



Department  
for Environment  
Food & Rural Affairs

# Contingency Plan for Exotic Notifiable Diseases of Animals in England

**Including Foot and Mouth Disease,  
Avian Influenza, Newcastle Disease  
and all other exotic notifiable  
diseases of animals**

**28 November 2017**

Presented to Parliament pursuant to Section 14A  
of the Animal Health Act 1981 (as amended by  
Section 18 of the Animal Health Act 2002)



Animal &  
Plant Health  
Agency



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# Ministerial foreword

Outbreaks of exotic disease present a significant threat to farming, animal keepers, rural communities and the economy as a whole. We are a global trading nation; trade in animals and animal products are important for our economy and play a part in ensuring global food security.

Protection against animal diseases and hazards is one of Defra's eight strategic objectives, the goal being to create a nation better protected against floods, animal and plant diseases and other hazards, with strong response and recovery capabilities.

Exotic diseases, that is diseases which are not normally present in the UK, are constantly present in various countries worldwide and becoming newly established in others. The risk of these exotic diseases infecting animals in the UK is low but the threat is ever present and the threat cannot be completely eliminated through robust import controls.

To achieve our strategic goal we must be fully prepared to deal with outbreaks of notifiable exotic diseases and this contingency plan describes how Defra responds to such events in England. The plan provides for a swift, effective and coordinated response to control and eradicate disease, demonstrate disease freedom, restore normal trade and work to assist the recovery of local communities.

Another Defra strategic objective is to support a world-leading food and farming industry. This plan describes how Defra monitors the international disease situation to identify and manage emerging threats, and provides data and advice to help develop resilience within the industry.

This plan emphasises the need to work together to reduce the risk and impact of disease. Government, veterinary professionals, farming and related sectors and all those keeping animals have roles to play in preventing the introduction and responding to disease outbreaks. This plan highlights good practice and responsibilities for animal keepers and details the actions that the Government will take when an incursion occurs so that animal keepers can prepare for such events.

The regular updating of plans is an essential part of our contingency planning; these updates reflect continuous improvement and lessons that are learned both from our response to disease outbreaks and from regular exercising of plans.

The risk of an animal disease outbreak does not go away and so preparing for a disease outbreak must remain a priority for all of us.

**Lord Gardiner**

**Parliamentary Under Secretary of State for Rural Affairs and Biosecurity**

# 1. Introduction

## About this plan

1. This document describes how the government will manage an outbreak or incident of exotic notifiable disease of animals including poultry in England. Exotic diseases are those which are not normally present in the country. This plan will be invoked for diseases in kept animals (including companion animals/pets) as well as for certain diseases in wild animals such as Avian Influenza (AI) H5N1 in wild birds.
2. By law, all keepers of animals must report any signs or suspicion of notifiable diseases to the Animal and Plant Health Agency (APHA). We've published a [list of these diseases](#).
3. This plan explains the role that all parties involved have in preventing, responding to and recovering from outbreaks of exotic notifiable disease in animals. This plan should be read by those involved in exotic disease readiness and response in England, and those who will be affected by an outbreak of exotic notifiable disease.
4. Anyone who keeps an animal for any purpose, whether as a pet, a hobby or commercially, has a responsibility to ensure best practice in preventing disease, ensuring the welfare of animals in their care and managing suspect and confirmed outbreaks. Stakeholder organisations also have a vital role in recovery at local and national level from the disease outbreak and its wider consequences. This includes working with government and others to maintain good trade relations. The response to a disease outbreak does not end as soon as disease is eradicated; we all need to think about recovery including restoration of trade, and impact on the local community from the start of an outbreak.
5. Scotland, Wales and Northern Ireland also maintain contingency plans. Northern Ireland is considered a separate epidemiological area for disease purposes. The United Kingdom (UK) contingency plan for exotic notifiable diseases of animals explains how the administrations work together in responding to an outbreak at a UK level. Taken together these plans and the published disease control strategies for specific exotic diseases meet the UK's legal obligations to the European Union (EU) and the World Organisation for Animal Health (OIE).
6. The Animal Health and Welfare Board for England (AHWBE) have reviewed this Contingency Plan. The board is the principal source of departmental advice to Defra ministers on all strategic health and welfare matters relating to all kept animals in England. The board's responsibilities include a review of the contingency plans for dealing with new outbreaks on an annual basis or as circumstances require. It works closely with the Sector Councils in matters of disease control, surveillance and research while continuing to promote the merits of industry and government working together. Some board and sector council members also sit on the core groups in a personal capacity, thereby providing

further continuity across sectors. The board also circulates a quarterly newsletter to update the industry on issues that may be of interest to them and to highlight the topics discussed at the previous board meetings.

## Legal background

7. Contingency planning is a requirement across the EU, in order to manage exotic notifiable diseases of animals. In England, section 14A of the Animal Health Act 1981, as amended by the Animal Health Act 2002, sets out the procedure for doing this. The Animal Health Act requires a review of the contingency plan at least once a year and to revise the plan if appropriate. Defra have sought comments from organisations and people representative of those that have an interest in the arrangements described in the plan. This contingency plan and the control strategies for specific diseases which complement it, deliver these legal requirements.

8 On 23 June 2016, the EU referendum took place and the people of the UK voted to leave the EU. Until exit negotiations are concluded, the UK remains a full member of the EU and all the rights and obligations of EU membership remain in force. During this period the government will continue to negotiate, implement and apply EU legislation. The outcome of these negotiations will determine what arrangements apply in relation to EU legislation in future once the UK has left the EU.

## Shared responsibility

9. The responsibility for preventing outbreaks of exotic notifiable disease, reporting suspicion and stamping them out when they do occur is shared between government, operational partners and stakeholders. Stakeholders include all those who may be affected by operational and policy decisions on the management of exotic notifiable disease. This includes the farming industry and rural businesses, as well as those keeping animals for any purpose, for example as companion animals/pets. While there are clear legal requirements on animal keepers (for example reporting notifiable disease, complying with any restrictions, maintaining any records required by law, undertaking and paying for final cleansing and disinfection, etc.), there are also clear practical advantages for stakeholders and government alike when responsibility is shared.

10. This section covers some of the ways in which stakeholders can help prevent and eradicate exotic notifiable diseases of animals. It is not exhaustive and the entire contingency plan will be of interest to stakeholders, including section 8 on communications.

## Working in partnership – awareness and responsibility sharing

11. Defra works with stakeholder organisations to develop control strategies for the diseases of most concern, and publishes biosecurity advice for animal keepers (see [individual diseases](#) for details). There are also a number of industry initiatives to raise awareness and improve the reporting of suspicion of disease, prevent and respond to disease outbreaks.

12. In the absence of a disease outbreak, government routinely conducts exercises which involve industry representatives. APHA engages with operational partners and stakeholders as part of their on-going emergency preparedness arrangements and, where possible, includes them in the planning and implementation of exercises.

13. “Core groups” of industry representatives have been established to assist governments in developing control policies for the diseases that are of most concern. Members of a core group attend in a personal capacity rather than as representatives of an industry body or organisation. As well as providing useful insights during policy development, relevant core groups are also informed when there is a strong suspicion of disease. In the equine sector, the UK Equine Disease Coalition fulfils a similar function to core groups. Key stakeholders are informed as soon as disease is confirmed so they can assist government disseminate key messages.

14. The National Animal Health and Welfare Panel (NAHWP) and the Association of Chief Trading Standards Officers (ACTSO), working in association with Defra and APHA have produced templates for local authority exotic notifiable animal disease contingency plans. The templates are reviewed on an annual basis to ensure the guidance remains up-to-date, to reflect lessons learnt from disease outbreaks and to take on board feedback from local authorities and other stakeholders. The templates are available via ACTSO to its members and allows them to further document and tailor their response plans to suit their local operational command and control structures.

## Animal keepers, poultry keepers and industry – vigilance and biosecurity

15. Good biosecurity at all times and vigilance around any change in the health of livestock, poultry and individual animals or significant changes in production records is vital for the prevention and control of any disease including exotic disease. Animal keepers are responsible for the health and welfare of their animals and regular checks will enable early detection of suspected disease. If an animal keeper is concerned about the health of animals (including birds and companion animals/pets) under their care they should consult their vet promptly. If notifiable disease is suspected, it must be reported to APHA using the Defra rural services helpline on 03000 200 301. This will result in some temporary movement restrictions on the premises. In addition, APHA will specify the biosecurity

requirements that must be complied with. These will remain in place until disease is ruled out or disease control measures have been completed if disease is confirmed.

## Biosecurity

16. The term biosecurity encompasses all measures that prevent or reduce the risk if disease entering or becoming established in kept animals or from spreading once disease occurs. Defra has published biosecurity guidance (see [individual diseases](#) for details) and a list of approved [disinfectants](#).

17. There are also a number of industry led initiatives that help keepers to increase their biosecurity. For example, the [Red Tractor code of practice for on-farm feeding](#) includes biosecurity guidance, as does the [British Lion code of practice](#) for the egg industry and the [Equine Industry biosecurity](#) guidance. Government recommends all stakeholders have their own contingency plans to maintain preparedness for when disease is suspected or confirmed.

## Responsibilities of animal keepers on suspicion of disease

18. Controlling disease is a partnership between the animal keeper, the veterinary profession, industry and government.

## Reporting suspicion

19. If clinical signs or changes in production indicate suspicion of a notifiable disease in any animals on premises, animal keepers must report that suspicion to APHA via the Defra rural services helpline on 03000 200 301. If animal keepers are not sure about the significance of the signs they should discuss first with their own vet. If suspicion of a notifiable disease remains, the animal keeper must ensure that APHA are notified promptly either by themselves or by their vet. A private vet may seek a consultation with APHA as necessary.

### Before confirmation

20. APHA will advise the animal keeper what restrictions apply, pending the arrival of the Veterinary Inspector (VI). As part of the veterinary inquiry, further restrictions may be imposed and the animal keeper should ensure they understand all of the conditions imposed. The following should be observed until the inquiry is completed and restrictions are removed.

- All visitors stopped (including regular visits such as fallen stock or pest control) except those that are specifically permitted under licence. Specific advice must be sought from APHA in respect of footpaths. These same principles apply to all

premises whether farms or private dwellings where disease is reported. APHA will adjust the restrictions as appropriate to the circumstances at the specific premises.

- Licences will be required to move anything on or off the suspect premises. APHA will co-ordinate this.
- Animal keepers must provide information required by official inspectors and assist in disease investigation and control.

## Pathways for introduction of disease

21. One of the most significant pathway or potential route of entry of exotic diseases such as Foot and mouth Disease (FMD) and Classical Swine Fever (CSF) is trade, both legal and illegal, of live animals and products of animal origin from areas of high disease risk. Generally, EU wide legislation ensures that only healthy animals or products from healthy animals are allowed to enter the EU or be moved for trade purposes but other controls such as a ban on swill feeding and good biosecurity can also reduce the risk.

22. There are a number of ways in which disease may enter the country. AI, for example, circulates in the wild bird population and may spread to poultry and other captive birds whereas others, like Bluetongue, are spread by insect vectors. A few diseases, such as FMD, can be spread by direct animal contact and aerosols carried by wind. These pathways can only be managed by high levels of biosecurity or through vaccination, if available and practicable.

23. There is a high-risk period between the introduction of disease and detection of the first case during which infected but undiagnosed animals may be moved or sent to slaughter in good faith. Standstill periods whereby animals are not allowed to move off a holding for a period after animals have been moved on will reduce the risk during this period but vigilance and early reporting are essential.

24. Defra monitors the [international disease situation](#) and may publish preliminary outbreak assessments when there is a new outbreak in another country. Defra may publish a qualitative risk assessment when there is a new disease incident in an EU member state, a country bordering the EU or in one of our third country trading partners. When a significant risk is identified, government will discuss with relevant stakeholders and may put in place measures to mitigate risks to animal health or public health, including additional surveillance or post import testing.

25. The World Animal Health Information System ([WAHIS](#)) interface maintained by the OIE also provides information of interest to stakeholders, including information by country such as disease reports.

## 2. Readiness and resilience

### Defra emergency preparedness

1. The Exotic Disease Policy Response Team (EDPRT) is responsible for developing, implementing and maintaining fit-for-purpose control strategies for the main exotic notifiable diseases in preparation for an outbreak or incident. This involves taking a risk based approach to policy development, whilst making best use of available evidence and expertise, and using cost / benefit analysis to inform policy decisions. This ensures there is an appropriate legislative framework and underpinning measures including restriction notices, declarations of protection zones (PZ) and surveillance zones (SZ). The team also develops and maintains key stakeholder relationships and promotes the sharing of responsibility through core groups of stakeholders. This is in addition to working closely with delivery agents and devolved governments. APHA takes the lead in undertaking veterinary risk assessments and issuing movement licences to allow a swift and effective risk based response to disease outbreaks and incidents.
2. The team has in place trained teams to respond to a disease emergency and undergoes regular testing of its response.

### APHA emergency planning and operational instructions

#### APHA Head of Field Delivery (England) (HoFD)

3. APHA ensures that it is prepared to respond to an outbreak or incident of exotic notifiable diseases of animals. The HoFD is responsible for ensuring that plans are in place and that staff are suitably trained.
4. The HoFD has responsibility for operational preparedness to deal with disease outbreaks which might be small and localised or part of a much larger (national or international) disease emergency. They are also responsible for building and maintaining effective relationships with the local livestock / food chain sector as well as other parts of the public sector delivery chain including Local Resilience Forums (LRFs), police, local authorities (LAs), Public Health England (PHE), Natural England (NE) and the Environment Agency (EA).
5. Between outbreaks the HoFD has an important role informing policy development through feeding back intelligence on issues/practices which could impact on disease preparedness, risks and handling.

## **APHA Resilience and Technical Advisors**

6. APHA Resilience and Technical Advisors play a key role in coordinating contingency planning activities. They are responsible for maintenance of local plans and procedures and for advising the local management team on readiness and resilience.

7. Their primary responsibilities are:

- to ensure that the local team is always at the required state of readiness to respond to the initial stages of an outbreak and has the resilience to deal with emergencies caused by animal diseases and situations where animal welfare is in jeopardy as a consequence of other types of emergency
- to develop and maintain local plans and procedures for responding to outbreaks and incidents of exotic notifiable diseases in animals or other disruptive challenges
- to oversee the development of appropriate skills within field teams to ensure resilience, capability and capacity to effectively invoke and implement emergency response plans
- maintain close links with and be the single point of contact for operational partners, including LRFs.

## **Local emergency planning**

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

9. The principal mechanism for multi-agency co-operation under the Civil Contingencies Act is through LRFs. Although APHA is not a statutory responder under the provisions of the Civil Contingencies Act, in practice LRF membership often expands to include all relevant responders (such as NE and APHA) and APHA actively engages with individual responders and chairs of LRF to maintain the strong links that it has developed.

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

11. The purpose of the LRF is to ensure effective coordination of those duties under the Civil Contingencies Act that need to be developed in a multi-agency environment. In particular, the LRF process includes:

- compilation of agreed risk profiles for the area, through a community risk register
- a systematic, planned and co-ordinated approach encouraging statutory responders, according to their functions, to address all aspects of policy in relation to:
  - planning for emergencies
  - planning for business continuity management
  - publishing information about risk assessments and plans
  - arrangements to warn and inform the public
  - other aspects of the civil protection duty, including the promotion of business continuity management by LAs
  - support for the preparation, by some or all, of its members of multi-agency plans and other documents, including protocols and agreements and the co-ordination of multi-agency exercises and other training events

12. The [national risk register](#), provides further details of the exotic notifiable disease outbreak risks in animals for which LRFs need to review and assess the local impacts. The risks assessed as being significant will need to be included within the community risk registers. APHA is engaged in this process and can help with information on the density of livestock and with assessing the impacts on local communities.

## Operational instructions

13. APHA and Defra have well developed operational guidance and desk instructions that are used by staff involved in the response to an outbreak of exotic notifiable disease of animals. They provide direction and guidance on the many tasks involved in the outbreak response, ensuring that there is a consistent approach taken.

14. Operational instructions are reviewed regularly and updated as necessary. They reflect current best practice in relation to dealing with a disease investigation and disease outbreak response.

## Training

15. APHA has a team responsible for designing and delivering a comprehensive range of business focused training for veterinary, technical and scientific areas. The team

assesses training needs and works to develop an annual programme of professional training. This approach supports the development of bespoke solutions that meet business needs. Defra holds details of policy staff across the organisation who will be called on during an outbreak and has an ongoing development programme to maintain this capability.

### **APHA field veterinary staff**

16. All new field veterinary entrants receive general and specific training related to their work areas and on exotic notifiable disease procedures. Veterinary staff also have access to a database of disease profiles covering disease briefing, decision support, ranking and risk assessment (D2R2). Selected individuals attend specific relevant continuing professional development training, for example in epidemiology. APHA holds courses as required, to ensure an adequate resource of trained staff.

### **APHA technical staff**

17. All new technical staff receive background in animal disease awareness which covers the specific roles they may perform in a disease outbreak. There is a programme of practical and classroom based training for technical staff identified to take on the role of case officer, including training for those involved in poultry depopulation.

### **APHA staff involved in finance or procurement**

18. Finance staff are trained to use all appropriate systems to support the financial management of the outbreak from the initial financial decisions and all the subsequent financial information.

19. They are also trained to set up the appropriate files to capture financial information that will support any claim to both the European Commission (EC) and Her Majesty's (HM) Treasury and also provide timely financial management information to senior management.

20. Defra Group Commercial provides regular training sessions for procurement staff that may be required to provide support during an outbreak.

### **APHA administrative staff**

21. Staff are involved in a programme of training designed to equip them with the skills and knowledge to provide administrative support during an outbreak situation and to support the requirements for finance and management information. Additionally, there is exercising of the contingency plan and procedures.

## **APHA key administrative, field and technical staff**

22. Disease control centres will require staff that are able to take up key positions on confirmation of disease. Key posts have been identified together with responsibilities and working instructions.

23. Key administrative, field and technical personnel take part in regular contingency exercises. This is part of their job description and work objectives.

## **Veterinary Delivery Partnership (VDP) Official Veterinarians**

24. The Veterinary Delivery Partnership (VDP) is an agreement between government and veterinary companies for the supply of a flexible package of veterinary services. Under the VDP, providers who are contracted to provide tuberculosis testing services to England and Wales are also required to supply emergency veterinary personnel in the event of an outbreak.

25. As part of the VDP, Official Veterinarians (OVs) would be called upon immediately to undertake roles alongside permanent APHA veterinary staff. On appointment there is a specific training programme for OVs, this includes:

- an induction into APHA's management of outbreaks of exotic notifiable disease of animals
- awareness and use of the APHA operational instructions
- establishment of disease control centres and forward operational bases.

## **Exercises**

### **Local exercises**

26. APHA has programme of coordinated animal disease exercises in order to refine and demonstrate the agency's emergency preparedness to deal effectively with outbreaks of exotic notifiable diseases of animals. Each field team takes part in at least one full-scale exercise per year which will involve the participation of operational partners and stakeholders. The programme identifies the disease/s to be exercised to ensure all capability can be assessed. The actual locations of exercises remain a decision for the HoFD in conjunction with local operational partners and stakeholders.

27. Each exercise is assessed and an exercise evaluation report produced. These reports are used to highlight and promote best practice and lessons identified and are used to review and update contingency plans as appropriate.

28. APHA is also involved in supporting wider exercising of animal disease response plans with partner agencies at the LRF and on an individual organisation basis.

## UK/GB exercises

29. The EU FMD Directive 2003/85 requires member states to exercise their FMD contingency plans twice within a five-year period, although there is a derogation allowing one of these real-time exercises to be for another “major epidemic disease affecting terrestrial animals”.

30. Exercise walnut, held in 2013, covering CSF, was the UK’s last UK live play exercise - involving Defra, the Scottish Government (SG), the Welsh Government (WG), the Department of Agriculture, Environment and Rural Affairs (DAERA), APHA and their associated operational partner and stakeholder organisations. We’ve published [lessons identified from the exercise](#). In addition, table top exercises rehearsed the UK’s plans for African Horse Sickness (AHS) in July 2015 (Exercise Tulpar), FMD in November 2015 (Exercise Rowan) and again in December 2016 (Exercise Willow).

## Assurance

### Emergency Readiness Management Assurance Scheme (ERMAS)

31. The ERMAS is a framework tool used to enable APHA to monitor and confirm the extent to which the Agency can effectively mount an initial response to disease outbreaks. There are two components:

- ERMAS1 - measures the readiness of APHA’s field services to operate in response to an animal disease emergency, to effect the transition to the status of a functional disease control centre and to sustain operations at a reinforced level thereafter
- ERMAS2 - measures the readiness of APHA’s customer service centres (namely surveillance, licensing and tracings) that support the actions of the field services

32. Assessments occur annually and the framework tool is regularly updated to account for changes to business processes or delivery models.

33. In addition, APHA facilitate the completion of Defra’s disease response capability assessment, which explores the confidence of key teams within Defra, APHA and their operational partners to respond to disease outbreaks.

# 3. Principles of disease control

## Strategy and priorities

1. If a notifiable exotic disease is confirmed in England, Defra will act swiftly and decisively, in partnership with operational partners and stakeholders, aiming to:
  - eradicate the disease and regain disease-free status
  - protect the health and safety of the public and those directly involved in controlling the outbreak
  - minimise the burden on the taxpayer and public as well as the economic impact of the outbreak on industry
2. Within its disease control objective, Defra will endeavour to:
  - keep to a minimum the number of animals that die or need to be humanely destroyed either for disease control purposes or to safeguard animal welfare
  - balance adverse impacts on animal welfare, the rural and wider economy, the public, rural communities and the environment

## Disease control strategies

3. This contingency plan cannot provide everything that people need to know in relation to specific diseases. As well as familiarising yourself with this plan, you should read the relevant disease control strategies for the exotic notifiable diseases of animals that are of most concern. These are:

- [Notifiable avian disease control strategy for Great Britain](#)
- [Foot and mouth disease control strategy for Great Britain](#)
- [Rabies disease control strategy for England and Wales](#)
- [Bluetongue Great Britain disease control strategy](#)
- [Disease Control Strategy for African and Classical Swine Fever in Great Britain](#)
- [African horse sickness control strategy](#)

4. These control strategies were developed with stakeholders. For diseases where there is no published control strategy, legislation is in place to ensure that we can eradicate any outbreak.

# Animal, premises and area restrictions

## Overview

5. A report of suspicion of exotic notifiable disease triggers an official investigation by APHA; temporary statutory restrictions are immediately put in place. These restrictions are notified orally and confirmed in writing on arrival. A VI then undertakes a veterinary inquiry which involves a clinical examination of the animals and an inspection of production records. If disease cannot be ruled out samples are taken.
6. Depending on the disease concerned these restrictions may apply to the whole premises or to individual animals. This will usually include a ban on the movement of susceptible animals on and off the suspect premises and may include restrictions on anything that is liable to transmit disease, such as meat, products, equipment, vehicles, manure, etc.
7. Restrictions remain in place until the official investigations are complete and exotic notifiable disease can be ruled out.
8. The aim of the restrictions is to prevent the spread of disease. There will inevitably be some disruption to normal business patterns for those affected by restrictions and there will be some impact on normal business processes.
9. During the suspicion phase, a temporary control zone (TCZ) may also be declared around the premises under suspicion. This is particularly relevant for diseases such as FMD, AI, CSF, African Swine Fever (ASF) and AHS.
10. If disease is confirmed, the primary objective is to prevent the spread of disease by:
  - taking action on the Infected Premises (IP) and other premises (contact premises) where disease is most likely to have spread from and to such as those linked by recent animal or other movements with the IP
  - imposing, for many diseases, wider area based controls as required by EU and national legislation including animal movement controls and controls on animal products taking into account the risk of disease spread. In the case of FMD in particular, Great Britain (GB) administrations will impose national movement restrictions on susceptible animals
  - restricting activities that might increase the risk of spread. For example there might be a ban on hunting or shooting
  - considering banning gatherings of animals including shows or markets
  - considering export bans
  - considering a requirement to compulsorily house

- investigating the origin of the disease and determining whether there has been further spread of disease from that source
- completing other surveillance to investigate possible further spread of disease

11. The control strategies and legislation set out the policies relating to the types of zone for different diseases and the minimum sizes and duration of those zones.

### **Individual animal restrictions**

12. For some diseases restrictions are placed on individual animals to restrict their movement pending the outcome of further tests.

### **Premises restrictions**

13. APHA will place restrictions on the premises to prohibit the movement of animals susceptible to the particular disease onto and off the premises.

14. Depending on the disease concerned, the movement of people, non-susceptible animals, animal products, feed and fodder, vehicles, manure and anything else potentially contaminated with infectious material, off and onto the premises may also be restricted. Movements may be permitted under licence subject to a veterinary risk assessment completed by APHA and suitable biosecurity procedures being met.

15. The rules concerning the premises will be set out in the notice served on the occupier. Any licence will specify conditions permitting movements onto and off the premises or restricted place. The occupier of the premises is responsible for ensuring the restrictions are observed.

16. Public rights of way (footpaths, bridleways, etc.) or land open to the public on the IP may be closed by APHA.

### **Area restrictions**

17. In any exotic notifiable disease outbreak or incident, there will initially be a degree of uncertainty about the origin of the disease, how long it has been present and how far it may have spread. Because of this uncertainty, area restrictions are imposed for many diseases to stop the movement of susceptible animals into, from and within the restricted area.

18. During the suspicion phase of certain diseases, a TCZ may be declared around the premises under suspicion.

19. On confirmation of many exotic notifiable diseases, government policy is to impose a PZ, surrounded by a larger SZ around the IP. Controls within the PZ are more stringent than those within the SZ to reflect the increased risk of transmission of disease.

20. For some diseases and some circumstances, wider restricted zones or other types of control zone may be declared, but they all serve a similar purpose to control the spread of disease.

## **Controls and restrictions in the PZ and SZ**

21. In general, controls are primarily focused on the movement of animals since, for most diseases, this is the most common method of spreading disease. Legislation may include controls on vehicles, fomites (anything that may physically carry the disease agent), meat, animal products (including meat products, eggs, hides and in some cases milk and milk products derived from animals in the zones), manure and on the carcasses of animals.

22. Animal keepers within the control zones may be required to carry out additional biosecurity measures. All animal keepers must be especially vigilant for any signs of disease and report any suspicion of disease immediately to APHA.

23. APHA will carry out surveillance when the zones are in place. This may involve clinical inspection, examination and possibly sampling for laboratory testing in the areas to identify affected animals and demonstrate that disease has not spread. In extensive outbreaks or incidents, where a large number of PZ and SZ areas may be declared, the areas may overlap to form a very large PZ and SZ. This may increase the time needed to carry out the required surveillance to allow restrictions to be relaxed and demonstrate absence of disease.

24. When restrictions are imposed, government will monitor their impact on rural communities and the wider rural economy.

## **Changes to movement controls**

### **Licensing**

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

26. Depending on the circumstances and subject to veterinary risk assessment and statutory requirements, the government may grant exemptions to controls for specific limited individual movements using specific licences. These licences set out criteria (veterinary inspection, cleansing and disinfection (C&D), monitoring, etc.) that must be met before, during or after the move. It is essential that businesses comply with restrictions and all conditions if exemptions are permitted through licenses in order to minimise the risk of onward spread of undisclosed disease.

27. Each administration within the UK operates its own licensing regime. Co-ordination and co-operation between the administrations provides a coherent approach to moves across administrative borders. Each administration will discuss its strategy for exit from

movement controls with relevant stakeholders and identify priorities for change, subject to a risk assessment, the disease situation and conformity with the requirements of the legislative framework. General licences will be published on GOV.UK to implement phased lifting of movement controls as the disease situation becomes clearer.

28. Government will keep stakeholders and animal keepers informed of the disease situation. Government will also publish information about the likely timing of changes to restrictions within zones. Control strategies and legislation already set out the minimum duration of zones and controls within them.

## **Welfare moves**

29. It is important that all animal keepers have business continuity plans in place to deal with prolonged movement restrictions, because pressures on accommodation can arise quickly. This applies to farmed animals and domestic pets but is especially challenging in the pig and poultry sectors. The animal keeper is responsible for the welfare of their animals. Where there is suffering due to overcrowding the keeper may have to euthanase those animals; no compensation will be paid for any animals euthanased as a result. In exceptional circumstances, consideration will be given to arranging disposal (at the cost of the keeper) where this is likely to be problematic.

30. Immediately after the imposition of movement controls, consideration will be given to making licences available to permit certain essential movements for welfare purposes (for example dairy cow movements for milking, movements to permit treatment by veterinary surgeons), subject to assessment of the risk. Strict conditions will apply to these licences ensuring such moves take place under suitable biosecurity arrangements. APHA will respond to requests for welfare moves in a timely fashion with decisions and licensed moves explained in a clear and transparent manner.

## **Enforcement**

31. LAs in England enforce disease control legislation, including movement restrictions, compliance with additional measures such as bans on gatherings and licensing conditions.

## **Access to the countryside**

32. The risks of disease being spread between groups of animals not directly on the infected premises, by those seeking recreational access to the countryside are very small and can be reduced further by avoiding direct contact with animals. In the event of a disease outbreak, subject to ongoing risk assessments, access to the countryside will be retained where possible.

33. Government will ensure clear advice is available to ensure the public are aware of any areas not accessible.

## International controls and trade implications

34. In the event of a disease outbreak or incident and depending on the disease, the UK may lose its OIE international disease free status. This may result in some countries no longer accepting animals or their products from the UK.

35. Within the EU, depending on the disease, there may also be a ban on intra-community trade of susceptible animals, animal products, meat or meat products and milk and dairy products from the whole country or parts of it. These products may not be traded within the community, but subject to the disease and any movement restrictions in place, they may be traded within the domestic market if handled and marked with a specific domestic health mark applied to the carcass or packaging.

36. In the case of trade with third countries, export certificates may be withdrawn until the situation has been clarified with the importing country.

37. Government and stakeholders will need to work closely, from the start of an outbreak and possibly during the suspicion stage, on communicating with trading partners to minimise the impact on trade. This may require a long-term commitment. Trade restrictions can be in place for a long time, even after the disease has been tackled and disease free status has been re-established.

## Regionalisation

38. Depending on the disease situation it may exceptionally be possible, following a risk assessment, to divide the country into areas defined as free of disease, low risk and high risk. Regionalisation is dependent on a range of factors including the epidemiology of the disease, accurate up to date information on its geographical distribution and seasonal trade patterns. Laboratory surveillance may be required to demonstrate freedom from disease in a region.

39. Proposals to regionalise must be acceptable to the other UK administrations, the EC and other trading partners. Regionalisation would also impose restrictions on animal and animal product movements to maintain the region's disease status. This may have an adverse economic effect that outweighs any short-term advantage of regionalisation and economic considerations must be taken into account in coming to decisions on regionalisation.

## Compartmentalisation

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

41. Compartmentalisation is a concept that allows companies, in the event of a disease outbreak, to resume trade with member states and/or 'third countries' who have signed up to the scheme. Companies must meet the conditions of EC regulation 616/2009, which includes strict biosecurity measures and the requirement for premises to be approved by government. Poultry premises may apply for approval or re-inspection for compartmentalisation [using our form](#).

## 4. Suspicion and Confirmation

### Suspicion of disease

1. Section 1 of the plan explains the responsibilities of anyone keeping an animal. There is a legal duty on any person who suspects that an animal may have a notifiable disease to report their suspicion to the APHA using the Defra rural services helpline on 03000 200 301. Arrangements for out of hours cover are in place. If the report leads APHA to suspect disease may be present, an investigation will be carried out by a VI.
2. The VI will inform the APHA Veterinary Exotic Notifiable Disease Unit (VENDU) that an investigation is underway.
3. The premises where disease is suspected is placed under restrictions prohibiting any movement on or off. The investigating vet will examine the animals at the premises and in consultation with VENDU will decide on further action. This could mean notifiable disease can be ruled out and restrictions removed, or if notifiable disease cannot be ruled out samples may be taken for laboratory testing, or disease may be confirmed on clinical grounds. The premises remain under restrictions and a process of ongoing monitoring continues until disease is either ruled out or confirmed.
4. Disease is only likely to be confirmed on clinical grounds where there is an ongoing outbreak and a known epidemiological link to confirmed disease.
5. Notification of disease within government follows a standard procedure. Initial notification is the responsibility of the VENDU duty Veterinary Adviser (VA). Key officials and the following will be notified:
  - Chief Veterinary Officer (UK)
  - Chief Veterinary Officer (Scotland)
  - Chief Veterinary Officer (Wales)
  - Chief Veterinary Officer (Northern Ireland)
  - Defra Ministers and senior officials
  - Senior officials in Scotland, Wales and Northern Ireland
  - OGDs (Cabinet Office Civil Contingencies Secretariat (CCS))
  - APHA senior management
  - Others within government with a role in the response

6. When suspicion of disease arises, officials will decide if there is sufficient concern to alert core groups and to keep them informed of developments.

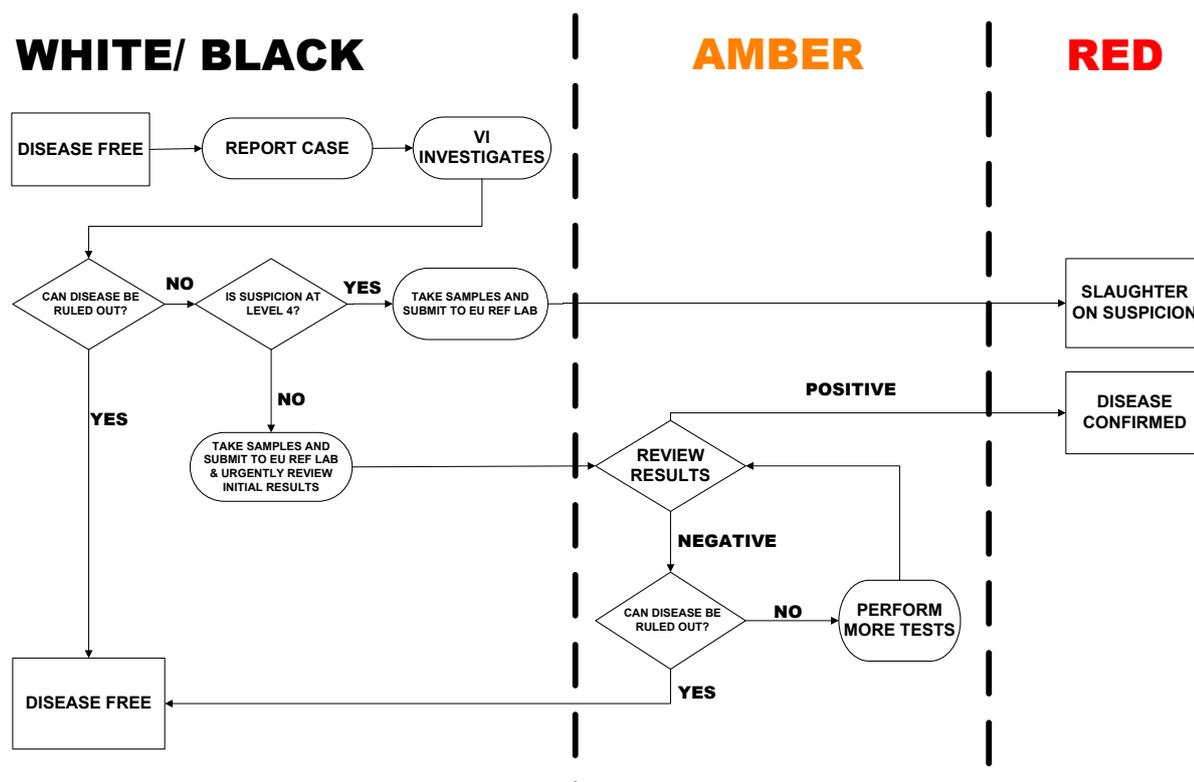
### Alert system to indicate disease status

7. There is a standard alert system to describe the current status of a specific disease outbreak or incident of exotic notifiable disease of animals.

**Table A – Alert status**

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

Figure A – Actions performed between white and red status



### CVO case conference

8. On suspicion of disease there may be a series of case conferences to discuss emerging issues. The four Chief Veterinary Officers from the UK, key policy and veterinary officials from each administration would normally attend. This meeting will consider whether circumstances warrant triggering an Amber teleconference. The case conference is organised by the CVO UK’s office, which also supplies the secretariat. Where a conference is required outside of normal office hours and at weekends the secretariat function is carried out by the EDPRT.

### Amber teleconference

9. If suspicion of disease is strong because of emerging laboratory results or a deteriorating clinical picture, an Amber teleconference is held. Its purpose is to inform the attendees of the situation, to assess the risk and to agree on next steps.

10. The Amber telephone conference is organised by Defra’s EDPRT. The teleconference is chaired by the CVO for the territory in which disease is suspected and follows a standard agenda. Participants include the CVOs of the devolved governments and senior officials from Defra, SG, WG, DAERA, APHA, the relevant UK reference laboratory for the disease under investigation, the local APHA managers for the affected area and relevant representatives from other OGDs and health agencies.

11. During the teleconference the relevant CVO may negate disease, or decide there is sufficient evidence to confirm disease (raising the alert status to red and invoking the

response component of this plan) or specify what further evidence, such as test results, will be needed. In England this is the responsibility of the CVO UK, deputy CVO or APHA Veterinary Director. In Scotland, Wales and Northern Ireland this is the respective country CVO. The teleconference also agrees plans for future actions and communications based on the emerging situation.

12. If a veterinary risk assessment indicates an unacceptable risk in waiting for laboratory test results which could contribute to onward disease spread, the relevant CVO may take the decision to slaughter animals on suspicion of disease (raising the alert status to Red and invoking the response component of this plan) without waiting for the results of laboratory investigations.

## **Notifications**

13. If, following the amber teleconference, the level of suspicion is considered sufficient to warrant further action but disease is not confirmed at that stage, officials will take responsibility for notifying others, including the affected animal keeper, stakeholder organisations (including National Farmers Union) and operational partners (such as LAs, police force(s), EA, PHE, etc.). If following these initial notifications, a full disease control operation is likely to commence, there are additional notifications and actions for officials to undertake. This includes placing policy and operational functions on alert and potentially establishing some elements of the outbreak response structures.

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

15. Following the amber teleconference, a record of the meeting will be circulated by the EDPRT to key operational partners who did not attend the amber teleconference. These include the CCS, DCLG, EA, PHE, Department of Health (DH), Food Standards Agency (FSA), National Police Chiefs' Council (NPCC) and Ministry of Defence (MoD).

## **Confirmation of disease**

16. During the amber teleconference, the relevant CVO may decide to confirm disease (raising the alert status to red and invoking the response component of this plan). In England this decision is the responsibility of the CVO UK. In Scotland, Wales and Northern Ireland this is the respective country CVO.

17. In the event of a red alert, there are additional actions and notifications to be undertaken by officials, including the establishment of proportional elements of the disease control structures.

## **Notifications**

18. APHA will notify the affected animal keeper, local operational partners (LAs, police force(s), EA, PHE, etc.) and local stakeholders including the regional director, within the appropriate regional office of the National Farmers Union and veterinary practices. Defra will inform national stakeholder organisations.

19. APHA will also make arrangements to notify other animal keepers, other occupiers of business and premises, utility companies, local operational partners and stakeholders within affected zone(s), and a text alert will be sent to keepers who have subscribed to the service.

20. The head of outbreak coordination group will notify representative associations for haulage, rendering and incineration industries, all areas within APHA. The Member of Parliament (MP) for the affected constituency will also be informed.

21. The CVO (UK) has the responsibility for notifying the EC, other EU member states and the OIE of an outbreak of exotic notifiable disease within any part of the UK.

## **Further cases**

22. Once disease has been confirmed, further positive cases are confirmed through CVO stocktake meetings or, in an extensive and ongoing outbreak, further delegated to the National Disease Control Centre (NDCC). A further amber teleconference may be held where disease is suspected/confirmed in a new territory.

## 5. Command, control and communication (C3) structures

1. This part of the plan is invoked on confirmation of an exotic notifiable disease of animals or where, pending confirmation of disease, the suspicion of disease is strong and a decision has been taken to undertake pre-emptive disease control activities. Clear command, control and communication structures are then put in place to direct, coordinate and support the disease control response.
2. Defra is the lead government department for exotic notifiable disease outbreaks in England. Together with its executive agencies, it is directly responsible for the delivery of both the local and national disease control response.
3. Three levels of command will be established, operating at a **strategic, tactical** or **operational** level. Flexibility and proportionality in the delivery of the response is important. For a small outbreak it may not be necessary to establish all the formal structures required for a major outbreak. Most of the activities and functions delivered through the response structures will still need to be delivered, but there may be variations in the way that they are delivered.
4. Figure B sets out the command structure applicable to an outbreak in England and details of roles and responsibilities are provided under sections 5 and 6. If an outbreak affects another administration, their emergency response command structures also apply, with the Defra command structure functioning to ensure UK-level coordination and that international obligations are met.

### National Disease Control Centre (NDCC)

5. The NDCC brings together policy functions provided by core Defra with the operations functions provided by APHA and other partners. The main responsibilities are:
  - Policy teams:
    - to develop, determine and interpret policy within the legislative and wider strategic framework
    - to advise ministers and other strategic decision makers
    - to work in partnership with stakeholders
  - Operations:
    - to engage with teams across the NDCC, CDCC and FOB teams as well as operational partners and stakeholders to coordinate the outbreak response and provide tactical advice

- Defra corporate services
  - to provide specialist support and advice across the Defra family

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

## Central Disease Control Centre (CDCC)

7. At the tactical level, APHA establishes a CDCC headed by the APHA Outbreak Director. The CDCC is a virtual structure and will be located across multiple sites and include functions delivered across the agency. The CDCC coordinates operational activities taking place at the Forward Operations Base (FOB) and the Customer Service Centres (CSCs).

## Forward Operations Base (FOB)

8. The FOB implements the disease control operation, ensuring that local operational partners and stakeholders are appropriately engaged. The FOB follows tactical direction and policy guidance set out in the relevant disease control strategies, contingency plans and operational instructions. The FOB also report progress of the disease control operation to the outbreak coordination group within the CDCC.

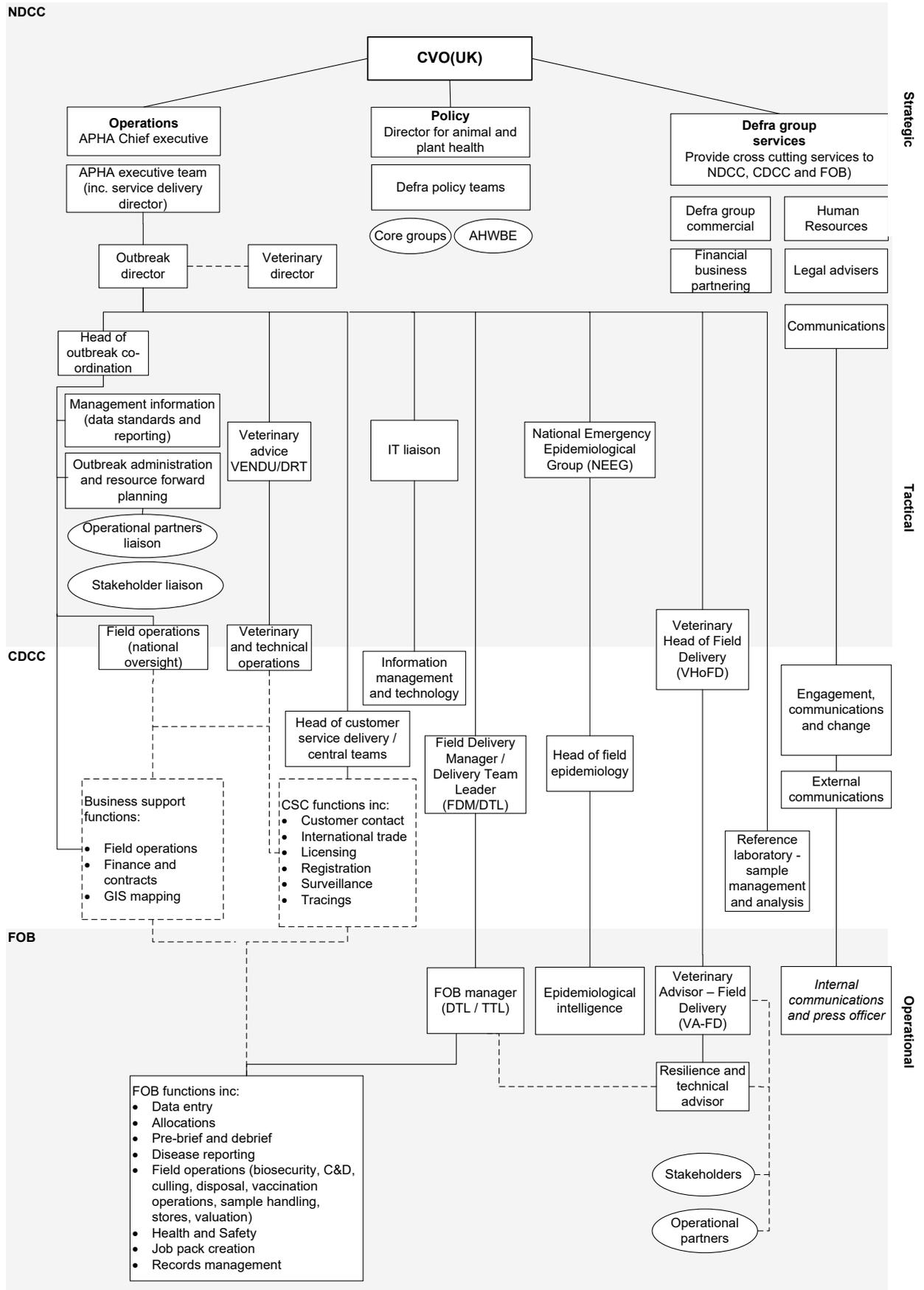
9. A FOB will be established close to the outbreak or incident location, providing an operational base for those teams that are predominantly involved in field based activities such as patrolling, surveillance and field operations. Dependant on the nature of an outbreak, further FOBs may be established.

10. When disease is confirmed, the HoFD (or delegated representative) will brief the appropriate Department for Communities and Local Government (DCLG) resilience team and the chair of the LRF (in some areas this may be via the LA animal health function) on the situation and agree local arrangements as a wider consequence of the outbreak. If necessary, a local SCG may be established to manage the wider impacts of an outbreak on the local area (such as health, social, economic, environmental and public information) and the chair of the SCG and HoFD will work closely together.

## Customer Service Centres (CSCs)

11. CSCs are permanently operational APHA teams, located on multiple sites, providing a range of administrative and transactional activities. During an outbreak, they provide co-ordination and administrative support for a range of activities including surveillance, tracings and licensing.

**Figure B – Command structures**



## 6. Disease outbreak roles and responsibilities

1. Section 5 introduced the three levels of command (strategic, tactical and operational) that may be established during a disease outbreak (or where suspicion is strong and confirmation is pending) and the process leading up to confirmation of an exotic notifiable disease in animals. This section explains the command structure in more detail and Figure C shows how they interrelate at a UK level.

### Strategic

#### Cabinet Office Briefing Rooms (COBR)

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

3. COBR arrangements bring together Defra (the lead government department), OGDs, international partners and other response organisations, where appropriate, to maintain a common understanding of the latest situation and provide advice on strategic issues to Ministers. It consists of a ministerial decision group, the National Security Council (Threats, Hazards, Resilience and Contingencies) (NSC(THRC)) and a number of supporting elements which ensure they have access to coordinated, timely, well-balanced advice. COBR is designed to be a flexible mechanism that can be adapted to the circumstances. The support cells include a situation cell that coordinates the production and maintenance of a Commonly Recognised Information Picture (CRIP). Other possible support cells include policy and news coordination cells and a Scientific Advisory Group for Emergencies (SAGE). SAGE will coordinate scientific and technical advice to inform cross-government decision making.

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

5. COBR meetings may be at ministerial or official level depending on the nature and stage of the outbreak. COBR and SAGE will not necessarily be activated in relation to all outbreaks, especially not in relation to more minor outbreaks.

## **Defra ministers**

6. In England Defra's Secretary of State, (SoS) has overall responsibility for the response. Direct involvement of the SoS will be dependent on the scale and circumstances of the outbreak. Certain responsibilities may be delegated to other Defra ministers. Ministerial involvement is likely to be greater in a national scale outbreak with regional spread of disease, or an instance of zoonotic disease with implications for public health. The SoS may be required to brief Parliament, the cabinet and No. 10 about current risks and disease control measures. Where the disease occurs in other UK territories, the minister for the affected territory will assume that responsibility.

7. The relevant Defra minister will be directly involved in the outbreak response. If considered necessary, the minister may attend meetings of the Defra Executive Committee (ExCo) and the NDCC bird table. The minister will respond to Parliamentary questions concerning the disease outbreak and chair meetings of the NSC (THRC) if sitting. The minister may also brief the Environment, Food and Rural Affairs (EFRA) select committee.

8. Defra ministers may also be required to brief the media, although the CVO UK will normally be Defra's main media spokesperson.

## **Government officials**

9. Responsibilities of Senior Civil Service (SCS) officials will be delegated to an appropriate SCS level reflecting the circumstances of the outbreak. Officials work in close collaboration to ensure an effective and optimum response to the outbreak and the management of associated risks, consistent with our strategic objective for eradicating the disease and regaining disease free status.

10. The main responsibilities are detailed below:

## **Defra permanent secretary**

- has ultimate responsibility for strategic decision making in Defra and is the accounting officer for Defra
- decides if the outbreak merits an extraordinary meeting of the Defra ExCo
- if necessary triggers, through CCS, the protocols set out in the Central Memorandum of Understanding on Mutual Aid and the Redeployment of Human Resources (HR)
- works with the SoS and the Director General to ensure that No.10 is appropriately engaged and informed and horizon scan for wider government issues

## **Director general for food, farming, animal and plant health**

- the director general responsible for the disease response is a member of the ExCo and principal policy adviser to ministers on an outbreak
- provides strategic leadership and direction, has overall responsibility for the disease response, in particular ensuring all issues - policy, veterinary, scientific and operational – are properly considered
- provides direction on reprioritising work within Defra, if necessary, to ensure resources are made available for the outbreak effort
- is responsible for resolving issues where it hasn't been possible to agree policy position

## **Chief Veterinary Officer UK (CVO UK)**

- is also the CVO for England and confirms presence of disease in England
- leads a coordinated response to the outbreak, working closely with the director general for food, farming, animal and plant health and the chief executive of APHA, taking account of risk and evidence and issues such as impact on stakeholders, public acceptability and practicality of delivery
- leads the NDCC
- acts as Defra's main spokesperson on the outbreak and the disease control policies deployed
- provides challenge to veterinary (and scientific) advice given to inform outbreak decision making and is ultimately responsible for veterinary advice to ministers and senior officials
- leads on behalf of the UK in international veterinary fora on behalf of the UK and is responsible for liaison with the EU Standing Committee on Plants, Animals, Food and Feed Health (SCoPAFF), other EU member states and the OIE

## **Defra director for animal and plant health**

- owns policy for animal disease control and leads the policy response at strategic level
- ensures the outbreak response is aligned with Defra's animal health and welfare strategy and that all of the relevant policies are taken into account
- sets the overall objective(s) for the outbreak in conjunction with the CVO (UK) and the APHA chief executive

- undertakes horizon scanning for strategic issues and shape of future policy

### **Defra director for food and farming**

- leads on food policy
- leads on re-establishment of international trade

### **Deputy Chief Veterinary Officer (DCVO)**

- deputises for the CVO UK as necessary
- makes recommendations to Animal Disease Policy Group (ADPG)
- undertakes horizon scanning for tactical risks and issues and attends stakeholder meetings as necessary
- leads the Risk Management, Imports and International Engagement Team (RMIE)

### **APHA chief executive**

- leads delivery of operational response and briefs ministers and senior officials on disease control operations
- plans effective delivery of strategic and tactical decisions
- ensures appropriate management of all operational disease control staff (including those from within the Defra family and elsewhere) and authorises recruitment of additional staff
- Delivers veterinary surveillance advice to inform outbreak decision making
- provides Defra's permanent secretary with information concerning control and recovery operations

### **Defra Chief Scientific Adviser (CSA)**

- provides challenge to scientific advice provided to Defra and ADPG and accountable for challenges to all scientific advice on disease outbreaks to ministers
- communicates with GCSA and strategic bodies such as the NCS (THRC)
- mobilises and receives advice from the Science Advisory Council - Exotic Disease sub-committee (SAC-ED)
- considers activation of government's SAGE in consultation with the CVO UK, CCS and GCSA

- represents science and Defra at high level meetings, public fora and communicates with the media on science underpinning Defra matters
- undertakes horizon scanning for strategic science issues, attend media briefings, stakeholder group meetings and other meetings as necessary and provide regular briefing to the GCSA

## Tactical

11. The tactical response in England is co-ordinated by the NDCC. The roles and responsibilities are listed below.

### Deputy director: animal welfare and exotic disease control

- heads the EDPRT and welfare teams
- leads on developing and interpreting disease control and movements policy and delivering the policy response at tactical level
- ensures advice, recommendations and briefing is provided to ministers and others on tactical aspects of the outbreak, including exit strategy
- ensures the AHWBE is informed when disease is confirmed and briefed as the outbreak develops
- ensures stakeholders are informed at national level when disease controls are put in place, disease is confirmed and policy decisions are taken during an outbreak
- works in partnership with other parts of the disease response, stakeholders and devolved governments to identify risks and issues which may impact on the disease control objectives
- ensures appropriate zones, movement and other necessary control measures are implemented within the relevant legislative framework
- provides advice on a return to normal movements policy during the recovery phase and advice on identification of animals

### Exotic Disease Policy Response Team (EDPRT)

12. The EDPRT supports the exotic disease policy lead and strategic policy officials in delivering all of their functions. EDPRT triggers and manages the amber teleconference arrangements.

13. EDPRT also sets up and manages a disease free status programme that provides historical timelines and communicates exit strategies, works closely with Defra's

communications group and devolved governments to ensure that correct and timely information is provided.

14. In conjunction with other policy areas, EDPRT monitor the policy staff resources that are needed and can, if required, utilise a pool of surge and emergency volunteers with the right policy and support skills that have been pre-identified as being available to be immediately seconded to the NDCC response teams in the event of a disease outbreak.

15. EDPRT includes or has access to economists, statisticians, social researchers, scientists and modellers. They will undertake socio-economic analysis of the impacts of that outbreak and also the costs and benefits of the policy options on the sector or sectors and on the wider economy. This includes the effects on associated businesses, on domestic and export markets as well as consumers and taxpayers. Examples include assessing the costs and benefits of movement restrictions, export bans and vaccination policies.

16. In order to undertake this analysis the team works closely with industry experts and academics as well as liaising with the National Emergency Epidemiological Group (NEEG), UK wide National Experts Group (NEG) and the ADPG on technical and policy issues respectively. The team also liaise with SAC-ED regarding the quality of available evidence and analysis.

## **Export policy**

17. Export policy are responsible for policies to prevent the transmission of disease to other countries by controlling the export of commodities that are capable of spreading disease. This includes re-establishing export markets as the disease situation improves.

## **Risk Management, Imports and International Engagement Team (RMIIIE)**

18. The international engagement team are responsible for communications within the EU and internationally, ensuring effective representation of the UK's disease control activities. The imports and intra-community trade team are responsible for intracommunity trade of meat, milk and other products of animal origin intended for human consumption including composite products.

## **Animal welfare**

19. The animal welfare policy team is responsible for providing policy advice on animal welfare on farm and during depopulation and transportation, as well as on the position of companion animals. During a disease outbreak the team will be responsible for providing any necessary advice, including on the need to protect the welfare of animals affected by movement restrictions. The team will also seek ministerial approval of depopulation methods used for disease control purposes where this is required by the legislation. When appropriate they will work with the sector engagement team on farm, during depopulation (and wider slaughter situations) and during transportation.

## **Sustainable and competitive farming strategy (sector engagement)**

20. The sector engagement team will advise on the impact on the food supply markets of disease control policies (depopulation, movement restriction, stamping of meat from restricted areas, impact of vaccination on exports, etc.). The team will also engage with the EU Commission (DG Agri) on any market intervention measures, advise on state aids aspects of any compensation levels for depopulated livestock, work with animal welfare policy team on animal welfare matters and advise on disposal of animal by-products.

## **Great British Food Unit (GBFU)**

21. The GBFU will in the event of a major outbreak convene the Food Chain Emergency Liaison Group (FCELG) which has representation from the main sectors in the food supply chain and from across government, including the devolved governments. This group will assess any potential implications from the outbreak on the resilience of the food supply chain and report back to the EDPRT for input to the daily strategic stocktakes and briefing to COBR if appropriate. FCELG will also coordinate any requests for information from government relating to the impact on food supply, such as questions relating to vaccination. The FPU would also convene the FCELG during major exercises to cover these types of questions.

## **Rural communities policy unit**

22. Rural communities policy unit will assess the impact of an outbreak on the wider rural economy by liaising with key stakeholders through the Defra rural issues group and using local intelligence from rural development programme for England Regional Delivery Team (RDT) local offices across the country.

## **Rural Development Programme for England (RDPE) delivery teams**

23. In the lead up to and during the recovery phase, the RDPE delivery teams will liaise with local economic partnerships and other networks to advise if economic interventions are required.

## **Communications group**

24. Defra's communications group is responsible for ensuring that the department has a robust and proportionate communications strategy in place in order to meet the demands of a disease outbreak situation. They will ensure that Defra internal communication channels, the government's public website ([www.gov.uk](http://www.gov.uk)) and the Defra helpline are updated appropriately and manage communications with the media as appropriate. They will also advise the SoS, other ministers, CVO UK and Defra CSA on communications issues, liaise with devolved governments, engage with the Defra communications network to establish a communications team as part of the NDCC and work with APHA communications and HoFD to set up a local presence.

## **Defra group commercial - central outbreak team**

25. The team is part of Defra group commercial and provides support and advice on the procurement of goods and services required during the disease control operation. The team will provide advice and guidance in relation to utilising framework agreements, call-off procedures and contractual terms and conditions, use of emergency purchase orders and procurement of new goods and services if frameworks are exhausted or new requirements arise.

## **Finance business partner for animal health and welfare (disease control)**

26. The finance business partner will support the work of the finance director for APHA, liaise with the Defra director of finance and maintain a flow of communications appropriate to the scale and seriousness of an outbreak. They will also liaise with HM Treasury and other stakeholders as required.

## **Finance director for APHA**

27. The finance director for APHA is part of the Defra finance group and is responsible for ensuring the financial integrity of the disease control operation. Upon confirmation of disease, they will ensure all necessary finance structures are in place at all sites associated with the outbreak, oversee and provide support to the NDCC finance and Defra group commercial team, horizon scan for strategic and tactical issues, prepare papers for the ExCO and advise on options and recommendations.

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

## **Human Resources (HR)**

29. The HR function is delivered through Defra's HR director and is responsible for all aspects of HR related to disease control operations. Upon confirmation of disease, they will establish a HR team appropriate to the size and scale of the event.

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

31. The HR team manages and coordinates the provision of veterinary, technical, specialist, and administrative resources. It works with other parts of the Defra Network

and, depending on the size of the outbreak, with CCS, Department for Work and Pensions (Jobcentre Plus), operational support secretariat, OGDs and industry organisations to secure emergency staff, including veterinary resource. The team may liaise with the Royal College of Veterinary Surgeons (RCVS), British Veterinary Association (BVA), Foreign and Commonwealth Office (FCO) and the Chief Veterinary Officers (CVOs) of other countries over recruitment of veterinary or other staff and the use of the International Animal Health Emergency Reserve (IAHER). The HR team is also responsible for establishing contract terms and conditions for additional staff and contracted personnel and liaising where appropriate with Defra group commercial.

## **Defra legal advisers**

32. Defra's animal health and welfare team's legal advisers are responsible for ensuring that the disease control operation complies with our domestic and international legal obligations and will liaise with policy colleagues to ensure that our disease control policies support this.

## **Outbreak director**

33. The outbreak director will normally be the APHA HoFD for England.

34. Should an outbreak extend to other countries in GB, the APHA service delivery director would become outbreak director to provide a GB overview and the HoFD would focus on activities in their country.

35. The outbreak director is responsible for leading the CDCC and FOB(s). They will manage the overall operational response,

## **Veterinary director**

36. The veterinary director is responsible for translating the disease control strategy into effective and efficient disease control operations both in the field and in the CSCs. They also assure the quality of veterinary advice from APHA to policy development. This includes epidemiology advice (including epidemiological modelling) via the NEEG and chairing the NEG. The veterinary director works closely with the Veterinary Heads of Field Delivery (VHoFD) to receive and act on intelligence concerning whether the operational response is achieving the required strategic outcomes.

## **Veterinary Exotic Notifiable Diseases Unit (VENDU)**

37. VENDU is responsible for veterinary advice to policy makers on the control of the disease. VENDU receives reports of suspected disease from the field, ensures that disease investigations are undertaken effectively, that notifications are distributed and acted upon, co-ordinates sample test results from the laboratory, considers the options for control, makes recommendations as appropriate and acts as a central co-ordination point to collate, refine and present up-to-date information on disease reports.

38. If appropriate during an outbreak/incident, VENDU may delegate some or all of their responsibilities relating to that outbreak/incident to an NDCC disease reporting team (DRT). VENDU will retain functional management of the DRT and continue to handle report cases for other exotic notifiable diseases.

### **Head of Outbreak Coordination Group (OCG)**

39. The head of OCG is responsible for the battle rhythm and co-ordination of APHA NDCC and CDCC functions. They will notify interested parties about the disease investigation during suspicion and upon confirmation of disease, will consider the establishment of proportional elements of the CDCC and ensure that contingency arrangements are enacted.

40. The head of OCG ensures efficient coordination occurs across Defra, operational partners and stakeholders and agrees any deviation from the established operational structures and ways of working with the CVO UK.

### **Administration, planning and resourcing team**

41. The administration, planning and resourcing team is responsible for horizon scanning to identify possible operational and logistic problems and provide solutions. They will use the output of epidemiological modelling for resource planning purposes in order to assess the operational impact of the predicted progression of the outbreak, identifying likely strategic, tactical and operational milestones. The team will provide the secretariat for the NDCC bird-tables, maintain contact lists and liaise with operational partners and stakeholders. The team maintains an overview of status of the response and is responsible for ensuring that information and guidance on the management of the outbreak (beyond that provided in operational instructions) is passed on urgently to those who need it and that information flows are accurate and timely.

### **Management information team**

42. The management information team are responsible for collecting, collating and interpreting summary data and information on the control and management of the outbreak. The team will be a central point of intelligence on the outbreak, its impact and control. They will receive situation reports from all teams involved (including NDCC, CDCC, FOBs, operational partners, etc.) and will compile a report of data and analysis, which will be submitted to the NDCC and CCS on a daily basis or less frequently as jointly agreed between CCS and the head of OCG. The management information team will also coordinate the Defra/APHA contribution to the CRIP.

### **Information technology liaison team**

43. The IT liaison team co-ordinate requests for IT services and developments and manage their delivery. They liaise with the IT service contractor and APHA Information

Management and Technology team (IMT) and Defra Digital, Data and Technology Services (DDTS) who are responsible for the maintenance of IT disease control systems.

## **National Emergency Epidemiology Group (NEEG)**

44. The veterinary head of intervention epidemiology (GB) and head of the NEEG is responsible for setting up the NEEG so it can provide the CVO UK and policy makers with expert epidemiological opinion relevant to the control policy and contribute to the relevant NEG on epidemiological matters.

45. During an outbreak, the NEEG provides epidemiological advice and assessment on the determinants, level and distribution of disease to the NEG, other groups and the CVO UK to inform decisions on disease control and prevention measures including vaccination and surveillance. It leads the epidemiological investigations of exotic disease outbreaks, delivers epidemiological modelling, designs surveillance plans and analyses surveillance outcomes, contributes epidemiological information and expertise to veterinary risk assessments and provides epidemiology reports or the epidemiological components of reports to Defra, the public website, EC and OIE. It also provides advice to field operations on disease transmission risks (and potential measures to mitigate these) and likely disease distribution to aid resource allocation and prioritisation of the implementation of control measures.

46. The NEEG has a central group responsible for co-ordinating, analysing and reporting epidemiological investigations, ensuring availability of data for modelling and procurement and co-ordination of epidemiological modelling as required. The NEEG (via the APHA head of field epidemiology and the APHA field epidemiology lead) also establishes a field epidemiology team presence in the CDCC, the tracings team and FOBs as appropriate. The field epidemiologists are functionally managed by the NEEG.

## **Veterinary and technical operations team**

47. The veterinary and technical operations team acts as the central point of contact for APHA veterinary and technical staff. It co-ordinates and manages the veterinary and technical aspects of the control, eradication and recovery operation by liaison with policy colleagues and by providing veterinary and technical direction to the field operation by means of instructions and guidance. The team also provides veterinary and technical support to the NDCC including the management of sample results other than those from disease investigations and circulation of these to the NEEG. They work in conjunction with CDCC customer service centre teams.

## **Central operations**

### ***CDCC field operations team***

48. The field operations team provides a support function to FOBs, coordinating and providing tactical guidance about valuations, depopulation, transport, disposal and C&D

operations. The team may be located across multiple sites, liaising closely with APHA contracts team and Defra group commercial to ensure that services are available to carry out these key operational functions and with the central teams of other organisations whose local staff will be involved in the field operation such as the EA and PHE.

49 The team maintains an overview of status of the field response, handles disputed valuations, litigation and actions, and legal liaison. The team is also responsible for requesting and lifting air exclusion zones if required.

50. For large outbreaks, the team may sub-divide into separate teams covering:

- depopulation
- transport and disposal
- cleansing and disinfection.

### ***CDCC vaccination operations team***

51. The vaccination operations team will, through its management of external emergency vaccination suppliers, implement vaccination operations if required. This will include oversight of the deployment of vaccination teams, the supervising veterinary surgeons and supporting management structures with the relevant instructions relating to the type of vaccination campaign being delivered. The team will provide advice and guidance to the commercial contractor and information on vaccination capability and operational arrangements and will ensure contractual obligations are being met and that correct financial information is being recorded. More detail on vaccination is at section 9.

### ***CDCC finance***

52. Finance records, manages, advises and alerts on finance activity and will liaise with the NDCC Finance Team. The Finance Team records operational outbreak costs in areas under its responsibility. The APHA Corporate Finance team provides guidance and advice, including overseeing cost forecasts and claims for EU co-funding.

### ***CDCC procurement***

53. The Defra group commercial team manages procurement and contractual activity in accordance with Defra and APHA procedures.

### ***CDCC Information Management and Technology Team (IMT)***

54. IMT will provide an analytical information support service to the strategic, tactical and operational response. In the event of an outbreak of exotic notifiable disease, IMT will form the NDCC data analysis and mapping and information technology teams, which includes the provision of data, mapping and management of information. They will be responsible for demographic information on the distribution and numbers of livestock accessed via the Rapid Analysis and Detection of Animal Related Risks (RADAR) data warehouse. This includes the provision of maps and statistics to support risk assessments, disease control operations and requirements to the EU, provision of population information

to modellers, and drawing up official zones and production of maps in relation to imposing restrictions. The Animal Demography and Disease Informatics (ADDI) provide advice on specific issues including scientific, technical and disease control measures issues in disease incident/outbreak situations.

### ***Reference laboratories***

55. National reference laboratories are responsible for the provision and interpretation of diagnostic and surveillance testing as well as disease-specific expert knowledge in relation to the application of laboratory tests, epidemiology and control measures. The reference laboratories for exotic notifiable diseases in the UK are The Pirbright Institute and APHA Weybridge.

### ***Disease Reporting Team (DRT)***

56. The decision to establish a DRT will be made by the veterinary head of exotics and welfare in consultation with the outbreak director and the head of OCG. The veterinary head of exotics and welfare will be responsible for the staffing of the DRT and designated APHA vets from a pool will be called in to resource the team at an agreed time.

### ***Operational partners and other government departments***

57. The management, control and eradication of an outbreak of exotic notifiable disease of animals require a coordinated response between numerous organisations. Depending on the disease in question and the scale and severity of the outbreak, the NDCC may include representation from operational partners and Other Government Departments (OGDs).

### ***Environment Agency (EA)***

58. The EA works with, and supports partners (including Defra, APHA, LAs and landowners) to minimise the environmental impact of an outbreak and the necessary control measures. The EA provide expert advice and management options, in particular on waste and disposal sites, determine applications and registrations for waste disposal and recovery activities (including carcasses, animal by-products, manures and wash waters), pollution prevention issues and monitor the impact of the outbreak on the environment.

59. During outbreaks the EA will, where appropriate, provide liaison officers at strategic, tactical and operational command levels and, where necessary, attend SCG meetings. A Response Coordination Group (ResCG) should be established in the event of a wide-scale incident.

### ***Public Health England (PHE)***

60. PHE assess the impact of disease control measures on public health and ensure directors of public health in LAs are briefed on disease control measures and any related public health issues. PHE will field health-related enquiries from public and local health service staff promote continuity of health care provision in restricted areas and assist in the

analysis of human blood samples and provide laboratory support, epidemiological advice and access to modelling capability.

61. During outbreaks PHE will, where appropriate, provide representation at the tactical and operational command levels and, where necessary, attend SCG and ResCG meetings.

### ***National Police Chiefs Council (NPCC)***

62. NPCC is responsible for developing policing policies. The council works within a tripartite framework which brings together the local chief constable, the local police and crime commissioner and the home secretary. NPCC advise on strategic policing issues arising from disease control operations, provide a link to chief constables in affected police forces and facilitate agreement of proposed routes with all affected police forces.

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

64. The role of individual police forces is described at the operational level below.

### ***Local Authority Animal Health Function (LAAHF)***

65. LAs are responsible for the enforcement of disease control measures and as such are major operational partners in the response to exotic notifiable disease in animals. LAs employ animal health officers tasked with disease control enforcement and they work closely with the APHA to prepare for, and to control, animal disease.

66. The LAAHF is normally provided by trading standards or environmental health services and provides an informed link between the APHA, LA and the LRFs. It also plays a key role in the implementation of disease control strategies, ensuring an appropriate response to suspected or confirmed animal disease and is fundamental to the efficient access of local information and resources.

67. During an outbreak the LAAHF may provide liaison officer representation at the operational command level. The role of individual LAs is described at the operational level.

### ***National Animal Health and Welfare Panel (NAHWP)***

68. The National Animal Health and Welfare Panel (NAHWP) is comprised of LA officers who bring together specialist and expert advice for LAs and co-ordinate best practice and enforcement. During an outbreak, NAHWP may have representation in the NDCC and provide a forum for national policy issues and for getting information to and from the regions. Information is shared through an online resource 'the local government animal health and welfare knowledge hub', which has been established to help LAs share experiences, solutions, ideas and good practice in relation to the regulation of the farming industry and protecting the food chain, human health, and animal health and animal welfare.

### ***Department of Health (DH)***

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

### ***Cabinet Office, Civil Contingencies Secretariat (CCS)***

70. CCS is responsible for overseeing the cross government response to any outbreak of exotic disease of animals. It supports ministers collectively and the lead departments in particular. It provides a coordinated response to outbreaks of exotic disease of animals by ensuring that there is an agreed understanding of the triggers for and implications of an outbreak. This involves identification of key issues requiring collective discussion and agreement by ministers and recording, promulgating and following up agreed actions.

71. CCS will also work with other departments, bilaterally or multilaterally, at strategic level to identify emerging issues and develop solutions or policy options for putting to NSC(THRC). In the absence of a permanent consequence management co-ordination centre, CCS will set up ad-hoc strategic level meetings of departments and agencies, probably at short notice, to fulfil this role.

### ***United Kingdom Permanent Representation to the EU (UKREP)***

72. UKRep's role is to monitor and analyse developments in the EU, particularly in the commission and amongst member states; and to negotiate with the commission and other member states on any specific issues (in particular, but not exclusively in relation to Standing Committee (of the EC) on Plants, Animals, Food and Feed (SCoPAFF) decisions and outcomes).

### ***Department for Communities and Local Government (DCLG)***

73. DCLG - Resilience and Emergencies Division (RED) is responsible for providing the government liaison function on resilience issues. RED works with local organisations to build resilience, to support LRFs working together and, as appropriate, support the response to any emergency. This includes through assisting the exchange of information between responders in affected SCGs and with UK central government. In the event of an emergency, DCLG will immediately take steps to ensure that they can provide support to the local emergency response, where necessary and as appropriate. This could involve facilitate and co-ordination of mutual aid arrangements between LRFs and on its own initiative or at the request of local responders or the lead government department in consultation with the Cabinet Office, convene a ResCG where the local response has been or may be overwhelmed and wider support is required.

### ***Department for Transport (DfT)***

74. During an outbreak of exotic notifiable disease of animals DfT aims to provide support to Defra, its associated agencies and stakeholders by responding to demands for

information on transport related issues, providing practical advice and guidance, agreeing to derogations of road haulage regulations where appropriate and facilitating contact with the transport industry where necessary.

### ***Food Standards Agency (FSA)***

75. The FSA is responsible for providing advice to the public concerning implications for the food chain arising from an outbreak of exotic notifiable disease of animals. FSA operations is responsible for the protection of public and animal health through the proportionate enforcement of legislation in approved fresh meat premises. FSA is responsible for overseeing the implementation of animal disease control measures at slaughterhouses and elsewhere in the food chain operating under an FSA licence/approval. It is responsible for the delivery of official legislative controls relating to standards of animal welfare and hygiene in slaughterhouses and cutting plants.

### ***Natural England (NE)***

76. As government's independent adviser on the natural environment, NE is focused on conserving and enhancing England's biodiversity and landscapes and maximising the benefits they bring to the public. This includes managing England's agri-environment schemes, implementation of open access legislation including regulation for temporary closure, statutory designation, maintenance and condition of protected sites including sites of special scientific interest and national parks and managing the majority of the national nature reserves. In particular, NE is the licensing authority for protected species and for the release of non- native and re-introduced formerly native species.

### ***Stakeholders***

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

### ***Core groups***

78. Defra works closely with a number of core groups of stakeholders which have been established to help formulate proposals and seek solutions to issues outside of and during an outbreak. This group is comprised of experienced members of the relevant professions and industries from a number of organisations who attend in a personal capacity.

### ***Devolved governments***

79. Representatives from the devolved governments may be based in the NDCC during large-scale outbreaks in Great Britain. For smaller outbreaks or those where disease is limited to England only it may not be necessary for the devolved governments to be embedded and they may participate at NDCC bird-tables via teleconference.

## **Operational**

80. The key roles in the disease control operations are described below.

### ***CDCC surveillance***

81. Surveillance ensures that field teams undertake clinical inspections, verify details of premises, obtain information on stock numbers and disposition on premises and oversee the required surveillance to enable zone clearance or as required for other teams such as epidemiology. This function is supported by activity at an APHA CSC.

### ***CDCC tracings and dangerous contacts***

82. Tracings and Dangerous Contacts (DCs) aims to identify the source of disease and limit its spread, by ensuring that tracings are identified and prioritised promptly and where a veterinary risk assessment indicates an unacceptable risk, recommend stock are depopulated as DCs. This function is supported by activity at an APHA CSC.

### ***CDCC licensing***

83. Licensing assists the disease control process by considering applications for exemptions from restrictions and, where allowed and appropriate, licensing those exemptions to permit animal movements, activities, events, etc. This function is supported by activity at an APHA CSC.

### ***Veterinary Head of Field Delivery (VHoFD)***

84. The VHoFD acts as the senior veterinary field adviser to the HoFD and other staff within the field delivery teams. They are responsible for quality assurance of veterinary activities, ensuring that appropriate standards are applied and decisions are made based on sound veterinary advice, appropriate risk assessment and considering wider aspects of veterinary issues.

85. They lead FOB operational partner and stakeholder engagement. They act as the local spokesperson on the operational aspects of the disease control operation to the media, brief and liaise with the sub-national teams (including the local SCG) to ensure that arrangements are in place to manage the wider consequences of the outbreak and manage the relationship with the wider resilience partners.

### ***Field Delivery Manager (FDM)***

86. The FDM is responsible for overseeing and managing the field delivery in one or more FOBs within their geographical area. They will ensure that sufficient staff have been engaged to deliver field tasks, regularly review and oversee FOB planning including accommodation requirements and provide support to the HoFD.

### ***FOB manager – Delivery Team Leader / Technical Team Leader***

87. The Delivery Team Leader (DTL) and Technical Team Leader (TTL), liaising with the appropriate APHA corporate functions, will be responsible for managing an individual FOB, local accommodation, facilities and resources, including staff, arranging for the provision of arrival, induction, training and departure processes.

### ***FOB communications***

88. Communications provides a comprehensive, integrated communications service, including all aspects of internal and external communications in liaison with the Defra communications group.

### ***FOB allocations***

89. Allocations ensure that jobs are prioritised, allocated on time, fully completed and accurately recorded.

### ***FOB job pack creations***

90. Job pack creation ensures jobs being allocated have the appropriate documents, forms and mapping.

### ***FOB records management***

91. Records management develops and manages effective records control system, by managing official records including registered files and any other media which conveys information.

### ***FOB field operations***

92. Field operations has overall responsibility for field operations. The team has office based veterinary support in addition to affected premises veterinary and technical involvement through the veterinary and case officer.

### ***FOB biosecurity***

93. Biosecurity provides materials, personnel and information to reduce the risk of spread of disease from infected to uninfected stock.

### ***FOB culling***

94. Culling co-ordinates activities on premises where animals are to be depopulated for disease control purposes. They will liaise with the CDCC field operations team and the Defra group commercial.

### ***FOB disposal***

95. Disposals co-ordinates the disposal of carcasses from premises where animals are depopulated for disease control purposes.

### ***FOB cleansing and disinfection***

96. Cleansing and Disinfection (C&D) co-ordinates appropriate activities on premises where animals have been depopulated for disease control purposes. They liaise with CDCC field operations and the Defra group commercial on the provision of contractors.

97. On premises where animals have been depopulated for disease control purposes, C&D assess requirements for preliminary and final C&D and provide advice on how it should be done. C&D will seek veterinary and scientific advice from others as appropriate.

### ***FOB sample handling***

98. Sample handling advises on sampling requirements and coordinates the packing and dispatch of samples to the laboratory. It may include a liaison officer from APHA Weybridge. It works closely with surveillance and epidemiology teams.

### ***FOB stores***

99. Stores maintain sufficient supplies to allow undertaking of patrolling, surveillance and for field operations activities on premises where animals have been depopulated for disease control purposes.

### ***FOB valuation***

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

### ***Case officer***

101. A case officer is appointed for each premises where disease control activity is taking place. They operate from the premises and are the point of contact with the occupier/operator. They are responsible for overseeing all activities including APHA staff, police officers deployed to the site, other officials, valuers, slaughtermen, contractors etc. They ensure a coordinated well directed operation, compliance with health and safety protocols, minimise the risk of disease spread from the premises and achieve rapid and effective completion of disease control measures.

### ***Gate officer***

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

### ***FOB epidemiological intelligence***

103. Epidemiological intelligence contributes to the understanding and control of disease by gathering, collating and interpreting field epidemiological information, considering patterns of disease, assessing risk factors and disseminating this information. It is made up of members of the APHA epidemiology team and is a key component of the NEEG.

### ***FOB health and safety***

104. Health and safety provides advice and assistance for all aspects of staff health and safety, liaising with NDCC HR and PHE as appropriate.

### ***Individual police forces***

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

106. A chief officer from the force area affected is usually the chair of the SCG and may be the chair if an outbreak or the activities needed to deal with it reach such proportions that a critical or major incident is declared and the SCG becomes established. A representative of the police force may attend the FOB.

### ***Individual Local Authorities (LAs)***

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

- provide staff (including animal health officers, emergency planning officers and highways and public rights of way departments);
- provide vehicles;
- provide equipment;
- provide buildings;
- enforce disease control measures and movement licence conditions; and

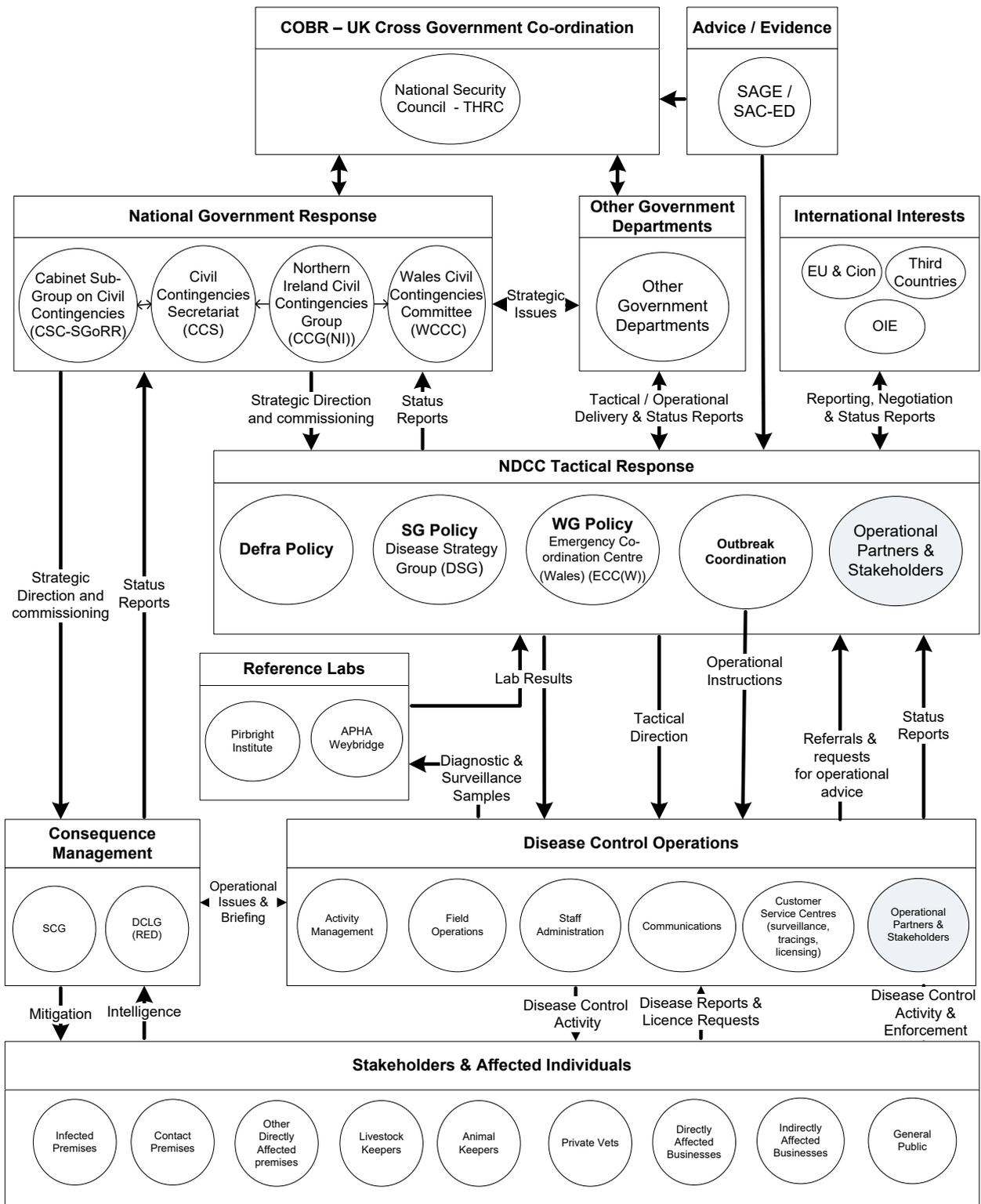
- erect road signs for publicising control zones.

108. LAs also provide liaison officer representation at the operational command level. LAs are responsible for overseeing and enforcing the implementation of animal disease control measures within the food production premises operating under LA approvals. A representative of the LAs may attend the FOB.

### ***Stakeholders***

109. Stakeholders from relevant industry or species organisations may be invited to the FOB to provide specific advice and guidance on animal keeping practices, location of susceptible animals, and to assist with communications.

**Figure C – Command, control and communication structures in Great Britain**



# 7. Groups and committees

## Strategic level

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

1. The NSC (THRC) is a ministerial sub-committee of the National Security Council (NSC). It meets to consider issues relating to threats, hazards, resilience and contingencies and includes a restricted group which considers intelligence matters. The NSC group will report as necessary to the NSC.
2. When meeting to consider the government's response to civil emergencies the terms of reference will be:
  - to consider, in civil emergencies, plans for the protection of life, the continuity of everyday activity, and the restoration of disrupted services
3. For outbreaks of animal disease the chair will typically be taken by the relevant Defra minister. The Cabinet Office CCS will form the secretariat. Ministers from the appropriate government departments, including the devolved governments, will be invited to attend. Depending on the circumstances or situation other organisations may also be included such as the NPCC and FSA.
4. In large-scale outbreaks, the Prime Minister may chair the meetings.
5. The issues that are likely to be discussed include the operational response, the impacts on the wider government, stakeholder engagement, international and European issues, forward strategy, communications and media, and recovery.

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

6. The NSC (THRC) (O) is the level where the senior officials of the appropriate government departments meet. If the civil emergency is sufficient to warrant it, for example in a large-scale disease outbreak, the issues will be passed to the ministerial sub-committee NSC (THRC) to debate.
7. The group have the same remit as NSC (THRC) and will be chaired by DG SIR (Security, Intelligence and Resilience) Cabinet Office or director Civil Contingencies Secretariat (CCS).

## **Science Advisory Council – Exotic Disease sub committee (SAC-ED)**

8. SAC-ED has been established to give strategic oversight and assurance for dealing with exotic animal diseases during an outbreak. SAC-ED will typically meet annually even if an outbreak doesn't occur.

9. SAC-ED's main role is to advise and challenge the Defra CSA and CVO on the department's preparedness to deploy evidence and analysis in support of exotic disease control; and in the event of an exotic disease outbreak, to periodically review the evidence and analysis supporting disease control policies; to assure its quality and advise on any issues or gaps and how they might be addressed. Defra will decide when and how SAC-ED should be deployed in relation to outbreaks.

10. Membership is drawn from organisations and academic institutions from across the UK and includes experts in veterinary epidemiology, risk and modelling, social science, economics and practical experience of dealing with outbreaks.

11. SAC-ED and the NEG/Outbreak Advisory Group (OAG) perform the roles and functions of a SAGE and for most exotic disease outbreaks SAGE will not be stood up. In the event that the ministerial COBR will be activated, the Chair of SAC-ED in consultation with the government and Defra CSAs and CVO (UK) should discuss the potential activation of SAGE by COBR. SAC-ED will form the basis of SAGE and the government CSA will take over the chair to ensure continuity.

## **Scientific Advisory Group for Emergencies (SAGE)**

12. The Scientific Advisory Group for Emergencies (SAGE) coordinates scientific and technical advice from other expert groups to help support UK cross-government decision making. SAGE may be activated from within the government's crisis management mechanism, often referred to as the COBR. SAGE advice will be one source of advice that will be presented to Ministers to support them in making evidence-based decisions. SAGE will be chaired by the government's CSA, a departmental or national CSA, a CMO or CVO as appropriate. The secretariat will be provided by the lead government department. Where there is no lead the secretariat will be provided by Cabinet Office and the Government Office for Science.

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

## **Defra Executive Committee (ExCo)**

14. The Defra ExCo is the strategic decision making body, which if necessary, would be responsible for considering how best Defra should respond to the outbreak or incident. ExCO is chaired by the Defra permanent secretary and would use its standing secretariat. The initial meeting will be at an appropriate time following confirmation of an outbreak of animal disease. Defra's permanent secretary, following advice from officials, has responsibility for deciding if the scale and severity of the outbreak merits an ExCo meeting

(or additional agenda item at one of its regular meetings) and the frequency of these meetings.

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

16. ExCo will comprise of all its standard members and additionally the APHA chief executive, Defra's CSA and CVO, together with any other members the permanent secretary deems appropriate for the outbreak.

17. The issues that are likely to be discussed include, resourcing across the group (including use of emergency volunteers), financial and budgetary outlook, communication issues, coordination and liaison with CCS, OGDs and the devolved governments and impact of outbreak on other departmental responsibilities, including business continuity.

### **Animal Disease Policy Group (ADPG)**

18. The ADPG provides disease control policy advice and strategic recommendations at UK level which will form the basis for advice to Defra ministers, the NSC (THRC) and other strategic decision makers. It is the forum where the disease control policy and strategic recommendations should be presented, reviewed, discussed, challenged and agreed by UK officials. The ADPG also has an important role in ensuring that policies are consistent (although they may be different) across the four administrations within the UK.

19. ADPG is chaired by Defra's director for animal and plant health and Defra's EDPRT provides the secretariat.

20. The membership of the ADPG includes representatives from Defra policy teams, devolved governments, communications group, Defra Legal advisers (animal health and welfare team), CVO UK, Defra CSA's representative, NEG, CVOs and policy officials from devolved governments, Government Office for Science, CCS and APHA. Membership may also include public health representatives (who provide specific advice on zoonotic diseases).

21. Its membership may expand for significant policy decisions and could then include Defra's permanent secretary, other directors general and directors.

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

### **Communications meeting**

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

24. The director of communications will chair the meeting and the communications directorate group will provide the secretariat. The participants at the meeting (or their representatives) will include the chief executive APHA, Defra's permanent secretary, Defra minister, CVO UK, No. 10, exotic disease policy lead, devolved governments and APHA communications.

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

### **Strategic stocktake**

26. The strategic stocktake normally takes place daily and is a forum for ensuring senior managers within the disease control operation are aware of the latest developments and able to plan and take decisions on the overall strategic direction.

27. The CVO UK will chair the meeting and the CVO UK's office will provide the secretariat. The membership will include the director of animal health and welfare, DCVO UK, chief executive APHA, CVOs and senior policy leads of the devolved governments, Defra's exotic disease policy lead, veterinary head of exotics and welfare, outbreak director, outbreak veterinary director, head of veterinary and technical operations, a member of the NEEG executive, head of international engagement, and economic / industry representatives as appropriate.

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

### **National Experts Group (NEG)**

29. The NEG is a permanently operational UK group which, in an outbreak of exotic notifiable disease of animals, provides UK policy teams and CVOs with specific veterinary, technical and scientific advice and recommendations on the disease, its transmission and options for its control via the ADPG, CVO and DCVO UK.

30. The NEG will convene where a request on a policy development or option from policy teams or a CVO requires specific advice. The NEG will be chaired by the APHA veterinary director or the APHA head of advice services and the APHA Veterinary Advice Services (VAS) team will provide the secretariat.

31. The attendees at each NEG will reflect the issues under consideration but will usually include veterinary and scientific representatives from APHA, devolved governments, NEEG, the relevant laboratory (APHA or the Pirbright Institute). FERA other Defra agencies and observers from exotic disease policy, Defra legal and Defra economists may also be present.

32. Depending on the issue under discussion other attendees may include, modelling experts, meteorologists, economists, scientific or veterinary representatives of imports and exports portfolios and scientific experts in required fields. Vector biology, may also be

invited. These can be from within government, its agencies or from external organisations including wildlife groups, academia etc.

33. The issues that are likely to be discussed at a NEG may include disease control recommendations for ADPG such as the use of vaccination, risk of disease transmission, involvement of wildlife, role of vectors and the commissioning of additional specialist work if existing models do not provide a sufficient understanding of the outbreak.

### **Outbreak Advisory Group (OAG)**

34. The Outbreak Advisory Group (OAG) may be set up during an outbreak or on other occasions if deemed appropriate. The main function of the OAG is to review the disease control strategy, whether it is or can be delivered as intended, and whether it is achieving the intended outcomes. It may also be used where it provides the best forum for allowing interaction between experts within and across disciplines to resolve a specific issue or to supplement the existing advice.

35. Once set up, the OAG will convene to review the strategy in place, at intervals agreed as part of planning the battle rhythm that are appropriate to the nature and scale of the disease outbreak. In addition, policy leads, the APHA service delivery director or a CVO/DCVO may request a specific OAG meeting to review or assist in disease outbreak control. A NEG meeting may also recommend that an issue be addressed in an OAG meeting and vice versa.

36. The OAG will be chaired by the DCVO(UK) or appropriate lead from the devolved government and the outbreak administration, planning and resourcing team will provide the secretariat.

37. Attendees at OAG meetings will include policy, veterinary and epidemiologist representatives that are invited to all meetings supplemented by other invitees to provide expertise in specific skills and disciplines depending on the issues under consideration.

### **Rural Development Programme for England (RDPE) national approval panel**

38. The RDPE programme for 2014-20 was agreed by the commission in February 2015. It no longer includes a rural economy grant. Funding may be available under the RDPE to help industry access impacts that arise in recovery from an outbreak. Currently the focus for open growth programme calls is on support for SMEs to grow their business and on food processing and tourism. Local Enterprise Partnerships (LEPs) and local partners help direct how funds are used in their area for RDPE and other EU funds under the EU growth programme and may have some national funding to support local priorities. We would advise farmers to approach their LEP to discuss potential funding possibilities.

## **Core groups**

39. Defra will convene the relevant core group (or other stakeholder group) for the disease in question at the outset of an outbreak. The purpose is to ensure the core group is apprised of the disease situation, and for them to provide advice and guidance to government. Core group members provide advice on how to mitigate any issues or concerns raised by industry stakeholders that may need to be addressed at local or national level during the outbreak. They will also be involved in the development of control policies outside of and during outbreaks. The deputy director for Animal Welfare and Exotic Disease Control (AWEDC) will chair the core group and Defra's EDPRT will provide the secretariat.

## **Stakeholder meetings**

40. Stakeholder meetings provide wider stakeholders with a forum for discussing and influencing policy developments and to help steer the strategic direction. Depending on the outbreak, a number of additional stakeholder groups may be convened. These include key stakeholders, veterinary stakeholders, retailers and exporters. The issues that are likely to be discussed vary. Stakeholders representing agricultural and rural interests, food supply, consumer organisations and other organisations may be invited.

41. The deputy director for AWEDC will normally chair stakeholder meetings, while the CVO UK or DCVO chair the veterinary stakeholder groups. Ministers will occasionally chair key stakeholder group meetings. The secretariat will be provided by Defra's EDPRT.

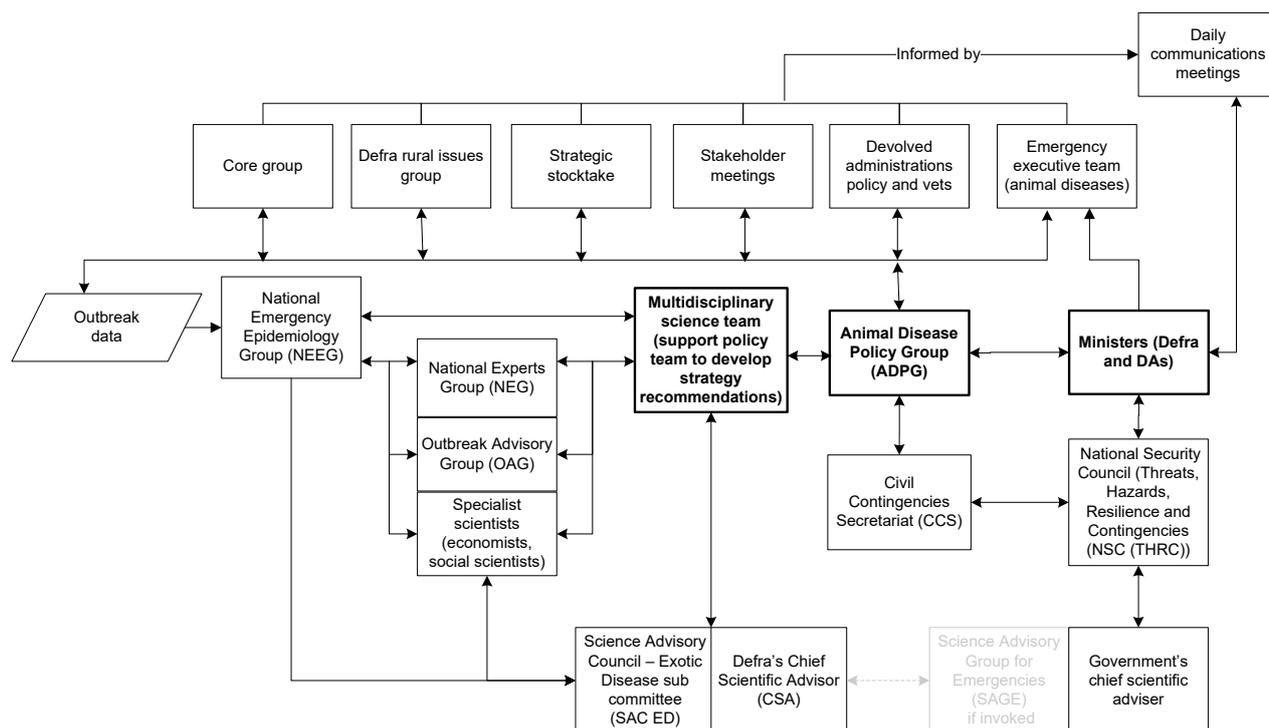
## **Defra rural issues group**

42. The Defra rural issues group provides advice and policy recommendations on rural issues to COBR and ADPG.

43. The director for natural environment will chair the group and the secretariat will be provided by the director's office. The participants will include government departments and bodies affected by the impacts of the outbreak. This may include, but is not limited to, the Department for Culture, Media and Sport (tourism), Department for Business, Energy and Industrial Strategy (BIES), Department for Work and Pensions (Jobcentre Plus), Department for Communities and Local Government (DCLG), Action with Communities in Rural England (ACRE), Campaign to Protect Rural England (CPRE), Country Land and Business Association (CLA), Countryside Alliance, English Heritage, EA, Forestry Commission (England), Local Government Association (LGA), National Farmers' Union (NFU), NE, Ramblers' Association, Royal Society for the Protection of Birds (RSPB) and Royal Society for the Prevention of Cruelty to Animals (RSPCA).

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

**Figure D – Diagram of inter-relationships between science and policy groups**



## Tactical level

### NDCC bird-table meetings

45. NDCC bird-table meetings are conducted to:

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

46. The participants at the meetings will be from all the areas involved in the management of the disease control operation, including all NDCC heads of team, policy representatives, operational partners and invited stakeholders.

47. The issues reported on will include an update on current disease status and control measures, situation reports from NDCC team managers, updates from stakeholders and

operational partners, a review of outstanding actions from previous bird-tables, the battle rhythm and housekeeping issues.

48. Bird-tables are usually held standing up, with participants contributing in the same order each time. Not all the contributions listed are needed at all times in an outbreak. Contributions must be brief, well focused on immediate key issues, should be objective not speculative and be completed as expeditiously as possible.

### **CDCC tactical-operational management teleconference**

49. The CDCC tactical-operational management teleconference provides a forum for heads of CDCC teams involved in the outbreak to communicate and be provided with central direction.

50. The outbreak director will chair the teleconference with the secretariat provided by the administration, planning and resourcing team (resilience and business support administration). The participants will include heads for all outbreak response teams.

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

## **Operational level**

### **FOB operational management teleconference**

52. The FOB operational management teleconference provides a forum for heads of FOB teams involved in the outbreak to communicate, coordinate activities and be provided with central direction.

53. The FDM will chair the teleconference with the secretariat provided by the communications team. The participants will include heads for all FOB outbreak response teams.

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

### **FOB bird-table meetings**

55. FOB bird-table meetings are conducted for the same purpose as NDCC bird-table meetings above with the additional objective to provide a structure to deal with action points and a designated point at which all those involved in the response can consider future action.

56. The FDM will chair the meetings with the secretariat provided by the FOB communications team. The participants at the meetings will be from all areas involved in the operational response, all FOB team leaders, operational partners and invited stakeholders.

57. The issues reported on will include an update on current disease status and control measures, situation reports from team managers, updates from stakeholders and operational partners, a review of outstanding actions from previous bird-tables, the battle rhythm and housekeeping issues.

## Battle rhythm

58. The battle rhythm is established to allow all participants to be aware of the activities and meetings so they can better plan their involvement. The battle rhythm set out here is **indicative**. These timings are for an outbreak of significant size in which a NSC (THRC) is established and a daily media briefing is the norm. Any deviation from the set battle rhythm must be agreed between the head of outbreak coordination group and the CVO UK, the director of animal health and welfare and the chief executive APHA.

Time	Level	Event
0800 – 0830	Strategic	Daily strategic stocktake
	Operational	FOB operational management teleconference
0830 – 0900	Tactical	NDCC bird-table
	Operational	FOB bird-table
0900 – 0930	Tactical	Daily communications meeting
1000 – 1100	Strategic	NSC (THRC)
1130 – 1200	Strategic	Defra media briefing
	Operational	Media briefing
1200 – 1230	Tactical	NDCC bird-table
	Operational	FOB bird-table
1400 – 1430	Tactical / operational	CDCC tactical-operational management teleconference
1500 – 1600	Strategic	NSC (THRC)
1800 – 1830	Tactical	NDCC bird-table
	Operational	FOB bird-table
Ad-hoc	Strategic	Animal Disease Policy Group
	Tactical	National Experts Group
	Tactical	Outbreak Advisory Group
	Operational	Disease Emergency Response Committee
2100 approx.	CDCC management information and reports team	Daily report compiled and circulated – to provide a comprehensive situation report on all aspects

59. Where an outbreak is small or events are slow moving a more condensed battle rhythm will be appropriate. The main point is to ensure that a schedule is set and understood by all.

## 8. Communications

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

### Media, livestock keepers and the general public

2. As part of the NDCC the EDPRT gathers information on the disease outbreak to provide accurate and timely information on the outbreak for ministers, the media (via Defra communications group), senior officials, help-lines and all staff dealing directly with the public and for publication via the website. It informs relevant stakeholders at national level of the presence of disease and progress of the outbreak and may also use these channels to target messaging.

3. Defra communications group aims to provide appropriate, clear and accurate information to key audiences. It also informs and coordinates Defra and central government information, identifies early any issues of key interest to the media and the public, manages communications with the media and assists policy colleagues with key messages, delivers timely, integrated communications advice to ministers, provides key messages to staff and liaises with local communications teams.

4. Defra communications group is responsible for managing communications with animal keepers, operational partners and stakeholders at local level. One of the main methods of communication is via a mass-messaging system, using data held by APHA and the RCVS. This system allows a combination of SMS, voicemail, email and fax messages to be sent to livestock keepers and veterinary practices. Defra communications group also co-ordinates the distribution of information packs to livestock premises within PZs and SZs set up to control livestock diseases.

5. All animal keepers and pet owners should visit GOV.UK for the latest situation and advice.

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

### Internal communications

7. Defra communications group will lead on internal communications. Working in conjunction with teams in the NDCC, CDCC and FOBs they will ensure staff involved are kept informed of both the operational progress of the response and other key messages. They will also keep all departmental staff, OGDs and other bodies informed.

## Communication within the NDCC

8. Depending on the size, location, scale and nature of the outbreak or incident there may be stakeholder representation within the NDCC. Operational partners will also form part of the NDCC as appropriate.

9. Representatives from major stakeholder groups may be invited to attend NDCC bird-table meetings and can attend various other meetings arranged for stakeholders.

## Communication within the CDCC

10. The CDCC will contain a communications team who liaise closely with the national communications teams and provide an integrated communications service at the local level.

## 9. Operations and logistics

### Contracts, framework agreements and finance

1. In the event of an outbreak of exotic notifiable disease of animals it is important that services required as part of the disease control operation can be accessed rapidly. Defra group commercial and APHA establish contractual arrangements to meet anticipated needs in an outbreak whilst ensuring compliance with EU and UK procurement law and value for money. The suppliers are vetted and are subjected to regular review by network procurement and APHA to ensure their on-going suitability for use in an outbreak.
2. The contracts and framework agreements and arrangements are subject to regular review and cover all of the relevant supply chains and include: on-farm depopulation (including catchers and licensed slaughtermen); carcass transportation; carcass disposal (rendering and incineration); and the provision of specialist services and equipment for undertaking C&D.
3. The network procurement central outbreak team will be responsible for negotiating robust contracts with any other suppliers that are not already on framework agreements during an outbreak should the extent of the outbreak require additional supply.
4. HoFD / Resilience and Technical Advisors / field teams liaise with Defra group commercial and NDCC field operations teams to ensure timely, scalable and appropriate supply arrangements in the event of an outbreak of an animal disease covered by this plan.

### Depopulation (culling)

5. For many diseases (for example AI) the control policy is to destroy affected animals rapidly, to halt the production or transmission of the disease causing agent. For livestock diseases, this may involve the depopulation (also referred to as culling) of whole herds of animals. For other diseases (for example Equine Infectious Anaemia), only single animals may need to be humanely destroyed.
6. Depopulation operations are controlled by EU Regulation (EC) 1099/2009 (protection of animals at the time of killing) and carried out under the supervision of APHA. The welfare of animals at the time of killing (England) regulations 2015 (WATOK) enforces the requirements of the European regulation.
7. Carcasses and other potentially infectious items (such as eggs, milk) are required to be disposed of in a bio-secure manner and in compliance with Animal By-Product Regulations (ABPR) at a designated disposal facility. APHA is responsible for arranging the depopulation and disposal of affected carcasses across GB, for other materials, the keeper is normally responsible for biosecure disposal.

8. While the speed of depopulation and disposal is important, the health and safety of personnel, keepers and owners is paramount and careful preparations are put in place by APHA to ensure that health and safety is not compromised. This is particularly important in the case of animal diseases that are communicable to humans (zoonoses).

9. It is important that animal welfare is protected and that rules are complied with at all stages in the process of depopulation. However in exceptional circumstances, compliance with those rules may put human health at risk or may significantly slow down the process of eradication of a disease, thereby exposing more animals to sickness, pain and death. On occasion, there may be a need to derogate from the approved depopulation methods as prescribed in 1099/2009.

10. Depopulation as a disease control measure, where appropriate, is carried out by or under the supervision of a VI. Such activities will be undertaken by qualified persons who will be contracted by APHA. A range of framework agreements are in place with these suppliers.

11. The welfare of the animals to be culled is given careful consideration and is taken into account when selecting the most suitable depopulation method as outlined in annex 1 of 1099/2009. The depopulation method deployed will depend on the type of incident, species, age, number of animals, and any other site-specific conditions or resource constraints. For domestic pets, it is likely that lethal injection would be used (this is common method used by veterinarians when “putting an animal to sleep”).

12. The following are the main depopulation methods for livestock that APHA will consider:

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

13. Depending on the circumstances it may be necessary to sedate the animal before using one of the above methods

14. It is considered unlikely that there would be a need to seek any derogation to the approved methods outlined in annex 1 of 1099/2009 for depopulating livestock premises.

15. For birds, the main depopulation methods that APHA will consider are:

- Lethal injection
- Neck dislocation (limits apply regarding bird weight and number of birds depopulated per person)

- Percussion killing
- Electrical stun/kill
- Exposure to anoxic gas mixtures
- Maceration (limited to chicks up to 72 hours old)

16. In the event of a notifiable avian disease being confirmed, APHA has 26 Containerised Gassing Units (CGU) for immediate deployment, as well as a number of poultry transport modules and specialist percussion killers. Depopulation activities by CGU are also supported by contractor's personnel and kit. A pair of CGUs working in tandem can process approximately 4,000 birds per hour, dependent on size of bird and catcher throughput. Depending on the suitability of the premises, APHA may also consider the use of whole house gassing for depopulation of housed poultry. The use of gas-filled foam (wet foam) has been validated and is also being investigated. APHA hold framework agreements with various sectors of the poultry industry, for example poultry catching gangs and depopulation contractors to assist in the operations.

17. It is possible that a derogation may be made on a case-by-case basis under EU regulation (EC) 1099/2009 (protection of animals at the time of killing) seeking alternative means of depopulating poultry premises. An example of when this may occur is when highly pathogenic AI has been confirmed in multiple premises in poultry dense areas of England and all of the following apply:

- there is a significant threat to public health through animal to human transmission
- all other depopulation methods from the list above have been investigated and ruled out
- where delays in depopulating the premises would lead to further animal welfare issues such as prolonged pain and suffering
- where delays to the depopulation operation would significantly slow down the process of eradication of disease

18. In this instance, Defra may exceptionally consider the use of ventilation shutdown or other alternative depopulation methods not listed as approved in annex 1 of 1099/2009.

19. Certain limited categories of animals, such as rare species, whose depopulation could compromise the existence of a particular animal species or animals that are part of a scientific experiment, may be considered for sparing from depopulation, provided that disease control is not compromised. However, such exemptions are not guaranteed and will be considered on a case-by-case basis following a veterinary risk assessment of the premises and consideration of wider issues and impacts.

## Breeds at risk

20. Special arrangements may be made for animals and poultry on the UK breeds at risk list. This list is compiled by the Farm Animal Genetic Resources (FAnGR) committee, a UK government committee in which the devolved governments participate, providing advice on farm animal genetic resources. We've published [the UK breeds at risk list](#) and further details are available in the disease control strategies.

21. Good biosecurity may significantly improve the likelihood that a derogation is granted for listed breeds of animals and poultry.

## Depopulation of animals to prevent the spread of disease

22. Ministers also have the power to require the pre-emptive depopulation of animals in order to prevent the spread of FMD, AI and Newcastle Disease (ND).

23. Before such powers are used, ministers will make a statement explaining the situation and why it is necessary to resort to using such powers. Such powers would only be considered in exceptional circumstances. Compensation will be paid for any animals depopulated under these powers.

## Disposal policy and arrangements

24. In consultation with the EA, LAs and disposal industry representatives, the CDCC field operations team will coordinate the task of finding and utilising available disposal capacity in GB. Responsibility for transporting the carcasses to these facilities rests with the FOB disposals team in liaison with the NDCC. Decisions on which site to use take account of relevant legislation, value for money, the proximity of the facilities to the affected premises, logistical and seasonal issues, the tonnage of carcass material that needs to be disposed of and any epidemiological data or modelling which may suggest the likely scale of the outbreak. For companion animals/pets, appropriate disposal arrangements will be discussed with owners by the APHA case vet.

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

- commercial fixed plant incineration
- rendering
- permitted commercial landfill sites

26. Operational protocols for use of incineration, rendering and permitted landfill in an outbreak of an exotic notifiable disease have been produced and shared with the EA, the Food chain and Biomass Renewables Association (Fabra) and the Environmental Services Association (ESA).

27. APHA staff are responsible for reviewing the selected site's biosecurity and ensuring that the plant complies with disposal site protocols. It is important that full biosecurity procedures are followed and as such, waste will be disposed of under supervision of APHA. All vehicles must be cleansed and disinfected between each load. For zoonotic diseases, PHE is also involved in assessing the potential exposure of workers and will issue guidance and prophylaxis as appropriate.
28. On-farm pyres and on-farm burial may be considered in remote areas (for example the Isles of Scilly, which is covered by the remote area derogation) where access to other avenues of disposal are limited. Any decisions to use these disposal routes will be taken in consultation with key stakeholders and appropriate environmental and public health assessments will be undertaken at each disposal location prior to use.
29. Other disposal options, such as mass burial, air curtain burners, incineration in cement kilns and the use of hazardous or municipal incineration, etc. are potentially also available in certain limited circumstances and will only be considered where none of the preferred options are available or if demand exceeds the capacity of the preferred options.
30. Defra recognises there are several factors that may impact on the disposal hierarchy in the future. These include new environmental or waste management legislation and changes to capacity and accessibility of the disposal outlets. The hierarchy will therefore be regularly reviewed, in consultation with relevant stakeholders. New technologies and facilities will also be reviewed on a regular basis.

## **Disposal capacity**

31. Disposal capacity is limited and subject to significant seasonal variation. Capacity is also poorly matched to the distribution of poultry and pigs within England since the main disposal facilities are generally located in areas of high cattle and sheep densities.
32. In an outbreak there will be a need to optimise disposal capacity and to work with the disposal industry to either divert existing business to other facilities or to ensure that biosecurity at a facility site is rigorous enough to permit existing waste streams to continue to be received alongside infective material. For diseases such as FMD, APHA is likely to require a dedicated disposal site. For some poultry diseases it may be preferable, for operational reasons, for a mixed poultry and mammalian waste stream to be received.
33. Additional capacity would be arranged as required in consultation with Fabra. Readily available disposal capacity in the UK is approximately 20,000 tonnes per week depending on the time of year, although additional capacity could be brought on line over a period of weeks. This would require the diversion of existing waste streams to landfill. APHA regions have plans in place to invoke these disposal routes as required.

## **Transportation of carcasses**

34. APHA has a framework agreement with a range of specialist local, regional and national haulage companies for the provision of accord européen relatif au transport

international des marchandises dangereuses par route (ADR) compliant, leak-proof vehicles. For animals depopulated for disease control purposes, the transport of carcasses is undertaken by companies under the control of APHA.

35. APHA may appoint a national transport logistics manager and supporting local transport manager(s). The local transport managers will take on responsibility for all transport logistics once appointed.

36. Each vehicle used for bulk transport of carcasses, will be leak-tested prior to being loaded, suitably placarded with hazard warning plates as required by ADR and the carriage of dangerous goods legislation and will travel by a prescribed route to the chosen disposal facility. For highly infectious diseases, each vehicle will also be escorted. The driver will carry a transport incident record card, which advises police and emergency services of any precautions that should be taken in the event of an accident or incident. The driver must also be ADR trained and certified.

## Valuation and compensation

37. When an animal is destroyed for the control of an exotic notifiable disease, the relevant legislation sets out whether compensation is payable and the rate it is payable at.

38. Where compensation is payable, APHA will ensure the animal is valued in accordance with the relevant legislation. For some diseases, an accredited valuer is engaged to value the animal(s). APHA maintains a framework agreement of approved valuers that will enable APHA to value the animal(s). There are certain instances where valuers are not required and valuation rate cards and fixed table values (mainly for poultry) are used or where the amount of compensation payable is set in law. These rate cards and table values are published on GOV.UK and updated quarterly.

### Disputed valuations

39. Under some disease legislation, animal owners have the opportunity to dispute the Minister's valuation if they do so within 14 days. Their appeal, including the reasons for disputing the valuation, must be provided in writing to APHA. At their own expense, the owner may use their own valuer to re-value the animals in question as supporting evidence for their appeal against the original valuation. Any appeal will be assessed by APHA and may then proceed to arbitration or expert determination (if the latter is mutually agreed by the parties) if the dispute is not resolved. Destruction of animals will not be delayed as a consequence of any valuation issues.

### Monitor valuers

40. Defra would appoint monitor valuers from framework agreements to ensure that valuations are fair, equitable and consistent and to ensure that government does not pay excessive compensation. Monitor valuers provide:

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

41. However, monitor valuers will not be able to over-rule valuations already made and issued to animal owners.

## Cleansing and disinfection

42. Once susceptible animals have been destroyed and their carcasses securely disposed of, the premises and potentially contaminated transport and equipment will need to be cleansed and disinfected to prevent spread from the premises and potential re-emergence of disease when the premises is restocked. Animal feedstuffs and items which may have been contaminated and which cannot be cleansed and disinfected may need to be destroyed. It is important to jointly consider potential disease risk and pollution control measures as part of this process.

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

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

45. There are two phases to C&D, preliminary (primary) and final (secondary); these are outlined below.

### Preliminary (primary) disinfection

46. Preliminary disinfection is carried out immediately after depopulation and removal of carcasses has been completed. It is carried out under the direction and control of APHA and at government's expense. Preliminary disinfection consists of spraying contaminated and potentially contaminated areas where the animals were depopulated and where they were housed immediately before with an approved disinfectant or biocide. Preliminary disinfection is considered to be completed 24 hours after the last application of the approved disinfectant.

47. The timing of preliminary disinfection is important because, generally, the merging of the PZ and SZ can only take place after a defined number of days following completion

of preliminary disinfection on the last IP within the zone. This period may vary depending on the disease.

## **Final (Secondary) C&D**

48. Depending on the disease, final C&D can only commence after a certain period has elapsed since preliminary disinfection. The occupier of the premises is responsible for final C&D and its cost. Restocking will not be allowed until final C&D has been completed.

49. In cases where final C&D cannot be safely completed (dangerous structures, for example), depending on the disease, the premises may remain restricted and not allowed to restock until APHA is satisfied that sufficient time has elapsed for the infectious agent to have become inactivated naturally. Where a keeper, for whatever reason, chooses not to undertake secondary C&D, APHA will serve a notice prohibiting the keeping of poultry or captive birds and the entry onto the premises (or parts of the premises) unless permitted subject to licensing and biosecurity conditions.

## **Vaccination**

50. Published control strategies outline the policy on vaccination for each disease. In general, vaccination may be considered as a control tool as part of wider disease control strategies. This can help move towards the overall goal of eradicating the disease where it is practical to do so, and the full benefits outweigh the wider costs. In the short term, vaccination can help slowdown, reduce and potentially prevent disease spread.

51. At the same time, vaccination can carry with it significant costs for industry and government, while having wider implications for factors such as effective monitoring of disease spread, trade and movements of animals. Vaccination is disease specific and vaccines may not be available for all exotic notifiable diseases. There will be a range of technical issues to consider as well as many wider issues to balance the costs and benefits of deploying vaccine. Any decision therefore to deploy vaccination as a disease control measure requires very careful consideration.

52. In accordance with EU requirements, emergency vaccination plans and control strategies have been prepared for FMD detailing the procedures and vaccination strategies that would be adopted if a decision to vaccinate was taken. A vaccination response might also be considered for other diseases including, but not limited to, Rabies, CSF, Bluetongue and AHS.

## **Preparations in England**

53. Defra has established a framework agreement as part of the VDP to provide emergency vaccination services. A range of potential providers are included, whereby one or more companies could be appointed as vaccination contractor to carry out vaccination within England. This includes the potential to undertake vaccination for FMD, CSF and for any other diseases for which vaccination is required, under the direction of APHA.

## **FMD emergency vaccination plan**

54. Government will consider from the outset of any outbreak of FMD whether vaccination as an extra control measure would help to control and eradicate the disease in the circumstances relating to the specific outbreak situation. Any decision to deploy vaccination will be finely balanced and need to take into account a wide range of factors.

55. Detailed instructions and procedures will be issued to the vaccination contractor outlining their roles and responsibilities.

56. APHA has also agreed a health and safety policy which incorporates the need for the contractor, their employees, sub and external contractors to comply with best practice and all relevant provisions, whether statutory or otherwise, relating to health and safety at work, including biosecurity protocols. Specific health and safety training must be provided for all staff at the time of call off.

## **Vaccine supplies**

57. In the event of an outbreak and following detailed analysis of the circulating virus, The Pirbright Institute will advise whether there is a suitable antigen in the EU FMD vaccine bank that could prove effective against the field strain. Access to the EU bank will be through a request to the EU commission.

## **Lay vaccination**

58. To ensure that emergency vaccination can be implemented without delay in an outbreak, suitably trained and competent non-veterinary personnel are permitted by law to handle and administer FMD vaccine. Legislation specifically permits vaccine to be supplied to and administered by lay vaccinators who meet specified eligibility criteria as defined in the veterinary surgery (vaccination against foot-and-mouth disease) order 2004.

## **Process**

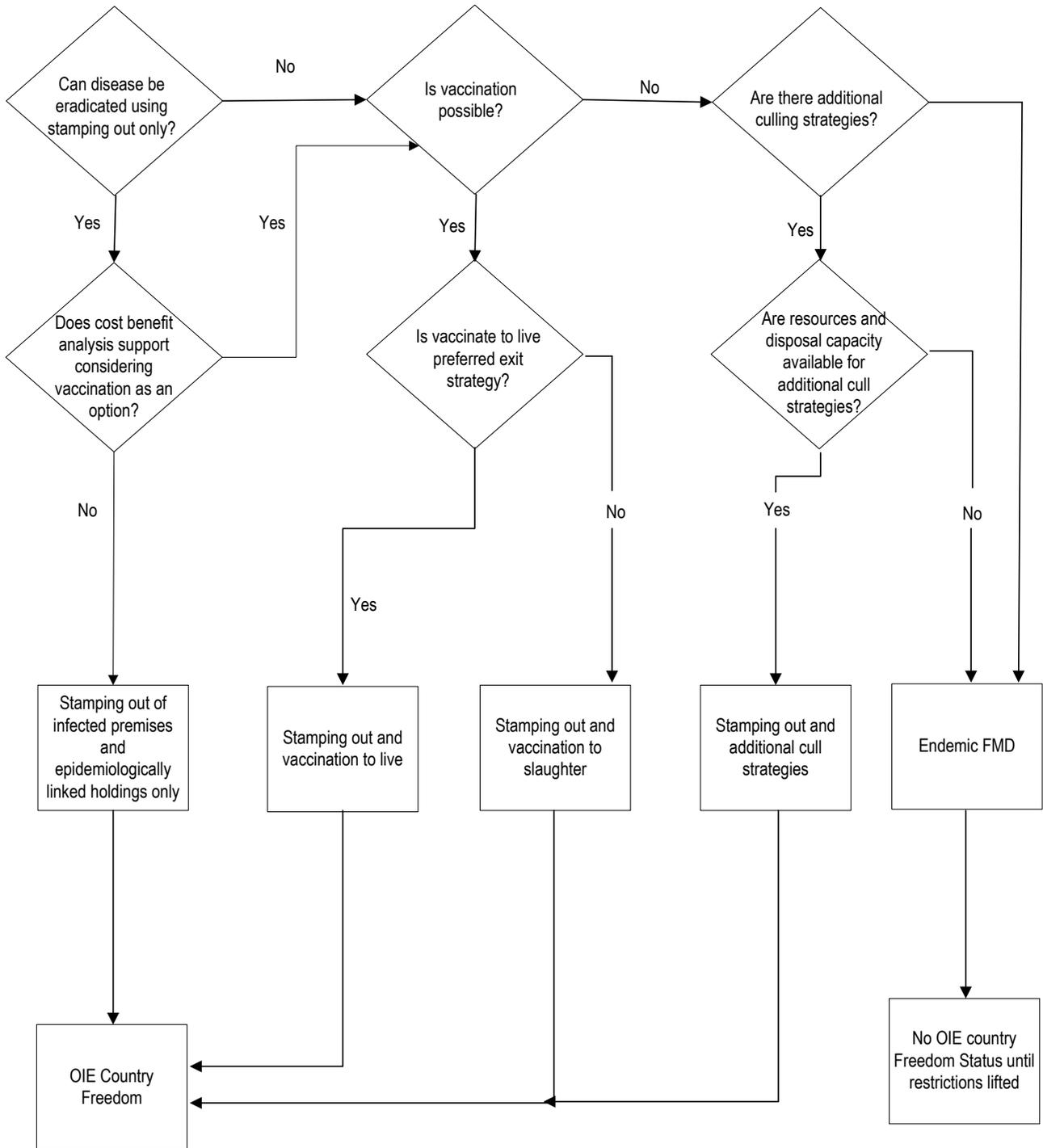
59. In the event of a confirmed outbreak of FMD, APHA may appoint a vaccination contractor from the framework. Once appointed, APHA will liaise with the contractor to convey the scope and policy of any vaccination project to the contractor(s) and confirm the approach to be taken (including the vaccine delivery arrangements). APHA will also keep the contractors informed of all suspect and confirmed cases as they occur and inform them of any changes which may affect field operations.

60. If the decision to vaccinate is taken, a vaccination zone will be declared and a vaccination SZ, of at least 10 km in width, surrounding the vaccination zone will be designated. The contractor(s) will be supplied by APHA with a complete list of holdings within the vaccination zone and identify those with animals that require vaccination.

61. The contractor(s) will then contact keepers to arrange pre-vaccination visits by veterinary surgeons appointed by them for this purpose. The visits will check animal handling facilities and will also inspect animals for clinical signs of FMD.
62. Where clinical signs of FMD are identified, the teams will be withdrawn from the farms and the agreed biosecurity protocols must be followed. Vaccination teams would then enter a 72 hour quarantine period before being redeployed.
63. Where FMD is not found during the pre-vaccination visit, vaccination teams will be deployed to carry out vaccination, record animal identification numbers, collect and return records. Vaccinated animals will be ear-tagged in a manner outlined in the FMD (control of vaccination) (England) regulations 2006 and advised by Defra.
64. For identification purposes, vaccinated cattle will have their details recorded on the cattle passport and their current premises noted on the APHA Notifiable Disease Outbreak Management System (NDOMS).

**Figure E – Decision tree for the use of emergency vaccination during an outbreak of FMD**

**Note: Start at top left decision – diamond box**



## CSF vaccination

65. Vaccination is not a routine control measure. The diseases of swine regulations 2014 provides that no person shall administer a CSF vaccine to any pig unless authorised to do so by Defra's SoS. However, regulations provide powers to implement vaccination if this were necessary.

66. In exceptional circumstances emergency vaccination may be considered. Triggers might include a dramatic increase in the number of premises being confirmed each day or in areas with a high density of pigs during a prolonged outbreak. A decision to vaccinate needs to be approved by the SoS, therefore, detailed operational arrangements are not in place for a wide scale CSF emergency vaccination programme in the event of an outbreak in GB.

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

## CSF emergency vaccination plan

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

69. Both the EU directive and our domestic 2014 regulations permit the use of vaccination as a disease control measure in certain circumstances. The primary disease control measure that would be adopted would be a policy of depopulating infected and dangerous contact (DC) pigs. The option to use vaccination would be considered regularly by the CSF expert group at its meetings and would take account of annex VI of council directive 2001/89/EC which lists the main criteria and risk factors to be considered for the decision to apply emergency vaccination in pig holdings.

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

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

71. If emergency vaccination was to be adopted, the CSF expert group would consider the extent of the geographical area in which the emergency vaccination is carried out and

would make recommendations to the CVO. They would also make recommendations on the categories of pigs to be vaccinated and the duration of the vaccination campaign. The latter would be affected by the number of premises to be vaccinated and the availability of vaccine.

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

73. The choice of vaccine to be used would be reviewed by the CSF expert group as they assess evidence relating to new marker vaccines that are produced and marketed and have tests which can effectively differentiate between affected and vaccinated animals.

74. A CSF vaccination response would most likely be delivered by contractors under the VDP following a similar process as for FMD.

## Equipment and stores

### Provisions of stores and equipment at national level

75. APHA Weybridge has stores of equipment to enable the agency to carry out its routine duties within defined time limits of resupply. The normal stocking levels at APHA Weybridge would provide for the initial requirements of an outbreak of animal disease until emergency contracts with key suppliers take effect. APHA also has a national network of stores facilities.

### Local minimum stocking levels

76. APHA have stores at a number of offices that hold or have immediate access to sufficient equipment to deal with disease cases in the first 48 hours, including provision for equipping additional veterinary personnel. Stock levels are managed by designated staff, who have day-to-day responsibility for monitoring availability and serviceability of stores. A stock control system is in place to allow for mutual support across APHA.

### Laboratory capacity

77. The Disease Emergency Response Committee (DERC) has a specific remit to ensure that sufficient laboratory facilities for the diagnosis and surveillance for exotic notifiable diseases of animals are available during outbreaks and other surges in demand. The committee is constituted from representatives from APHA, The Pirbright Institute,

Defra and representatives from Scotland, Wales and Northern Ireland. On confirmation (or strong suspicion such as PCR positive result) of incursion of exotic disease, APHA will respond in accordance with its contingency plan for the disease in question. Where APHA has national responsibility for screening and or confirmatory testing for the disease in question, or where testing for specified diseases has been delegated to APHA by the national reference laboratory, a laboratory emergency response team will be commissioned to coordinate and implement the laboratory contingency plans.

78. APHA Weybridge provides the diagnostic and surveillance testing service for a number of exotic notifiable diseases and is the national reference laboratory for ND, AI, Rabies, CSF, Contagious Agalactica, Equine Infectious Anaemia, Equine Encephalomyelitis, West Nile Virus, Dourine and Glanders.

79. The Pirbright Institute is the national reference laboratory for FMD, African Swine Fever, Swine Vesicular Disease, Bluetongue, Peste des Petits Ruminants, Rinderpest, several ruminant poxviruses and African Horse Sickness.

80. Contingency surge capacity testing, in the event of a disease outbreak, is provided by APHA Weybridge. Serological testing capacity is provided on a contingency basis of up to a maximum 120,000 samples per week. The laboratory would be ready to start contingency surge capacity testing within three days of notification with a capacity of: 1000 tests in week 1; 3,000 tests in week 2; 7,000 tests in week 3; 20,000 tests in week 4; and building to full capacity of 120,000 tests per week at week 10.

## **Staff resourcing and finance**

### **Government veterinary resources**

81. Veterinary staff from APHA, Defra and OGDs will provide the initial emergency response capability.

### **Non-government veterinary personnel- emergency veterinary personnel**

82. As part of the VDP contract, 100 experienced OVs are available to support the outbreak response. In the event of an outbreak of exotic notifiable diseases of animals, these OVs would be called upon immediately to undertake roles that would otherwise be undertaken by permanent APHA veterinary staff.

### **Non-government veterinary personnel – temporary staff**

83. Non-government veterinarians may be engaged on temporary contracts to work as VIs. This may include private veterinary practitioners and retired government veterinarians.

## **Overseas government staff**

84. The International Animal Health Emergency Reserve (IAHER) agreement was most recently signed in 2016 with Ireland, USA, Canada, Australia and New Zealand to provide staff covering a range of disciplines (including veterinary, technical, laboratory, emergency planners and logisticians) in the event of an outbreak of disease.

85. An operations manual details the activation and deployment processes of the IAHER and was tested in an international, real-time simulation exercise in 2016 in which all signatory countries participated. An evaluation report of the exercise acknowledged the value of the agreement and made recommendations for improvements.

86. Assistance may also be sought from other EU member states and is arranged by means of contact between CVOs.

## **Technical, administrative and policy staff**

87. Staff from APHA, Defra and OGDs will provide the initial emergency response capability. If necessary, during an outbreak of exotic notifiable diseases of animals, the chief executive of APHA and the director of animal health and welfare will seek Defra ExCo authority to require the release of further staff from Defra and Defra agencies to work on emergency duties. As appropriate, the ExCo will provide clear direction to Defra, its agencies and work groups, in order that non-essential staff can volunteer their services and be released quickly. Defra has arrangements in place which identify suitable volunteers who could provide assistance to an emergency for core Defra policy roles. Those who have left the department but have said they would wish to assist in the event of an emergency may also be contacted.

88. APHA has additionally established an Outbreak Skills Register (OSR) that provides a means to readily identify personnel who have appropriate skills and experience of disease outbreaks.

89. NDCC HR, in conjunction with Defra strategic HR, will lead on coordinating staff deployments in response to needs, with support from Shared Services Connected Limited (SSCL).

90. If necessary, Defra will also trigger the use of the cross-government memorandum of understanding on mutual aid and the redeployment of human resources. This relates to the loan of staff from OGDs.

## **EC co-financing**

91. For many diseases the EC provide a subsequent contribution (co-financing) towards the compensation paid to the owners of depopulated animals and other specific activities at the affected premises. There are strict guidelines and deadlines which must be followed by authorities in order to obtain the full contribution available. The EC reserves the right to scrutinise the methodology applied to reach the value of the animals and

claims may be disallowed if a member state cannot demonstrate that compensation rates meet the strict guidelines for co-financing.

## 10. Restoration of disease freedom and recovery

1. Our response to a disease outbreak does not end when disease has been stamped out. Stamping out disease quickly and restoring disease freedom is vital. The sooner disease is stamped out and disease freedom restored, the sooner normal trade can commence. However, this can be a lengthy process with third countries. It is essential for both government and stakeholders to work on minimising the impact of disease on trade from the start of an outbreak. We also need to work together to minimise the impact on the rural and wider domestic economy.

### OIE terrestrial animal disease code

2. OIE, on behalf of its member countries, produces the terrestrial animal health code (the code) which is formally adopted at the annual general assembly of all delegates of OIE members. The aim of the OIE terrestrial animal health code is to assure the sanitary safety of international trade in terrestrial animals (mammals, birds and bees) and their products. This is achieved through the detailing of health measures to be used by the veterinary authorities of importing and exporting countries to avoid the transfer of pathogens to animals or humans, while avoiding unjustified sanitary barriers. The code sets out, amongst other things, the detailed requirements to claim country freedom from particular animal diseases. These requirements can include specific surveillance requirements or minimum periods before freedom can be considered. The delegate member of the OIE for the UK is the CVO (UK).

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

### Restocking

4. The controlled restocking of animals onto premises which have had affected animals depopulated and disposed of is an integral part of the recovery phase. Depending on the disease, restocking is not permitted until a defined number of days have elapsed following final (secondary) cleansing and disinfection. With certain diseases there is controlled restocking where limited numbers of animals are allowed on the premises (sentinel animals) and observed to ensure disease is no longer present. In some cases, samples are taken from these sentinel animals for laboratory testing to ensure that they

have not developed disease and to confirm that disease no longer exists on the premises before all restrictions are lifted and the premises allowed to restock completely. For some diseases, in the event of prolonged outbreaks or if final C&D is not possible the restocking of a premises may not be possible for several months.

## Scaling down – debriefing and lessons identified

5. As part of the recovery phase it will be necessary to scale back on resources once certain parts of the outbreak or incident management response are completed. The CVO UK, the director for animal and plant health, the chief executive of APHA and head of OCG will decide when it is appropriate to de-escalate and reduce the battle rhythm. When operations are at a sufficiently low level, they will agree the timing of the closure of outbreak structures.

### Debriefing and lessons identified

6. At the conclusion of a disease outbreak, it is good practice to conduct debriefings with those involved to capture experiences. The aim is to identify and evaluate where improvements to disease response capability, processes and organisational structures for managing an outbreak of exotic notifiable disease can be made. The feedback from relevant personnel departments, operational partners and stakeholders should be collated in a lessons identified report. The report will provide the framework for improvements of the response to and management of disease outbreaks and the review of contingency plans and operational instructions.

## Restoration of normal operations and recovery

### Restoration of trade

7. For EU trade, when a disease is detected, restrictions are put in place in line with EC regulations. Once the SCoPAFF are satisfied the disease has been eradicated and any disease control zones are lifted, trade can resume provided that any additional safeguard measures imposed on the UK by the EC during an outbreak have also been lifted.

8. Export to third countries can remain adversely affected even after the disease outbreak has been tackled and disease freedom has been declared. Securing the resumption of exports can be protracted and challenging, often involving detailed technical and political negotiations, inward inspection visits, and discussions to agree revised certification rules. Exporters should not therefore assume that declaration of disease free status automatically means that third country import requirements will revert to those that existed before the disease outbreak. They should contact the APHA centre for international trade for information on the latest certification requirements for exports to third countries.

## **Rural and wider economic recovery**

9. Recovery will be locally led and co-ordinated nationally, implemented through the 'rural communities action plan - in response to emergencies affecting rural areas'. Government will work with a wide range of stakeholders via the LA recovery co-ordinating group and key partners such as the local enterprise partnerships to identify (and continually monitor) the extent of the impact of an outbreak on the wider rural economy.

10. Subject to the nature of the outbreak, and the potential impact, any economic recovery measures will need to be identified at an early stage, usually during the response phase if possible. However, the nature of any intervention will need to be tailored to meet the requirements of the situation (dependent on scale and impact), may be targeted at either specific business sectors and/ or geographic areas where trade, movement of goods, services or people may have been restricted or public perception of the impact of the outbreak has or will have a significant impact (such as potential food safety concerns, or that rural areas not open or accessible). Recovery can take years, depending on the disease outbreak, and involve social and developmental recovery in the region as well as getting individual farms and trade back to normal.

# 11 Glossary

ABPR	Animal By-Products Regulations
ACRE	Action with Communities in Rural England
ACTSO	Association of Chief Trading Standards Officers
ADDI	Animal Demography and Disease Informatics (APHA)
ADPG	Animal Disease Policy Group
ADR	International Carriage of Dangerous Goods by Road (UN Regulation) Animal Health Policy and Implementation (Defra)
AI	Avian Influenza
AHS	African Horse Sickness
AHWBE	Animal Health and Welfare Board for England
Animal Keeper	Anyone who keeps an animal/animals (birds are also covered by the term ) for any purpose and includes livestock, pets, etc.
APHA	Animal and Plant Health Agency
ASF	African Swine Fever
AWEDC	Animal Welfare and Exotic Disease Control
BVA	British Veterinary Association
C&D	Cleansing and Disinfection
CCS	Civil Contingencies Secretariat (Cabinet Office)
CDCC	Central Disease Control Centre
CGU	Containerised Gassing Unit
CLA	Country Land and Business Association
COBR	Cabinet Office Briefing Rooms
CPD	Contingency Planning (APHA)
CRIP	Commonly Recognised Information Picture (CCS)
CPRE	Campaign to Protect Rural England
CSA	Chief Scientific Adviser (Defra)
CSF	Classical Swine Fever
CVO	Chief Veterinary Officer
D2R2	Disease Briefing, Decision Support, Ranking and Risk Assessment Database

DC	Dangerous contact – these are animals of susceptible species where the risk of exposure to infection is considered to be very high.
DCLG	Department of Communities and Local Government
DCVO	Deputy Chief Veterinary Officer, Director Vet Policy
DAERA	Department of Agriculture, Environment and Rural Affairs
Defra	Department for Environment, Food and Rural Affairs
DERC	Departmental (or Disease) Emergency Response Committee
DfT	Department for Transport
DG	Director General
DH	Department of Health
DRT	Disease Reporting Team
EA	Environment Agency
EC	European Commission
EDPRT	Exotic Disease Policy Response Team (Defra)
EFRA	Environment, Food and Rural Affairs (Parliamentary Select Committee)
ERMAS	Emergency Readiness Management Assurance Scheme
ESA	Environmental Services Association
EU	European Union
ExCo	Defra Executive Committee
FABRA	Food chain and Biomass Renewables Association
FAnGR	Farm Animal Genetic Resources Committee
FCELG	Food Chain Emergency Liaison Group
FCO	Foreign and Commonwealth Office
Final (Secondary) Cleansing and Disinfection	After preliminary disinfection, the cleansing (including disposal of manure, bedding etc.), degreasing, washing and disinfecting of premises to remove the infective agent, reduce the level of it, such that recrudescence will not occur on restocking.
FMD	Foot and Mouth Disease
FOB	Forward Operations Base
FPU	Food Policy Unit

FSA	Food Standards Agency
GB	Great Britain
GBFU	Great British Food Unit
GCSA	Government's Chief Scientific Adviser
HoFD	Head of Field Delivery
HM	Her Majesty's
HR	Human Resources
IAHER	International Animal Health Emergency Reserve
IMT	Information Management and Technology
IP	Infected Premises
LAAHF	Local Authority Animal Health Function
LA	Local Authority
LEPs	Local Enterprise Partnerships
LGA	Local Government Association
LEADER	Liaison Entre Actions De Development de L'Economie Rurale (EU funding scheme for rural development)
Livestock	All animals (including poultry) susceptible to exotic notifiable disease
LRF	Local Resilience Forum
NAHWP	National Animal Health and Welfare Panel
NDCC	National Disease Control Centre
NE	Natural England
NEG	National Experts Group
NEEG	National Emergency Epidemiology Group
NFU	National Farmers Union
NPCC	National Police Chiefs' Council
NSC	National Security Council
NSC(THRC)	National Security Council (Threats, Hazards, Resilience and Contingencies)
NSC(THRC)(O)	National Security Council (Threats, Hazards, Resilience and Contingencies) (Officials)
ND	Newcastle Disease

OAG	Outbreak Advisory Group
OCG	Outbreak Coordination Group
OGD	Other Government Department
OIE	Office International des Epizooties (World Organisation for Animal Health)
PCR	Polymerase Chain reaction
PERT	Procurement Emergency Response Team
PHE	Public Health England
Preliminary Disinfection	Biosecurity procedures put in place during the depopulation and disposal of animals and the initial treatment of contaminated areas of a premises with disinfectant.
PZ	Protection Zone
RADAR	Rapid Analysis and Detection of Animal-Related Risk
RCC	Records Control Centre
RCVS	Royal College of Veterinary Surgeons
ResCG	Response Coordination Group
RMIIE	Risk Management, Imports and International Engagement Team
RSPB	Royal Society for the Protection of Birds
RSPCA	Royal Society for the Prevention of Cruelty to Animals
SAC-ED	Science Advisory Council – Exotic Disease sub committee
SAGE	Scientific Advisory Group for Emergencies
SCG	Strategic Co-ordinating Group
SCoPAFF	Standing Committee (of the European Commission) on Plants, Animals, Food and Feed (formerly SCoFCAH)
SG	Scottish Government
SIR	Security, Intelligence and Resilience Directorate (Cabinet Office)
SoS	Secretary of State
SVI	Senior Veterinary Inspector
SZ	Surveillance Zone
TCZ	Temporary Control Zone
UK	United Kingdom
UKRA	United Kingdom Renderers Association

UKREP	United Kingdom Permanent Representation to the EU
VA	Veterinary Adviser
VDP	Veterinary Delivery Partnership
VENDU	Veterinary Exotic Notifiable Diseases Unit (APHA)
VHoFD	Veterinary Head of Field Delivery
VI	Veterinary Inspector
WAHIS	World Animal Health Information System
WG	Welsh Government