



# **ANIMAL DISEASE RESPONSE PLAN**

Author:	Suffolk Joint Emergency Planning Unit and Suffolk Trading Standards on behalf of SRF
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## **GENERAL DATA PROTECTION REGULATIONS 2016/679 AND DATA PROTECTION ACT 2018**

This plan does not include personal, sensitive or special category data as defined under the General Data Protection Regulations. It does include data/information relevant to achieve planning arrangements and identifies how more specific personal data will be used during any emergency.

## **FREEDOM OF INFORMATION ACT 2000**

This document will be made publicly available through the SRF website. Where content has been redacted under the freedom of Information Act 2000 (FOI) in the publicly available version, the paragraph number will be **highlighted** to show there has been a redaction and the relevant section of FOI referenced.

## **ENVIRONMENTAL INFORMATION REGULATIONS 2004 (IF REQUIRED)**

This plan presumes disclosure of all environmental information, under Environment Information Regulations. Where exemptions are claimed under Environment Information Regulation 12 (5)a, this will only be where one of the responder agencies has judged that the information may adversely affect either international relations, defence, national security or public safety. Where such content has been identified, the paragraph number will be **highlighted** and the paragraph text removed from public versions of the plan.

## **REVIEW**

This plan will be reviewed by Suffolk Constabulary on behalf of the Suffolk Resilience Forum at least every 3 years. Earlier reviews will take place if there is a change in working practices, legislation or new information from lessons identified following exercises or incidents.

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## **DISTRIBUTION**

### **Organisation**

MHCLG Resilience and Emergencies  
Division

Animal & Plant Health Agency

Suffolk Constabulary

Suffolk Fire and Rescue

NHS England and NHS Improvements -  
East

East of England Ambulance Service NHS  
Trust

Environment Agency

Public Health England – East of England  
Health Protection Team

Suffolk Coastal Port Health Authority

Suffolk County Council

Suffolk Trading Standards  
Joint Emergency Planning Unit

Babergh and Mid Suffolk District Council

East Suffolk Council

Ipswich Borough Council

West Suffolk Council

Highways England

Local Government Association

National Farmers' Union

National Pig Association

Royal Society for Prevention of Cruelty to  
Animals (RSPCA)

Royal Society for the Protection of Birds  
(RSPB)

Natural England

**AMENDMENT RECORD**

No	Date	Amended By	Details

**PLAN VALIDATION**

Details the date, type of exercise or disease response and any pertinent comments that influence the development of the plan.

Date	Type	Name	Comments
03/02/07	Incident	Holton	H5N1 AI Outbreak – Ex Blackrock Feb 07 cancelled in lieu of incident; full review of plan post incident debrief
21/09/07	Incident	Baylam	Blue Tongue Virus – Emergence of virus in UK
11/11/07	Incident	Op Nipper - Redgrave	H5N1 AI Outbreak – confirmed plan review
24/02/09	Incident	Ubbeston	Low Pathogenic AI outbreak. No further action following veterinary investigations. Confirmed plan activation and Suffolk Coordinating Group activation
14/04/13	Incident	Ubbeston	Low Pathogenic AI outbreak. No further action following veterinary investigations. Some confusion over notification process from APHA to Suffolk TS addressed in 2013 plan review.
11/02/15	Exercise	CUJO	A table top multi agency exercise to test the plan raise awareness & knowledge of Rabies
08/02/18	Exercise	Blackthorn	A table-top exercise to test plans for a national outbreak of FMD to establish the current state of readiness and any issues with the planning assumptions.
/ /			
/ /			

## 1. INTRODUCTION

This multi-agency plan provides a generic framework for the Suffolk response and management of an outbreak of an exotic notifiable animal disease. It is linked to national Department for Environment Food & Rural Affairs (DEFRA) and local SRF generic plans and supported by individual agency operational plans.

The plan could also be used for any outbreaks of other notifiable<sup>1</sup> and non-notifiable animal disease, or animal related issue that may develop in the future that requires a multi-agency response.

A notifiable animal disease is one that, by law, has to be notified to the Animal and Plant Health Agency (APHA), an executive agency working on behalf of DEFRA. A full list of [current notifiable diseases and links to disease fact sheets](#) can be found at: <https://www.gov.uk/government/collections/notifiable-diseases-in-animals>. Under the Animal Health Act 1981 (as amended by Section 18 of the Animal Health Act 2002) local authorities have a statutory duty to enforce legislation designed to control and eradicate any such disease outbreaks.

The term exotic refers to a disease that is not currently present in the UK, such as foot and mouth disease. The Governments' exotic notifiable disease control strategy aims to restore the United Kingdom's (UK) disease free status as quickly as possible while:

- Protecting public health.
- Minimising the number of animals which need to be culled either to control the disease or on welfare grounds.
- Causing the least possible disruption to the food, farming and tourism industries, to visitors to the countryside, and to rural communities in the wider economy.
- Minimising damage to the natural environment.
- Minimising the burden on the taxpayers and the public.

Supporting SRF plans are available on Resilience Direct (RD) or the Suffolk Resilience [website](#):

SRF Generic Emergency Response Plan

SRF Generic Recovery Plan

SRF Communications Plan

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<sup>1</sup> Other notifiable diseases are endemic (already present) in the UK eg bovine tuberculosis.

## 2. AIM

The aim of this plan is to set out a multi-agency emergency response to an outbreak of an exotic notifiable animal disease in Suffolk by providing the co-ordinating arrangements and wider considerations, to implement the necessary control measure and deliver the strategic objectives.

## 3. OBJECTIVES

- Assist APHA and DEFRA in the control of any outbreak of a notifiable animal disease within the county.
- Protect human health in the event of a zoonotic animal disease.
- Provide accurate and timely information to the public and local businesses on the rules designed to control the disease outbreak and possible human/animal health implications.
- Manage the wider impact on Suffolk of specific response measures to minimise disruption to the countryside, transport networks and to rural communities.
- Provide support to local business, farming industry and communities during the recovery phase following an outbreak.

## 4. RISK

Animal disease is classified as a 'moderate' impact and '2 out of 5', for the likelihood<sup>2</sup> in the National Security Risk Assessment 2019. As part of an ongoing process animal diseases are evaluated by APHA and DEFRA to ensure that national plans reflect an appropriate response to new or developing risks. APHA maintain Disease Control Strategies for the most serious exotic, notifiable diseases.

The risk of an outbreak of an exotic notifiable animal disease in Suffolk is covered within the Suffolk Community Risk Register published on the SRF [website](#). Suffolk has both significant commercial and social animal activity which is of substantial value to the economy and welfare of the county and its population that could increase the risk and the impact of some animal diseases above the national norm.

An outbreak of one of the high-impact animal diseases, listed below, is likely to have a major impact on Suffolk and require early notification together with a greater level of preparedness. Those diseases with clear human health impacts (zoonotic diseases) have been marked with \*.

### **Suffolk High Impact Exotic Notifiable Animal Diseases**

#### **Foot and Mouth (FMD)**

The last national outbreak of FMD was in 2007. FMD is probably more infectious than any other livestock disease and spreads rapidly if uncontrolled. Cattle, sheep, pigs, goats, deer and other cloven-hoofed species are susceptible. Control measures such as animal movement restrictions and footpath closures may apply.

#### **Highly Pathogenic Avian Influenza (AI)\***

Since mid-December 2003, a growing number of countries have reported outbreaks of highly pathogenic avian influenza in chickens and ducks, with significant outbreaks in Europe and the UK becoming more frequent. The rapid spread with outbreaks occurring

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<sup>2</sup> Likelihood of the Reasonable Worst Case Scenario (RWCS) occurring in the coming 2 year period.

at the same time in several countries is historically unprecedented. Human infections with AI are rare and symptoms can vary considerably depending on the strain or subtype of the virus involved. Notable AI viruses in terms of human disease are H5N1 and H7N9 which can cause life threatening illness. Sustained human to human transmission following infection with AI virus has not been recorded. However, the capacity of AI virus to develop in a human pandemic strain remains a public health threat.

### **Blue Tongue Virus (BTV)**

In 2007 this viral disease occurred for the first recorded time in the UK. The virus is carried by midges (genus *Culicoides*). These midges are usually killed by colder West and North European winter climates. However, recent prolonged milder winters, have allowed the midge to successfully 'over-winter' in Western Europe. Its impact on ruminant livestock (sheep, cattle, goats and deer), associated control zone distances and longevity to eradicate it, makes it comparable with; FMD, AI or CSF.

### **Classical Swine Fever (CSF)**

The last outbreak in East Anglia was in 2000. Although less infectious than FMD the control measures would be similar.

### **African Swine Fever**

African Swine Fever (ASF) never been reported in UK but high on the current watch list with 100% mortality in infected pigs spread by direct animal contact and fomites. Since 2018 the disease has become prevalent and spread to all provinces of China, Mongolia and Vietnam and has become established in wild boar population in Belgium having 'leap frogged' from Eastern Europe. The signs of ASF are very similar to CSF, with the main clinical signs being fever, loss of appetite and energy, followed by sudden death. ASF is highly contagious and is spread if pigs eat infectious meat or meat products, have contact with infected pigs or have contact with anything contaminated with the virus.

### **Newcastle Disease**

The last outbreak in England occurred in 2006. It is caused by a virus which can infect a wide variety of birds and may result in severe losses, similar to AI. Humans are not normally affected, but people in direct contact with infected birds may develop a very short-term eye infection, which passes without treatment.

### **Aujeszky's Disease**

The last outbreak of the disease in GB was in 1989. It is caused by a porcine virus that primarily affects pigs but can be spread to other animals, including cats and dogs. Control measures include destruction of stock.

### **Rabies\***

The current risk of an outbreak of rabies in UK is deemed to be LOW following the virtual eradication of the disease in Western Europe. However, rabies is still a major threat in Asia and Eastern Europe and could be introduced to the UK via an illegal import. The greatest risk to humans would be from contact with infected dogs and cats. If the virus were to be introduced into wildlife in Great Britain, then the fox would be the most likely reservoir species. Some UK species of bat carry rabies (known as bat lyssavirus) and are periodically found to harbour the disease. Such instances are normally isolated and investigated by APHA with no further controls required.

### **Glanders and Farcy\***

Glanders and Farcy is a serious bacterial disease of the respiratory tract and skin, affecting mainly horses and other equine animals. The disease is called “glanders” when the principal lesions are seen in the nostrils, submaxillary glands and lungs and is called “farcy” when located on the surface of limbs or body. Recovered animals remain carriers and infection occurs by ingestion. Humans can be infected by contamination through an open wound. If untreated, the mortality rate in humans is as high as 95%. Dogs, cats and wild carnivores can also be infected.

### **West Nile Virus (WNV)\***

A viral infection of birds, horses and humans, spread by mosquitoes and can cause encephalitis (inflammation of the brain) or meningitis (inflammation of the lining of the brain and spinal cord) and may lead to human fatalities. West Nile Virus has never been recorded in the UK, however recent research has found antibodies against the virus present in birds in Great Britain, suggesting past or present infection with WNV.

### **African Horse Sickness**

An infectious viral disease that is spread by insects. It affects horses, mules and donkeys, with infected animals usually dying. The disease is not directly contagious between horses and is present (endemic) in sub-Saharan Africa. The disease has, on occasions, occurred in Europe with previous cases reported in Spain and Portugal.

### **Equine Infectious Anemia (EIA) - or "swamp fever"**

A viral disease of horses causing intermittent fever, anemia, emaciation and death. It can be transmitted by mechanical transfer of blood or by biting insects and occurs typically in low-lying swampy areas. EIA has a worldwide distribution; outbreaks between 1980 and 1989 were reported in many parts of America, Asia (India, Malaysia, Myanmar, Philippines, and Thailand), Europe (Austria, France, Greece, Italy, Romania, USSR and Yugoslavia) and Australia. EIA was confirmed in the UK in 2010.

### **Anthrax\***

Cattle and sheep can die quickly from anthrax, with no obvious signs of the disease. The length of the illness varies and some animals may have signs of illness for several days before death, such as a high temperature, shivering or twitching, harsh dry cough, blood in dung or in nostrils, decrease or complete loss of milk, fits, bright staring eyes, colicky pains, dejection and loss of appetite. Anthrax is spread when its spores are inhaled, ingested, or comes into contact with skin lesions. Anthrax spores can survive for decades or even centuries and as such old burial sites can create a risk if uncovered by rivers or excavation work. In humans, the infection can often be treated, but people should avoid contact with infected animals or contaminated animal products.

## **5. PLAN ACTIVATION**

This plan creates two levels of response based on the likely impact of an outbreak. The plan will be activated on notification of a suspect or confirmed outbreak of an exotic notifiable animal disease as listed in the plan. The process to be used is detailed below (5.1 and 5.2) and summarised in **Appendix A**. Any impacts will be assessed by APHA, TS and JEPU, plus PHE for zoonotic diseases, so that an appropriate level of response can be agreed with multiagency partners. In most cases suspect outbreaks of a notifiable animal disease, not listed as high-impact, are unlikely to trigger a major response until the outbreak is confirmed. The process to be used is detailed below (5.3 and 5.4) and summarised in **Appendix B**.

### **5.1 High Impact Animal Disease – Suspect**

Notification of a **suspect** high impact exotic notifiable animal disease.

Following a notification from APHA, TS will immediately alert JEPU (out of hours to the JEPU Duty Officer) and Public Health England (PHE) (out of hours via Medicom).

JEPU will forward an email with pertinent information from APHA / TS to SRF partners (Cat 1 and 2) to ensure that agencies are informed and aware of the possible outbreak and likely implications if the disease is confirmed.

JEPU will alert other SRF WOW partners if DEFRA impose a temporary control zone (TCZ) around the premises under suspicion or there are public health concerns so that the implications can be discussed at a SRF WOW teleconference.

#### 5.2 High Impact Animal Disease – Confirmed

Notification of a **confirmed** high impact exotic notifiable animal disease.

Following a notification from APHA, TS will immediately alert JEPU (out of hours to the JEPU Duty Officer) and PHE (out of hours via Medicom).

A Strategic Coordinating Group (SCG) Lite teleconference will be arranged by JEPU to review the situation, to endorse local actions to manage the consequences of the APHA response and consider the declaration of a Major Incident. For further details of the process see the SRF Generic Response Plan.

TS, supported by JEPU, will provide liaison to the APHA Forward Operating Base (FOB) on behalf of the SRF partnership and provide advice and guidance to the multi-agency response framework. The disease co-ordination arrangements are set out in **Appendix C**.

#### 5.3 Other Animal Disease – Suspect

Notification of a **suspect** notifiable animal disease not listed as high impact.

Following a notification from APHA, TS will provide information via email to JEPU to allow SRF partners Cat 1 and Cat 2 to be informed as required. This will take place in working hours and not out of hours action is likely. TS will initiate the next step if disease is confirmed.

#### 5.4 Other Animal Disease – Confirmed

Notification of a **confirmed** animal disease not listed as high impact.

Following notification from APHA, TS will immediately alert JEPU (out of hours to the JEPU Duty Officer) and PHE (out of hours via Medicom).

TS will liaise with JEPU and PHE to agree whether information is shared with other partners to raise awareness and / or a process for alerting other partners if the likely scale and impact of the incident requires an SRF response. TS will closely monitor the situation with DEFRA / APHA and JEPU will alert other SRF partners via email, unless a SRF response is required in which case the EPDO / SRF Partnership Manager will convene a SRF WOW teleconference.

TS, supported by JEPU, will act as the focal point for the response and provide advice and guidance to any multi-agency response framework.

TS, supported by JEPU, will provide liaison to DEFRA / APHA when requested and will interface with the FOB on behalf of the SRF partnership.

## 5.5 Major Incident

A confirmed case of a notifiable high-impact exotic disease will require the SCG to consider the declaration of a Major Incident.

If any outbreak exceeds the capacity of an agency to respond effectively or places exceptional resource demands on them or there are serious consequences for the human welfare, the environment or communities, consideration will be given to the declaration of a Major Incident.

## 6. RESPONSE ARRANGEMENTS

There is Government guidance on the legislation, disease identification, prevention and control measure for all notifiable exotic animal diseases. The typical disease control zones are shown diagrammatically at **Appendix D**. It should be noted that declarations or Declaratory Orders issued by the Secretary of State provide further powers and duties for local authorities in relation to each individual disease outbreak. Where there is no published procedure, national legislation sets out the control measures to be applied, which are outlined below and included at **Appendix E**.

The response to an animal disease outbreak may involve the following:

- Restriction in the movement of animals, people and vehicles on and around infected site/premises.
- Implementing protection, surveillance and restricted zones around confirmed/suspected infected site/premises.
- The administration of prophylaxis to infected or potentially infected members of the public.
- Positioning of public warning and information signage.
- Restriction or closure of public rights of way within protection zones.
- Introduction of bio security measures.
- Vaccination of susceptible animals
- Slaughter of infected/suspect stock.
- Disposal of infected/suspect stock.

The management of an animal disease outbreak in Suffolk will vary depending on the type and scale / spread of the disease. The nature of any outbreak and its implications are likely to be 'sudden impact', requiring early interventions and effective enforcement to minimising the overall impact of the disease. The SRF incident management structure will co-ordinate activity in Suffolk and interface with DEFRA / APHA / FSA / PHE as shown in **Appendix C**. In Suffolk, TS provides the Local Authority Animal Health Function (LAAHF) with the responsibility for enforcing animal disease controls.

Confirmation of the termination and lifting of restrictions and control measures following an animal disease outbreak will be provided by DEFRA / APHA.

## 7. WARNING AND INFORMING

### 7.1 Media

The media interest in any outbreak of an exotic notifiable animal disease, based upon historical evidence, is likely to be very high for the first cases within the UK (national and regional media).

If the situation warrants it TS, with support from JEPUs, will liaise with the on-call SCC and the relevant District/Borough/Agency communications officers so work can start on developing a media strategy. Communications staff will need to maintain a link with APHA and PHE to ensure that a common communications message is produced, once an outbreak has been confirmed.

### 7.2 Information For Keepers of Animals

There are legal requirements on all keepers of animals, including those keeping domestic pets or companion animals. APHA has produced [guidance](#) for animal keepers on how to help prevent diseases in animals and what they must do if they suspect disease.

### 7.3 Public Information

The SRF / SCC will be expected to release warning and informing communications, in line with APHA / PHE agreed guidance. Care should be taken to prevent the spread of scaremongering stories that could be harmful to the agricultural industry and its recovery in terms of export trade and public confidence.

## 8. ROLES AND RESPONSIBILITIES

The SRF Generic Response Plan identifies the main roles and responsibilities of responding agencies. Those listed below are specific for this plan.

### 8.1 DEFRA

DEFRA. DEFRA is the lead government department for responding to a notifiable animal disease incident and the APHA is the delivery agency responsible for animal health and welfare. Their generic plan can be found at [Contingency Plan for Exotic Notifiable Diseases of Animals in England](#). The Secretary of State (SofS) will issue a Declaration Order identifying the control measures to be applied.

### 8.2 APHA

APHA will manage and coordinate the components of response to, control of and eradication of an animal disease outbreak. It has responsibility for leading the local disease operation which includes managing the Forward Operations Bases (FOBs) which may be located outside the control zones. Other responsibilities include: inspection, sampling and disease identification; leading on identifying the disease source(s) and spread; co-ordinating the serving of notices and movement licences; working with delivery partners to organise enforcement activities.

### 8.3 PHE

PHE is the lead responder for public health incidents and will liaise and involve other health agencies and organisations as required. PHE assess the impact of the notifiable disease on public health and provide health protection expertise and specialist advice to the public, NHS professionals, directors of public health in local authorities and SRF. This may involve the provision of scientific, laboratory and epidemiological support through a Science and Technical Advice Cell (STAC), although it is most likely to be via telecon. They will:

- Convene an Incident Management Team.
- Implement the Joint Communicable Disease Incident / Outbreak Management plan, if required.

#### 8.4 Food Standards Agency (FSA)

The FSA will provide advice with regards to food safety and hygiene and protecting the overall 'farm to fork' production process. FSA staff may be involved in the initial identification of suspicion of exotic notifiable animal disease during routine ante-mortem and post-mortem inspections.

#### 8.5 Environment Agency (EA)

The EA ensure that the environmental impacts of an outbreak are managed, including the disposal of carcasses, animal by-products, manures and advice on pollution prevention measures (eg in relation to the use of disinfectants and biocides for biosecurity and cleansing and disinfection purposes).

#### 8.6 Suffolk County Council

- Assist APHA with the provision of resources such as staff, vehicles, equipment and buildings to support a FOB(s).
- Volunteers. Co-ordinate requests for volunteers on behalf of all responder agencies to support APHA and TS.
- Door-to-Door Enquiries. Provide staff to augment TS door to door enquires for backyard keepers and/or domestic animals susceptible to the notifiable disease identified.
- Administration. Provide administrative, office-based support, to TS licensing activities to record all checks completed, decisions made and actions taken to control the outbreak.
- Liaise with APHA / TS to identify an appropriate location for a Media Liaison Point.
- Advice. Provide public health advice in conjunction with APHA / FSA / PHE.
- Recovery. Chair the Recovery Co-ordinating Group (RCG) if the impacts cover more than one local authority, once specific animal disease related activity has ceased.
- Support PHE as required
- Highways and Rights of Way. Provide and erect footpath and road signs for publicising the Protection and Surveillance Zones (or Infected Area if it is an outbreak of Rabies) around a premises where disease has been confirmed at appropriate junction of roads, footpaths and boundaries.
- Communication. Provide public information, including foreign language support, and disseminate advice to farming communities.

- Waste Disposal. Provide advice on the disposal of slaughtered carcasses if in county options are being considered.
- Helpline. If requested, provide extra call centre capability through the Suffolk Emergency Helpline.

#### 8.6 District / Borough Councils

- Assist APHA / TS with the provision of resources such as staff, equipment and buildings to support a FOB(s).
- Volunteers. Support SCC in co-ordinating voluntary support.
- Staff. Provide staff to augment TS door to door enquires for backyard keepers and domestic animals susceptible to the notifiable disease identified or enforcing control measures.
- Strays. Provide collection and detention of stray cats and dogs outside of control zones during an animal disease outbreak.
- Communication. Provide public information through established communication channels.
- Waste. Provide support on the collection of slaughtered carcasses if in county options are being considered.
- Recovery. Be prepared to chair the Recovery Co-ordinating Group (RCG) if the impacts only affect your area, once specific animal disease related activity has ceased.
- Provide extra call centre capability.

#### 8.6 TS

- Responsible for the enforcement of Animal Health legislation, including movement restrictions/licensing and enforcement within Control Zones.
- Co-ordinate local disease management arrangements.
- Liaise with JEPU for implementation of contingency plans and SRF response.
- Respond to enquiries from farmers/industry/general public.
- Monitor livestock welfare, especially on transport and at markets.
- Provide guidance on biosecurity measures.
- Provide assistance with control of cleansing and disinfecting premises and licensed animal gatherings and slaughterhouses.
- Maintain effective liaison with other local operational partners.
- Provide a representative at the APHA FOB(s).
- Provide advice on enforcement.
- Proactively disseminate advice and information to local and farming communities.
- Liaise with APHA to obtain appropriate GIS data to support foot patrols, plus control zone planning for response and recovery.
- Co-ordinate location of road signage with SCC Rights of Way, Suffolk Highways and/or Highways England.
- Provide collection and detention of stray cats and dogs inside the control zones.

#### 8.7 JEPU

- Support TS in the dissemination of advice and guidance to SRF partners.
- Warn and notify local authority responders and advise adjacent county local authorities as appropriate.

- Enable emergency management coordination through relevant Local Authority and SRF incident management structures as appropriate.
- Be prepared to provide liaison capability at the FOB.

#### 8.8 Suffolk Constabulary

- Policing and patrolling any designated control zones in partnership with Local Authorities.
- Providing a presence at infected premises if required to assist partner agencies to maintain law and order.
- Providing specialist knowledge on the management and control of major incidents.
- Work in partnership with TS and APHA to share intelligence.
- Provide support and advice regarding traffic management to facilitate field operations, such as road closures or escorts to disposal points, closures of rights of way and footpaths.
- Enforce movement control in close partnership with TS.
- Assist in enforcing restrictions on activities that may propagate the spread of the disease e.g. hunting, shooting.

#### 8.9 NHS Health Protection

In addition to PHE, the NHS (NHS England, Clinical Commissioning Groups (CCGs), SCC Director of Public Health (DPH)), through the Local Health Resilience Partnership (LHRP), may provide significant resources to manage the public health protection implications of a zoonotic animal disease outbreak. The health protection response is detailed in a LHRP Health Protection [MoU](#).

## 9. RESOURCES

### 9.1 Equipment

Procurement of equipment and supplies during an emergency response should, wherever possible, follow existing agency procedures.

Suffolk Highways holds a stock of Disease Control signs at the depot to allow for road and public rights of way closure and diversion around control zones.

In the event of a disease outbreak that requires the collection and temporary housing of stray cats and dogs, TS can gain access to the East of England Trading Standards Association (EETSA) Regional Animal Health Equipment Store. All the equipment is kept within an ISO container which can be quickly collected and transported to a suitable site to enable the creation of a dog and cat pound.

### 9.2 Finance

In the event of a protracted incident, DEFRA may provide additional funding to cover some of the cost incurred in preventing damage to human welfare, harm to the environment or alleviating further suffering or inconvenience. Government funding to deal with emergencies is determined on a case by case basis depending on the nature of the disease outbreak and its impact.

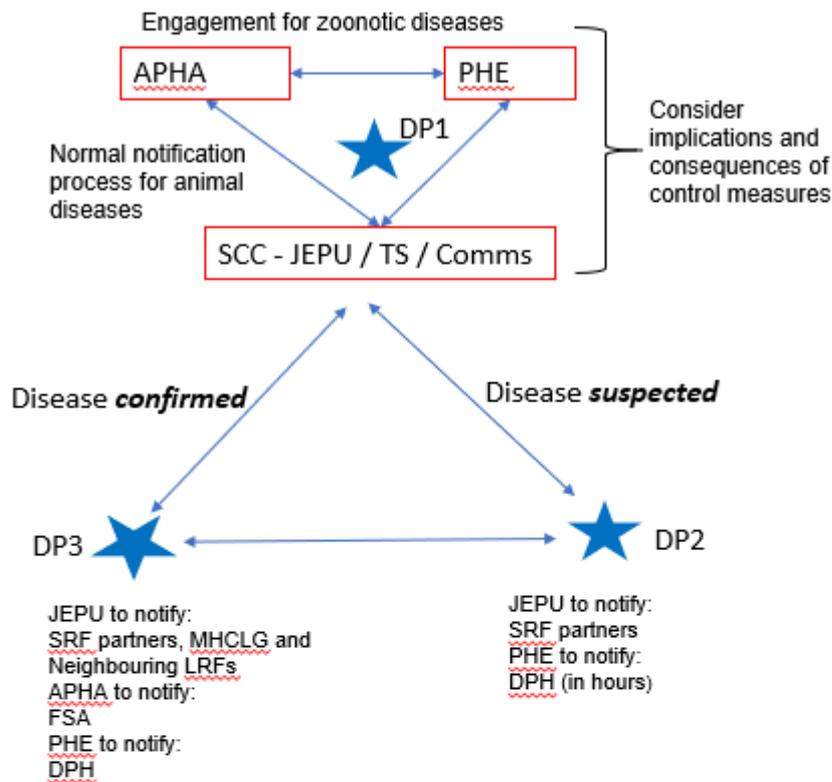
9.3 Health and Safety

The health and safety of staff during an exotic notifiable animal disease outbreak should be considered in line with an organisation's existing health and safety and occupational health policies, with particular attention being drawn to the need for risk assessments, specifically in relation to the use of disinfectants and zoonotic diseases.

**10. RECOVERY**

The SCG will convene a Recovery Coordinating Group (RCG) to rebuild, restore and rehabilitate communities following an emergency. The Local Authority assumes responsibility for the recovery phase following an incident as outlined in the SRF Generic Recovery Plan.

## Appendix A: Notification Process – High Impact Disease



DP1: Risk Assessment to consider likely outcomes and impact. Key public messages.

DP2: Continue to monitor. JEPU to inform SRF Cat 1 and 2 partners of implications by email unless TCZ imposed or animal disease has public health impacts. SRF WOW teleconference to discuss consequences of TCZ or public health concerns. DP3: Hold SCG Lite to review the situation, to endorse local actions to manage the consequences. Consider the declaration of a Major Incident.

### Factors / Considerations:

Timescale for APHA testing and confirmation.

Current legislations and whether any APHA Disease Control Strategy exists.

Map likely control measures (size of zone) and consider any linked premises.

Assess likely enforcement measures – road & footpath closures / diversion routes – and availability of signage.

Identify other animal producers within 10km

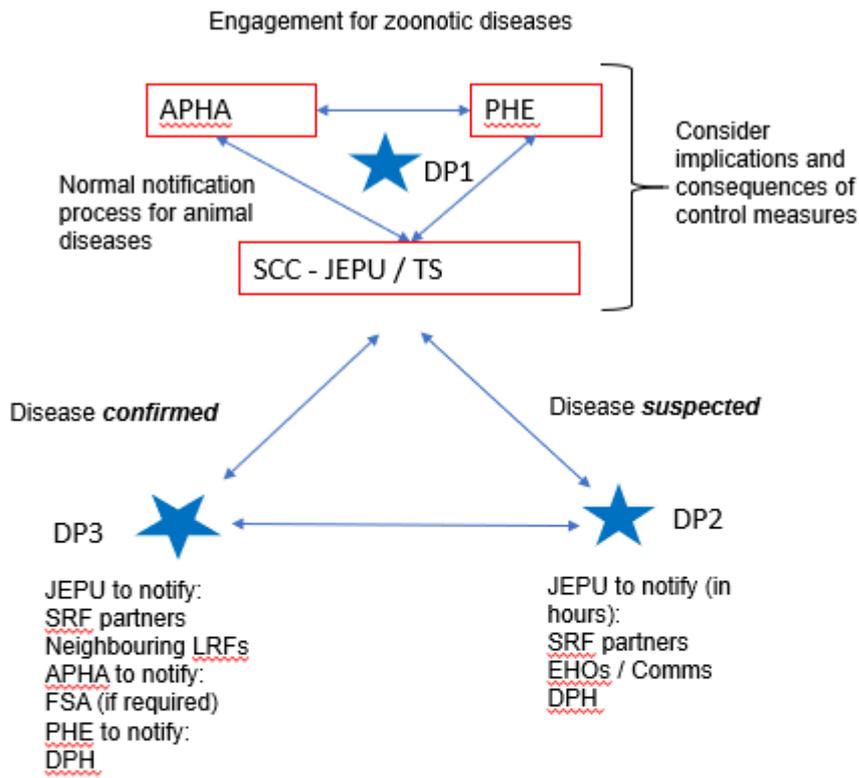
Health and safety considerations, particularly for zoonotic diseases.

Create disease summary document for all Suffolk responders.

Generate information for the media, farming community and general public.

Resource availability, particularly Out of Hours.

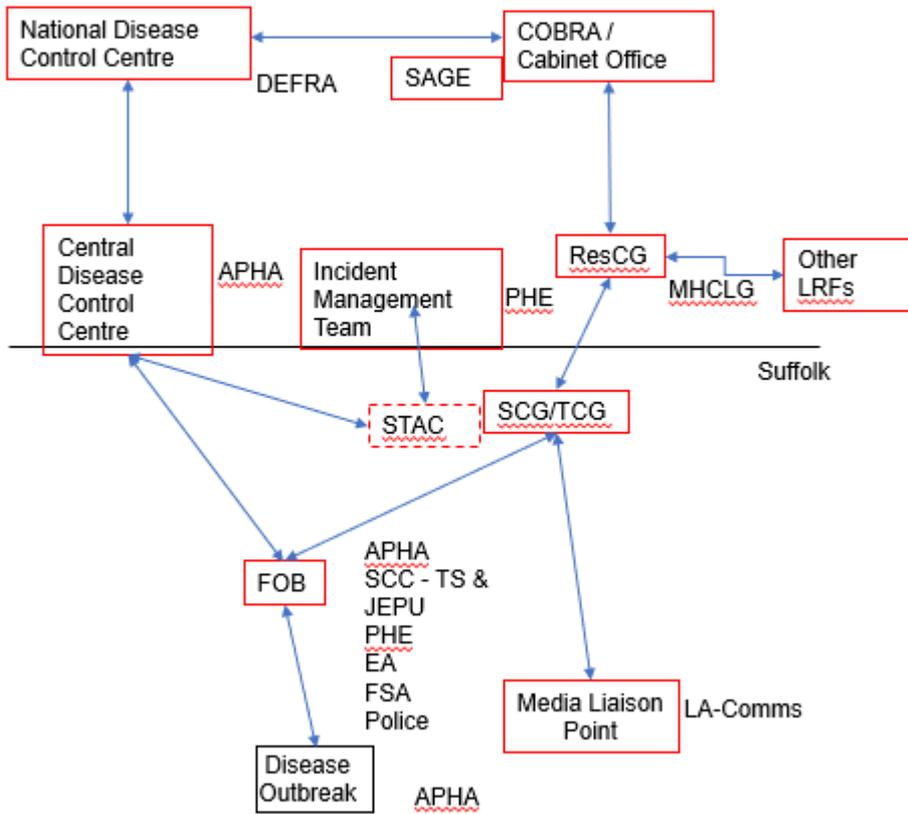
## Appendix B: Notification Process – Other Notifiable Disease



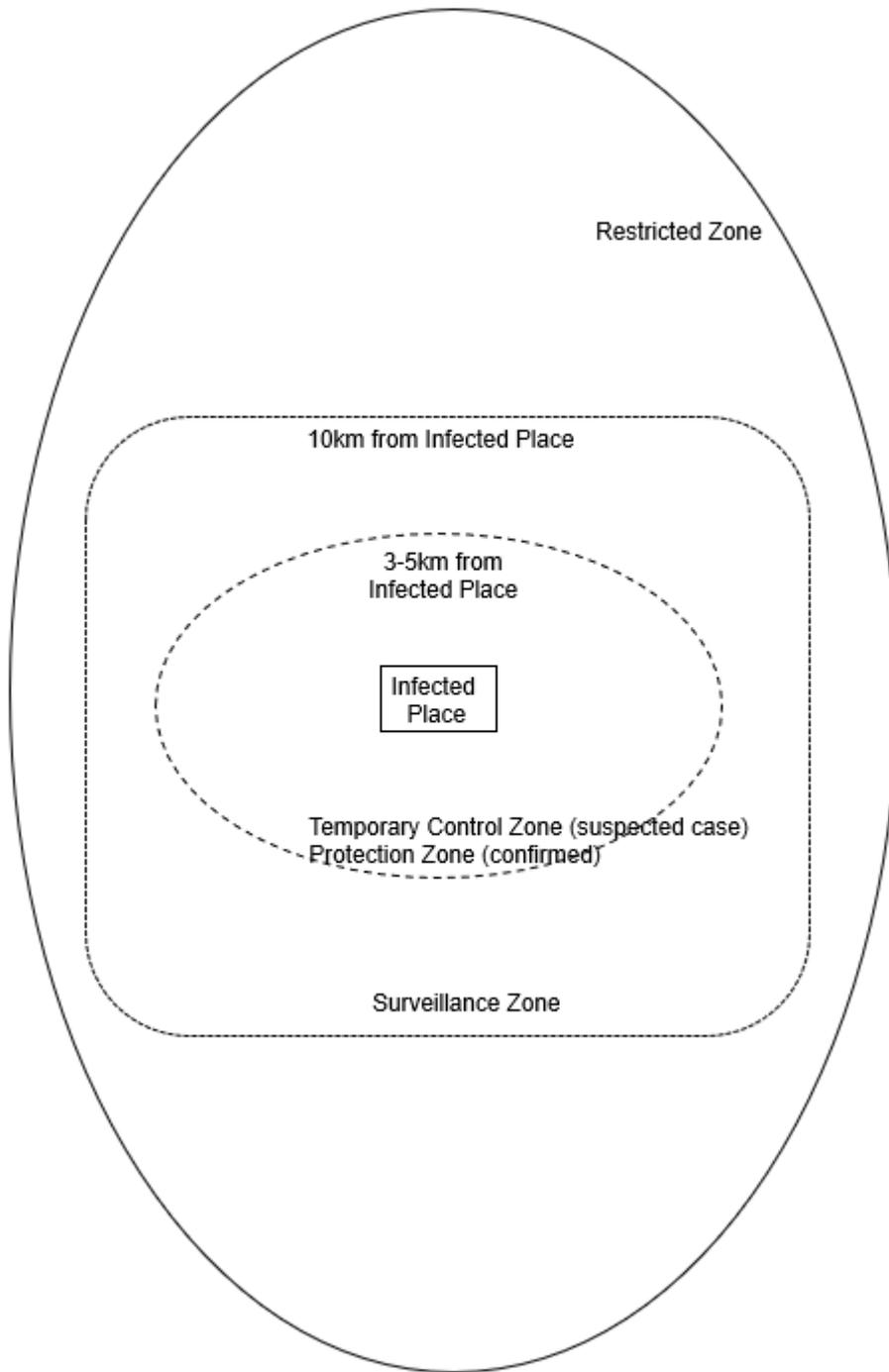
- DP1: Risk Assessment to consider likely outcomes and impact.  
 DP2: Continue to monitor. JEPU to email SRF Partners, DPH Tier 2 LA EHO and Communications staff (in hours only).  
 DP3: Continue to monitor and update SRF partners as required. If SRF response required convene SRF WOW partners teleconference.

## Appendix C: Disease Co-ordination Structures

### DISEASE CO-ORDINATION HIGH-IMPACT EXOTIC (ZOOONOTIC) NOTIFIABLE ANIMAL DISEASE



## Appendix D: Disease Control Zones



Distances from Infected Place are indicative and will be confirmed by APHA.  
Where the control measures cross a county boundary, the county with the infected premise will co-ordination the response.

## **Appendix E: General Principles of Control**

### **Area and Premises Restrictions & Movement Controls**

In general, a report of suspicion of exotic notifiable disease triggers an official investigation by APHA that may place temporary statutory restrictions on that premises; initial verbal restrictions are confirmed in writing if disease cannot be ruled out by clinical inspection carried out by a Veterinary Officer.

Depending on the disease concerned, these restrictions may apply to the whole premises or just to individual animals, would usually include a ban on the movement of susceptible animals on and off the suspect premises and may include restrictions on other things liable to transmit disease.

During the suspicion phase of certain diseases (e.g. Avian Influenza, Foot and Mouth Disease, African Swine Fever) a Temporary Control Zone (TCZ) may also be declared around the premises under suspicion. This zone will apply specific measures and will be of a size considered necessary to address risk of spread. If disease is confirmed, APHA are likely to impose a PZ surrounded by a larger SZ

Restrictions would remain in place until the official investigations are complete and an exotic notifiable disease can be ruled out.

If disease is confirmed, the primary objective is to prevent the spread of disease by:

- Taking action on the Infected Premises (IP) and other affected premises where disease is most likely (e.g. those linked by recent animal movements either to or from the IP);
- Imposing, in most cases, wider area based controls as required by legislation including animal movement controls (in the case of FMD in particular, GB administrations may impose national movement restrictions on susceptible animals);
- Restricting activities that might increase the risk of spread (e.g. there might be a ban on hunting or shooting);
- Placing controls on animal products;
- Considering export bans;
- Investigating the origin of the disease and determining whether there has been further spread of disease from that source; and
- Other surveillance to investigate possible further spread of disease.

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

#### **Premises Restrictions**

Premises restrictions are put in place by the competent authority to ensure that a disease agent is not moved off the premises. Restrictions prevent the movement of animals susceptible to the particular disease onto and off the premises.

Depending on the disease concerned, the movement of people, non-susceptible animals, animal products, feed and fodder, vehicles and anything else potentially contaminated with infectious material, off and onto the premises may also be restricted. Subject to legislative

requirements, a veterinary risk assessment and suitable biosecurity procedures, they may be allowed to move off and on to the premises under licence.

The rules concerning the premises will be set out in the notice served on the animal keeper and also any licence will specify conditions permitting movements onto and off the premises or restricted place.

As an additional precaution, rights of way (e.g. footpaths, bridleways, etc.) or land to which the public have a right of access will normally be closed and access to those premises will be limited.

### Area Restrictions

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

During the suspicion phase of certain diseases, a Temporary Control Zone (TCZ) may be declared around the premises under suspicion.

Upon confirmation of most exotic notifiable diseases covered by this plan, a PZ, surrounded by a larger SZ would be imposed around the IP by Statutory Order. To reflect the increased risk of transmission of disease, controls within the PZ would be more stringent than those within the SZ. In the case of Rabies, an infected area may be imposed by Statutory Order that could be sub-divided into further zones, each with their own set of controls.

For those diseases or circumstances where confirmation would not result in a PZ and SZ being imposed, legislation and the relevant disease control strategy, provides for other types of controlled zones to be imposed. Although known by various terms, their main objective is to reduce the risk of disease spreading beyond the known affected area.

### Controls and Restrictions in the PZ and SZ

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

Animal keepers within the control zones may be required to carry out additional biosecurity measures and report any suspicion of disease.

Whilst the zones are in place, APHA will carry out surveillance, involving clinical inspection, examination and possibly sampling for laboratory testing in the areas to demonstrate that disease has not spread. In extensive outbreaks or incidents, where there may be a large number of PZ and SZ areas declared, the areas may overlap to form a very large PZ and SZ which may increase the time required to carry out the required surveillance to demonstrate freedom.

### Exemptions to Movement Restrictions

### Licensing

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

Depending on the circumstances, subject to veterinary risk assessment and statutory requirements, exemptions to controls may be granted using specific or general licences issued by the competent authority. These licences set out criteria (e.g. veterinary inspection, cleansing and disinfection, monitoring, etc.) that must be met before, during or after the move.

Each UK administration operates its own licensing regime. Co-ordination and co-operation between the administrations provides a coherent approach to moves across administrative borders. Each administration will discuss its strategy for exit from movement controls with relevant stakeholders and identify priorities for change, subject to risk assessment, the disease situation at the time and within the requirements of the legislative framework.

### Welfare Moves

It is important that all animal keepers have contingency plans in place to deal with prolonged movement restrictions, because pressures on accommodation can arise quickly and this is especially so in the pig and poultry sector.

The welfare of animals is the responsibility of the keeper of the animals and where there is suffering due to overcrowding the keeper may have to arrange for those animals to be humanely culled.

Immediately following the imposition of movement controls, consideration will be given to making licences available to permit certain movements for welfare purposes (e.g. dairy cow movements for milking, movements to permit treatment by veterinary surgeons, etc.) subject to assessment of the risk. The conditions of these licences will require such moves take place under suitable biosecurity arrangements.

### Enforcement

The area movement restrictions and the licensing conditions are enforced by local authorities in England.

### Public Access to the Countryside Falling Within Control Zones

The risks of disease being spread by those seeking recreational access to the countryside are very small, and can be reduced further by avoiding direct contact with animals. In the event of a disease outbreak, there will be a presumption in favour of access to the countryside, subject to veterinary risk assessment.

### International Controls and Controls on Animal Products

In the event of a disease outbreak or incident and depending on the disease, the UK may lose its OIE international disease free status which may prevent the export of animals and their products.

Within the EU, depending on the disease, there may also be a ban on intra community trade of susceptible animals, animal products, meat or meat products and milk and dairy products from the whole country or parts of it. Although these products may not be traded within the community, subject to the disease and any movement restrictions in place, they may be traded on the domestic market with a domestic health mark (round stamp).

In the case of trade with third countries (i.e. those countries that are not members of the EU or EFTA (The European Free Trade Association)), export certificates may be withdrawn until the situation has been clarified with the importing country.

### Regionalisation

Depending on the disease situation it may be possible, following a risk assessment, to divide the country into areas defined as free of disease, low risk and high risk. This would allow the relaxation of some controls and allow additional movements within an area of the same status and from free or low risk areas to high risk areas. Regionalisation is dependent on the epidemiology of the disease, accurate up to date information on its geographical distribution and seasonal trade patterns. Laboratory surveillance may be required to demonstrate freedom from disease in a region. Proposals to regionalise must be acceptable to the other UK administrations, the European Commission and other trading partners. Regionalisation would also impose restrictions on animal and animal product movements to maintain the region's disease status. This may have an adverse economic effect that outweighs any short term advantage of regionalisation and economic considerations must be taken into account in coming to decisions on regionalisation.

## Appendix F: Glossary

CDCC	Central Disease Control Centre
DCZ	Disease Control Zone
FOB	Forward Operating Base
IMT	Incident Management Team
IP	Infected Premises
LDCC	APHA Local Disease Control Centre (previous name for the FOB)
NDCC	APHA National Disease Control Centre
Notifiable	A notifiable animal disease is one that, by law, has to be notified to the APHA
PZ	Protection Zone
SZ	Surveillance Zone
TCZ	Temporary Control Zone
TS	Trading Standards – lead department within SCC for Animal Health issues
Zoonotic	Animal disease transferable across species, animal to human