learnt on diagnosis, surveillance, serology that was necessary to both eliminate the disease and regain our CSF-free status.
50. The same situation has applied in FMD where there is a draft Directive which has yet to be discussed in Council working groups. Whilst not actually EU law it provides guidance on current thinking in the control and eradication of FMD but will obviously need modification in the light of experience and following the FMD conference to be held in December.

### **The GB Outbreak August to December 2000**

51. Below is summary of the CSF outbreak along with the papers relating to the lessons learnt exercise which was commissioned from a small team led by Dr Debby Reynolds. This was discussed widely and involved staff at all levels. The summary of the exercise and the proposed action is at Annex 1 with associated documents.
52. A proposal was produced on 22 January 2001 for internal discussion in the SVS on the way forward. This was agreed. It was intended to send a draft submission with an action plan to Brian Bender but unfortunately FMD superseded the action plan and the letter was not sent. A copy is attached at Annex 2
53. A number issues from the lessons learnt paper were progressed either during the CSF campaign or in the short interval before the FMD outbreak began. The lessons learnt made a contribution to the FMD control effort although time did not allow for the introduction of new working practices in all areas which we would have wished. There are other documents on various aspects such as GIS, stakeholder meetings etc which are available should they be needed.

**LESSONS FROM THE CSF OUTBREAK AUGUST TO DECEMBER 2000**

**Introduction**

- 54. The first case of Classical Swine Fever in the UK since 1986 occurred on 4 August 2000 on a farm in Norfolk. The outbreak in East Anglia region of England started on 4 August and was controlled and eradicated by a stamping out policy. The last case of Swine Fever was confirmed on 3 November 2000. A total of 16 pig holdings were confirmed as having the disease. Surveillance work to lift the infected areas was continued until 31 December.
- 55. On 25 August all SVS staff were formally invited to keep a simple log of significant issues and incidents which might have had a bearing on the way in which the SVS dealt with similar outbreaks in future. By mid-October it was clear that the SVS would be engaged in control activities of one sort or another for some time. At that time it was apparent that there was a need to start the process of collecting and collating the information rather than waiting until the end of the campaign. It was considered very important to learn as much as possible from the experience so that plans could be put in place for the future.

**Lessons learnt project**

- 56. A project team was established on 12 October to consider and report on the SVS response to CSF. The team issued an invitation to all SVS staff to contribute to the exercise.
- 57. The team comprised:

Debby Reynolds	Veterinary Head of Endemic and Zoonoses Team, Page Street
Rob Paul	DVM, Barton Hall, Animal Health Office
Martin Blissett	Veterinary Adviser, Notifiable Disease Scottish Executive, Edinburgh
Rob Jones -	Notifiable Disease and TB Team Leader, Llanishen Animal Health Office

- 1. The first meeting of the group was held on 16 October at Page Street chaired by Dr Reynolds with the aims of:
  - 2. Considering the project objective, outline and plan from 12 October to 5 December and identify the impact on the team and other people.
  - 3. Compiling a breakdown of the work with provisional allocation of responsibility and timetable
  - 4. Agree communication within the team and overall co-ordination
  - 5. Agree a draft letter to be sent from SVS Senior Management to announce the work to staff.

6. In addition to the CSF lessons learnt, the Permanent Secretary convened a meeting on department's emergency planning and lessons learnt from the events from August to cover both the fuel and CSF crisis.
7. On 25 October Dr Reynolds wrote to all colleagues within the SVS. This was an introductory letter describing the project, listing the team members and indicating the aim of the project which was for all concerned to express their views on what went well and give suggestions on improvements.
8. By 30 October a further letter was sent out to Senior Management and DVMs for circulation to all staff enclosing a questionnaire. This was placed on the website asking staff to return on line and as an e-mail or hard copy. The Questionnaire ) covered a range of issues which needed to be reviewed. This ultimately went out as a Field Information Note 2000/211.
9. Updates were given to staff on 10 November and again on 22 November with a presentation to the National SVS Management meeting on 5 December. Presentation involved the use of Powerpoints. It was made available to all DVMs and key SVS managers and also put on the Website so that all would have the opportunity to identify the conclusions and recommendations from the project group.
10. On 13 December a presentation to SVS senior management was given on learning from CSF 2000, and improving the SVS response to emergencies. This was provided by Debby Reynolds and her team.
11. The project involved a number of distinct phases. First gathering views and information, second analysis and collation and finally a presentation to SVS colleagues at the National Management meeting held in December.

### **Further action**

12. As a result of the team response David Mouat produced a minute on developing a project to take forward the CSF contingency planning. The terms of reference for that project were limited and did not take into account a wider range of issues some of which involved SVS, others the Animal Health Group/SVS and yet others involving MAFF's overall responses. The areas covering overall responses included information, communication, administration, management, personnel, technical issues and training etc.
13. It was important to be seen to be adopting an overall approach requiring a high level strategy. The project recommended by David Mouat was an important component of the strategy but only one of the building blocks. As a consequence by 22 December it was recognised that an overall plan needed to be developed in order to take on the project but also to integrate into a high level strategy for dealing with the control of exotic diseases.
14. The CVO sent a letter out to interested organisations on 31 January 2001 indicating our intention to hold a wash up meeting on 16 February 2001 in Whitehall Place to discuss issues concerning the outbreak of Classical Swine Fever. The meeting was prefaced by short introductions on the epidemiology of

outbreak, operational aspects of disease control and trade issues. The note went to those involved in the Stakeholder Group Meetings. The purpose of the meeting was to listen to views of stakeholders and in particular what went well, what went less well and suggestions from the organisations invited on how things might be handled in any future outbreak. The draft report from the stakeholder wash-up on 16 Feb is available but not finalised due to FMD

15. As a result of the lessons learnt project, the draft project from David Mouat and the discussions with the stakeholders an internal discussion document was prepared. This was produced on 22 January 2001 for internal discussion in the SVS. After agreement it was intended to send the proposal to the Permanent Secretary as a submission with a series of recommendations. In this it was proposed to establish a national disease emergency response plan programme board supplemented by 5 other groups. The draft submission with the proposed action is attached at Appendix 2 for information but unfortunately was **not sent** as FMD intervened on 19 February 2001.



**DRAFT SUBMISSION TO BRIAN BENDER NOT - SENT BECAUSE OF FOOT AND MOUTH DISEASE**

**CLASSICAL SWINE FEVER THE WAY FORWARD 15 FEBRUARY 2001**

**Issue**

16. To take forward the lessons learned from the Classical Swine Fever outbreak and to incorporate these into a national disease emergency response plan taking into account legal, communication, veterinary, policy and a range of other factors.

**Recommendation**

17. You are recommended to agree the following:
  18. The establishment of a high level project board to oversee the development of a national disease emergency response plan.
  19. The objectives specified in para should be followed with the work being delegated to those indicated to take forward and to feed into the programme board dealing with the national disease emergency response plan.

**Timing**

20. It is important to take forward the lessons learned from the Classical Swine Fever outbreak as soon as possible before it becomes a memory.

**Background**

21. An internal SVS review team chaired by Debby Reynolds was established to look into the lessons which could be learned from the CSF outbreak. Their findings could be categorised into 8 groups including issues relating to leadership, communication, external relations, continuity, managing change, technical matters, roles and responsibilities and overall preparedness.
22. The more detailed analysis of these issues raised by the review team following discussions within senior management of the SVS has in fact identified 10 groups of issues which need further action. These can be placed into the following classifications:
  - leadership, communication, external relations, management (continuity, change, motivation), roles and responsibility, technical, planning and preparedness, administration, information technology and personnel matters.
23. In addition to these issues there are further factors to be taken into account including the current negotiations in Brussels to agree a revised Classical Swine

Fever Directive and the results of the various stakeholder meetings which are currently being held.

### **Stakeholder meetings**

24. One of the early actions during the outbreak was to establish a swine fever stakeholder group including representatives from MAFF, the veterinary profession, the pig industry, retail organisations, MLC and others with an interest. This has been a particularly valuable group in that ideas could be discussed during meetings, information and communication from MAFF and between other stakeholders was improved and problems were identified at an early stage enabling us to take the necessary action where appropriate. At the December meeting of the stakeholders, towards the end of the outbreak, it was agreed that a further meeting would be held to discuss issues and areas where improvements were needed in the future. This meeting is planned for 16 February and will cover a range of topics.
25. An additional meeting, on technical issues, has also been held with the Pig Veterinary Society who have been particularly supportive during the course of the outbreak. While their expectations were for more draconian measures they have in fact produced many useful ideas and will be an important partner in taking forward the lessons learned from swine fever.
26. One of the important measures in future will be to establish quickly similar stakeholder groups when there are issues such as Classical Swine Fever whilst at the same time ensuring that all those with an interest can participate and are actively involved in many ways in deciding the technical aspects of the policy.
27. It is intended to continue to stakeholder meeting in future possibly providing general input into control of pig diseases but this is an issue that needs to be followed up as a separate item.

### **Taking forward the lessons**

28. The primary action needed following the outbreak and the Reynolds review is to develop a national emergency response plan with a hierarchy of other activities to support and development of the plan and its implementation.
29. The preparation of the plan requires a high level project board including all those with an interest and whose responsibilities impinge on the successful control of a national disease emergency. These include Director of Establishments, Director of Communications, Head of the Pigs Group, Head of Animal Health Group, Legal services and the SVS. I would anticipate that we prepare terms of reference for the programme board with a view to it meeting infrequently but having a general overview of the activities of a large number of other smaller groups who will be taking forward individual areas of work.
30. The work of the national disease emergency response plan programme board will be supplemented by 5 other groups. The objectives of these groups will be as follows:

- To agree and implement an SVS preparedness plan
  - To review veterinary policy issues arising from the swine fever outbreak
  - To review and clarify roles and responsibilities
  - To provide an input into MAFF on broader issues regarding IT, communications and personnel issues
  - To develop the communications strategy for disease emergencies.
  - Having decided that these are the main objectives each may be pursued in a different way with a different outcome.
  - To agree and implement the SVS preparedness plan
31. Much work has already been done in this and it is anticipated that this will cover contingency plans, training, communication at an area and disease centre level. A project team will be established to take this forward which will be chaired by Martin Atkinson and membership will include Richard Drummond, Head of Veterinary Services North Region; Fred Landeg, Head of Veterinary Team; David Mouat, Deputy Head of Veterinary Team and Roy Hathaway, Head of Division or a representative.
32. The role of this group will be to take forward the report of a working group on contingency plans produced by Richard Drummond in 1998 which has a series of recommendations on the way in which contingency planning should be developed. Unfortunately due to pressures of work from 1998 onwards this work could not be taken forward. It would be appropriate now to revisit the report of the Drummond group on contingency planning and identify the main recommendations putting these into priority order with a view to working on each in turn to incorporate into these the lessons learned from the swine fever outbreak and to ensure that the SVS has uniform preparedness plans both at a national, and local level. It is essential that the preparedness plan should be based on similar criteria throughout the 23 divisions in GB to ensure a uniform approach to dealing with disease, communication, training etc. It is anticipated that whilst Martin will have an overview the day to day work will be dealt with Fred Landeg.

### **To provide an input into MAFF**

33. This requires a major input into MAFF on IT, personnel and communications and can be incorporated into the general risk analysis process. These have been identified as areas where failures lead to MAFF not meeting its objectives of eliminating notifiable disease rapidly and could in fact lead to failures in our disease control programmes. The intention is that Martin will work on these with the relevant individuals dealing with the contingency plan with a view to feeding specific items into that part of MAFF which need to be aware. At the same time this will be fed into the national disease emergency response plan to ensure that IT communications personnel are such that MAFF is in a position to deal rapidly and effectively with any emergency response.

### **To review veterinary policy issues arising from swine fever:**

34. Richard Cawthorne will take this on board, the aim being to evaluate all the veterinary issues arising from the swine fever outbreak which have a read-across

to other disease. Many of these are similar and include items such as sows at surveillance zones, movement controls within surveillance zones, controls on testing and elimination of surveillance zones, statistical assessment of number of pigs to be slaughtered, etc. At the same time this information will need to feed into the Brussels negotiation especially as the swine fever proposal for a modified revised directive is due to be voted on in the Swedish Presidency.

### **To develop the communication strategy for disease emergencies**

35. There are many areas where communication strategy is needed and lessons can be learned from the disease outbreak. Stakeholders, press/media, production of publicity leaflets, the use of the Website, the methods of getting the message across both nationally and locally need to be reviewed. At a national level communication seemed effective but at local level there have been difficulties, particularly with farmers wanting information about their situation. Help desks, IT, access to the Ministry would all need to be reviewed under this heading.

### **To review and clarify roles and responsibilities**

36. One of the major problems with no outbreak of disease since 1986 with the many reviews that had been undertaken within MAFF and of the SVS has led to a lack of clarity in roles and responsibilities. Furthermore the development of epidemiology as a science and speciality has caused some confusion as to role of those in the field and those in Head Office advising on the epidemiology. It is intended to interview all managers of grade 6 and above to investigate their perception as to the role and the responsibility with a view to clarifying, in particular, how matters will be dealt with in future.
37. The overall steering of the 5 issues to be investigated as part of SVS activity will be managed by the CVO and the two DCVOs who will maintain an overview. Within each of the overall directives a series of lower level objectives will be identified for delegation to the appropriate person, team or division.

### **Conclusion**

38. Having decided the main categories where action is required these can then be classified to give some indication as to the level that that action should be taken. At the highest level a programme project board will be required within MAFF to overview and take forward the development of the national disease emergency response plan. At lower level action will be required by SVS senior management who will overview the main objectives of the work but this will be delegated both to those in Page Street and in other areas.

### **Other issues**

39. Other issues which have not been included in this relate particularly to the use of legal advice and the preparation of legal documents along with communication.

**J M Scudamore**  
Chief Veterinary Officer