# Scottish Regional Resilience Partnerships' Framework for Exotic Notifiable Animal Diseases Contingency Plans

August 2022

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Version 2.0
August 2022

This plan focuses on the tactical and operational detail of a local response to an outbreak of an exotic notifiable animal disease. It provides an overview of the operational role of each responder and guidance on how they work together to discharge statutory responsibilities in controlling the disease and informing the public.

**Contents**

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# 1. Introduction

## 1.1 Background

This plan follows agreement between all three Regional Resilience Partnerships' (RRP) to develop a single Scottish animal disease framework plan. It details a consistent command and control structure for responding to suspect and confirmed outbreaks of exotic notifiable animal diseases and provides a framework to facilitate joint training.

This is a multi-agency operational plan aimed at category 1 and category 2 responders, as laid out in the Civil Contingency Act 2004. It does not detail the role of national (Scottish or UK) strategic command and control structures, which are already explained in detail in both the Scottish Government's Exotic Diseases of Animals Contingency Plan and the United Kingdom Contingency Plan for Exotic Notifiable Diseases of Animals.

## 1.2 Definition of an exotic notifiable animal disease

The term notifiable disease means there is a legal obligation to notify the relevant authority, in most cases the Animal and Plant Health Agency (APHA), if a person suspects disease. APHA is an executive agency of the Department for Environment, Food & Rural Affairs (Defra), and also works on behalf of the Scottish Government and the Welsh Government, and is responsible for animal and plant health.

These diseases are notifiable because of their potential, in most cases, for very serious and rapid spread. They can have serious socioeconomic or public health consequences and are of major importance to international trade of animals or animal products. Notifiable diseases are named in Section 88 of the Animal Health Act 1981 or an Order made under the Act. A full list of current notifiable diseases is on the Scottish Government web site. The term "exotic" refers to a disease that is not currently present in the UK, e.g. foot and mouth disease. Endemic diseases are those that are already present in the UK, e.g. sheep scab.

A notifiable animal disease outbreak is included in the UK National Risk Register 2020, because it is considered likely to have a significant impact. Regional (RRP) and Local Resilience Partnerships (LRP) undertake a biennial Risk Preparedness Assessment process, which considers the wide range of risks and consequences, including those arising from animal health related incidents. Gaps in procedure are identified and form the basis for mitigation activity, delivered through regional multi-agency work and training programmes. This plan outlines how multiple partners would respond to a notifiable animal disease outbreak. A map of RRP and LRP areas are attached at Appendix A.

The Scottish Government leads on responding to all suspect or confirmed notifiable animal disease outbreaks and APHA is the lead operational partner (note however, the NHS board is lead partner with respect to public health consequences of zoonotic disease). For information on how to respond to non-notifiable or endemic disease contact your regional APHA office.

## 1.3 Aims and objectives

This document provides specific information on how and when operational partners should respond to a suspect or confirmed exotic notifiable animal disease outbreak. Its principal aims are to:

- ensure a timely, co-ordinated and consistent multi-agency response to an outbreak.
- identify roles and responsibilities of appropriate organisations, so these are understood in an outbreak.
- act as a source of reference for those involved in response to an outbreak.
- control any exotic notifiable animal disease outbreak and eradicate the disease at the earliest opportunity, with minimal impact on members of the public.

The principal objectives of this document are to:

- provide contingency information to local authorities, Police Scotland and other appropriate agencies, to enable them to discharge their responsibilities.
- provide a framework for each organisation to develop its own detailed operational response plan (and in some cases a generic operational plan that can be adapted by local authorities both for consistency/mutual aid, where officers can assist other authorities, and training/exercising).

## 1.4 Exercising and review of plan

This template document will be subject to appropriate review and exercise and a record kept of such in Appendix C – Amendments and Exercise Record. As this is a national (Scottish) framework document, it presents an opportunity to test it at a national level over and above regional/local exercises. The document in its draft form was tested at a national level during Exercise Cerberus, a national rabies exercise for operational partners in Scotland. It was also circulated to attendees of Exercise Juniper (the Scottish AI exercise in July 2018). In addition, this document has been utilised during the AI outbreaks in 2020-21 and again in 2021-22.

For suggestions and amendments to the template document please email:

Disease Control Branch, Animal Health and Welfare Division (P Spur)
Directorate for Agriculture and Rural Economy
The Scottish Government
Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD
Email: Animal.Health@gov.scot

### 1.4.1. Glossary of terms

A glossary of terms used in this document is provided at Appendix D.

### 1.4.2. Appendices

Disease specific appendices have been provided, which contain information about specific exotic notifiable diseases and details about the response that is required to control them along with relevant legislation. The disease specific appendices will be

reviewed annually, jointly by a working group established from membership of the three RRP Groups.

## 2. Activation

### 2.1 Actions upon suspicion of disease

#### 2.1.1. Notification

When APHA has been informed of a suspect notifiable disease that requires investigation by an official veterinarian, APHA Scotland will alert relevant operational partners as agreed with the Head of Field Delivery (Scotland). The timing and method of communication to operational partners will be based on a veterinary risk assessment of the likely consequences and impact of the disease suspected. Any email notifications will be on form EDO12 Suspect Disease Notification (see Appendix E). The form will outline the area where the suspect premises is located (but not the full address), species of animals, possible/suspected disease and any restrictions placed on the premises.

#### 2.1.2. Operational partners emergency contact details – Resilience Direct™

A directory of APHA Scotland's operational partners' contact details is maintained by the Scottish Government Disease Control Branch on Resilience Direct[1].

To access this, operational partners will need to have a Resilience Direct account and request to be a member of the user group "Joint APHA and Scottish Government Guest Area". Users must be registered on Resilience Direct with their own organisation before requesting access to this user group.

Importantly, it is the responsibility of each operational partner to ensure that their contact details on this site are kept up-to-date, as this is the information APHA and SG will use to notify you that a veterinary investigation is underway into suspicion of disease in your area. If you require to update your own or your organisation's contact details, please download the change request form from Resilience Direct (example shown at Appendix F). Change request forms should then be emailed to Animal.Health@gov.scot

#### 2.1.3. Premises placed under restriction

The premises where disease is suspected will be placed under restrictions (see para 2.2.3 regarding restriction notices) preventing any movement of anything liable to spread disease, such as livestock, vehicles and visitors. At this stage disease could be confirmed based on clinical grounds, although this is only likely to happen if there is an on-going outbreak and a known epidemiological link to confirmed disease. If disease cannot be ruled out on clinical examination, samples will be taken and sent for laboratory analysis. In some circumstances Scottish Ministers may put in place a Temporary Control Zone (TCZ), which puts in place area-based movement controls

[1] Resilience Direct is a web based secure platform for sharing information. It enables the exchange of information during both routine planning and response to emergencies.

of susceptible livestock species and anything liable to spread disease, for a short period of time. The Disease Strategy Group (DSG) (see para 3.1) may be activated by the Scottish Government to co-ordinate and manage the Scottish disease control response at this point, depending on the circumstances. APHA will update operational partners as the veterinary investigation progresses.

2.1.4. Chief Veterinary Officers (CVO) case conference

Upon suspicion of disease, there may be a series of CVO case conferences to discuss emerging issues. The four CVOs from the UK and key policy and veterinary officials from each administration would normally attend, and will consider whether circumstances warrant triggering an amber teleconference.

2.1.5. Amber teleconference

If suspicion of disease is strong, because of emerging laboratory results or a deteriorating clinical picture, an amber teleconference will be held. Its purpose is to apprise all concerned of the situation, assess risk, and agree future actions. The Scottish Government will be responsible for ensuring Scottish operational partner agencies are able to participate in the teleconference. Officials will use the Resilience Direct emergency contact list to invite relevant attendees. Therefore, please ensure your organisation's details are always up to date (this includes out of hours contacts). Those organisations out with central government who would be invited to participate in the Amber Teleconference would be local authority representatives, Police Scotland, SEPA, NatureScot, Scottish SPCA, FSS, FSA, NHS board, CPH(M) and PHS.

## 2.2 Actions upon confirmation of disease

2.2.1. General

The Scottish Government's CVO is responsible for confirming disease outbreaks in Scotland. Upon confirmation of any exotic notifiable animal disease in Scotland, the DSG will be established to co-ordinate and manage the Scottish disease control response. The lead agency for co-ordinating the operational response is APHA. Upon confirmation, APHA will establish a Central Disease Control Centre (CDCC) and a GB National Disease Control Centre (NDCC)(see para 3.2: Tactical and Operational response). The Scottish Government's response to exotic disease outbreaks is outlined in its contingency framework plan.

2.2.2. Preventing the spread of disease

Once disease has been confirmed, the primary objective is to prevent the spread of disease and, for zoonotic infections, to protect public health. This is achieved by:

- taking action on the infected premises (IP). For most diseases, this will involve culling and disposing of all susceptible livestock species, and where appropriate, control of potential wildlife vectors of disease, e.g. rats.
- imposing wider area-based livestock movement controls (see Appendix B for a summary of controls introduced for some key diseases).

- placing controls on animal products.
- investigating the origin of the outbreak and potential spread of disease.
- enhancing surveillance to identify any further spread of disease.
- for zoonotic infections, assessing risks to responders and the public, and implementing appropriate control measures, e.g. personal protective equipment (PPE), and pre or post exposure prophylaxis.

For most diseases, a Protection Zone (PZ) with a minimum radius of 3 km will be put in place around the IP; and a wider Surveillance Zone (SZ) with a minimum radius of 10 km from the IP would also be put in place. The PZ will be subject to more stringent movement controls than the SZ. If disease is confirmed on an island, it is possible the whole island may be placed under area-based movement controls.

2.2.3. Summary of notices

A restriction notice is a legal document issued by the relevant authority, usually a veterinary inspector or an inspector appointed under the Animal Health Act 1981. A restriction notice is issued to ensure compliance with relevant disease control legislation, e.g. to restrict the movement of susceptible animals from premises where disease may be suspected. The notices for all exotic notifiable diseases have a consistent numbering system. However, separate forms are needed for each disease, because the specific legislation is referred to on individual notices. These notices can only be amended or withdrawn on the authorisation of the relevant authority. This will be defined in the relevant legislation (this is usually a veterinary inspector, but in some circumstances also an inspector appointed under the Animal Health Act).

A set of template notices have been placed on to a section of APHA's page within Resilience Direct, along with a brief explanation of their intended purpose. To access this you need to have a Resilience Direct account and request to be a member of the user group "Joint APHA and Scottish Government Guest Area" (see 2.1.2). Users must be registered on Resilience Direct with their own organisation before requesting access to the template notices. This resource supports the training of staff within local authorities who have an enforcement role.

## 3. Command and control structures

### 3.1. Strategic response

Scottish Ministers have a legal responsibility to control notifiable animal diseases in Scotland. Strategic direction during an outbreak is provided by the Scottish Government through the Disease Strategy Group (DSG). APHA is the lead partner organisation responsible for dealing with the operational response to an outbreak and will initiate the local response on behalf of the Scottish Government.

#### Scottish Government Resilience Room (SGoRR)

If necessary, the Scottish Government Resilience Room (SGoRR) will be activated to co-ordinate the response required to manage the wider consequences of an outbreak.

## 3.2. Tactical and operational response

### 3.2.1. National Disease Control Centre (NDCC)

Upon confirmation of disease, APHA will establish a National Disease Control Centre (NDCC) to command, control and co-ordinate the tactical response for those involved in controlling the disease at an operational level. Where disease crosses administrative boundaries, the NDCC will co-ordinate APHA activities across GB. Depending on the disease in question and the scale and severity of the outbreak, the NDCC may include representation from operational partners, Other Government Departments (OGDs) and stakeholder groups.

### 3.2.2. Central Disease Control Centre (CDCC)

Upon confirmation of an exotic notifiable disease in Scotland, APHA will establish a Central Disease Control Centre (CDCC). The CDCC is a virtual structure that manages and co-ordinates the operational response. The CDCC may convene in Saughton House, Edinburgh, or elsewhere if appropriate. It can also be located across multiple sites where necessary. APHA's Head of Field Delivery Scotland (HoFDS) will become the Outbreak Director for Scotland to provide leadership and direction for the CDCC. For cross-boundary outbreaks it will be headed up by APHA's Service Delivery Director.

### 3.2.3. Forward Operating Base (FOB)

APHA's Outbreak Director for Scotland will direct the establishment of a Forward Operating Base (FOB) close to the outbreak to:

- implement the disease control operation
- liaise with local operational partners and stakeholders
- provide an operational base for teams that are involved in patrolling, surveillance and field operations activities

Depending on the nature of an outbreak, further FOBs may be established.

### 3.2.4. Meetings

In order to manage the disease outbreak, meetings and reports that take place across the command and control structures adhere to a pre-determined schedule (known as a "battle rhythm"). The exact battle rhythm followed will depend on a number of factors including the circumstance of the disease, stage of the outbreak and affected area. Appendix G details the main meetings held and reports compiled.

### 3.2.5. Bird table meetings

Bird table meetings take place at the tactical (NDCC) and operational (FOB) levels and are conducted to:

- provide a structure for the management of the disease 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

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

3.2.6. NDCC bird table

Each of the key operational partners will have a representative at NDCC bird table. To ensure rapid decision making, this should be a senior officer involved in the outbreak (teleconference facilities will be made available for those unable to attend in person). Representatives should be agreed in advance of an outbreak with names of nominated deputies also provided to cover annual leave and sick absences. NDCC bird table meetings will typically require the participation of the following operational partners:

- Police Scotland
- Local Authority representative(s)
- Scottish Environment Protection Agency (SEPA)
- Public Health Scotland (PHS)
- Food Standards Scotland (FSS)

In the event of disease confirmation (less likely on suspicion) in Scotland, APHA's Outbreak Director for Scotland will arrange for APHA's Communications Team to contact the appropriate representatives relevant to the disease in question to arrange the first meeting. Representatives may need to be contacted out of normal working hours or at weekends. NDCC bird table meetings will normally take place three times a day during the initial phase of the disease response, but probably less frequently in later phases.

3.2.7. FOB bird table meetings

The participants at the FOB bird table meetings will be from all the areas involved in the management of the disease control operation, including operational partners and invited stakeholders.

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.

FOB bird table participants will normally include the following:

- APHA's Outbreak Director for Scotland – Chair (APHA)
- Scotland Veterinary Lead (APHA)
- FOB Manager (APHA Delivery Team leader)
- CDCC Manager (APHA)
- CDCC Finance Manager (APHA)
- APHA Communications
- APHA Resilience Lead
- Scottish Government Communications Liaison Officer
- Scottish Government Principal Agricultural Officer
- Local Authority(ies) Liaison Officer
- Local Authority(ies) Resilience Advisers
- Police Scotland Liaison Officer
- Scottish Environment Protection Agency (SEPA)
- RRP Coordinator
- Consultant (or consultants) in Public Health Medicine (CPH(M))
- Public Health Scotland (PHS)

Other organisations may be invited to participate as the need arises. In circumstances where public or human health is impacted or at risk, representatives from the relevant NHS Board and Public Health Scotland will be invited to participate.

Issues raised by operational partners at the FOB bird table meetings will, if appropriate, be escalated by APHA's Outbreak Director/Veterinary Lead Scotland (VLS) through the CDCC Tactical - Operational Management teleconference.

3.2.8. CDCC Tactical - Operational Management teleconference

Operational Management teleconferences take place between: the NDCC, APHA, and the CDCC; and between the CDCC and FOB management. These teleconferences provide a forum for heads of teams involved in the outbreak to communicate and be provided with central direction. The issues that are likely to be discussed include a national update, current situation, control measures, operational and policy issues, resources, communications, IT/data; as well as actions or issues requiring escalation.

### 3.3. Local Authority Co-ordinating Groups

The local authority co-ordinating groups listed below are represented at the Scottish Framework Steering Group. The Framework aims to help meet the objectives of the Animal Health and Welfare Strategy for Great Britain to ensure effective, accountable and consistent delivery of animal health and welfare services. The Framework Steering Group, chaired by APHA, ensures all Scottish local authorities are signed up to the framework. APHA will regularly discuss with each individual

local authority their service plan, which helps support the planning and delivery of local authority's animal health and welfare functions. This Framework Steering Group is not a disease control response group, but has an important role in disease prevention, as it helps in the delivery of critical control point inspections for markets, high risk farm visits, education, advice and training.

Local Authority Co-ordinating Groups include:

- Societies of Chief Officers of Environmental Health and Trading Standards
- The Scottish Animal Health and Welfare Panel
- Scottish Animal Health and Welfare Strategy Group
- National Animal Health and Welfare Panel
- Convention of Scottish Local Authorities (CoSLA)

### 3.4. Resilience Partnerships

Regional and Local Resilience Partnerships (RRPs/LRPs) are the principal mechanisms for multi-agency co-ordination under the Civil Contingencies Act 2004. They promote co-operation between organisations in preparation for responding to a major emergency, such as a notifiable animal disease outbreak.

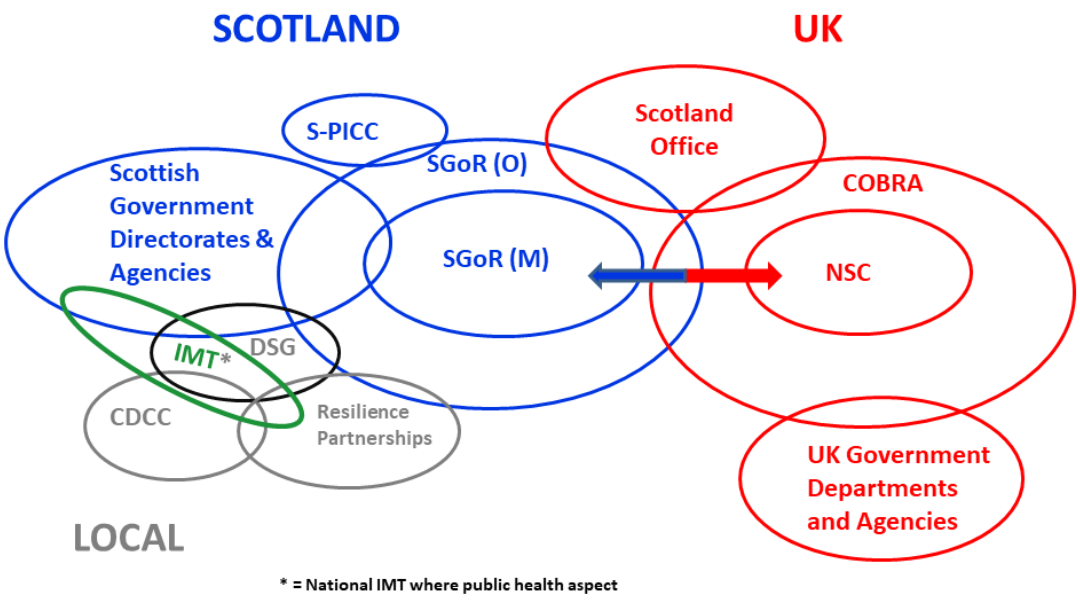
A Resilience Partnership may be activated to deal with the wider consequences of the outbreak and ensure that multi-agency response is well co-ordinated and effective. Resilience Partnerships can be convened at a local level or across a wider area depending on the nature of the incident and the organisations involved. Police Scotland, SEPA and the affected local authority will maintain the link between the resilience partnership and disease control response through their participation in NDCC and FOB bird table meetings. If a Resilience Partnership is stood up, Police Scotland will be invited to attend the DSG.

Where an animal disease outbreak is zoonotic (i.e. can affect human health) close liaison would take place with Public Health Scotland (PHS) and the relevant NHS Board(s). The public health response to the outbreak would be coordinated through a National Incident Management Team (IMT) chaired by PHS. This National IMT will lead the management and coordination of the public health response in Scotland, following the principles set out in the Guidance on the Management of Public Health Incidents.

- Membership of the National IMT would include CsPH(M) from affected NHS board areas and representatives from APHA, Local Authorities and others as appropriate.
- Local implementation and operational aspects of the public health response, e.g. local arrangements for carrying out risk assessments and provision of pre or post exposure prophylaxis, as agreed by the National IMT, will be the responsibility of the NHS board CsPH(M) in the affected area(s). The CPH(M) may convene a local NHS board IMT to facilitate this in line with their local incident management arrangements.
- PHS and the CsPH(M) from relevant NHS board areas may be invited to participate in NDCC and FOB bird table meetings. PHS would also attend the DSG.

Figure 1 below illustrates the relationship between national (Scottish and UK) and local structures that may be set up to help co-ordinate and manage the disease control response, and the links to wider consequence management structures.

**Figure 1: National and local diseases control response structures and links to wider consequence management**




3.4.1. Activation

It will be for each regional area to determine which Resilience Partnerships should convene based on the specific circumstances of the outbreak. Where regional boundaries are involved, an early decision on the configuration of Resilience Partnerships will be reached following consultation. From the start of an outbreak, a Resilience Coordinator will be invited by APHA to participate in the relevant bird table meetings.

3.4.2. Role

During the disease outbreak, the role of the Resilience Partnership, if convened, would be to:

- protect human life, property and the environment
- minimise the harmful effects of the emergency
- consider the wider consequences of the outbreak
- maintain normal services at an appropriate level, as far as possible
- provide mutual support and co-operation between responders
- support local communities
- manage and support an effective and co-ordinated joint response

### 3.5. NHS led Incident Management Team (National IMT)

Upon suspicion of disease, and if the disease outbreak has zoonotic potential, the NHS board CsPH(M) will lead the local public health response in close liaison with PHS and in line with local incident management arrangements.
If disease is subsequently confirmed, and has zoonotic potential, a National Incident Management Team (IMT) will be convened by PHS to coordinate the multi-agency public health response to the outbreak in Scotland, following the principles set out in the Guidance on the Management of Public Health Incidents.

The local NHS board CsPH(M) will represent the NHS board(s) on the National IMT and will be responsible for the local implementation and operational aspects of the public health response to the incident. Representatives from the National IMT will sit on the DSG and where appropriate, participate in bird table meetings to ensure effective liaison and coordination between animal and public health response structures. Similarly, an APHA representative will be invited to attend the National IMT.

### 3.6. Scientific and technical advice

During outbreaks of exotic animal diseases, scientific and technical advice on animal disease control is co-ordinated at a Scottish level through the Scottish Government's Disease Strategy Group (DSG) drawing on veterinary and scientific advice through EPIC (the Centre of Expertise on Animal Disease Outbreaks) and the GB-wide National Experts Group (NEG) within the National Disease Control Centre (NDCC). Outputs from these groups can be shared with operational partners. Specific requests for advice from NEG by operational partners should be routed through the CDCC (or directly to DSG via SG's Resilience Division if requests come from responders out with an area directly affected by the disease).

Where an animal disease outbreak has zoonotic potential, scientific and technical advice on the public health implications and management will be provided by the National Incident Management Team (IMT) chaired by Public Health Scotland. Specific requests for advice from the National IMT by operational partners should be routed through the local CPH(M) who will be a member of the National IMT.

Depending on the scale and severity of the incident, the Scottish Government would, where necessary, request via the Cabinet Office the activation of and/or the support of the Scientific Advisory Group for Emergencies (SAGE) to consider scientific and technical implications wider than disease control. If a resilience partnership wishes to establish their own Scientific and Technical Advice Cell (STAC) (i.e. to provide resilience partnerships with authoritative information outside of that being considered by the NEG and the IMTs), they should do so through their normal activation procedures.

## 4. Roles and responsibilities

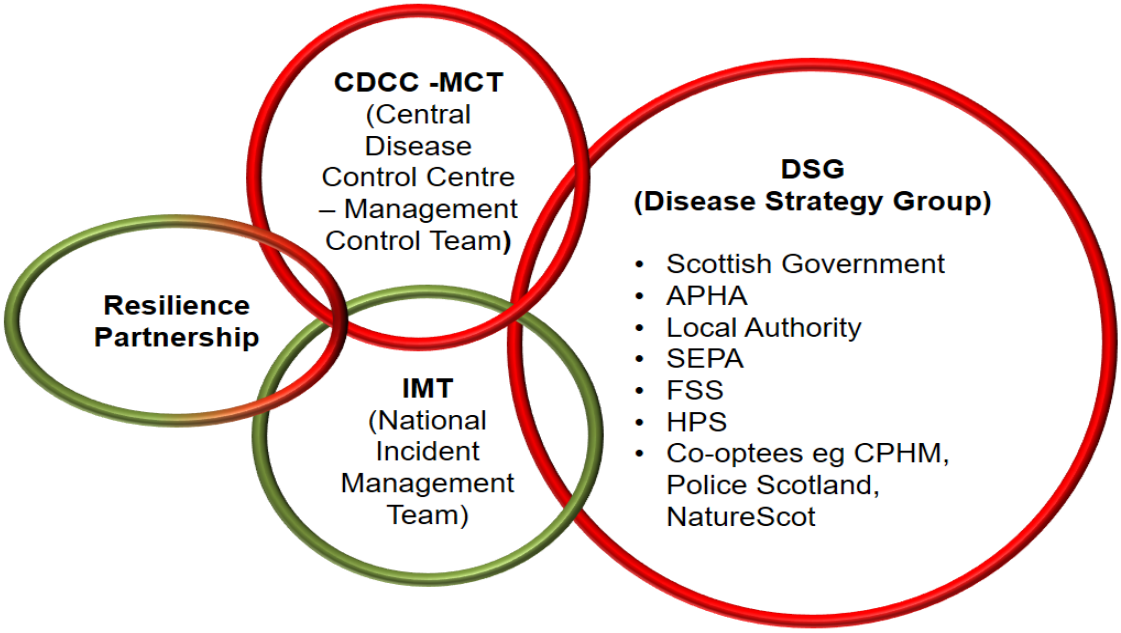
### 4.1. General

APHA will lead the operational response to an outbreak, but a number of other agencies will be involved. Those agencies will have response plans of their own. However, working together will be essential to provide a co-ordinated response. During a disease outbreak, the inter-agency picture can be complex and it is therefore important that responders understand their own part within the wider disease response structure.

Scottish Government officials will establish the extent of the various control zones that may apply.

Figure 2 below shows the links between the principle animal and human disease control response structures that may be established during an animal disease outbreak with zoonotic potential. These structures are explained in more detail later in this chapter. Note, not all of these structures will be activated, depending on the scale of the incident.

**Figure 2: Information flow between animal (red) and human (green) disease control response structures.**



## 4.2. Animal and Plant Health Agency (APHA)

APHA is the operational lead agency in dealing with notifiable animal disease outbreaks and will implement animal disease control measures. The assistance of the relevant local authority and Police Scotland will be called upon to enforce those control measures (for infections with zoonotic potential, the public health response is the responsibility of the NHS board(s) in liaison with PHS).

Following confirmation, or Slaughter on suspicion, APHA will initiate the local response to a disease outbreak. APHA's Head of Field Delivery Scotland (HoFDS) will be responsible for the management of the Central Disease Control Centre (CDCC), reporting to the Head of the Disease Strategy Group (DSG) in Saughton House, Edinburgh and to the National Disease Control Centre (NDCC).

During the disease outbreak, APHA's Outbreak Director for Scotland will work with other agencies to ensure the delivery of disease control measures.

### 4.2.1. Detection of diseased/infected animals

APHA will respond to and investigate reports of suspect notifiable disease. If it has not already been done, APHA will then serve restriction notices to prevent any movements of susceptible animals on to or off the premises. As well as diagnosing disease, the investigation will identify potential sources of disease, or premises that may have been infected as a result of spread from the suspect premises.

This may initiate further investigations, serving of restriction notices on additional premises, and/or culling of livestock. APHA will arrange foot patrol visits in zones or areas that may be declared by Scottish Ministers.

High-risk premises will be identified and visits to them prioritised.

### 4.2.2. Culling and disposal of animals

APHA will make arrangements for, and supervise, the culling and disposal of susceptible animals if required. APHA will also supervise the welfare of animals being culled and prioritise the order of animals to be culled.

### 4.2.3. Health and safety at Infected Premises (IPs)

Although the speed of culling and disposal is important, the health and safety of individuals is paramount, and careful preparations are required by APHA to ensure that this is not compromised. This is particularly important in the case of animal diseases that are communicable to humans (zoonoses), and so PHS will advise on the precautions to be taken on the IP to protect workers. APHA will provide Personal Protective Equipment (PPE) for their staff and contractors working on the IP.

4.2.4. Avian influenza incidents – prophylaxis

In Scotland, APHA are responsible for the provision of antivirals to APHA staff and any contractors brought in by APHA to deal with an avian influenza (AI) incident (local NHS boards are responsible for provision of antivirals to farm workers and other individuals where required - see section 4.7.1).

4.2.5. Containment of disease on suspect, infected or dangerous contact premises

APHA will ensure that all appropriate measures are put in place and maintained to reduce the risk of spread of disease to a minimum. This will include briefing of officers who have secured the premises, thus ensuring that the correct biosecurity measures are in place and have been adhered to. This will also include consideration of possible wildlife vectors. Other organisations (e.g. SASA, NatureScot, etc.) may be contacted to advise on actual risks in relation to farm and on and off-site wildlife activity.

APHA will also arrange for preliminary cleansing and disinfection (C&D) of the infected premises, and will confirm that secondary C&D has been completed satisfactorily.

4.2.6. Containment of disease in declared zones/areas

The CDCC will plan the initial action in the controlled area. APHA will be responsible for overseeing the issue of specific movement licences within the zones/areas closest to the suspect or infected premises, notably the Protection Zone (PZ) and Surveillance Zone (SZ).

4.2.7. Overview/summary of APHA responsibilities:

- lead operational agency and instigates the local response to the disease outbreak in animals
- respond to and investigate reports of suspect notifiable disease
- notify relevant operational partners when disease is suspected, including Police Scotland, SEPA and affected local authorities and NHS boards
- establish the CDCC and FOB and convene/chair the CDCC Tactical - Operational Management teleconference.
- put systems in place for restriction notices to be served, and livestock to be culled and disposed of, if appropriate
- investigate and identify potential sources of disease, or premises that may have been infected as a result of spread from the suspect premises
- in the case of zoonotic diseases, e.g. avian influenza or rabies, provide a register to the NHS board Consultant in Public Health (Medicine) (CPH(M)) of all persons entering infected premises or exposed to infected material
- in case of zoonotic disease, provide representation on the NHS led National and local IMTs as required
- arrange for sampling and dispatch of samples when required
- liaise with local veterinary practices

- arrange patrol visits in the immediate area around the IP (most likely the PZ, or equivalent)
- identify high-risk premises and prioritise visits to them
- supervise the welfare of animals being culled and prioritise the order of animals culled
- supervise and advise on correct biosecurity measures to be adopted (principally by keepers of susceptible livestock)
- carry out preliminary C&D of infected premises, and approve secondary C&D carried out by the owner
- consider the risk of wildlife vectors and notify relevant partners
- consider the issue of specific movement licences
- agree any necessary action with local authorities/Police Scotland to restrict access to IPs
- raise awareness and inform the public of any movement restrictions via local media
- assist in the establishment of a local helpline
- undertake surveillance and blood sampling of animals to demonstrate absence of disease and seek to gain recognition of disease freedom

#### 4.2.8. FOB operational partner meetings

FOB operational (FOB Ops) partner meetings will provide an opportunity for APHA to convene ad hoc meetings to enable discussion on what the operational partners could potentially contribute to the local outbreak response, and what they may need from APHA to meet their outbreak response obligations. FOB Ops meetings are expected to be more frequent at the start of the outbreak and will be called when there is insufficient time during FOB bird tables or CDCC Tactical-Operational Management teleconference to address issues. Issues regarding wider consequence management should not be discussed at FOB Ops meetings, but referred to Resilience Partnerships.

The chair will be the APHA Veterinary Advisor (Field Delivery) – VA(FD) and the colleagues from External Communications will provide the Secretariat.

Other participants (or their representatives) will be:

- local authorities
- SEPA
- Police Scotland
- Scottish Government Rural Payments and Inspection Division (RPID)
- CPHM (if zoonotic disease)
- Other partners may be co-opted as the need arises

To ensure rapid decision making, this should be a senior officer involved in the outbreak. It is anticipated that likely issues to be discussed would be:

- current disease picture
- strategic, tactical and operational approach
- opportunities for operational partners to support the outbreak response
- problems or issues operational partners have when delivering their outbreak response roles

- horizon scanning

## 4.3. Scottish Government

### 4.3.1. General

The Scottish Government will establish the extent of the various control zones that may apply. If required to manage the wider consequences, Scottish Ministers may also request the activation of SGoR. Scottish Government will obtain its expert advice from the National Experts Group (NEG), a permanent group of scientists, meteorologists, economists and veterinary representatives from within and out with government, which during outbreaks will provide specific technical and scientific advice and recommendations on the disease, its transmission and its control, with a view to supporting government policies. Expert advice will also be sought from EPIC[2], a consortium of Scottish-based scientific and research experts.

The Scottish Government's main roles are to:

- co-ordinate and manage the Scottish disease control response
- chair the DSG
- staff the national disease response helpline, if required
- draft and issue general licences and zone declarations
- ensure necessary legislation is in place
- ensure relevant information on disease control developments is shared with SGoR (if activated), NDCC, other UK administrations
- handle national animal health policy issues that develop during the response to the outbreak and its aftermath
- establish and chair Scottish national stakeholder groups
- ensure appropriate action is taken on export and import requirements
- liaise with the local and national media
- coordinate media issues with other agencies and stakeholders, e.g. local authorities, NHS boards, PHS, SEPA, and Police Scotland, especially through the Resilience Partnerships
- liaise with communications teams in other UK administrations, APHA and Resilience Partnerships

### 4.3.2. SG Rural Payments and Inspections Division (RPID)

RPID staff have technical expertise in livestock farming and will be vital in informing policy decisions. They will have representation at both the DSG and the FOB. The Principal Agricultural Officer (PAO) and their staff of the affected region will provide professional agricultural and administrative support to the CDCC as required. RPID staff have an important role in liaising with the local farming community and providing local knowledge.

The responsibilities of RPID staff in the CDCC/FOB include:

- providing support as required under direction of APHA's Outbreak Director for Scotland

[2] EPIC (Epidemiology, Population health and Infectious disease Control) - Centre of expertise on animal disease outbreaks

- logistical management of operations in any zones
- providing logistical assistance in initial surveillance, valuation, culling, disposal and C&D operations, as required under direction of veterinary inspectors
- liaising with farmers
- staffing national and local helplines
- providing general agricultural advice to APHA staff
- providing resources for the finance function
- preparing, issuing and delivering forms as appropriate

## 4.4. Local Authorities

### 4.4.1. General

Local Authorities (LAs) fulfil a significant role within the coordinated response to outbreaks of notifiable animal disease. In addition to the exercise of their statutory duties in relation to the enforcement of disease controls, the local authority can provide advice and education at the local level. They are empowered to monitor compliance with the conditions of movement licences and measures such as housing requirements which may be imposed upon animal keepers. LAs may support the work of APHA through the provision of resources including staff (for foot patrols), vehicles, equipment and buildings. In the event of a zoonotic disease outbreak, LAs would also support NHS boards and the National IMT.

### 4.4.2. Enforcement and licensing

LAs have statutory enforcement powers in animal health matters. LA Animal Health Inspectors would be called on for assistance if disease was suspected in a market or other animal gathering, and may be called upon to serve restriction notices and secure infected or suspect premises.

LA staff are likely to be called upon to provide advice to the public on restrictions, monitor compliance with legislation, investigate incidents of non-compliance and issue official notices.

Depending on the disease, mobile patrols may tour the areas under movement controls to ensure compliance with movement restrictions. LAs will also be responsible for closing public access, although this is only likely to be required in a foot and mouth disease PZ for a short period.

High standards of biosecurity for milk tankers, feed lorries and other essential visitors to farms will be critical to the control of diseases. To achieve this, fixed C&D disinfection sites may be established within the controlled area. In exceptional circumstances, roadside C&D points may also be required for vehicles leaving the control zones/areas. This response would not be required in the first few days of an outbreak. In both circumstances, it is likely that the APHA would identify the labour sources through existing contingency contracts, but LAs may be involved in helping to identify these sites and managing the work.

Depending upon disease, livestock markets may be closed for a period of time, but once disease is contained, collection centres for slaughter stock may be permitted, and monitoring of standards at these sites will fall to LAs.

Essential activities and movements will need to be licensed by the licensing sections of the CDCC, and biosecurity of permitted activities will require to be monitored.

Local authorities may be asked to assist APHA and local Scottish Government RPID officers in the issue of licences for movements.

4.4.3. Road signs

LAs will be responsible for producing and erecting signs warning of the disease at controlled zones/area boundaries when disease is confirmed. Signs will be erected in consultation with APHA, Police Scotland and Traffic Scotland for non-trunk routes.

4.4.4. Overview/summary of LA responsibilities:

- provide representative(s) to participate in NDCC bird table meetings and input into the Outbreak Coordination Group (OCG) overnight reports (see paragraph 5.1.2)
- representatives from Police Scotland will be invited to be part of the FOB. A liaison officer of appropriate rank may be based in the FOB to co-ordinate commitment of Police Scotland resources as required. They will be included in the daily “FOB Manager Briefing” as “FOB staff”. Additionally, they could be required to participate in the “FOB Operational Management teleconference” subject to agreement by the chair.
- support NHS boards in the local investigation and management of the incident
- provide a representative to the NHS led National IMT, where required
- as part of the Infected Area Management Team, provide advice on suitable C&D sites within and around the controlled area
- provide assistance where possible on provision and procurement of resources and staff – especially in the early stages
- assist in delivery of restriction notices and securing of suspect and infected premises
- check and enforce compliance with all disease control measures, especially movement controls and licences
- supervise the operation of markets and collection centres
- serve restriction notices and revocation notices on request of APHA’s Outbreak Director for Scotland
- assist at vehicle checkpoints
- advise farmers of restrictions and provide information to the local population
- advise APHA’s Outbreak Director for Scotland on local issues that may impact on control measures
- implement and advertise official closures on land in a PZ, where there is a public right of access on request from the DSG
- identify private water supplies, and monitor both municipal and private supplies

Affected local authorities may also wish to consider deploying a liaison officer to the Disease Policy Unit (DPU) in Saughton House, to help ensure strong disease control communication links are maintained. Access to Wi-Fi will be provided by Scottish Government.

## 4.5. Police Scotland

### 4.5.1. General

Police Scotland's response to an animal disease outbreak will depend upon the severity and nature of other requirements being placed upon them. APHA may request assistance from Police Scotland for their specialist knowledge in the area of management and co-ordination of major incidents. Police Scotland will work closely with responding agencies to enforce movement controls and the policing of the IPs and controlled zones/areas, depending on resource availability.

Section 60(1) of the Animal Health Act 1981 imposes a statutory duty on the police to execute and enforce this Act and orders made under it. Sections 60-62 of the 1981 Act provide police constables with the powers of entry, search and arrest. The Animal Health and Welfare (Scotland) Act 2006 Section 49 and Schedule 1, details the powers available to constables and these include entry and search; stopping and detaining vehicles; and arrest without warrant. Section 32 & 35 gives powers to alleviate the suffering of animals in distress, including powers to destroy if necessary.

### 4.5.2. Operational requirements

Representatives from Police Scotland will be invited to be part of the FOB. A liaison officer of appropriate rank may be based in the FOB to co-ordinate commitment of Police Scotland resources as required. They will be included in the daily "FOB Manager Briefing" as "FOB staff". Additionally, they could be required to participate in the "FOB Operational Management teleconference", subject to agreement from the chair.

The operational role of officers in the field will be the enforcement and investigation of incidents, and when necessary, charging of offenders.

Officers may be called upon in the early stages of an outbreak to control access to premises under restriction, because of suspicion of disease.

As only police officers have powers to stop vehicles on the public road, uniformed officers will be called upon to assist in enforcement of any livestock movement ban and will provide appropriate mobile units to support biosecurity patrols operating in close proximity to the IP (for most diseases this would be the 10 km zone around an IP).

Field operations around IPs, disposal sites, and C&D sites may affect the normal flow of traffic. Police officers may be required to assess the situation and advise on traffic management, road closures and/or signage. Should roadside disinfection points be necessary, Police Scotland will have a role in advising on suitable sites.

Police Scotland would also be involved in the approval of disposal transport routes of infected carcases removed from the IP. The transport route will be agreed by the National Police Chiefs Council and the NDCC and may require cross border coordination with English forces.

Field disease control operations may attract some public attention. Therefore police officers may be required to maintain order and ensure public safety, e.g. at loading or disposal sites.

4.5.3. Overview/summary of Police Scotland responsibilities:

- enforcement of any movement bans or controls
- provide a representative to the FOB
- provide a representative to NDCC bird tables; and where appropriate, FOB bird table meetings.
- input into the OCG overnight reports (see paragraph 5.1.2).
- prevent public access to IPs and officially closed pathways/land
- stopping and checking vehicles transporting animals – with local authority support; detain and/or seize suspected animals or things in the infected area, or as requested by APHA or local authorities
- public order and traffic control
- provide traffic management and safety advice on the set up of infected area and patrol staff for any necessary enforcement action

## 4.6. Scottish Environment Protection Agency (SEPA)

4.6.1. General

SEPA is Scotland's environmental regulator and, amongst other things, has a duty to protect and improve the environment and to ensure waste is recovered or disposed of without endangering human health or using processes or methods that could harm the environment. In between outbreaks, SEPA, APHA, National Resources Wales and the Environment Agency meet on a quarterly basis to discuss outbreak preparedness.

Consultation between SEPA and APHA will be in accordance with the Joint Memorandum of Understanding.

4.6.2. Representation to NDCC

- In the event of a notifiable disease outbreak, a SEPA representative will be invited to join the NDCC bird table; and where appropriate, FOB bird table meetings, to provide advice on the environmental impact of activities, and assist in:
- providing advice to APHA's Outbreak Director for Scotland on the control of pollution at disposal sites, on depopulated premises and at C&D sites
- providing advice on environmental enforcement
- advising on pollution prevention, including the site of C&D facilities and their operation

- monitor the impacts of the outbreak on the environment
- input into the OCG overnight reports (see paragraph 5.1.2)

4.6.3. Specific advice to officers working in the field

SEPA officers should be consulted on the management of run-off from C&D sites and on the legislative requirements for the appropriate disposal of materials from clean-up operations.

Full consideration should be given to the environmental risk of the storage or disposal of large quantities of slurry or wash water from the IP. As many of these issues will be site specific and will depend on whether disease is suspected or confirmed, and indeed which disease it is, providing detailed information in this plan is very difficult. However, a contingency plan template, for use by livestock keepers, has been prepared to help intensive agriculture sites covered by the Pollution Prevention and Control (Scotland) Regulations to put in place their own plans to deal with mass mortality events.

During disease outbreaks, advice on the statutory implications and best site(s) for the burial of anything, including carcases, should be sought before any decision is made.

Should roadside C&D stations be necessary, environmental impact assessments (EIAs) will be undertaken prior to starting operations.

4.6.4. Overview/summary of SEPA responsibilities:

- provide representative to NDCC bird table: and where appropriate, FOB bird table meetings
- advise on siting and operation of any C&D points in the Infected Area and the disposal of waste (including the potential for significant amounts of waste water and slurry) from IPs, e.g. used disinfectant, veterinary medicines, feedstuffs and poultry manure etc.
- advise on carcase disposal decisions
- advise on the use of authorised incinerators, rendering plants and landfill sites for carcass disposal policy

## 4.7. NHS Boards

4.7.1. General

The role of the NHS Boards will depend on the disease. In all cases, the CPH(M) will be informed of any report cases or suspicion of disease. Upon suspicion of disease, the public health response will be led by the local CPH(M) in close liaison with PHS in line with local incident management arrangements.

If disease is subsequently confirmed, and has zoonotic potential, a National Incident Management Team (IMT) will be convened by PHS to coordinate the multi-agency public health response to the outbreak in Scotland.

The local NHS board CsPH(M) will represent the NHS board(s) on the National IMT and will be responsible for the local implementation and operational aspects of the public health response to the incident as agreed by the National IMT.

The CPH(M) may convene a local NHS board IMT to facilitate this, especially in the early stages of the investigation, in line with their local incident management arrangements. CsPH(M) from relevant NHS board areas will be invited to attend the FOB and/or NDCC bird table meetings.

The NHS Board's role during an outbreak of animal disease with zoonotic potential is to:

- provide a representative to the CDCC/NDCC and where appropriate, FOB bird table meetings.
- provide representative to the National IMT chaired by PHS
- provide advice on the potential risk to humans arising from animal health activities, including outbreaks of animal disease
- advise on necessary control measures, including personal protective equipment (PPE), prophylaxis/vaccination, and treatment where necessary
- respond to health related queries from the public, local health staff and delivery partners, including setting up a helpline where required
- ensure continuity of health care in affected areas
- ensure the local implementation of the public health response to the outbreak, including the provision of prophylaxis/vaccination for farm workers and/or the local population where appropriate.

See Appendix A for a map of the NHS board areas.

### 4.8. Public Health Scotland (PHS)

4.8.1. General

PHS will take the lead on the human health aspects of an animal disease outbreak.

PHS's main role during an outbreak with zoonotic potential is to:

- provide expert advice to all professionals involved in the management and control of incidents of zoonotic disease
- provide operational support to NHS Boards in relation to the public health response to the incident
- upon confirmation of an outbreak of disease with zoonotic potential, convene and lead the National IMT to coordinate the public health response to the outbreak in Scotland
- provide a representative to the DSG and CDCC
- provide a representative to NDCC bird tables; and where appropriate, FOB bird table meetings.
- input into the OCG overnight reports (see paragraph 5.1.2).
- contribute to communication and briefing requests from Government and other operational partners

## 4.9. Food Standards Scotland (FSS)

4.9.1. General

FSS provides inspections at approved meat, poultry and cutting plants to protect both public health and animal health and welfare. All approved slaughterhouses are supervised by Official Veterinary Surgeons (OVS). FSS would be invited to attend meetings of the DSG.

FSS is also responsible for ensuring all cattle, sheep, goats, pigs and horses have the appropriate documentation and identification (e.g. ear tags or other markings) to enable them to be traced to their premises of origin. In the case of cattle and horses, individual passports are required.

FSS is also responsible for providing advice to the public concerning implications for the food chain arising from an outbreak of exotic animal disease. FSS will also be invited to attend the NDCC bird table meetings and input into the OCG overnight reports (see paragraph 5.1.2).

## 4.10. Scottish Society for the Prevention of Cruelty to Animals (SSPCA)

4.10.1. General

The SSPCA is an animal welfare charity, and has no statutory powers or duties, but the SG has authorised the majority of individuals employed by the SSPCA as “inspectors”, as defined in section 49 of the Animal Health and Welfare (Scotland) Act 2006. Inspectors can investigate complaints of cruelty and welfare, and report alleged offences to the Procurator Fiscal, as the SSPCA has special reporting agency status. The SSPCA can also provide a uniformed presence to assist with animal welfare functions if requested by APHA.

SSPCA responsibilities include:

- providing assistance with monitoring compliance with movement licences;
- accompanying vehicles on request;
- providing an independent welfare audit;
- attending daily NDCC bird table meetings and inputting into the OCG overnight reports (see paragraph 5.1.2);
- additional responsibilities specific to rabies: provision of equipment and expertise in relation to handling animals.

## 4.11. Scottish Water

4.11.1. General

It is essential that no operational activities contaminate watercourses, especially those that are used for human consumption. The CDCC must maintain close liaison with Scottish Water, who monitor major reservoirs and the national distribution network. The LA monitors municipal and private supplies.

Scottish Water will liaise with the CDCC through SEPA. SEPA may be able to help identify areas of high risk to the CDCC Manager.

### 4.12. Traffic Scotland

4.12.1. General

Road signs publicising the boundaries of areas under official restriction will need to be placed at all major road entrances and exits.

Field activities surrounding carcase disposal and C&D of premises may involve the use of heavy vehicles, causing disruption to local traffic flow.

All of these activities will require consultation and coordination between the Local Authority Roads Departments and Transport Scotland. Transport Scotland will liaise with the CDCC through Police Scotland.

### 4.13. Scottish Fire and Rescue Service

4.13.1. General

The Scottish Fire and Rescue Service will be called upon to give specific advice if pyres are used to burn and dispose of carcases. They may also be required to assist at an IP at times of extreme weather, e.g. heavy snowfall, flooding etc.

The Scottish Fire and Rescue Service will liaise with the CDCC through Police Scotland.

### 4.14. Military

4.14.1. General

There are no plans to involve the armed forces in the operational response during a disease outbreak.

However, depending on the emergency, a Joint Regional Military Liaison Officer (JRMLO) may be invited to attend SGoR to provide advice to the Scottish Government.

### 4.15. NatureScot

4.15.1. General

NatureScot's involvement in disease control is principally advisory, particularly around advice on local wildlife and its management. In that capacity, wildlife specialists within NatureScot may be invited to attend NEG meetings. NatureScot will also be invited to attend the daily NDCC bird tables and input into the OCG overnight reports (see paragraph 5.1.2).

## 4.16. Industry groups

### 4.16.1. National

Regular meetings with industry will be held at both a national and local level for the duration of the outbreak. At a national level, CVO Scotland will usually chair these meetings, which will be a forum for operational partners, policy officials, veterinary advisors, industry representatives and welfare specialists to highlight areas for concern and contribute to their resolution.

Industry representatives play a key role in advising on issues surrounding the outbreak and its impact, enabling quick and evidence-based disease control measures and policy responses. The frequency of meetings will be determined based on the specific circumstances in discussion with stakeholders.

The key national exotic disease specific stakeholder groups are:

- Avian diseases group
- Bluetongue/FMD group
- Equine diseases group
- Pig diseases group

### 4.16.2. Local

APHA's Outbreak Director for Scotland will establish and chair a local level stakeholder group with industry representation. These meetings will provide a forum for updating local stakeholders and operational partners and for discussing any concerns.

# 5. Communications

## 5.1. National level communications

### 5.1.1. General

Scottish Government's Exotic Diseases of Animals details the responsibilities of those involved in disease response, the strategic communications objectives, and describes the communications activities undertaken at a GB, Scottish and local level. Each RRP also has a Public Communications Plan, which would be activated in the event of multi-agency response to an outbreak. To ensure everyone is keeping messages on disease control consistent, it is important that everyone coordinates media activities and shares messaging as soon as practicable before being released. The Scottish Government Communications team (with assistance from the Disease Control Branch) will coordinate such activity to ensure consistent and coherent media output.

5.1.2. Communications with operational partners

Rapid, effective and consistent communication is essential to warn and inform those involved in the response to the disease outbreak, or those affected by its effects.

The regular **'NDCC bird table' meetings** will ensure all parties involved in the disease control operation have a clear picture of the current situation. These meetings will provide a forum for strategic policy, operations, and communications functions, to provide brief situation reports and facilitate a co-ordinated and co-operative response (similar CDCC and FOB bird table meetings will also be held, serving a similar purpose at the tactical level). Key emerging issues will be identified and responsibilities for resolving them and reporting back will be allocated.

**A Key Brief document** will be produced by the Scottish Government to inform and update individuals on the current disease incident, and provide key information about the disease and disease spread. It will be published on the Scottish Government's website (gov.scot) and will be circulated to operational partners and relevant stakeholders.

**Situation reports** containing key information about progress in controlling and eradicating the disease will be issued by APHA from the NDCC. These reports are known as the "Outbreak Coordination Group (OCG) Daily Report" (sometimes referred to as the "Overnight Report"). The report carries the marking "official sensitive". What this means can be found in the Working with Official Information document.

Requests to be added to the distribution list should be made to the NDCC MI team at: Outbreakndccmanagementinfo&reports@apha.gov.uk Those operational partners speaking at NDCC bird table meetings will be directly asked for contributions for the OCG Daily Report. Those speaking at the CDCC bird table will be invited to contribute to the CDCC situation report, and that in turn gets submitted to the NDCC for the daily report

The report will be saved daily on to APHA's Resilience Direct site (see para 2.2.3 above). Resilience partners requiring access to the AHWD site should first request access to Resilience Direct through their own organisational structure before requesting access to APHA's site.

5.1.3. Public Communications Group (PCG)

Each Regional Resilience Partnership area has its own Public Communications Plan, which would be activated as part of a multi-agency response to any outbreak. These plans set out the purpose, membership, roles, responsibilities, actions and messaging strategies for dealing with any incident, such as an animal disease outbreak.

The Public Communications Plan would be activated by the relevant RRP Public Communications Group. The PCG lead would normally be the senior communications officer from the RRP lead responder, who will develop and co-ordinate a communications strategy and appropriate advice.

The PCG will work closely with the Scottish Government Communications Directorate, who would be part of the DSG, SGoR (if convened) and APHA Corporate Communications, to ensure all messaging and communications strategies are shared and co-ordinated. The PCG will consider deploying a communications officer into the CDCC if required. Teleconference facilities will be made available for those partners where travelling is difficult or resources are limited.

The PCG would make social media messaging and monitoring a key priority, to ensure a timely response to the developing situation and identify any emerging issues.

5.1.4. Engagement with industry

The Scottish Government will meet regularly with national stakeholders to keep them informed of developments and to ensure that any concerns can be raised and addressed. A local authority representative of the Scottish National Animal Health and Welfare Strategy Group, along with APHA and the SSPCA will be invited to these meetings. Other operational partners will be co-opted as necessary.

## 5.2. Local communications

5.2.1. General

The CDCC will assume responsibility for disease response communications at the local level. Communications with the local media on disease response will be led by the Scottish Government Communications Directorate, who will liaise closely with the other UK administrations and APHA.

5.2.2. Communications with operational partners

Regular CDCC and FOB bird table teleconferences will take place to ensure all parties involved in the disease control operation at the local level have a clear picture of the current situation. Teleconference facilities will be made available for those partners where travelling is difficult or resources are limited.

A CDCC Planning Meeting may be called to bring together APHA and any agencies working on the outbreak, to deal with problems that are the primary responsibility of operational partners (e.g. pollution control, traffic or public order management etc.). Those meetings would likely be chaired by the operational partner calling the meeting, with secretariat provided by APHA Internal Communications.

Participants will include:

- APHA FOB Manager
- APHA Field Operations (Ops) Manager
- SEPA
- Police Scotland
- Local Authority Environmental Protection Officer
- Local Authority Resilience Adviser/Resilience Manager

### 5.2.3. Communicating with the public

Discussions about communicating information about the disease response with the public in the vicinity of the IP will be directed through the CDCC. The primary target audiences for external communications are likely to be:

- livestock premises subject to restrictions
- other directly affected premises/businesses
- private veterinarians
- local general public/keepers of non-susceptible animals

### 5.2.4. Engagement with the local media

The Scottish Government's Directorate of Communications will assign either a Scottish Government or APHA Communications Officer to the CDCC and/or FOB, close to the IP, to co-ordinate the local media responses from there. They will work with the PCG and any relevant sub-group to manage media relations at the scene of incidents, and to ensure a consistent message is being projected from all agencies. All media enquiries received by operational partners about disease response should be referred to the SG Press Office.

APHA's Outbreak Director for Scotland, assisted by SG/APHA Press Officer and the PCG's appointed officer, will give a briefing to local media to raise awareness and inform the public of any movement restrictions. This may involve individual spokespersons from other operational partners, in particular the relevant affected local authorities and Police Scotland.

APHA will establish a local helpline to deal with queries directly related to local disease control and will liaise with the PCG regarding its activation. In a larger scale outbreak, SG will give consideration to establishing a national helpline.

### 5.2.5. Engagement with local stakeholders

The CDCC will make arrangements to meet with local stakeholders and the PCG Communications officer will be invited to attend. These meetings will be chaired by APHA's Outbreak Director for Scotland or Veterinary Lead, with secretariat provided by APHA Communications. Participants will include any stakeholders that are deemed necessary by APHA's Outbreak Director for Scotland. Members should attend as representatives of the interested organisations.

Likely issues to be discussed include:

- current disease picture
- industry themes (message management)
- horizon scanning

## 5.3. Communication during a zoonotic disease outbreak

### 5.3.1. General

Where disease has zoonotic potential (e.g. rabies and certain strains of avian influenza) public health communications will also be a consideration and will be discussed and agreed by the NHS led National IMT.

PHS will chair the National IMT and lead the management and coordination of the public health incident response following the principles set out in the Guidance on the Management of Public Health Incidents. The IMT will have representation from the PHS communications team who will liaise with SG communications and other agencies as required. As is standard practice, the IMT will agree public health communications and messages as part of the standing agenda, and will identify and agree media spokespeople, e.g. local CPH(M), chair of the IMT or the CMO, depending on the scale and the public health implications of the incident.

Links between animal disease related control structures and existing structures for communicating public health messages will be made through IMT representation at the DSG, CDCC and the NDCC to ensure messages are correct and consistent. In addition, PHS communications will be represented at any national communications meetings convened in relation to the incident.

# 6. Recovery

## 6.1. General

Recovery from a disease outbreak (sometimes referred to as the “exit strategy”) should be considered as soon as a disease outbreak is confirmed. A number of factors will have a bearing on the type and duration of the recovery, including spread of disease, containment and potential trade implications.

In order that trade can be resumed as quickly as possible, the UK will seek disease free status as soon as practicable. Eradicating disease quickly and restoring disease freedom is vital. This generally requires completion of the final C&D. The sooner disease is eradicated 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.

## 6.2. Regionalisation

Regionalisation is the process whereby the UK can be split into regions by Government with different levels of risk (following a risk assessment). This may allow the relaxation of some of the controls. Regionalisation depends on a number of factors including the epidemiology of the disease, seasonal trade patterns and the application of movement restrictions on animals and animal products.

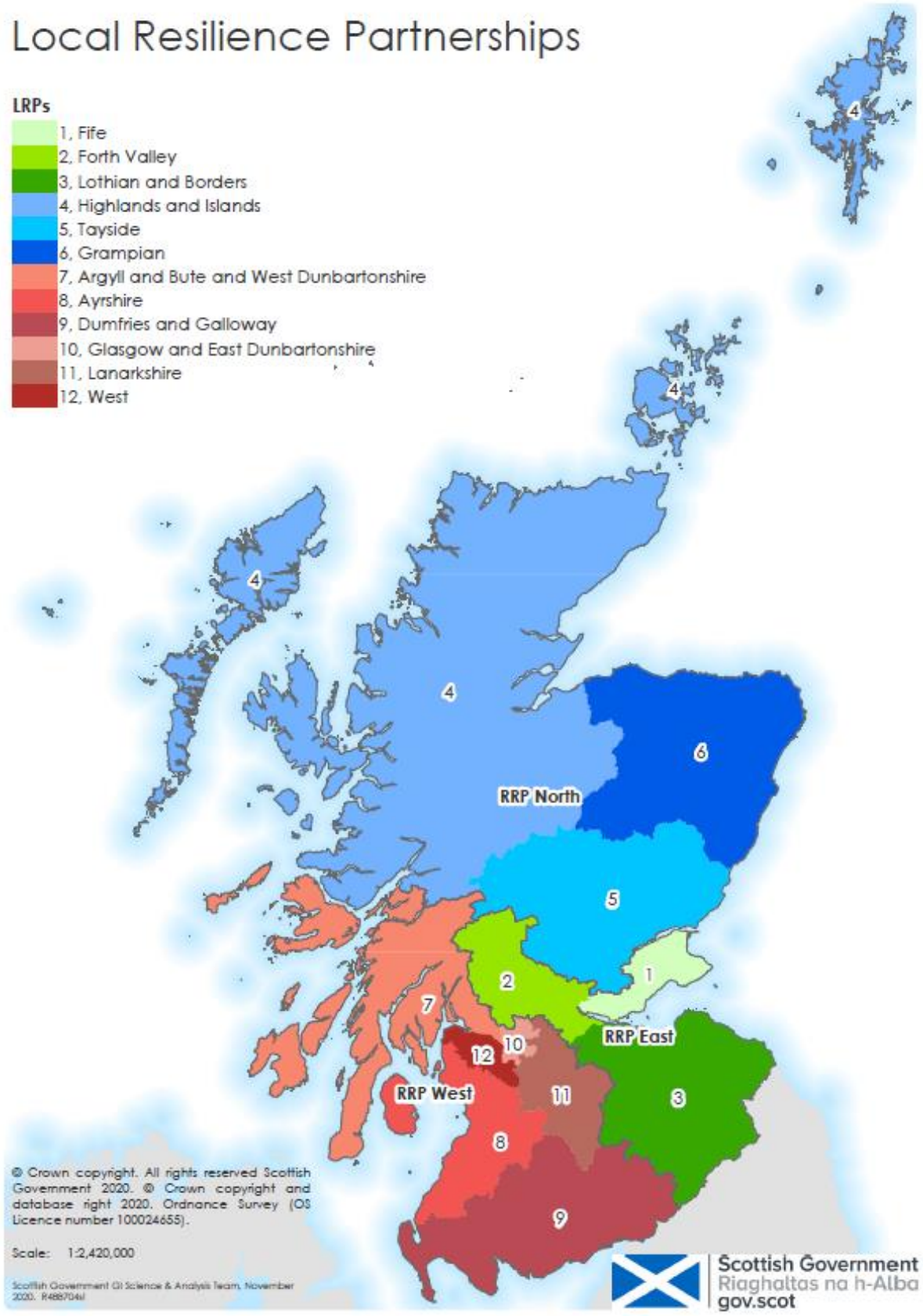
### 6.3. Compartmentalisation

Compartmentalisation is a concept that allows companies, in the event of a disease outbreak, to resume trade quickly with third countries who have signed up to the scheme. Companies must meet the conditions of Regulation (EC) 616/2009 (retained), which includes strict biosecurity measures and the requirement for premises to be approved by government.

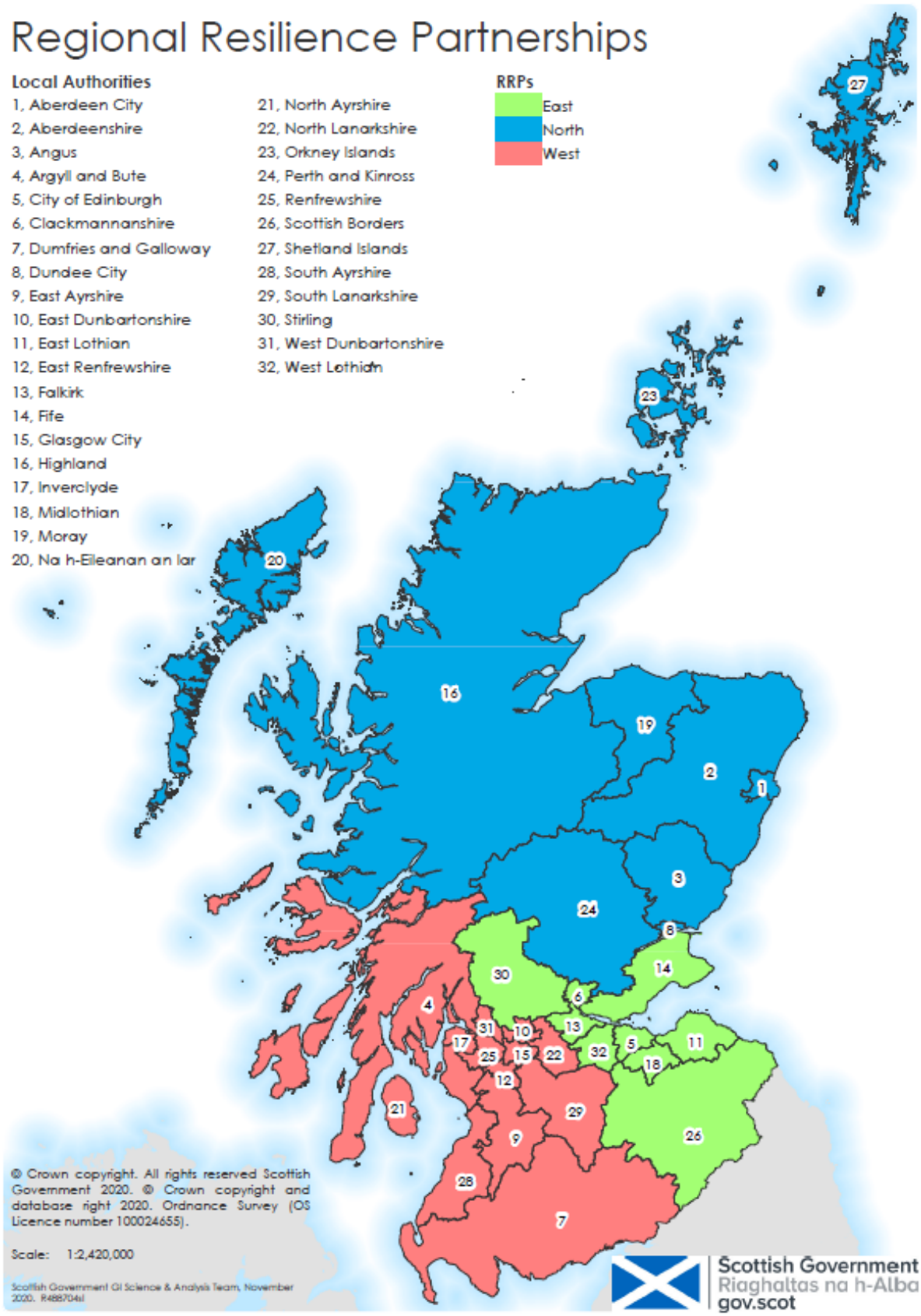
### 6.4. Recovery Co-ordinating Group (RCG)

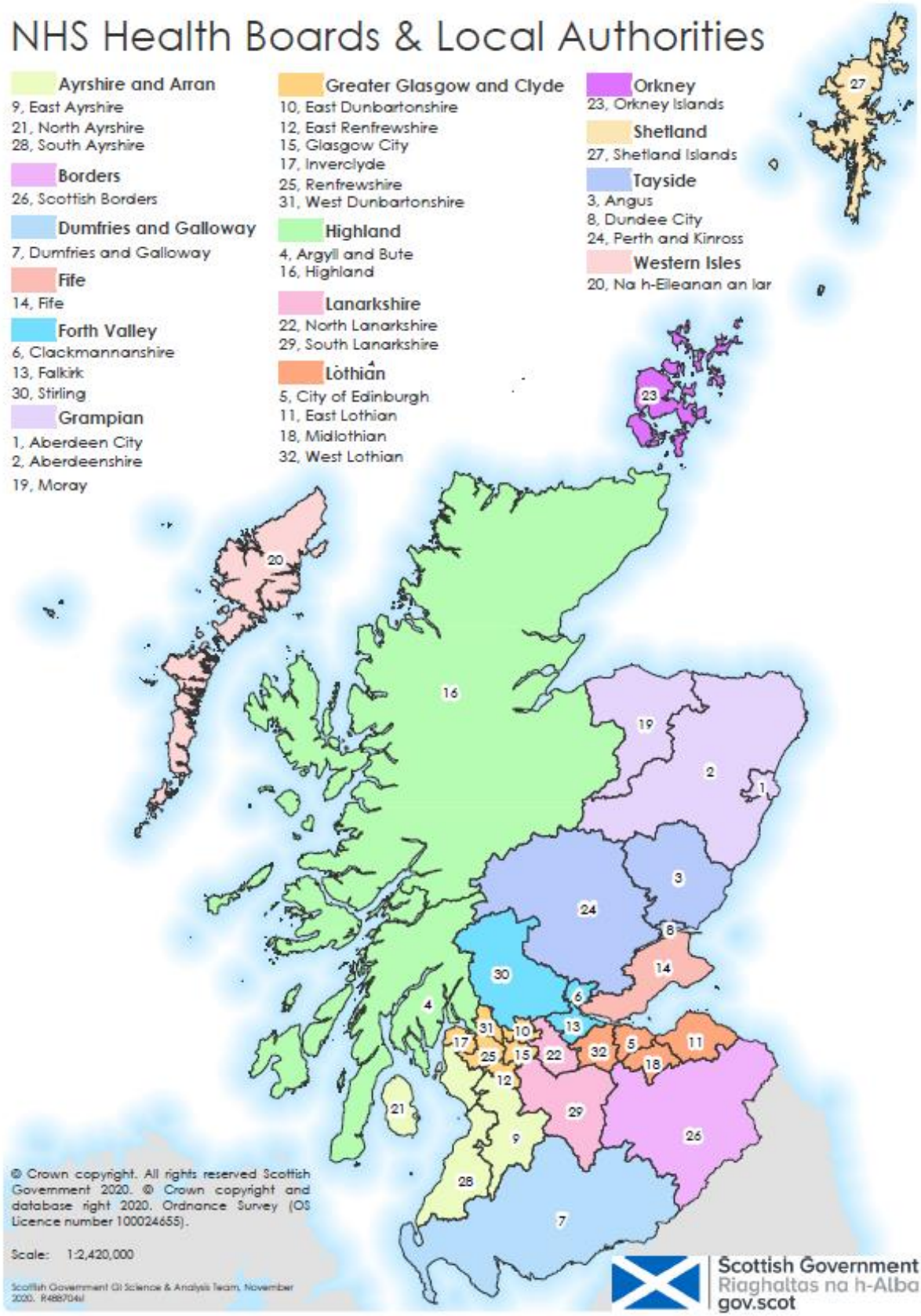
A Resilience Partnership will usually hand over to the Recovery Co-ordinating Group (RCG) when the incident is contained and there is no immediate risk of escalation. At that point the Resilience Partnership's Recovery Plan would be activated. The RCG is a multi-agency group led by a local authority that will support communities in recovering from the economic, social and physical impacts of an emergency.

## Appendix A: Maps of the Resilience Partnership (RRP) and NHS board areas



# Regional Resilience Partnerships




NHS Health Boards & Local Authorities
Ayrshire and Arran
9, East Ayrshire
21, North Ayrshire
28, South Ayrshire
Borders
26, Scottish Borders
Dumfries and Galloway
7, Dumfries and Galloway
Fife
14, Fife
Forth Valley
6, Clackmannanshire
13, Falkirk
30, Stirling
Grampian
1, Aberdeen City
2, Aberdeenshire
19, Moray
Greater Glasgow and Clyde
10, East Dunbartonshire
12, East Renfrewshire
15, Glasgow City
17, Inverclyde
25, Renfrewshire
31, West Dunbartonshire
Highland
4, Argyll and Bute
16, Highland
Lanarkshire
22, North Lanarkshire
29, South Lanarkshire
Lothian
5, City of Edinburgh
11, East Lothian
18, Midlothian
32, West Lothian
Orkney
23, Orkney Islands
Shetland
27, Shetland Islands
Tayside
3, Angus
8, Dundee City
24, Perth and Kinross
Western Isles
20, Na h-Eileanan an Iar
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Scale: 1:2,420,000
Scottish Government GI Science & Analysis Team, November 2020. R488704d
Scottish Government
Riaghaltas na h-Alba
gov.scot

## Appendix B: Summary of controls for key notifiable diseases

A full list of exotic notifiable diseases can be found at notifiable diseases in animals

| Disease | Species | Risk to humans | Spread | Cull | TCZ | PZ (km) | SZ (km) |
|---|---|---|---|---|---|---|---|
| African horse sickness | Horses | None | V | Infected animals | No | 100 | 150 |
| African swine fever | Pigs | None | A, I, W (V) | IP and DC | Yes | 3 | 10 |
| Avian influenza | Birds, pigs, human | Serious | A, I, | IP and DC | Possible | 3 | 10 |
| Bluetongue virus | Sheep, goats (cattle) | None | V | On welfare grounds | No | 100 | 150 |
| Classical swine fever | Pigs | None | A, I, W | IP and DC | Yes | 3 | 10 |
| Contagious bovine pleuropneumonia | Bovines | None | A, AB | IP | No | 0 | 0 |
| Equine viral encephalomyelitis | Horses, birds, human, pigs | Serious, but indirect | V | Not routine | Possible | EEE and VEE | Variable |
| Foot and mouth disease | Cattle, sheep, goats, pigs and all cloven-hoofed animals | Negligible | A, I, W, AB | IP and DC | 10 km | 3 | 10 |
| Lumpy skin disease | Cattle | None | A, V | IP and DC | No | 3 | 10 |
| Newcastle disease | Birds | Low | A, I | IP and DC | No | 3 | 10 |
| Pest des petits ruminants | Sheep and Goats | None | A | Infected animals | No | 3 | 10 |
| Rift Valley fever | Sheep, goats, cattle, human | Serious, but no vector in GB | V | IP and DC | No | 3 | 10 |

| Disease | Species | Risk to humans | Spread | Cull | TCZ | PZ (km) | SZ (km) |
|---|---|---|---|---|---|---|---|
| Rinderpest | Cattle, sheep, goats, pigs | None | A | IP and DC | No | 3 | 10 |
| Swine vesicular disease | Pigs | Negligible | A, I, W | IP and DC | Yes | 3 | 10 |
| Vesicular stomatitis | Cattle, pigs, horses | Negligible | V | IP and DC | No | 3 | 10 |
| West Nile fever | Birds, horses, human | Serious | V | On Welfare Grounds | No | No | Variable |
| Rabies | All mammals | Serious | A | Affected animals and possibly contacts | No | Infected place | Infected area (depending on risk) |

| Abbreviation | Route of entry |
|---|---|
| A | Is direct contact with animals |
| AB | Airborne Infection |
| I | Indirect contact via contaminated vehicles, personnel, etc. |
| V | Vectors (insects) |
| VEE | |
| W | Consuming contaminated waste food |

| Abbreviation | Zone |
|---|---|
| TCZ | Temporary Control Zone |
| PZ | Protection Zone |
| SZ | Surveillance Zone |

| Abbreviation | Disease name |
|---|---|
| EEE | Eastern equine encephalomyelitis |
| VEE | Venezuelan equine encephalomyelitis |

## Appendix C: Amendments and exercise record

| Amendment/ exercise date | Exercise | Summary |
|---|---|---|
| May 2016 | Exercise Cerberus | Draft version of RRP Plan tested during national rabies exercise for operational partners in Scotland |
| December 2016 | RRP Plan | First version of RRP Plan published |
| April 2018 | Exercise Blackthorn | National foot and mouth disease full exercise: live play and three table tops. |
| July 2018 | Exercise Juniper | Scottish avian influenza (AI) table top exercise – aimed at commercial laying hen sector |
| October 2019 | Exercise Hazel | Scottish avian influenza (AI) table top exercise – aimed at broiler breeders and hatcheries |
| October 2020 | Exercise Ivy | Scottish ASF table top exercise |
| Postponed to July 2021 | Exercise Holly | National African swine fever (ASF) table top exercise |

## Appendix D: Glossary of terms

| Abbreviation (if applicable) | Term | Description |
|---|---|---|
| APHA | Animal and Plant Health Agency | Executive Agency of Defra, working on behalf of Scottish Government, Defra, Welsh Government to deliver government policy with regard to animal health and welfare. |
| AI | Avian influenza | Disease that affects birds/poultry. See Appendix I. |
| Contiguous Premises | | Premises immediately adjacent to an Infected Premises (IP). |
| C&D | Cleansing and disinfection | Biosecurity procedures put in place during the culling and disposal of animals, and the treatment of contaminated areas of a premise with disinfectant. |
| Controlled Area | | Area around an Infected Premise(s), the boundaries of which are at least 10 km from the premise(s) in which disease has been confirmed. |
| CDCC | Central Disease Control Centre | Tactical management team co-ordinating APHA disease response. |
| CMO | Chief Medical Officer | CMO provides policy advice on healthcare and public health. |
| CPH(M)/CsPH(M) | Consultant (or consultants) in Public Health (Medicine) | Provides public health guidance to public health incidents, will be a member of the National IMT and is responsible for the implementation and operational aspects of the public health response in their NHS board area. |
| CVO(S) | Chief Veterinary Officer (Scotland) | Scottish Government Animal Health and Welfare Division policy lead |
| Defra | Department of Environment, Food and Rural Affairs | Defra represents the interests of the UK in international negotiations on disease control. |
| DPU | Disease Policy Unit | Staffed by Scottish Government to assists the DSG in managing the disease control operation. |
| DSG | Disease Strategy Group | A group of senior civil servants (including veterinary staff and others) and senior operational partners that will direct the strategic response to a notifiable disease outbreak in Scotland, and advise Scottish Ministers. |
| EPO | Environment Protection Officer | Provide regulation and enforcement of a range of environmental |

| Abbreviation (if applicable) | Term | Description |
|---|---|---|
| | | legislation including protection of the water environment. |
| FOB | Forward Operating Base | Building and administration for APHA operational management of the disease response. If possible, sited within an hour of the Infected Premises. |
| FMD | Foot and mouth disease | Disease that affects cloven hoofed animals. See Appendix H. |
| GIS | Geographical Information System | IT system that processes and analyses spatial and non-spatial data. |
| HoFDS | Head of Field Delivery - Scotland | Senior Manager within APHA Scotland, appointed to manage the field operations in the Central Disease Control Centre. |
| IMT | Incident Management Team | See National IMT |
| Infected Place | | Legal term used in rabies legislation applying to premises upon which notifiable disease is suspected to exist, or has existed within the last 56 days, and has a restriction notice served on the occupier of the premises. |
| IP | Infected Premises | Premises upon which notifiable disease has been confirmed. |
| JRMLO | Joint Regional Military Liaison Officer | Military representative that may be invited to attend SGoR to provide advice to the Scottish Government. |
| LA | Local Authority | Statutory Body delivering Government and local policy within a set boundary. |
| MACA | Military Aid to the Civil Authorities | Process by which assistance can be sought from the Military. |
| National IMT | Incident Management Team | Convened to coordinate the public health response to the incident. |
| National Reference Laboratories (NRLs) | APHA Laboratory, Weybridge<br><br>Institute for Animal Health, Pirbright<br><br>Rare and Imported Pathogens Laboratory (RIPL), Porton Down | In the event of an exotic animal disease outbreak within GB, disease diagnostic samples would go to one of the NRLs: APHA Laboratory in Weybridge, or the Pirbright Institute, depending on the disease.<br><br>Porton Down currently carries out diagnostic testing for anthrax. |

| Abbreviation (if applicable) | Term | Description |
|---|---|---|
| ND | Newcastle disease | Disease that affects birds/poultry. See Appendix E. |
| NDCC | National Disease Control Centre | The centre coordinating the operational response throughout the whole of Great Britain. |
| NEG | National Experts Group | The NEG is a permanent group of scientists, meteorologists, economists and veterinary representatives from within and out with government, which during outbreaks will provide specific technical and scientific advice and recommendations on the disease, its transmission and its control, with a view to supporting government policies. |
| Ops Manual | Operations Manual | APHA Operational Instructions, Procedures and Emergency Routines. |
| OV | Official Veterinarian | Private practice veterinarians who are authorised to perform statutory veterinary work. |
| PAO | Principal Agricultural Officer | Manages Scottish Government's local RPID Area Office. |
| PCD | Procurement and Contract Division | A Defra Division for ensuring contracts and purchasing policies are robust – will already have many contracts in place and have pre-identified sources of many specialist services. |
| PCG | Public Communications Group | A wide range of communication practitioners from key responder agencies and private sector partners, often mirroring the operational makeup of their associated RRP. |
| PHS | Public Health Scotland | Provides expert public health advice to responding agencies, and chairs the National IMT to coordinate the public health response to the incident. |
| Preliminary cleansing and disinfection (C&D) | | Carried out by APHA immediately after culling and disposal (costs met by SG). It consists of dampening down contaminated and potentially contaminated areas of the IP with a Government approved disinfectant or biocide. |

| Abbreviation (if applicable) | Term | Description |
|---|---|---|
| | | The objective is to reduce the level of surface contamination. Preliminary C&D is considered to be complete 24 hours after spraying down of the IP is complete. |
| PZ | Protection Zone | A zone (generally circular) around an IP in which there are stringent restrictions on movements of animals, farm products, farm vehicles and other activities, to help prevent further spread of disease. |
| RCG | Recovery Co-ordinating Group | The RCG is a multi-agency group led by a local authority that will support communities in recovering from the economic, social and physical impacts of an emergency. |
| RPID | Scottish Government's Rural Payments and Inspections Division | RPID has around 600 staff in 17 area offices throughout Scotland doing a variety of jobs - some are specialists in agriculture. |
| Restricted Area | | Area around the Infected Premises. Controls will vary depending upon the disease. |
| Restriction Notice | | A Notice served on the owner, occupier or person in charge of a premises, which will restrict movement of animals and possibly animal products, vehicles and personnel on and off the premises. The Notice may also require the recipient to perform other duties, such as erect signage and disinfectant footbaths. |
| Revocation Notice | | A notice to revoke a Restriction Notice. |
| RPs | Resilience Partnerships | Resilience Partnerships is a term to describe the collective of category one and two responders to an emergency and includes regional and local resilience partnerships (RRP/LRPs). |
| SAGE | Scientific Advisory Group for Emergencies | SAGE is a UK level group responsible for coordinating and peer reviewing, as far as possible, scientific and technical advice to inform decision-making. |
| SAO | Senior Agricultural Officer | Manages team(s) in local RPID area office. |

| Abbreviation (if applicable) | Term | Description |
|---|---|---|
| SASA | Science and Advice for Scottish Agriculture | A Division of the Scottish Government Agriculture and Rural Economy Directorate. Provides scientific services and advice. |
| SEPA | Scottish Environment Protection Agency | SEPA provides advice and regulates the environmental protection system for Scotland. |
| SGoRR | Scottish Government Resilience Room | When the scale or complexity of an emergency is such that some degree of central government co-ordination or support becomes necessary, Scottish Government will activate its emergency response arrangements through SGoRR. The precise role of SGoRR will vary depending on the nature of the emergency. SGoRR will include staff from the main affected Scottish Government Directorates and representatives of relevant agencies. |
| SSPCA | Scottish Society for the Prevention of Cruelty to Animals | The SSPCA is the oldest and largest animal welfare charity in Scotland, offering inspectorate and animal welfare centres |
| STAC | Scientific and Technical Advice Cell | STAC provide public health, environmental, scientific and technical advice to strategic coordinating groups in Scotland. |
| SVI | Senior Veterinary Inspector | APHA veterinary field officer, responds to notification of disease, conducts clinical investigations of susceptible animals, serves restrictions and has additional roles on Infected Premises for Valuation, Welfare at Cull and Secondary C&D advisor. |
| SZ | Surveillance Zone | Concentric circle outside a Protection Zone. A zone of movement controls and other requirements used to help prevent further spread of disease. |
| Secondary Cleansing & Disinfection (C&D) | | After preliminary C&D, 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 |

| Abbreviation (if applicable) | Term | Description |
|---|---|---|
| | | restocking. This is at the keeper's expense (usually carried out by the keeper, to APHA's satisfaction). |
| Susceptible animal | | Animals that are susceptible to a certain infection. |
| TCZ | Temporary Control Zone | A zone around a premises upon which there is suspicion of disease. The zone will have movement controls and will last only a very short period, from a number of hours to several days. |
| VI | Veterinary Inspector | Veterinary Surgeon employed by SG on Animal Health business. |
| VO | Veterinary Officer | APHA veterinary field officer, responds to notification of disease, conducts clinical investigations of susceptible animals, serves restrictions and has additional roles on Infected Premises for Valuation, Welfare at Cull and Secondary C&D advisor. |

**Appendix E: APHA operational partners notification form template**
NOT PROTECTIVELY MARKED


Date: xx xxx 2022 (by email)

Dear Recipient

**Suspected Disease Notification to Operational Partners**

This is to inform you that a notifiable disease is suspected on the following holding:

| Disease suspected | Affected species | Confirmation expected (date/time)* |
|---|---|---|
| | | |

* This is provisional and is not guaranteed. Please use with caution.

| Place where disease suspected | |
|---|---|
| Name of contact | |
| Address of premises | |
| Postcode of premises | |
| Holding Number | |
| Map reference | |

| Restrictions in place | |
|---|---|
| On premises | None |
| In area surrounding suspect premises | None |

A Veterinary Officer is undertaking an inquiry into the suspected disease. You will be provided with more information as it becomes available.

Yours sincerely

Name:
Role:
Local Contact Number:

---

Further information can be found by accessing the Defra helpline 03459 335577 or Defra website. Alternatively you can access the Scottish Government, Animal Health and Welfare, Animal Disease website: or the Welsh Government website.

**Appendix F: Contact directory maintained on Resilience Direct by the Scottish Government Disease Control Branch**

| **Contact details to be replaced** | |
|---|---|
| | |
| Organisation type and name | |
| Contact name | |
| Designation | |
| Parish/area | |
| Postcode | |
| Phone no | |
| Mobile | |
| Out of hours phone number | |
| email | |

| **New contact details to be added** | |
|---|---|
| | |
| Organisation type and name | |
| Contact name | |
| Designation | |
| Parish/area | |
| Postcode | |
| Phone no | |
| Mobile | |
| Out of hours phone number | |
| email | |

| |
|---|
| Please email your change request forms to Animal.Health@gov.scot<br>Thank you. |

## Appendix G: Battle rhythm

NB: These times are guides and some meetings may not need to take place, or times may be adjusted depending on the circumstances of the incident.

| Time | Operational | Tactical | Strategic |
|---|---|---|---|
| **08:00 - 08:30** | FOB Manager Briefing | | CVO strategic stock take<br><br>Disease Policy Unit (DPU) Team Brief (Scotland)<br><br>Helpline staff brief (Scotland) |
| 08:30 - 09:00 | | NDCC Bird Table | FOB Bird Table |
| 09:00 - 09:30 | FOB operational management teleconference | NDCC communications meeting | |
| 09.30 – 10.00 | | | Disease Strategy Group (DSG) (Scotland)<br><br>CVO (W)'s Daily Review (Wales) |
| 10:00 - 11:00 | | | National Security Council (NSC)<br><br>Emergency Coordination Centre Wales (ECC(W)) Bird Table (Wales) |
| 11:00 - 11:30 | | | Scottish Government Resilience Room (Officials) (SGORR(O)) (Scotland) |
| 11:30 - 12:00 | | | Defra media briefing |
| 12:00 - 12:30 | FOB Bird Table | NDCC Bird Table | DPU Team Brief (Scotland) |
| 12.30 – 13.00 | | | ECC(W) Bird Table (Wales) |
| 13:00 - 13:30 | Management Information data reconciliation teleconference | | |
| 14:00 - 14:30 | CDCC tactical-operational management teleconference | | |

| | | | |
|---|---|---|---|
| 15:00 - 16:00 | | | NSC (THRC) |
| 17.00 – 17.30 | | | ECC(W) Bird Table (Wales) |
| 17:30 - 18:00 | | | DPU Team Brief (Scotland) |
| 18:00 | Sit Rep submissions due | | |
| 18:00 - 18:30 | FOB Bird Table | NDCC Bird Table | |
| 21:00 approx. | Outbreak Co-ordination Group (OCG) report circulated providing a comprehensive situation report | | |
| | | | |

| | | | |
|---|---|---|---|
| Ad-hoc | Disease Emergency Response Committee | NDCC Stakeholder Meeting | CVO Disease Confirmation Teleconference<br><br>Animal Disease Policy Group (ADPG)<br><br>Defra Executive Committee (ExCo)<br><br>Defra Rural Issues Group<br><br>Science Advisory Council - Exotic Disease (SAC - ED)<br><br>Strategic Co-ordinating Groups (Scotland)<br><br>Scottish Stakeholder Groups (Scotland)<br><br>Wales Civil Contingencies Committee (WCCC) (Wales) |
| | FOB Stakeholder Meetings | National Experts Group (NEG) | |
| | FOB Operational Partner Meetings | Outbreak Advisory Group (OAG) | |
| | | | |
| | | | |
| | | | |
| | | | |

## Appendix H: Foot and mouth disease (FMD)

### Introduction

Foot and mouth disease (FMD) is an acute infectious disease, which causes fever, followed by the development of vesicles (blisters) - chiefly in the mouth and on the feet. The disease is caused by a virus of which there are seven “types”, each producing the same symptoms, and distinguishable only in the laboratory. FMD is probably more infectious than any other disease affecting animals and spreads rapidly if uncontrolled. Among farm stock, cattle, sheep, pigs, goats and deer are susceptible. Elephants, hedgehogs, rats and any other cloven-footed animals can also contract the disease. The Scottish Government’s response to a FMD outbreak is outlined in the Scottish Government’s Exotic Diseases of Animals Contingency Framework Plan. The FMD Control Strategy for GB contains a more detailed response to FMD. During an outbreak of FMD in Scotland or elsewhere in GB, the FMD web pages will be supplemented with additional information specific to the disease outbreak.

### Legislation and National control strategy

| Year | Disease Orders | Statutory Instrument number |
|---|---|---|
| 2003 | EU Directive | 85/EC |
| 2006 | Foot and Mouth Disease (Scotland) Order 2006 | 44 |
| 2007 | Foot and Mouth Disease (Scotland) Amendment Order 2007 | 429 |
| 2007 | Foot and Mouth Disease (Scotland) Amendment (No2) Order 2007 | 455 |
| 2006 | Foot and Mouth Disease (Slaughter and Vaccination) (Scotland) Regulations 2006 | 45 |
| 2011 | Foot and Mouth Disease Control Strategy for Great Britain 2011 | |

### Possible impact

Confirmation of FMD may require the introduction of an immediate GB-wide national movement ban for all susceptible species. Cattle and sheep farming are major agricultural sectors in Scotland and both of these activities would be severely compromised in the event of an outbreak. However, intensive pig production would also face considerable welfare problems very quickly. Of all the notifiable diseases, FMD is likely to present the greatest logistical challenge to those agencies responding to an outbreak. The control measures may have to be maintained for many months. A suite of template veterinary risk assessments (VRAs) have been prepared to help facilitate the release of early movement licences.

## Public health

Human disease is extremely rare and is a result of extremely heavy challenge (slaughter person handling very infectious animals). If people do become infected, the symptoms are vesicles on hands and feet. FMD should not be confused with Hand, Foot and Mouth Disease, a common disease of children.

## Risk of introduction of infection and spread of disease

FMD is endemic in parts of the world, with sporadic outbreaks in disease-free areas. Disease can enter the country via imported animals, contaminated vehicles, personnel and animal products, including human foodstuffs and smuggled goods. Since 2001 government has introduced measures to prevent the introduction of infection, measures to reduce the chance infection of livestock by imported goods, and measures that would slow down the spread of infection in livestock if they were to become infected.

The virus is present in great quantity in the fluid from the blisters, and it can also occur in saliva, milk and dung. Contamination of any objects with any of these discharges is a danger to other stock (fomite risk).

Airborne spread of the virus can take place under favourable climatic conditions and the disease may spread several miles by this route. Animals pick up the virus either by direct contact with an infected animal, or by contact with foodstuffs or other objects that have been contaminated by such an animal, or by eating or coming into contact with some part of an infected carcase.

Lorries, market places, and loading ramps - in or over where infected animals have travelled - are dangerous sources of infection until disinfected. Roads may also become contaminated, and virus may be picked up and carried on the wheels of passing vehicles.

The boots, clothing, and hands of livestock handlers/keepers who have attended diseased animals can spread the disease. Dogs, cats, poultry, wild game and vermin may also carry infection. The interval between exposure to infection and the appearance of symptoms varies between 24 hours and ten days, or even longer. The average time, under natural conditions, is three to six days.

## Lead responder control measures under Statutory and Regulatory powers and responsibilities

### Local Authority principal role

- Enforcing animal health and welfare legislation.
- Enforcing movement restrictions.
- Enforcing of C&D requirements.
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.

**Animal and Plant Health Agency (APHA) principal role**

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to a disease outbreak.
- Convene the NDCC, CDCC and FOB.
- Supervise the welfare of animals being culled.
- Surveillance and blood sampling of animals to demonstrate the absence of disease and thus gain recognition of disease freedom.
- Supervise disinfection of IPs and the safe removal of infected carcases and material.

**Scottish Government principal role**

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions.
- Make and disseminate guidance and information on disease control.
- Communicate with field staff and enforcement bodies (such as local authorities).
- Handle policy issues, as well as share disease control developments with SGoR, NDCC, and other UK rural affairs departments.
- Vaccination against FMD is not permitted unless authorised by Scottish Government.

**Following suspicion of disease**

- A restriction notice will be served on the occupier of the premises and there will be a veterinary investigation.
- If examination of animals cannot rule out FMD, then a Temporary Control Zone (TCZ) of 10 km will be imposed. For FMD, the Temporary Control Zone would restrict the movement of susceptible animals.
- If the risk and suspicion were high, these restrictions could be extended to include non-susceptible animals, vehicles, certain personnel, and products likely to transmit disease on and off livestock holdings.
- Disease may be confirmed within four hours of the sample arriving at the national reference laboratory in Pirbright, but in some circumstances it may take four days; consequently a negative result normally takes four days.

**Following confirmation of disease**

- A GB-wide national movement ban may be implemented (through the introduction of a Restricted Zone), and an immediate ban on the export of animals, red meat and dairy products will also be applied.
- An Infected Area, consisting of a Protection Zone (PZ) and Surveillance Zone (SZ) will be established.
- The PZ will be at least 3 km in radius and centred around the IP, and the outer boundary of the SZ will be at least 10 km from the IP. The Restricted Zone will cover the rest of GB.

- The Infected Area measures will include movement restrictions and enhanced biosecurity. Farmers in Infected Areas have to set up C&D points at their farm gates, but central C&D points will also have to be established.
- Public access to land will be prevented in the PZ until there is a clear understanding of the source and extent of spread of disease (this may take around a week), but the countryside outside of that zone will be ”open”.
- All animals on IPs and those considered to be Dangerous Contacts will be destroyed. The preferred methods of disposal of livestock will be by commercial rendering or incineration, but if disposal capacity is reached (particularly where outbreaks are large) then on-farm pyres may be used. Consideration will also be given to the control of vectors where applicable.
- Rodent control may be implemented depending upon the level of infestation and risk to adjacent premises.

**Control Zones that may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| FMD(S) Order 2006 (No 44) | Temporary Control Zone (TCZ) | Suspicion | Any size considered fit by Scottish Ministers (usually 10 km) | Article 15, 16, 17 |
| | Supplementary Movement Control Zone | Suspicion | Any size considered fit by Scottish Ministers | Article 18, 19 |
| | Protection Zone (PZ) | Confirmation | 3 km minimum | Article 30, 31, 33, Schedule 4 (part 1 and 2) |
| | Surveillance Zone (SZ) | Confirmation | 10 km minimum | Article 30, 31, 33 Schedule 4 (Part 1 and 3) |
| | Restricted Zone | Confirmation | Any size considered fit by Scottish Ministers (and at least the area of the vaccination zone, if declared) | Article 37, 38, Schedule 6 |
| | Wild Animal Infected Zone | Confirmation of disease in any wild animals GB | Any size considered fit by Scottish Ministers | Article 39, 40 |

## Appendix I. Avian influenza (AI)

### Introduction

There are many strains of avian influenza (AI) virus, which vary in their ability to cause disease. AI viruses are categorised according to their ability to cause severe disease (pathogenicity) in birds. This separates them into one of two categories, low pathogenicity avian influenza (LPAI) and highly pathogenic avian influenza (HPAI). They are also categorised according to the properties of their surface proteins (haemagglutinin (H1-H16) and neuraminidase (N1-N9)). To date, only AI viruses of subtypes H5 and H7 have caused highly pathogenic infection in birds. Therefore, notifiable strains to date are any infection of poultry or other captive birds with any highly pathogenic influenza A virus (HPAI), or any infection of poultry or other captive birds with LPAI influenza A virus of H5 or H7 subtype. In relation to AI in wild birds, action will be taken if a HPAI H5N1 strain is identified in a wild bird.

| Year | Disease Orders | Statutory Instrument number |
|---|---|---|
| 2004 | Avian Influenza (Survey Powers) (Scotland) Regulations* | 453(S) |
| 2004 | Avian Influenza (Survey Powers) (Scotland) Regulations* | 453(S) |
| 2005 | Avian Influenza (Preventive Measures) (Scotland) Amendment Regulations* | 646(S) |
| 2006 | The Avian Influenza and Influenza of Avian Origin in Mammals (Scotland) Order | 336 |
| 2006 | The Avian Influenza (Slaughter and Vaccination) (Scotland) Regulations* | 337 |
| 2006 | Avian Influenza (Preventive Measures) (Scotland) Amendment Regulations* | 399(S) |
| 2006 | Avian Influenza (H5N1 in Wild Birds) (Scotland) Order | 196 |
| 2006 | Avian Influenza (H5N1 in Wild Birds) (Scotland) Amendment Order | 237 |
| 2007 | Avian Influenza (Preventive Measures) (Scotland) Order | 69 |
| 2007 | The Avian Influenza (H5N1 in Wild Birds) (Scotland) Order 2007 | 61 |
| 2007 | The Avian Influenza (H5N1 in Poultry) (Scotland) Order 2007 | 62 |
| 2012 | The Notifiable Avian Diseases Control Strategy for GB (updated September 2019) | |

The Scottish Government's response to an AI outbreak is outlined in the Scottish Government's Exotic Diseases of Animal Contingency Framework Plan. The Notifiable Avian Diseases Control Strategy for GB contains a more detailed response

to AI. During an outbreak of AI in Scotland or elsewhere in GB, the AI web pages will be supplemented with additional information specific to the disease outbreak.

**Legislation and National control strategy**

**Possible impact**

Commercial poultry in Scotland is small compared to other parts of Europe, but was still worth in the region of £82.4 million to the Scottish economy in 2019. At that time, there were estimated to be just under 15 million commercial birds in Scotland. Commercial poultry production in Scotland is a very organised and integrated industry, and any movement controls would have serious consequences for producers. Given the zoonotic potential of avian influenza, the involvement of the Health Boards and strategy for handling the media will be important. Any outbreak would also have an impact on recreational activities, such as pigeon racing.

**Public health**

Different strains of avian influenza virus pose different risks to humans. The H7N7 virus readily infects people, but symptoms are usually mild. There also remains speculation that avian influenza could trigger a human flu pandemic, although the risk of the mutation happening during an outbreak of avian influenza in Scotland is very low. The threat to human health by avian influenza is real and the Consultant in Public Health (Medicine) and PHS would be key members of the CDCC Management Control Team. Anybody visiting poultry farms should receive advice from the health and safety team in their own organisation. The Health and Safety Executive have produced general advice on the subject.

**Risk of introduction of infection and spread of disease**

There remains a low level of threat from a number of sources. The epidemic of H5N1 HPAI in Asia and Eastern Europe poses a low level threat from the import of infected poultry and poultry products, or by direct or indirect contact from migrating birds. There are enhanced import controls, measures in place to control gatherings of birds, enhanced surveillance and an awareness campaign, so that farmers put in place measures to reduce contact between wild birds and domestic poultry – these measures help to reduce the threat of introduction of disease. There is also a low level of risk that wild birds may introduce a mild strain of LPAI to a commercial flock and this may then mutate into a more virulent HPAI strain.

Spread of AI is usually by direct contact with secretions from infected birds (especially faeces), but can also be via contaminated feed, water, equipment and clothing. Clinically normal waterfowl and sea birds may also introduce the virus into domestic flocks, and contaminated eggs and eggshells may infect chicks in an incubator.

**Lead responder control measures under Statutory and Regulatory powers and responsibilities**

**Local Authority principal role**

- Enforcing animal health and welfare legislation
- Enforcing movement restrictions
- Enforcing of C&D requirements
- Erection of signage and dissemination of guidance and information
- Stand down and recovery

**Animal and Plant Health Agency (APHA) principal role**

- Respond to and investigate all reports of suspect notifiable disease
- Lead agency in the instigation of local response to disease outbreak
- Convene the NDCC, CDCC and FOB
- Supervise the welfare of birds being culled and subsequent disposal
- Subject to advice from PHS, APHA will provide the appropriate pre-exposure prophylaxis to staff and contractors brought on to IPs to deal with an AI incident.
- Surveillance and blood sampling of animals to demonstrate the absence of disease and thus gain recognition of disease freedom

**NHS Boards principal role**

- Provide pre-exposure prophylaxis to “at risk groups”, as required
- Carry out a risk assessment for the requirement of post exposure prophylaxis (PEP)
- Coordinate post-exposure surveillance of at risk groups for influenza like illness as appropriate
- Provide medical treatment and advice to persons presenting with influenza like illness
- Deploy Competent Person in Public Health Medicine as part of CDCC Management Control Team
- Provide representative to National IMT
- Contribute to the Communications Strategy, risk communication and public facing messages in respect of matters affecting public health

**Public Health Scotland’s (PHS) principal role**

- Convene National IMT to coordinate Public Health response
- Provide expert public health advice to responding agencies
- Provide operational support to NHS Boards in relation to the public health response to the incident

**Scottish Government principal role**

- Ensure necessary legislation is in place
- Make and disseminate policy decisions

- Make and disseminate guidance and information on disease control
- Communicate with field staff and enforcement bodies (such as local authorities)
- Handle policy issues, as well as share disease control developments with SGoR, NDCC, and other UK Rural Affairs departments.

**Following suspicion of disease**

- A restriction notice is served on the suspect premises
- Depending on the circumstances, birds on the suspect premises may be culled based on the clinical picture and interim laboratory results. A Temporary Control Zone may also be imposed – this will depend on the epidemiology of the reported case

**Control - HPAI avian influenza in poultry and captive birds**

- If HPAI is confirmed in poultry or captive birds, then an Infected Area, consisting of a PZ and SZ will be established
- A PZ (with a radius of at least 3 km) and a SZ (with a radius of at least 10 km) will be established around the IP
- The Infected Area measures will include movement restrictions and enhanced biosecurity
- A central C&D point would be necessary, but the throughput would be much less than that for FMD
- Some movements will be allowed under a general or specific movement licence, according to risk assessment
- If the strain is confirmed as HPAI H5N1, a wider Restricted Zone may need to be declared. Its size and type of restrictions would be based on advice from the Ornithological Experts Group and would likely be based on geography, such as following a coast line.
- Depending on the epidemiology of the outbreak, captive birds other than poultry may or may not be affected by the measures in the Infected Area
- All poultry on IPs and those considered to be Dangerous Contacts will be destroyed. Birds will be disposed of via commercial rendering or incineration under official supervision
- If pigs are present on any premises infected with AI, they will be tested for AI

**Control - LPAI avian influenza in poultry or captive birds**

- If LPAI is confirmed in domestic poultry or captive birds, an Order will be signed by the Scottish Ministers declaring a minimum 1 km LPAI Restricted Zone around the IP
- Affected poultry on the IP will be culled and disposed of
- Increased biosecurity and surveillance measures will apply within the Restricted Zone

**Control - HPAI H5N1 in wild birds**

- If HPAI H5N1 is confirmed in wild birds, Scottish Ministers may declare a Wild Bird Control Zone (WBCZ) and Wild Bird Monitoring Zone (WBMZ). The size would be based on advice from the Ornithological Experts Group (convened by Scottish Government)
- Poultry premises in these zones would need to be identified and inspected
- Poultry owners would need to house birds. Movement restrictions would also be put in place
- The APHA Head of Field Delivery would likely convene the CDCC Management Control Team, but this may not require the full response of a CDCC

**Control Zones that may be declared**

Every “Control Zone” is an “Infected Area” for the purpose of the Act (AH Act 1981)

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| **Highly pathogenic AI (HPAI) in poultry or captive birds** | | | | |
| AI (H5N1 in Poultry) (Scotland) Order 2007 and<br><br>The AI and AI of Avian Origin in Mammals (S) Order 2006 - referred to in this table as “the main Order” | 2 x zones; a “First Zone” (Area A) and “Second Zone” (Area B)<br><br>The 2 x Zones can be:<br><br>(a) Temporary Movement Restriction Zone (TMRZ) + Temporary Control Zone (TCZ)<br><br>(b) 2 x TMRZs<br><br>(c) 2 x TCZ | Suspicion | Any size considered fit by Scottish Ministers (SMs) | article 6 of the 2007 Order and Article 13 of the main Order |
| AI (H5N1 in Poultry) (Scotland) Order 2007 and<br><br>The AI and AI of Avian Origin in Mammals (S) Order 2006(c) | Protection Zone (Article 26 of the 2006 Order) | Confirmation | 3 km radius (minimum) | Main Order: Article 26, 28 and Schedule 4 |
| | Surveillance Zone (Article 26 of the 2006 Order) | Confirmation | 10 km radius (minimum) | Main Order: Article 29, And Schedule 5 |
| | Restricted Zone (Article 26 of the 2006 Order) A RZ may be declared for notifiable strains, but must be declared for H5N1 | Confirmation | Any size considered fit by SMs | Main Order: Article 26, 32 and Some or all the measures in Schedule 4, 5 and article 33. |
| **Low pathogenicity AI (LPAI)** | | | | |
| The AI and AI of Avian Origin in Mammals (S) Order 2006 | Low pathogenic AI Restricted Zone | Upon confirmation of LPAI in poultry | 1 km radius (minimum) | Article 53 and Schedule 7 |

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| **HPAI H5N1 in wild birds** | | | | |
| AI (H5N1 in Wild Birds) (S) Order 2007 | Wild Bird Control Area (WBCA) | Confirmation | At least 3 km from where bird was found | Article 8, 9 Schedule 1 and 3 |
| | Wild Bird Monitoring Area (WBMA) | Confirmation | At least 10 km from where bird was found | Article 8, 9 Schedule 2 and 3 |
| **Additional preventative measures (disease need not be suspected or confirmed)** | | | | |
| The AI and AI of Avian Origin in Mammals (S) Order 2006(c) | Prevention Zone | period of high risk of incursion from AI (following a risk assessment) | Any size considered fit by Scottish Ministers | Main order: Article 6 |

**Guidance on handling and disposing of dead garden and wild birds**

The advice given here applies in all circumstances where members of the public come across a dead bird, regardless of whether there is any avian influenza in the UK.

If you find die-offs involving 5 or more dead wild birds in the same place, at the same time, you should contact the Defra Helpline (03459 33 55 77 – select option 7). Importantly, during periods of heightened risk, where surveillance needs to be enhanced, the reporting threshold may be lowered to fewer dead birds. The helpline is open from 9 am – 5 pm, Monday - Friday. If the dead bird is a single, small garden or wild bird then you do not need to call the helpline. Single dead birds do not usually require referral or collection (unless the threshold for certain species has been lowered to a single bird).

If you find a dead bird, you should leave it alone. If you must dispose of a dead bird, you should follow the guidelines below. Wild birds can carry several diseases that are infectious to people. However, some simple hygiene precautions should minimise the risk of infection. It is hard for people to catch avian influenza from birds, and so the following simple steps are effective in reducing the transmission of avian influenza.

If you have found a raptor/corvid that you believe to have fallen victim to an act of wildlife crime **DO NOT TOUCH THE BIRD**. This will help preserve any evidence of a potential crime scene. Also, the dead bird may contain poisons that can be absorbed into the skin or contaminate the environment. Please contact the police on 101 and ask if the matter can be referred to a Wildlife Crime Officer. You may also wish to inform the RSPB's Investigation Section.

**If you must move a dead bird:**

- Avoid touching the bird with your bare hands.
- If possible, wear disposable protective gloves when picking up and handling (see guidance below if disposable gloves are not available).
- Place the dead bird in a suitable plastic bag, preferably leak proof. Care should be taken not to contaminate the outside of the bag.
- Tie the bag and place it in a second plastic bag.
- Remove gloves by turning them inside out and then place them in the second plastic bag. Tie the bag and dispose of in the normal household refuse bin.
- Hands should then be washed thoroughly with soap and water.
- If disposable gloves are not available, a plastic bag can be used as a makeshift glove. When the dead bird has been picked up, the bag can be turned back on itself and tied. It should then be placed in a second plastic bag, tied and disposed of in the normal household waste.
- Alternatively, the dead bird can be buried – at least 60 cm deep is advised, but not in a plastic bag.
- Any clothing that has been in contact with the dead bird should be washed using ordinary washing detergent at the temperature normally used for washing the clothing.
- Any contaminated indoor surfaces should be thoroughly cleaned with normal household cleaner.

## Appendix J: Newcastle disease (ND)

### Introduction

Newcastle disease (ND) is a highly contagious disease of birds caused by a paramyxovirus. Birds affected by this disease include fowls, turkeys, geese, ducks, pheasants, guinea fowl and other wild and captive birds. In Great Britain, isolated cases of this disease were first reported in the 1930s. From 1947, outbreaks occurred here over the next 30 years and there were further isolated cases, the last being in 2006 (East Lothian). However, this disease does remain a problem world-wide.

The clinical signs vary from a very acute form with sudden onset and high mortality, to a mild disease with slight respiratory symptoms and a drop in egg production as the only detectable clinical signs. Other possible signs include depression, lack of appetite, respiratory distress, diarrhoea and nervous signs. In laying flocks, a sudden drop in egg production with a high proportion of eggs laid with abnormal (soft) shells is often an early sign of disease. Young birds are particularly susceptible and mortality can be heavy, with survivors often exhibiting permanent nervous signs. Licensed vaccines are freely available for use in poultry and pigeons, and are widely used in commercial poultry production on a prophylactic basis.

The Scottish Government's response to a ND outbreak is outlined in the Scottish Government's Exotic Diseases of Animal Contingency Framework Plan. The Notifiable Avian Diseases Control Strategy for GB contains a more detailed response to ND. During an outbreak of ND in Scotland or elsewhere in GB, the ND web pages on gov.scot will be supplemented with additional information specific to the disease outbreak.

### Legislation and National control strategy

| Year | Disease Orders | Statutory Instrument Number |
|---|---|---|
| | EU Directive | 92/66/EEC |
| 2003 | Diseases of Poultry (Scotland) Order | 354 (S) |
| 2015 | The Notifiable Avian Diseases Control Strategy for GB (revised Sept 2019) | |

### Possible impact

The commercial poultry industry in Scotland is a very organised and integrated industry. Any movement restrictions, imposed as part of the disease control response, would have potentially serious consequences for producers in the Infected Area. This industry is at its most dense on the East Coast of Scotland. Commercial flocks that are routinely vaccinated against Newcastle disease would be protected. It is likely that public interest would be minimal and the expected impact on the general

public would be very low. There are numerous backyard flocks within Scotland, and identifying and implementing controls on these will be resource intensive.

If Newcastle disease was confirmed, then a CDCC would be established. The scale of a response would be expected to be much smaller than that of HPAI or FMD.

**Public health**

Newcastle disease does not pose a significant threat to human health, even when people handle birds known to be infected. Close contact is required for transmission to humans. The disease can cause conjunctivitis and a mild fever in humans, but the symptoms only last a few days and there are no long-term effects on health. There is no risk of human infection from poultry meat or eggs.

**Risk of introduction of infection**

There remains a low to moderate level of threat from a number of sources. Newcastle disease is endemic in much of Africa, Asia and Central and South America, and sporadic outbreaks occur throughout the EU in most years. Disease could be introduced by importing infected poultry and poultry products, or by migrating wild birds introducing infection. Preventative measures introduced in the response to AI will further enhance control measures that protect the UK and the poultry industry from ND.

**Spread of disease**

Spread is usually by direct contact with secretions from infected birds (especially faeces), but can also be via contaminated feed, egg boxes, water, equipment and clothing. Wild birds may introduce the virus into kept flocks.

**Lead responder control measures under statutory and regulatory powers**

**Local Authority principal role**

- Enforcing animal health and welfare legislation
- Enforcing movement restrictions
- Enforcing of C&D requirements
- Erection of signage and dissemination of guidance and information
- Stand down and recovery

**Animal and Plant Health Agency (APHA) principal role**

- Respond to and investigate all reports of suspect notifiable disease
- Lead agency in the instigation of local response to disease outbreak
- Convene the NDCC, CDCC and FOB
- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate the absence of disease and thus gain recognition of disease freedom

**Scottish Government principal role**

- Ensure necessary legislation is in place
- Make and disseminate policy decisions
- Make and disseminate guidance and information on disease control
- Communicate with field staff and enforcement bodies (such as local authorities)
- handle policy issues, as well as share disease control developments with SGoR, NDCC, and other UK Rural Affairs departments.

**Following suspicion of disease**

- a restriction notice is served on the suspect premises
- current legislation does not support a Temporary Control Zone, although if it is not possible to rule out AI, one may be introduced under that legislation
- disease may be confirmed in 2 or 3 days but it might take a week

**Following confirmation of disease**

- an Infected Area, consisting of a PZ and SZ will be established
- a PZ (with a radius of at least 3 km) and a SZ (with a radius of at least 10 km) will be established around the IP
- the Infected Area measures will include movement restrictions and enhanced biosecurity
- some movements will be allowed under a general or specific movement licence according to risk assessment
- a central C&D point would be necessary, but the throughput would be much less than that for FMD
- captive birds, other than poultry, may or may not be affected by most of the measures in the Infected Area, but their owners would have to report any unexpected illness or deaths
- all poultry on IPs and those considered to be Dangerous Contacts will be destroyed. Birds will be disposed of via commercial rendering or incineration

**Control Zones which may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| Diseases of Poultry (Scotland) Order 2003 | Protection Zone | Confirmation | 3 km minimum | Article 11, Schedule 2 para 1-4 |
| | Surveillance Zone | Confirmation | 10 km minimum | Article 11, Schedule 2 para 5-8 |

## Appendix K: Swine vesicular disease (SVD)

### Introduction

Swine vesicular disease (SVD) is a disease of pigs and was first identified in Italy in 1966, and outbreaks have mostly been in mainland Europe. There were numerous outbreaks in GB in the 1970s, but the last case was in 1982. The disease presents with blisters on the snout and feet and it is impossible to distinguish it from FMD upon inspection.

The Scottish Government's response to a SVD outbreak is outlined in the Scottish Government's Exotic Animal Disease Contingency Framework Plan. The SVD Control Strategy contains a more detailed response to SVD. During an outbreak of SVD in Scotland or elsewhere in GB, the SVD web pages will be supplemented with additional information specific to the disease outbreak.

### Legislation and National contingency plan

| Year | Disease Orders | Statutory Instrument Number |
|---|---|---|
| 1992 | EU Directive | 119/EC |
| 2009 | The Products of Animal Origin (Disease Control) (Scotland) Amendment Order | 174 |
| 2010 | Scottish Government's Swine Vesicular Disease Contingency Plan (published October 2017) | |
| 2014 | The Diseases of Swine Regulations 2014 | 1894 |

### Possible impact

The disease is clinically indistinguishable from FMD and each report case must be treated as suspicion of FMD with a Temporary Control Zone under FMD Legislation. The consequences are that the impact would be felt beyond the pig sector. There would only be a moderate impact on the wider rural community, mostly as a result of FMD alarms. Once the disease was confirmed as SVD, the scale of the response would be significantly less than that for FMD.

### Public health

Human disease does not occur, but laboratory workers have been known to seroconvert.

### Risk of introduction of infection and spread of disease

The greatest risk factor for introduction of disease is pigs eating contaminated pork products. Disease can also enter the country via imported pigs, contaminated

vehicles, personnel and animal products. Control measures are in place to prevent the introduction of disease by restricting imports from high-risk areas.

Pigs can be infected via direct contact with diseased pigs, by contact with lorries, market places, and loading ramps - in or over which infected animals have travelled – or boots, clothing, and hands of a stockperson who has attended diseased pigs. The disease is not as infectious as FMD.

**Lead Responder Control Measures under Statutory and Regulatory Powers and Responsibilities**

**Local Authority principal role**

- Enforcing animal health and welfare legislation.
- Enforcing movement restrictions.
- Enforcing of C&D requirements.
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.

**Animal and Plant Health Agency (APHA) principal role**

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to disease outbreak.
- Convene the NDCC, CDCC and FOB
- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate the absence of disease and thus gain recognition of disease freedom.

**Scottish Government principal role**

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions.
- Make and disseminate guidance and information on disease control.
- Communicate with field staff and enforcement bodies (such as local authorities).
- Handle policy issues, as well as share disease control developments with SGoRR, NDCC, and other UK Rural Affairs departments.

**Following suspicion of disease**

- A restriction notice is served on the suspect premises and if examination of animals cannot rule out Vesicular Stomatitis and FMD, Scottish Ministers would impose a FMD Temporary Control Zone.
- This would restrict the movement of susceptible animals, non-susceptible animals, vehicles, certain personnel, and products likely to transmit disease on and off livestock holdings.
- Disease may be confirmed within four hours, but in some circumstances it may take four days; consequently a negative result normally takes 4 days.

**Following confirmation of disease**

- There is no provision under existing legislation for a national movement ban.
- An Infected Area, consisting of a PZ and SZ will be established.
- The PZ will be at least 3 km from the IP and the outer boundary of the SZ will be at least 10 km from the IP.
- The Infected Area measures will include movement restrictions and enhanced biosecurity.
- Some movements will be allowed under a general or specific movement licence according to risk assessment. A central C&D point would be necessary, but the throughput would be much less than for FMD.
- Public access to land will be prevented only on farms where disease is believed to exist.
- Footpaths in the Infected Area will remain “open” except on the IP.
- All pigs on the IP and those considered to be Dangerous Contacts will be destroyed.
- The preferred methods of disposal will be via commercial rendering or incineration.

**Control Zones that may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| FMD(S) Order 2006 (No 44) | Temporary Control Zone (TCZ) | Suspicion – FMD cannot be ruled out | Any size considered fit by Scottish Ministers (SMs) | Article 15, 16, 17 |
| | Supplementary Movement Control Zone | Suspicion – FMD cannot be ruled out | Any size considered fit by SMs | Article 18, 19 |
| The Diseases of Swine Regulations 2014 | Protection Zone (PZ) | Confirmation | 3 km (minimum) | Regulation 23 Schedule 3 Part 1 Schedule 4 para 1, 3 |
| | Surveillance Zone (SZ) | Confirmation | 10 km (minimum) | Regulation 23 Schedule 3 Part 2 (except para 13) Schedule 4 para 2, 3 |
| | Feral Pig Investigation or Control Zone | Confirmation of disease in any wild animals GB | Any size considered fit by SMs | Regulation 20, 21 Schedule 2 |

## Appendix L: Bluetongue virus (BTV)

### Introduction

BTV is a notifiable disease of ruminants, including sheep, cattle, deer, goats and camelids (which includes camels, llamas, alpacas etc.). The disease has the potential for rapid spread with significant production loss for the sheep and cattle industry. BTV clinical signs may be confused with other diseases, including FMD, and any concerns must be discussed with a private vet or the duty APHA vet. There are 26 different serotypes and it is spread by various species of biting midges of the genus Culicoides. It cannot naturally be transmitted directly between animals (except BTV8, which may occur across the placenta, and BTV 26 between goats). When a midge bites an infected animal, in the right conditions the virus replicates in the insect vector and then passed on to the next ruminant host at the next midge bite. Peak populations of the vector Culicoides occur in the summer and autumn and therefore this is the time when BTV is most commonly seen. Vaccination against certain strains of bluetongue (BTV1, 4 and 8) is permitted in GB and is the most effective control method.

The Scottish Government's control structures set up to respond to a bluetongue outbreak is outlined in the Scottish Government's Exotic Diseases of Animal Contingency Framework Plan. However, as the disease is spread by vectors, the disease response is different to most other exotic notifiable diseases. The GB Bluetongue Virus Disease Control Strategy outlines the Government's response to a bluetongue virus outbreak. During an outbreak of bluetongue virus in Scotland or elsewhere in GB, those web pages will be supplemented with additional information specific to the disease outbreak.

### Legislation and National Control Strategy

| Year | Disease Orders | Statutory Instrument Number |
|---|---|---|
| 2000 | EU Directive (Specific provision for the control and eradication of Bluetongue) | 75/EEC |
| 2007 | EU Regulation (regarding control, monitoring, surveillance and restriction on movement of animals in relation to Bluetongue) | 1266/EEC |
| 2012 | The Bluetongue (Scotland) Order 2012 | 199 |
| 2014 | The GB Bluetongue Virus Control Strategy 2014 | |

### Possible Impact

BTV is a highly infectious viral disease of animals spread by certain types of biting midge. Its ability to spread is dependent on favourable climatic conditions.

If BTV is suspected, an APHA veterinary inspector will serve a restriction notice prohibiting the movement of ruminants from the premises and anywhere that

susceptible animals may have been exposed to the disease. A Temporary Control Zone (TCZ), of an appropriate size to contain disease, may be declared around the premises while veterinary investigations are carried out. No susceptible animals, carcases, ovum, embryos or semen are permitted to move to or from any premises within this zone, except under licence issued by a veterinary inspector. If infection is identified at the premises and there appears to be limited local spread, e.g. on the farm and no evidence of widespread circulation of disease by midges, Scottish Ministers will likely try and contain and eradicate disease by culling relevant ruminant animals. At this point it may not be necessary to introduce a wider Restricted Zone (comprising control, Protection and Surveillance Zones). Confirmation of disease usually requires evidence that disease is circulating. If disease is confirmed on premises in Scotland, legislation requires the introduction of a restricted zone and gives the Scottish Ministers the power to introduce a protection zone and a surveillance zone. Such zones are of an area determined by the Scottish Ministers. These area control measures include movement restrictions similar to that imposed by the TCZ. Controls on the movement of livestock out of a zone may have an economic impact on livestock keepers caught up in those zones. Chronically affected animals will likely have to be destroyed on welfare grounds. As there is no compulsory culling of infected animals, there will be no Government compensation for affected animals. Public access will likely be restricted to the IP only.

**Public health**

There is no risk to human health. BTV does not affect humans.

**Risk of introduction of infection and spread of disease**

Since 1999, there have been widespread outbreaks in most European countries including France, Spain, Greece, Italy, Corsica and the Balearic Islands. A number of serotypes have been involved including BTV 2, 4, 8 and 16.

**Lead responder control measures under Statutory and Regulatory powers and responsibilities**

**Local Authority principal role**

- Enforcing animal health and welfare legislation.
- Enforcing movement restrictions.
- Enforcing of C&D requirements.
- Issue movement licences (if requested by APHA)
- Erection of signage and dissemination of guidance and information.
- Stand down and recovery.

**Animal and Plant Health Agency (APHA) principal role**

- Respond to and investigate all reports of suspect notifiable disease.
- Lead agency in the instigation of local response to disease outbreak.
- Convene the NDCC, CDCC and FOB
- Issue movement licences

- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate the absence of disease, and thus gain recognition of disease freedom.

**Scottish Government principal role**

- Ensure necessary legislation is in place.
- Make and disseminate policy decisions
- Make and disseminate guidance and information on disease control.
- Communicate with field staff and enforcement bodies (such as local authorities).
- Handle policy issues, as well as share disease control developments with SGoRR, NDCC, and other UK Rural Affairs departments.

**Following suspicion of disease**

A restriction notice is served on the suspect premises. This would restrict the movement of susceptible animals on/off the premises

**Following confirmation of disease**

- An Infected Area, consisting of a PZ and SZ will be established.
- The PZ will be at least 100 km from the IP and the outer boundary of the SZ will at least 50 km in radius beyond the PZ.
- Movement of susceptible animals out of these zones are banned (although animals can move freely within those zones) except under certain conditions.
- Implementation of a surveillance programme

**Control Zones which may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| The BT (S) Order 2012 | Temporary Control Zone (TCZ) | Suspicion | Any size considered fit by Scottish Ministers (SMs) | Article 13 Some or all measures in Article 12(1)(b) to (e) |
| | Control Zone | Confirmation | 20 km (Initially, then may be varied) | Article 15 |
| | Protection Zone (PZ) | Confirmation | 100 km radius (minimum) | Article 16 |
| | Surveillance Zone (SZ) | Confirmation | >50 km radius beyond the PZ | Article 16 |
| | Provisionally Free Area | Exit Strategy | Areas previously part of a PZ and SZ | Reduced PZ/SZ measures |

## Appendix M: Rabies

### Introduction

Rabies is a fatal viral disease of the nervous system caused by a [rhabdo] virus, which can affect all mammals, including humans, and affect bats as well as terrestrial animals. The disease is usually spread by saliva from the bite of an infected animal. It is invariably fatal once signs of the disease have appeared.

The disease is absent from land mammals in the UK. However, two strains of European Bat Lyssavirus (EBLV 1 and EBLV2) have been detected in certain species of bats in the UK, and there was a fatal human case of rabies caused by EBLV 2 in Scotland in December 2002.

The Scottish Government's control structures that would be set up in response to a rabies outbreak are outlined in the Scottish Government's Exotic Diseases of Animal Contingency Framework Plan. However, the disease response to rabies is different to most other exotic notifiable diseases. The GB Rabies Control Strategy contains a more detailed response and can be found at www.gov.scot/publications/rabies. The operational response to a rabies outbreak is generally local authority led. It is expected that the CDCC would be stood up by APHA to help coordinate the response and, given the potential implications for human health, the Scottish Government Resilience Room (SGoR) would, at minimum, monitor the situation and provide briefing to Scottish Ministers. During an outbreak of rabies in Scotland or elsewhere in GB, the rabies web pages on gov.scot will be supplemented with additional information specific to the disease outbreak.

### Legislation and National Contingency Plan

| Year | Disease Orders | Statutory Instrument Number |
|---|---|---|
| 1974 | The Rabies (Importation of Dogs, Cats and Other Mammals) Order (as amended) | 1974/2211 |
| 1974 | The Rabies (Control) Order | 1974/2212 |
| 1976 | The Rabies (Compensation) Order | 1976/2195 |
| 1981 | The Animal Health Act (as amended) | 1981/22 |
| 1993 | The Channel Tunnel (International Arrangements) Order (as amended) | 1993/1813 |
| 2011 | The Non-Commercial Movement of Pet Animals Order | 2011/2883 |
| 2018 | GB Rabies Control Strategy | |

**Possible impact**

| Sector | Impact | Detail |
|---|---|---|
| Domestic agricultural industry | Moderate | Rabies is not primarily a livestock disease, but may infect livestock, which are unlikely to transmit disease further. Movement restrictions would be placed on the affected premises. Food Standard Scotland (FSS) guidance on dairy and meat products would need to be followed where livestock have been in contact with suspect/contact animals. If infection became established, there would be increased risk to agricultural workers. |
| International agricultural trade | Moderate | Trade restrictions on affected holdings. Some countries may be unwilling to import dairy and meat products if disease is suspected/confirmed in livestock. |
| General public | High | In the event of an outbreak, there would be a high level of concern amongst the public. Pet owners would be particularly concerned about their own pet's health. They would be required to take measures such as muzzling and leashing, as well as keeping pet dogs and cats under control, and may be required to vaccinate their pets against rabies. Non-pet owning general public might perceive pets and potentially wildlife reservoirs such as foxes, bats, or (to a limited extent) badgers, as a risk. |
| Government | High | High public concern would require urgent decisions regarding control and eradication, as well as joined-up working with the public health colleagues and local authorities. Outbreaks can occur in urban as well as rural areas. |
| Rural industry | High | In the event of an outbreak, movement restrictions would apply to specific animals within an Infected Area, including livestock, zoo animals and companion animals. Some activities in an Infected Area, such as animal gatherings and hunting, would be banned, except under licence.<br>If outbreaks in wildlife required vaccination and/or destruction, a reaction from Animal Rights groups is to be expected. Possible impact on rural tourism if wildlife controls are required. |
| Public health | Very high | Rabies is fatal in humans. People bitten or scratched by a confirmed or suspect animal will require urgent post-exposure treatment. The costs to the National Health Service could be high, and resources would be needed to investigate all possible contacts with rabid animals.<br>The last human death in the UK from classical rabies (genotype 1) contracted in the country was in 1902. A bat handler died in 2002 from a bat strain of the virus (EBLV 2). Any infected animal that has started to excrete the |

| | | |
|---|---|---|
| | | virus, which may be several days before clinical signs are seen, poses a hazard.<br><br>The UK is currently free from classical rabies, although there is a low prevalence of EBLV-2 and EBLV-1 has recently been identified for the first time in the UK.<br><br>However, due to the small likelihood of contact between people and bats (apart from bat handlers), the risk of a human case of rabies caused by a bat remains 'very low'. The most likely scenario for rabies entering GB is through an infected animal imported into the country illegally. At highest risk would be workers in quarantine kennels or those dealing with animals imported illegally, and/or owners of those animals who may be exposed to infection brought in from abroad. |

**History, risk introduction and spread of disease:**

Classical rabies was eradicated from GB in 1922, but is widely distributed across the globe, present on all continents and endemic in most African and Asian countries. Our island status makes it unlikely that rabies will be introduced through natural wildlife spread.

There are strict legal controls on the entry of animals into GB, aimed at preventing the introduction of rabies. Pet cats, dogs and ferrets entering GB are subject to the rules relating to the movement (commercial and non-commercial) of pets. Pets that do not meet these rules may be put into quarantine or refused entry if they have travelled by sea. Other rabies susceptible animals can also be imported into GB but they must be licenced directly to a quarantine facility. The maximum quarantine period for all animals is four months.

The largest risk for rabies entering GB is through an infected animal imported into the country illegally. Experts have assessed that by far the most likely scenario the GB might face is that a single pet with rabies (re)enters the country from abroad without meeting all legal border controls, and subsequently is diagnosed as having rabies, and thus being the initial source of the infection. In virtually all cases of rabies brought into Europe in the last decade by illegal pet movements, the initial pet that brought in the rabies virus was identified. This makes control of the disease spread easier and quicker than a scenario where a series of infected animals are found, and none have recently been abroad.

Rabies affects bats as well as terrestrial mammals. In Europe, there are two commonly reported strains of EBVL 1 and EBVL 2. EBLV 1 is commonly associated with the Serotine bat, and although isolated in GB for the first time in 2018, is still only confirmed in a small population of GB bats in a restricted area. Therefore, it is not considered endemic in GB. EBLV 2 is commonly associated with the Daubenton's bat and can be considered as endemic in GB. Research has indicated that the risk of cross species transmission of lyssaviruses from bats to other animals should be considered very low, but is not negligible. There have been incidents

worldwide where humans and other animals have contracted rabies and died following infection with bat lyssaviruses. In 2002, a Scottish bat worker died following contact with infected bats.

Transmission depends upon close contact with a live, infected animal. People become infected mainly from bites from animals showing clinical signs of disease. Dogs are the most common source of human infection. If the disease became established in the country, urban foxes could also pose a significant risk.

Transmission of the virus can occur through mucous membranes, but not intact skin. Airborne transmission is believed to have occurred in two laboratory workers in the USA; however, airborne transmission of rabies virus is considered a rare event.

If infection becomes established in the country, infected wildlife (particularly the red fox) or infected companion animals would be the most likely source. Worldwide, dogs account for around 99% of human infections and infected livestock are regarded as “dead-end” hosts for the disease. Since farm animals tend to get paralytic disease rather than the furious form, they do not generally attack other animals or people, and do not pose a significant threat to the general public. However, on occasions they may transmit the disease to their handlers.

The majority of human cases in France during the epidemic of sylvatic rabies were attributed to livestock contact. Infected meat or milk from affected animals could in principle be a source if they were consumed, but this is unlikely. The risk from this source is believed to be very low and would be reduced even further by cooking.

Currently the greatest risk is to people who illegally import mammals from countries where rabies is endemic, or who accidentally come into contact with animals imported inadvertently in freight etc. Those who work in quarantine kennels and those who work with bats are at risk of exposure and are normally vaccinated to mitigate the risk. People who may otherwise come into contact with bats may be at risk, such as builders working in roof spaces where bats roost.

In the event of an outbreak, anyone who handles suspect animals in the infected area is potentially at risk.

**Control Measures**

**Overview of control measures currently in place**

- Prevention of introduction by import controls, including GB pet travel rules, quarantine and post import checks.
- Statutory notification of suspicion of disease in any animal, followed by investigation.

Statutory powers to control outbreaks including those to impose restrictions on:

- Movement of animals
- Confinement and control of pets
- Seizure and detention or destruction of animals not properly controlled

- Compulsory vaccination of animals
- Prohibition of gatherings of animals or activities likely to disperse wildlife
- Vaccination or destruction of wildlife in defined areas
- Payment of compensation at market value for animals compulsorily culled (except for animals in quarantine)
- Observation of suspect cases: rabid terrestrial mammals are generally only capable of transmitting disease during a limited period of a few days just before they die of rabies. If a terrestrial mammal is still healthy 15 days after the biting/scratching incident, then it can be assumed that it did not transmit disease at or before the incident. This is a guiding control principle for both human and animal contacts.

**Other options for control**

Out with a disease outbreak, vaccination for domestic animals is available through veterinary surgeons and there are no restrictions on pet owners who want to vaccinate their pets against rabies pre-emptively. Whilst its use tends to be limited to pets travelling abroad or animals in quarantine, vaccination could be extended to other animals in the face of an outbreak.

**Control Zones that may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| The Rabies Control Order (1974) | Infected Area | Minister believes or suspects existence of rabies in the previous 6 months | The area where rabies is considered to exist or have existed in the previous 6 months, and any adjoining area that might spread to | Schedule 3 |

**Lead responder control measures under Statutory and Regulatory powers and responsibilities**

**Local Authorities principal role**

- Enforcement of EU Pet movement regime
- Enforcement of the Control Order
- Control of stray animals in an Infected Area
- Establishing a stray animal pound
- Humane destruction and disposal of unclaimed strays

**Animal and Plant Health Agency (APHA) principal role**

- Animal Health colleagues (rather than Public Health) will lead in the event of an outbreak of animal rabies.
- In view of the potential risk of spill over of disease to mankind, there will be close liaison with both national and local health boards.
- Stand up the CDCC.

**NHS Boards principal role**

- Provide pre-exposure immunisation to “at risk groups”
- Provide medical treatment and advice to persons presenting with potential rabies prone exposure (PRPE)
- Carry out a risk assessment for requirement of post exposure prophylaxis (PEP)
- Deploy a Competent Person in Public Health Medicine to the FOB
- Provide a representative to the National IMT
- Contribute to the Communications Strategy, risk communication and public facing messages in respect of matters affecting public health

**Public Health Scotland (PHS) principal role**

- Convene the National IMT to coordinate the public health response
- Provide expert public health advice to responding agencies
- Provide operational support to NHS boards in relation to the public health response to the incident

**Police Scotland principal role**

Police Scotland should be aware that under Article 4 of the Rabies (Control) Order 1974, there is a legal duty on any person who knows or suspects that an animal is suffering from rabies, or had died from the disease, to report this to the Local Authority (LA), the local Animal and Plant Health Agency (APHA) office or to the Police. In reality, reports are most likely to be made to APHA. If Police Scotland take a report call, they should contact the local APHA office in Scotland immediately for advice. Police Scotland’s main roles would be:

- Assist local authorities to enforce restrictions
- Provide support for any public disturbance/public safety issues
- Local authorities and Police Scotland have the power to seize animals if the owner fails to comply with any rabies control provisions
- Deal with access issues to domestic dwellings
- Provide assistance to APHA through the provision of specialist knowledge in the area of management and co-ordination of major incidents
- Work in partnership with local authorities and APHA to consider local intelligence
- Ensure Corporate Communications are informed
- If required, execute and enforce Section 60(1) of the Animal Health Act 1981, e.g. powers of entry, search and arrest
- If required, execute and enforce Section 49 and Schedule 1 of the Animal Health and Welfare (Scotland) Act 2006, e.g. entry and search, stopping and detaining vehicles and arrest without warrant
- If required, provide representation at Amber Teleconference
- If required, attend DSG
- Maintain links between the resilience partnership and disease control centre response through liaison with the FOB and NDCC, ensuring representation at FOB/CDCC/NDCC bird table meetings

- Input to the OCG overnight reports

**Scottish Government principal role**

- Scottish Government Resilience Room will monitor the progress and brief Scottish Ministers
- Liaise with the CDCC and resilience partners and provide assistance where required
- Lead the communications to ensure consistency of message
- Laying, monitoring and uplift of baits (pre-bait, vaccines and/or poison bait) to control the spread in wildlife

**First aid**

**Biting and scratching incident**

If anyone is bitten or scratched by the suspect animal, immediate local treatment is of the paramount importance. The wound should be cleaned by thorough flushing under a running tap for several minutes and washing with soap or detergent and water. A virucidal agent, such as povidone-iodine solution or 40-70% alcohol, should be applied and the wound covered with a simple dressing. Primary suturing of the wound should be avoided as this may increase risk of introduction of rabies virus to the nerves.

A full and expert risk assessment must be promptly carried out and appropriate management agreed in consultation with the local ID Clinician. Management may include administration of rabies immunoglobulin and vaccine, or rabies vaccine alone.

**Saliva contamination of broken skin or mucous membranes**

Where the suspect animal has licked broken skin or where there has been saliva contact with mucous membranes (eyes, nose or mouth), there is a risk of infection. The area should be washed or irrigated thoroughly with clean water as soon as possible, and expert advice sought as above to assess risk and agree management

Rabies virus does not cross intact skin and so hands should be washed with soap (or detergent) and water. Clothes must be changed if contaminated with suspect animal discharges and subject to a thorough clean, preferably under the direction of APHA staff or the medical authorities.

**Further information**

Additional information on immunisation against infectious disease is available at:

- PHS Rabies: Guidance on Prophylaxis and Management in Humans in Scotland
- Immunisation Against Infectious Disease (Chapter 27 of this specifically includes information on rabies).

## Appendix N: Swine fever (SF)

### Introduction

This appendix covers two separate diseases, classical swine fever (CSF) and African swine fever (ASF). Both can cause severe illness in pigs and wild boar, but do not infect other animals. The diseases are very similar and will be discussed together. The symptoms of both diseases are almost identical, and laboratory diagnosis is necessary to distinguish between them. Disease presentation can vary from pigs dying after a short illness with fever and discoloration of skin, through ill pigs with diarrhoea, respiratory and nervous signs, to pigs showing only mild signs. Currently there is no effective approved vaccine against ASF. Routine vaccination for CSF is prohibited and is unlikely to be considered as an appropriate control measure in the initial stages or during a controlled CSF outbreak, but may be considered during a prolonged epidemic.

The Scottish Government's response to a swine fever outbreak is outlined in the Scottish Government's Exotic Diseases of Animal Contingency Framework Plan. The Disease Control Strategy for African and Classical Swine Fever in GB contains a more detailed response to an outbreak of ASF or CSF. Further details on ASF and CSF can be found at gov.scot. During an outbreak of swine fever in Scotland or elsewhere in GB, those web pages on gov.scot will be supplemented with additional information specific to the disease outbreak.

### Legislation and National Control Strategy

| Year | Disease Orders | Statutory Instrument number |
|---|---|---|
| 2014 | The Diseases of Swine Regulations 2014 | 1894 |
| 2014 | Disease Control Strategy for African and Classical Swine Fever in Great Britain (revised March 2020) | |

### Possible Impact

The pig sector in Scotland is highly concentrated with around 56% of the total herd located in the North East. There are around 190,000 pigs, which are worth around £144 million to the Scottish economy. Due to the highly concentrated nature of the Scottish pig herd, the impact of either CSF or ASF could be considered high.

### Public health

CSF and ASF do not affect humans.

## Risk of introduction of infection and spread of disease

CSF is endemic in parts of Asia, Central and South America Africa, Sardinia and in wild boar in parts of Europe. ASF is endemic in sub-Saharan Africa and also in Sardinia, and has reached multiple countries across Asia, the Caribbean, Europe, and the Pacific, affecting both domestic and wild pigs. The last outbreak of CSF in GB was in 2000; there has never been an outbreak of ASF in GB. The greatest risk factor for introduction of disease is pigs eating contaminated imported pork products. Disease can also enter the country via imported pigs, contaminated vehicles and personnel. Control measures are in place to prevent introduction of disease by restricting imports from high-risk areas. Smuggled goods (products of animal origin) may introduce infection.

Spread is often by pigs that are apparently healthy; that is, pigs incubating disease or pigs that have recovered and are now carriers. The viruses can survive for long periods (including up to a year in frozen meat). Pigs can become infected by trucks, lorries, market places, and loading ramps (in or over which infected animals have travelled) or boots, clothing, and the hands of a stockperson who has tended to diseased pigs.

## Lead Responder Control Measures under Statutory and Regulatory Powers and Responsibilities

### Local Authority Principal Role

- Enforcing Animal Health and Welfare Legislation
- Enforcing movement restrictions
- Enforcing of C&D requirements
- Erection of signage and dissemination of guidance and information
- Stand down and recovery

### Animal and Plant Health Agency (APHA) principal role

- Respond to and investigate all reports of suspect notifiable disease
- Lead agency in the instigation of the local response to a disease outbreak
- Convene the NDCC, CDCC and FOB
- Supervise the welfare of animals being culled
- Surveillance and blood sampling of animals to demonstrate absence of disease and thus gain recognition of disease freedom

### Scottish Government principal role

- Ensure the necessary legislation is in place
- Make and disseminate policy decisions
- Make and disseminate guidance and information on disease control
- Communicate with field staff and enforcement bodies (such as local authorities)
- Handle policy issues as well as share disease control developments with SGoR, NDCC, and other UK Rural Affairs departments.

**Following suspicion of disease**

- A restriction notice is served on the suspect premises while examination of animals is carried out. If veterinary examination cannot rule out swine fever, a Temporary Control Zone (TCZ) of 10 km may be imposed if considered necessary
- The TCZ measures would restrict the movement of pigs and Government may restrict the movement of any equipment, animal or thing liable to transmit disease.

**Following confirmation of disease**

- There is no requirement under existing legislation for a national movement ban
- An Infected Area, consisting of a PZ and SZ will be established
- The PZ will be at least 3 km from the IP and the outer boundary of the SZ will at least 10 km from the IP
- The Infected Area measures will include movement restrictions and enhanced biosecurity
- Some movements will be allowed under a general or specific movement licence according to risk assessment
- A central C&D point would be necessary, but the throughput would be much less than that for an FMD outbreak
- Public access to land will be prevented only on farms where disease is believed to exist. Footpaths in the Infected Area will remain “open”
- All pigs on IPs and those considered to be Dangerous Contacts will be humanely euthanised. The preferred methods of disposal will by commercial rendering or incineration under official supervision of APHA

**Control Zones that may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| The Diseases of Swine Regulations 2014 | Temporary Control Zone (TCZ) | Suspicion (not mandatory) | Any size considered by Scottish Ministers | Regulation 9 |
| | Protection Zone (PZ) | Confirmation | 3 km (minimum) | Regulation 23<br>Part I of Schedule 3<br>Schedule 4 |
| | Surveillance Zone (SZ) | Confirmation | 10 km (minimum) | Regulation 23<br>Schedule 3 Part 2 (except para 12)<br>Schedule 4 |
| | Feral Pig Investigation Zone (FPIZ) | Suspicion in feral pigs | Any size considered by | Regulation 20 |

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| | | | Scottish Ministers | Schedule 2 (some or all measures) |
| | Feral Pig Control Zone (FPCZ) | Confirmation in feral pigs | Any size considered by Scottish Ministers | Regulation 21 Schedule 2 (some or all measures) |

## Appendix O: Anthrax

### Introduction

Anthrax is an acute and generally fatal disease of mammals, predominantly presented in cattle caused by the Bacillus Anthracis bacterium. It can infect all species of animals as well as humans. The flesh, blood, offal and discharges from an anthrax infected carcase can contain large numbers of anthrax bacteria and therefore pose a risk to other animals and humans.

The last outbreak of Anthrax in cattle was confirmed in two dead suckler cows at a farm in Wiltshire in October 2015. Prior to that case, there was an outbreak in Wales in 2006. The last case in Scotland was in 2002.

The control structures that would be set up by the Scottish Government in response to an anthrax outbreak are outlined in the Scottish Government's Exotic Diseases of Animal Contingency Framework Plan. However, the operational disease control response to anthrax is different to most other exotic notifiable diseases, with the operational response being led by the relevant local authority. APHA will take the lead on visiting, serving notices and applying licences. The OV (Official Vet) completes a Non-existence of Disease form. This form is available from APHA's website under 'Certification Procedures' and returns it to APHA if no disease is confirmed. If disease cannot be ruled out the APHA Veterinary Inspector (VI) will visit the premises and give a second opinion, take further samples, and undertake additional actions including:

- Serving restriction notices
- Advising the local authority (LA) on the need for carcase disposal and on the legal onus on the owner regarding cleansing and disinfection on the premises
- Packing and sending the samples off to the laboratory for analysis.

### Legislation and National Contingency Plan

| Year | Disease Orders |
|---|---|
| 1981 | The Animal Health Act (as amended) |
| 1991 | The Anthrax Order |
| 1996 | The Anthrax (Amendment) Order |

**Possible impact**

| Sector | Impact | Detail |
|---|---|---|
| Domestic agricultural industry | Low/ Medium | The incidence of anthrax in domestic livestock is relatively rare, but it is nevertheless an acute and generally fatal disease. In the last twenty years, a total of 30 carcases have been disposed of by incineration on IPs. Cattle are the farm animals most frequently affected in GB, but all species of mammals are susceptible.<br>Movement restrictions would be placed on any affected premises and the owner may be required to carry out C&D on any or all of the premises, and to arrange for vaccination and or treatment of specified animals if considered necessary to prevent the spread of disease.<br>Food Standard Scotland (FSS) guidance on dairy and meat products would need to be followed where livestock have been in contact with suspect/contact animals. If infection became established, there would be increased risk to agricultural workers.<br>Owners are not entitled to compensation for affected animals. Local authority will cover the costs for destruction of any carcases. |
| International trade | Low/ Medium | EU trade is not impacted by anthrax and third country restrictions for milk and meat would only affect the IP.<br>The EHC for hides and skins to China requires that during the past 6 months, the area of 50 km around the farm where the above mentioned products originated, the slaughterhouse, the plant and the intended port of departure has been free from rabies and anthrax. |
| General public | Low | Anthrax is a zoonotic disease, but is rare in humans, and the risk to the general public would be extremely low [see public health below]. |
| Government | Medium | Scottish Government's primary objective in tackling any cases of anthrax will be to:<br>act swiftly and decisively, with its operational partners and stakeholders, to protect the health and safety of the public and those directly involved in controlling the disease; and minimise adverse impacts on animal welfare, the rural and wider economy, the public, rural communities and the environment. |
| Rural industry | Low/ Medium | Movement restrictions could have a negative impact on the rural economy, potentially affecting rural tourism and countryside activities.<br>Some animal gatherings and hunting may be banned, except under licence. |
| Public health | Low | Anthrax is rare in humans, and the risk to human health is considered to be extremely low. At highest risk would be workers who have handled imported animal products or worked with infected animals (or their hides/by-products). |

| | | |
|---|---|---|
| | | People who have come into contact with suspected or confirmed infected animals could require post-exposure treatment, and resources would be needed to investigate all possible contacts with anthrax infected animals. |

**History, risk of introduction and spread of disease:**

Anthrax is a zoonotic disease (can be transferred from animals to humans) caused by the spore-producing bacterium Bacillus anthracis. Anthrax is primarily a disease of herbivorous animals, but all mammals may be susceptible to infection, and the spores can survive in the environment for decades. The disease is endemic in several regions of the world, including southern and eastern Europe.

**Human health**

Anthrax in humans is rare, but can occur following exposure to infected animals, their hides or other by-products. Symptoms usually take from one to seven days to appear depending on the amount and route of exposure (although it can take up to 60 days in some cases). There are three forms of disease in humans:

- cutaneous (skin) – in over 95% of cases, the infection is cutaneous, generally caught by direct contact with the tissues of infected animals and contaminating cuts or abrasions in the skin. Normally the skin infection responds to early treatment with appropriate antibiotics.
- inhalation (breathing in) - is rare and is caught by breathing in anthrax spores.
- intestinal (by mouth) - is very rare, and occurs from eating contaminated meat.

Cutaneous anthrax can be readily treated and cured with antibiotics. Mortality is often high with inhalation and intestinal anthrax, since successful treatment depends on early recognition of the disease. Antibiotic treatment is effective if given at an early stage.

Anyone concerned about the human health aspect should contact PHS for advice.

**Control measures**

Control measures include the correct disposal of dead animals: disinfection, decontamination and disposal of contaminated materials and decontamination of the environment. Protective equipment must be used by workers. Vaccination of exposed animals and humans may be required.

Any person who is in charge of any animal or carcase has a duty to report any unexplained sudden deaths if they suspect disease to APHA. If anthrax cannot be ruled out following a veterinary enquiry into the existence of disease, samples will be sent to the Rare and Imported Pathogens Laboratory (RIPL) for diagnostic testing, and APHA will serve an infected premises notice (Form A) and apply any necessary restrictions or control measures.

The Anthrax Order requires local authorities to dispose of carcase(s) that are suspected or confirmed to be infected with the disease. APHA can provide advice on the appropriate carcase disposal options, although disposal is generally by incineration.

Local authorities may wish to consider collaborating to maintain capability of a shared incinerator. This would provide a cost effective method of accessing a mobile incinerator; and it would also reduce the burden of associated training and maintenance costs, as these could be shared by participating local authorities.

It is vital that any suspect carcases are disposed of as soon as possible. However, before considering whether to cremate or incinerate a suspect anthrax carcase, local authorities must liaise with APHA. Contact must also be made with the Scottish Environment Protection Agency (SEPA) to discuss potential pollution or soil contamination that may occur as a result of burning carcases. The preferred option is on-farm incineration using a permitted mobile incinerator. If a mobile incinerator or retained contractor who is paid to hold and supply the appropriate equipment cannot respond, then consideration should be given to disposing of the carcase(s) by cremation on an open pyre.

**Overview of control measures that would be applied under the Anthrax Order 1991 and the Animal Health Act 1981 (as amended).**

- Control of movement on to/out of premises
- Disposal of the affected carcase(s) by incineration, usually on site, by the local authority
- C&D of the affected premises, as directed by APHA
- Vaccination and/or treatment of animals
- Controls on the general movement of animals, and issuing of licences

**Biosecurity**

Local authority staff should not knowingly enter premises with suspected or confirmed anthrax until veterinary controls are in place and biosecurity and Health and Safety Executive (HSE) compliance has been met:

- Vehicles should be left at the entrance to the premises
- Boots should be disinfected before entering and leaving the site
- Hands must be washed before leaving the premises
- Overalls and gloves to be suitably destroyed following the visit, unless they are waterproof and can be disinfected, in which case they must be disinfected upon leaving the premises
- Officers do NOT enter parts of the premises where livestock are, or are likely to be kept, unless complying with appropriate biosecurity measures and/or under veterinary supervision
- Any liquids that may have escaped from the body of an affected/suspect animal must be immediately and thoroughly mixed with a large excess of a disinfectant approved by Scottish Ministers for use with anthrax

**Control Zones that may be declared**

| Statutory Instrument | Zone | Stage declared | Area | Controls |
|---|---|---|---|---|
| Anthrax Order (1991) | Infected place | Minister believes or suspects existence of anthrax in the previous 56 days | The area where anthrax is considered to exist or have existed in the previous 56 days, and any adjoining area that disease might spread to | Schedule 1 |

**Lead responder control measures under Statutory and Regulatory powers and responsibilities**

**Local Authorities principal role**

- Disposal of the carcase(s) on the premises
- Enforcement of restrictions on suspect premises and confirmed IPs, as per requirements of Parts I and II respectively of Schedule 1 to the Anthrax Control Order (as amended)
- Enforcement of movement restrictions and any associated licences
- Enforcement of any C&D, vaccination and treatment required on affected premises

**Animal and Plant Health Agency (APHA) principal role**

- APHA will lead on visiting affected premises, serving notices and applying restrictions
- If anthrax is confirmed, APHA will set-up both a Field Operation and a Veterinary and Technical Operations Team
- The role of the Field Operations Team will be to give field operational advice and guidance to local authorities, including access to APHA contracts for carcase disposal
- The role of the Vet and Technical Operations Team will be to provide veterinary and technical advice and to co-ordinate any operational response needed with operational partners in liaison with Scottish Government. In view of the potential risk of spill over of disease to humans, there will also be close liaison with both national and local health boards

**NHS Boards principal role**

- Provide pre-exposure immunisation to “at risk groups”
- Provide medical treatment and advice to persons presenting with potential anthrax exposure
- Carry out a risk assessment for requirement of post exposure prophylaxis (PEP)
- Provide representative to the National IMT
- Contribute to the Communications Strategy, risk communication and public facing messages in respect of matters affecting public health

**Public Health Scotland (PHS) principal role**

- Convene the National IMT to coordinate the public health response
- Provide expert public health advice to responding agencies
- Provide operational support to NHS boards in relation to the public health response to the incident

**Police Scotland principal role**

Under Article 4 of The Anthrax order (1991), there is a legal duty on any person who has in their possession or under their charge, any animal or carcase that they suspect is diseased, and any veterinary surgeon or other person who, in the course of their duties, suspects the presence of the disease on any premises to give notice of their suspicion as soon as practicable to the local APHA office. If Police Scotland take a report call, they should contact the local APHA office in Scotland immediately for advice. Police Scotland's main role would be to:

- Assist local authorities to enforce restrictions
- Provide support for any public disturbance/public safety issues
- Local authorities and Police Scotland have the power to seize animals if the owner fails to comply with any anthrax control provisions
- Deal with access issues to domestic dwellings
- Provide assistance to APHA through the provision of specialist knowledge in the area of management and co-ordination of major incidents Work in partnership with local authorities and APHA to consider local intelligence
- Ensure Corporate Communications are informed.
- If required, execute and enforce Section 60(1) of the Animal Health Act 1981, e.g. powers of entry, search and arrest
- If required, execute and enforce Section 49 and Schedule 1 of the Animal Health and Welfare (Scotland) Act 2006, e.g. entry and search, stopping and detaining vehicles and arrest without warrant
- If required, provide representation at an Amber Teleconference
- Maintain links between the resilience partnership, and attend meetings as required by the relevant disease control structures put in place to control the outbreak

**Scottish Government principal role**

- Scottish Government Resilience Room will monitor the progress and brief Scottish Ministers
- Ensure necessary legislation is in place
- Make and disseminate decisions, guidance and information on policy relating to disease control
- Lead on policy issues relating to public health and animal health and welfare
- Communicate with field staff and enforcement bodies (e.g. local authorities)
- Handle policy issues, as well as share disease control developments with SGoR and other UK Rural Affairs departments, and lead communications to ensure consistency of message.

## First aid

If anyone has been in contact with any suspect animal, they should immediately contact their local GP or PHS. Cutaneous anthrax can be readily treated and cured with antibiotics. Mortality is often high with inhalation and gastrointestinal anthrax, since successful treatment depends on early recognition of the disease; therefore a full and expert risk assessment must be promptly carried out and appropriate management agreed in consultation with the local NHS Board.

## Further information

Additional sources of information on immunisation against infectious disease:

- Public Health Scotland website, FAQs
- "Immunisation against infectious disease" Public Health England, December 2013 (Chapter 13 specifically includes information on anthrax).







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