BLUETONGUE CONTINGENCY PLAN FOR THE NETHERLANDS

Attached is the contingency plan for dealing with outbreaks of Bluetongue in the Netherlands, in accordance with Article 18 of directive 2000/75/EC. The criteria posted in Annex III were used as guidance.

Veterinary Service,
Ministry of Agriculture, Nature Management and Fisheries.

August 2002

BLUETONGUE CONTINGENCY PLAN FOR THE NETHERLANDS

This document sets out the contingency plan for Bluetongue as drawn up in 2002 for the Netherlands.

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List of abbreviations

AID	General Inspection Service
CVO	Chief Veterinary Officer
DCC	National Departmental Crisis Centre
DCS	Departmental crisis staff
DL	Agriculture Department of LNV
DV	Information Department of LNV
GD	Animal Health service
GWWD	Animal Health and Welfare Act
CIDC-Lelystad	Institute for Animal Science and health
KNMI	Royal Dutch Meteorological Institute
KNMvD	Royal Dutch Veterinary Association
LASER	Organisation recognised by the EU as a financial agency for the implementation of EU policy
LNV	Ministry of Agriculture, Nature management and Fisheries
RCC	Regional Crisis Centre
RVV	National Inspection Service for Livestock and Meat
SG	Secretary General
VEO	Veterinary epidemiological consultative committee
VKD	Veterinary Profession Quality Organisation
VVA	Veterinary and Food Policy Department of LNV

SECTION 1. DISEASE DESCRIPTION

1.1 Definition

Bluetongue is an anthropod-borne viral disease to which all species of ruminants are susceptible, although sheep are most severely affected by this disease. It is characterised by congestion of the buccal and nasal mucosae and the coronary band.

1.2 History and spread of the disease

Bluetongue originated in South Africa but has spread in recent years. In 1999 there were widespread outbreaks of Bluetongue in Greece of types 4,9 and 16, and subsequently there were cases in the Greek islands in the southeast Aegean Sea, in Sardinia, and in the Balearic islands where, at the end of 2000, animals were being vaccinated against the disease in Ibiza.

In July 2001, clinical cases of Bluetongue reappeared in Corsica, and in August and September in Sardinia and Calabria, suggesting that the virus might have over wintered in France and Italy. Also in 2001, Bluetongue was recorded in Argentina, Brazil, Bulgaria, Croatia, France, Greece, Italy, Japan, Macedonia, Kosova, Spain and Yugoslavia (OIE data). In March 2001, BTV serotype 9 was identified in the south of Italy, east of where serotype 2 had been reported in 2000 and remained active in 2001. One possible reason for the changing pattern of Bluetongue disease in the Mediterranean region is global warming, which would be expected to extend northwards the geographical range of vectors from warmer climates. There is a further possibility that global warming will also increase the permissiveness of unconventional vectors to BTV when reared at elevated temperatures.

1.3 Cause

Bluetongue is caused by a virus classified within the Orbvirus genus in the family Reorvirades: at present 24 distinct serotypes have been identified as a result of serum neutralisation tests.

1.4 Symptoms

These include a sore mouth and ovine catarrhal fever. There is on occasion hyperaemia and oedema of the head and neck. Infection during pregnancy may result in abortions and congenital abnormalities.

The clinical signs can vary from unapparent or mild to severe, depending on the virus strain and the breed of sheep involved. Death losses in a flock may be as high as 30 per cent. Animals that survive the disease may lose condition with a reduction in meat and wool production.

The disease is characterised by fever that may last for several days. Increased respiration and hyperaemia of the lips, buccal and nasal mucosae and eyelids, accompanied by excess salivation and frothing follows this. Nasal discharges are common. The hyperaemia and oedema may result in lameness and recumbency. Animals can lose condition rapidly, including muscle degeneration.

Confirmation of bluetongue is usually by virus isolation. In cattle, the diagnosis cannot be made on clinical grounds alone, but requires laboratory testing for confirmation. Blood samples should be collected in all cases. Susceptible cell cultures are usually inoculated

after passage in eggs, but some strains can be isolated directly in tissue culture. After culture, the viruses are typed using a serum neutralisation test.

SECTION 2. LEGAL POWERS

2.1 Statutory Powers

- The Animal Health and Welfare Act
- The Dry Rendering Act
- The Meat Inspection Act
- The Veterinary Practice Act

2.2.1 Notification of Suspected Bluetongue

EU legislation regarding control of animal disease has been implemented in the Animal Health and Welfare Act. Article 15 of the Act deals with the control measures to be undertaken by the Ministry of Agriculture, Nature Management and Fisheries (LNV) for diseases in cattle, pigs, sheep, poultry, bees, minks and other mammals and fish. In the Directive on notification of infectious animal diseases (Articles 3 and 8) Bluetongue is denoted as infectious animal disease in livestock, bringing it under the scope of Article 3. Articles 19 and 100 of the Act require compulsory notification of suspected Bluetongue by the owner/keeper and the veterinarian. A special incident desk has been set up that can be contacted 24 hours per day. The course of action on receipt of a notification of Bluetongue is set down in the Bluetongue contingency plan. Directly after notification of Bluetongue, it is reported to the European Commission.

As soon as livestock is suspected of being infected the measures set down in Article 4 of Directive 92/119/EEC are taken. As most of the cases require emergency action, the head of region (kring) of the National Inspection Service for Livestock and Meat usually takes the necessary action and informs the mayor immediately (Article 21 of the Act). In addition, under Article 14 of the Veterinary Practice Act, every veterinarian is obliged to conduct his profession according to the normal rules and practices. This means that the veterinarian is also obliged to ensure that no damage is inflicted to animal health or that there is no damage to public health or the national economy.

2.2.2 Slaughter of infected and animals suspected of being infected

Article 5, sub-paragraph 1 of Directive 92/119/EEC lays down that as soon as Bluetongue is officially confirmed on a farm, all susceptible animals present on the farm must be slaughtered on site. Under domestic law slaughter of diseased animals or animals suspected of being diseased can be carried out under Article 22, paragraph 1, sub-paragraph f of the Animal Health and Welfare Act.

2.2.3 Destruction of carcasses and access to sites to be used for this purpose

Under Article 2, paragraph 1 a, of the Dry Rendering Act animal waste originating from animals slaughtered under measures to combat the spread of veterinary disease are designated high-risk material. Article 3 of this Act lays down that high-risk material must be rendered harmless under the terms laid down in the Act. The rendering plant has a legal responsibility to destroy material delivered to it under measures to combat the spread of veterinary disease.
In the Netherlands there are two rendering plants with together a maximum capacity of 2600 tons per 24 hours.

2.2.4 Payment of compensation

The Animal Health and Welfare Act has a closed system of compensation. This is set out in detail in Articles 85 to 90 of the Animal Health and Welfare Act. Article 86 of this Act states that compensation can be granted from the Animal Health Fund if animals were slaughtered or rendered harmless under measures to combat infectious animal diseases. Compensation for animals suspected of being diseased equals the value of the healthy animal, for diseased animals 50% of this value and animals died before the moment of suspicion 0%. Products and materials will be compensated with the value at the moment the measures were taken. A licensed animal assessor will assess the value. The Minister will inform the owner of the amount as soon as the valuation has been made and accepted.

Conditions may be attached to the granting of compensation regarding the layout, hygiene, re-stocking of the animals and veterinary supervision of the farm. This could also apply to the rules, which may be set for the levies rose to fund the compensatory payments. The Minister could reduce compensation, withhold payment or demand repayment if it is determined that the conditions have not been met.

2.2.5 Cleaning and disinfecting and other measures to be taken with regard to buildings and land

Under Article 22, paragraph 1 h of the Animal Health and Welfare Act, the officer attending on the basis of Article 21 of the Act can order the cleaning and disinfections of buildings, land, manure silos and storage areas. These measures are laid down in Articles 7 and 8 of the Regulation concerning the execution of measures to combat infectious animal diseases.

2.2.6 Standstill orders and limitation of movement orders

As soon as Bluetongue is officially confirmed the competent authorities will delineate a *protection area* around the infected farm with a radius of at least 3 km and a *surveillance zone* with a radius of at least 10 km (article 10, 92/119/EEC).
Article 30 of the Animal Health and Welfare Act forms the basis for the standstill orders to be put in place to combat the spread of animal disease. In addition, under this Article warning signs must be placed.
Under the procedure set down in Article 31 of the Animal Health and Welfare Act the necessary regulation comes into force immediately after it has been made known to the media.
Under Article 30, paragraph 1 of the Act, the Minister of Agriculture, Nature Management and Fisheries may ban the transport of animals, products or materials which could be carriers of contamination, in the whole of the Netherlands, or in certain areas of it.
Under Article 30, paragraph 2 of the Act the head inspector of the district may announce a standstill order around a farm infected or suspected of being infected.
Under Article 22, paragraph 1, sub-paragraph d of the Act buildings and land can be declared infected or suspected of being infected by posting official notices.
As soon as a notice has been posted the farm concerned automatically becomes subject to the following general legal provisions:
A ban on animals, products and materials that could be carriers of infection entering or leaving the farm is set down in the Decision on transport to and from buildings and land contaminated or suspected to be contaminated under Article 25, paragraph 1 of the Act.
Restricted access for persons is set down in the Decision on access of individuals or groups to buildings or land contaminated or suspected to be contaminated under Article 25, paragraph 2.

The compulsory cleaning and disinfections of persons leaving the farm is set down in the Regulation on leaving building and land contaminated or suspected to be contaminated, under Article 26 of the Act.

2.2.7 Vaccination

Under Directive 92/119/EEC vaccination against Bluetongue is prohibited.
Under Article 19 of Directive 92/119/EEC it is possible to carry out emergency vaccination to supplement control measures already taken in the event of outbreak of Bluetongue. This decision will be made by the European Commission in consultation with the Member State. A vaccination programme will be provided to the European Commission at the moment the Netherlands ask the European Commission to take vaccination in consideration as a control measure in an Bluetongue outbreak.
Under domestic law the emergency vaccination is laid down in Article 17 of the Animal Health and Welfare Act.

2.3. Enforcement

Under Article 114 of the Animal Health and Welfare Act officials designated by the Minister are responsible for compliance with disease control as established in accordance with this Act. Detection of punishable offences is the responsibility of the officials so designated under the Criminal Code.

2.4 Penalties

Violations of Article 3 of the Animal Health and Welfare Act are punishable under the Economic Offences Act. If a veterinarian does not fulfil his duty of care in the practice of veterinary medicine the measures set down under Article 16 of the Veterinary Practice Act come into force. A disciplinary tribunal can impose these measures.

SECTION 3. FINANCIAL PROVISIONS

3.1 Covenant for financing outbreaks of animal disease

The expenses for legal control of contagious animal diseases are financed by the Animal Health Fund (article 83 and 95 of the Animal Health and Welfare Act).
In July 2000, the Ministry of LNV entered into a covenant with the Commodity Boards Cattle, Pigs, Poultry, Sheep and Goats about the payments of the costs of outbreaks of contagious animal diseases designated by the Dutch government. The covenant covers the period 2000-2004, with the understanding that it will be renewed (with or without modifications) for a five-year period. The Commodity Boards agreed to bear the costs up to the sum of NLG 1.030.000.000.- (467.393.22,57 euro). For the cattle sector this amount is set on NLG 500.000.000.- (226.890.108,04 euro) on behalf of the Commodity Board for Cattle. For the sheep- and goats sector this amount is set on NLG 5.000.000.- (2.268.901,08 euro) on behalf of the Commodity Board of Sheep and Goats. The Dutch government will pay any costs over this amount. The covenant is approved by the European Commission.
LASER executes all the payments, the administration and the justification of the payments.

3.1.1 Personnel

Money voted to the Ministry each year cover the cost off staff employed by the Ministry of Agriculture, Nature Management and Fisheries (Veterinarians, office staff, laboratory staff and officials of the General Inspection Service). If additional personnel are required on a temporary basis their cost is borne by the Animal Health Fund for the Control of Contagious Diseases. The costs covered in this Fund include not only the pay but also personnel-related operating costs, e.g. travel and subsistence.

3.1.2 Equipment and consumable items

The costs of equipment and consumable items are covered by the Fund. Small equipment and consumable items are in stock as are the 9 mobile electrocution devices and the 26 handheld electric stunning devices (tongs) used for killing animals.
Costs for major capital items on call to hire or to buy from commercial firms are also covered by the Fund.

3.1.3 Slaughter, transport of carcasses and transport and destruction of contaminated material, sanitation

These costs are covered by the Fund.

3.1.4 Compensation payments

Compensation payments are paid out of the Fund. Once valuation is agreed payment is authorised by the District Inspectors of the Veterinary Service and passed to the Director of the National inspection Service for Livestock and Meat, who signs for payment on behalf of the Minister. In general payment takes place within one month after valuation.

3.1.5 Emergency vaccination and identification

As a rule the costs of vaccine, emergency vaccination and identification are provided for by the Fund although there is an opportunity for the Minister of Agriculture, Nature Management and Fisheries in article 84 of the GWWD to decide that these costs are in total or partly at the expense of the owner of the livestock concerned.

3.2 Timely compensation

The co-operation of the farming community can be relied on only if compensation for depopulated ruminants is paid promptly. In general payment takes place within one month after valuation. But the Netherlands endeavour to ensure that payments are made no later than 60 days after depopulation/destruction.

SECTION 4. THE CHAIN OF COMMAND AND THE ESTABLISHMENT OF A NATIONAL DISEASE CONTROL CENTRE

4.1 Introduction

The chain of command is described in the crisis decision-making manual ("*LNV handboek crisisbesluitvorming*") set down by the official department management. This manual can be found on the Ministry's Intranet web site and those who could become involved with combating Bluetongue are familiar with it. This contingency plan incorporates the parts of the manual, which can be used during an outbreak of Bluetongue.

4.2 LNV chain of command

In the event of an outbreak of Bluetongue, the Secretary General of LNV is the official leader of the LNV chain of command (see diagram). To effectively combat an outbreak, the following measures will be taken:

- The National Departmental Crisis Centre (NDCC-LNV) will be activated (see 3.4).
- The departmental crisis staff (DCS) will be assembled, and will meet in room 9H06 of the Ministry's main building

The DCS is made up of: Secretary General (SG) as head, Director General, CVO (also co-ordinator of the operations team), the directors of DV, VVA, DL, RVV, ID-Lelystad, AID, LASER, the relevant regional LNV director (also co-ordinating director of the RCC), the crisis management co-ordinator RVV and the secretariat will be led by a policy staff member of VVA.

- One or more regional LNV crisis centres (RCC-LNV) will be activated **(see Chapter 5)**.

4.3 The National Departmental Crisis Centre

The National Departmental Crisis Centre acts as supporting and/or executive staff and facilitator in service of the LNV crisis organisation, in which every outbreak of an OIE-listed A disease is treated in theory as a crisis. When the NDCC is activated, a process manager is appointed by the SG (in consultation with the crisis staff, including the CVO) charged with all facilities-, personnel- and other non-policy-related matters needing arrangements.

- The National Departmental Crisis Centre (NDCC) is housed in the main building of the Ministry of LNV, Bezuidenhoutseweg 73 in rooms 11, 13, 14, 16, 17 and 18 in the 3000 hallway. These rooms, normally used as meeting rooms, can be set up in emergencies as crisis centres.
- The address is
    - Bezuidenhoutseweg 73
    - Post box 20401
    - 2500 EK Den Haag
    - Telephone 070-378502
    - Fax 070-3786113.

De LNV crisis organisation (NDCC + RCC) has the general duty to:

- make recommendations to the Minister of LNV about measures to take;
- assembling and evaluating information about the national and international situation;
- take measures to ensure a lawful and efficient carrying out of the decisions taken by the Minister of LNV.
- maintain the necessary internal and external contacts including informing citizens and other involved persons.

The crisis staff (a part of the NDCC) is primarily concerned with the main policy and regulatory decisions and has as its job:

- evaluating the crisis situation;
- formulating/evaluating the possible policy options;
- making recommendations to Minister of LNV about policy measures to be taken;
- measures to take to ensure a legal and efficient execution of policy decisions taken by the Minister of LNV ;
- translating policy decisions into assignments for the operational team;
- formulating/evaluating the communication/information strategy to be followed.

4.4 The operations team

De crisis staff is supported by the operation team, which is in charge of:

- gathering and interpreting information, setting up a policy information system;
- formulating policy proposals;
- executing policy decisions;
- preparing situation reports.

The operations team is under day-to-day management of the CVO, who is responsible for:

- harmonising the work of the operations team with existing regional teams and workers in the field;
- communication and harmonisation about the formulated policy proposals with the regional and field teams before they are submitted to the crisis staff for decision.

The operations team will be housed in the crisis centre in rooms 11, 13 and 16 of the main building.

4.5 The NDCC has at its disposal the following facilities:

- audio-visual equipment
    - video-conferencing facility for 8 people
    - overhead projector which can be linked to the video system
    - radio
    - television
    - video
    - direct connection to Parliament
- communications equipment and information systems
    - direct connection to the public telephone network
    - connection to the national emergency network
    - fax connections
    - variable network connections suitable for voice and data transmissions
- meeting facilities
    - whiteboard(s), flip-over
    - overhead
    - projector screen
- necessary information
    - maps of the Netherlands (both large-scale national and detailed maps)
- LNV crisis decision-making manual including important telephone and fax numbers, addresses and emergency network numbers.

4.6 The National RVV Crisis Centre

The national RVV has set up a national RVV crisis centre to give veterinary-technical support for the operation team and the local crisis centre. Along with the regional crisis

teams, it concentrates on implementation of the main decisions taken by the NDCC and is responsible for their execution.

SECTION 5. DISEASE CONTROL AT LOCAL LEVEL

5.1 Responsibilities

The regional director LNV is in charge of the general and logistic management of the regional crisis centre (RCC). A RVV crisis manager is responsible for the veterinary eradication activities of the RCC.

5.2 List of regional crisis centres

The National RVV disease control centre maintains a list of regional crisis centres. This list gives for each centre the name of the persons in charge, the address, its telephone, telex, fax number and e-mail address and a map showing the area under its control; this list is available to the Commission as required.

5.3 Temporary regional crisis centre

In the event of a disease outbreak the Secretary General may decide to set up a temporary regional crisis centre conveniently located close to the disease outbreak. This centre is preferably within the surveillance zone surrounding the primary outbreak. If such a temporary centre is established the Netherlands will inform the Commission of its geographical location and the territory it is responsible for.

5.4. Regional crisis centre

The regional director LNV is in charge of the general and logistic management of the regional crisis centre. The crisis manager RVV is in charge of the disease control. They both directly report to the DCS. The crisis manager RVV also reports directly to the director RVV. All staff allocated to a centre for the period of the disease emergency is under their command. They have the necessary authority to:

- Designate a holding as an “infected premises” (after consultation with, and the sanction of, the national disease control centre if that is considered necessary)
- Deploy the necessary staff and equipment to infected premises,
- Arrange valuation and slaughter of infected and contacted ruminants the disposal of carcasses and contaminated material and sanitation procedures,
- Advise on the delineation of protection and surveillance zones; close livestock markets and abattoirs as necessary,
- Stay in contact with police and other authorities over the designation of infected premises and the maintenance of standstill orders and other restrictions.

5.5 Equipment

The local centres are equipped with:

- adequate telephone, telex, fax and e-mail communications. One line is reserved for communication with the NDCC.
- Record systems
- Maps covering the territory overseen by the centre (minimally 1:50,000)
- Lists of persons and organisations in the area covered by the centre to be contacted in the event of a disease outbreak:
- Facilities for informing the press and other media so that all persons are fully aware of the restrictions in force.
- Equipment stores (see section 7)

Facilities for cleaning and disinfecting personnel, clothing and vehicles.

SECTION 6. EXPERT GROUPS & SPECIALIST TEAMS

6.1 Expert group

There is an expert group in the Netherlands operating at the national level:
The veterinary epidemiological consultative committee (VEO)

6.1.1 Veterinary epidemiological consultative committee (VEO)

The national expert group (VEO) has the following responsibilities:

- In the event of a primary outbreak, they conduct an immediate epidemiological enquiry that provides a broad assessment of the risk involved.
- During the course of the disease control campaigns they deal with particular problems as they emerge and they provide advice to the CVO and the NDCC
- At all times they maintain expertise within the Netherlands and develop new control strategies and techniques where necessary,
- They train and advise other staff on disease emergency measures.

6.2 Specialist teams

There are several types of specialist teams in the Netherlands:

- At the national level
- animal disease specialist team

- At the regional level:
- screening
- tracing
- culling
- epidemiological team

6.2.1 Animal Disease Specialist teams

The specialist team goes to the first suspected farm. The team consist of a specially trained RVV veterinarian, GD veterinarian and the local practitioner. They will describe

- The situation at the infected holding
- The number and species of susceptible and other livestock; the method of husbandry,
- The number of clinically affected animals and the estimated age of the oldest lesion(s),
- Take samples of animals with clinical symptoms.
- The size and location of the holding and its relationships with other holdings, public roads, etc.
- The recent movements (cattle and personnel) on and off the holding

6.2.2 Screening teams

- Inventory screening: To get a good impression of the spread of the virus within de protection zone as soon as possible and make an inventory of the amount of animals in this area.
- Follow-up screening: to stay informed of the amount of susceptible animals and the possible spread of the virus within the area by making farm visits.
- Final screening: Serological screening on farms within the enclosed area. This is one of the conditions for lifting up the restricted measurements.

6.2.3 Tracing teams

To find all the possible contact farms of the infected farms, upward and downward

- Keep under surveillance of contact holdings and all other suspected holdings till the suspicion of African horse sickness is ruled out
- Taking samples on infected farms to get knowledge of the origin of the African horse sickness virus and the length of period between infection and diagnosis
- Advice on holdings for preventive culling
- Taking samples on holdings that will be preventive culled to investigate if the holding was infected or not

6.2.4 Culling teams

- Killing of infected and strongly suspected farms as soon as possible.
- Determine the value of the susceptible animals to take over, animal feed to be taken over and the utensils (taxation)
- Killing and carry off susceptible animals, carry off the animal feed, milk and milk products and the carry off the materials
- Supervises the first disinfections, the in between disinfections, the second disinfections en the check-ups on the disinfections.

6.2.5 Epidemiologists

On the basis of the findings of the specialist team and tracing team, combined with findings of other holdings the epidemiological team will advise the local or national centre on:

- The possible origin of the infection
- The likely period of infection on the premises,
- The holdings most at risk due to either airborne spread or movements of animals,
- Tracing and other measures that need to be undertaken to limit the spread of disease.

6.3 Training

Members of expert groups and specialist teams are receiving a high level of training.

6.4 Other Experts

In addition to the experts and specialists mentioned above there are specialist teams on marking, welfare and restocking. The national RVV crisis centre also has staff at its disposal that concentrate on specific aspects of the control of animal disease, for instance specialists in cleaning and disinfections and hygiene.

SECTION 7. PERSONNEL RESOURCES

7.1 List of staff
At the national RVV disease control centre a list of the staff to deal with a disease emergency is available. The National Inspection Service for Livestock and Meat (RVV) is responsible for the provision of an adequate number of well-qualified staff both at the national and regional level.

7.2 Agreements
There are, for instance, standing agreements on the deployment of personnel with the Animal Health Service (GD). The Animal Health Service is responsible for ensuring that well qualified personnel, specialised in Bluetongue is available and guarantees that in an outbreak of disease they can be deployed under the command of the National Inspection Service for Livestock and Meat (RVV). The Royal Dutch Veterinary Association has the names and addresses of all practising veterinarians in the Netherlands and provides support in the recruitment of extra personnel in times of crisis. This could be a veterinary practitioner for support tasks.

7.3 National RVV disease control centre
The veterinarian in charge of the national RVV disease control centre has at her/his command veterinarians and other staff who have been trained in the management of disease emergencies.

7.4 regional crisis centres
RCC's are minimally staffed as follows:
- The officer in charge is the regional director LNV
- RVV crisis manager
- 2 - 3 veterinarians
- 2 - 4 lay support staff for field duties
- 2 - 5 office support staff

7.5 Training
The veterinarians are trained in the diagnosis of Bluetongue.

7.6 Expert groups
The composition of the central expert group (VEO) may vary but shall consist of at least:
- a senior veterinarian
- 2 veterinarians with a scientific research background from the Institute for Animal Science and Health
- 1 veterinary epidemiologist
- 1 veterinarian from the National Inspection Service for Livestock and Meat
- 1 veterinarian from the National Animal Health Service
- administrative personnel
- advice from a meteorologist of the KNMI is always available

7.7 Personnel resources in the Netherlands
The Netherlands ensures that sufficient trained staff is immediately available.

SECTION 8. EQUIPMENT AND FACILITIES RESOURCES

8.1 Availability

Since effective control of Bluetongue depends on the immediate availability of equipment and immediate access to facilities, the following equipment is readily available.

8.2 Equipment

The Netherlands does have available at regional (Kring) offices of RVV or some other convenient place the following equipment:

- Protective clothing
- Disinfectants effective against Bluetongue virus, detergents and soaps
- Pumps, shovel and scrapers
- Humane killers and lethal drugs
- Autopsy and sampling equipment
- Sign posts/warning notices for use at infected premises and in protection/surveillance zones
- Maps
- Vaccination equipment

8.3 Access

The veterinarian in charge of the disease control centre has standing arrangements for access to:

- Vehicles
- Combustible materials
- Digging equipment
- Flame guns (for sterilising metal)
- Knapsack sprayers and other means of sanitation.

8.4 Transport of carcasses

Since carcasses must be transported to rendering plants in sealed vehicles, the Netherlands ensure that these facilities are available in sufficient quantity to deal with major epidemics.

8.5 Office equipment

Each RCC has office equipment available including:

- Office furniture, photocopiers, etc.,
- Pre-printed forms (restrictions, valuation, epidemiological, public, tracing, movements)

SECTION 9. DIAGNOSTIC LABORATORIES

9.1 Laboratories

Laboratory tests for the confirmation of Blue tongue diagnosis are carried out at the Central Institute for Animal Disease Control (CIDC-Lelystad), which is currently validating new diagnostic techniques. Material of a first outbreak will also be sent to the reference laboratory IAH in Pirbright, UK. The tests are carried out according to chapter 2.1.9 of the OIE manual of standards for diagnostic tests & vaccines.

9.2 Duration of Tests

Identification of the agent by virus isolation will take between 1 and 21 days. Detection of antibodies takes between 7 and 14 days. Serological material of a first outbreak will also be sent to the reference laboratory IAH in Pirbright, UK, for serotyping.

9.3 Sampling

Instruments and tubes necessary for sample collection are stored at every district office of the RVV and at the Animal Health Service.

9.4 Capacity

The laboratory capacity immediately available for virus detection is 20 samples per week. For the detection of antibodies, 1500 serum samples/week can be tested. Capacity for the tests is dependent on the availability of reagents that are bought from commercial companies.
Instructing and deploying extra personnel that are familiar with this kind of diagnostic work can create extra capacity.

Blue tongue diagnosis at CIDC-Lelystad

Test	Standard capacity (per week)	Increased capacity, 2 weeks after first outbreak (per week)
Antigen or virus detection	20	80
Antibody detection	1500	7500

SECTION 10. VACCINATION

10.1 Legal possibilities
The Ministry of Agriculture can determine if and with what vaccine any emergency or ring vaccination programme is to be undertaken. Only registered vaccines may be used, according to the Veterinary Drugs Act.

10.2 Stocks
No emergency stock vaccine against Blue tongue is available in The Netherlands.

10.3 Distribution
Not relevant

10.4 Administration
By law vaccination can only be applied by veterinarians.

SECTION 11. TRAINING PROGRAMMES

11.1 Specialist teams

All members of the specialist teams are receiving high standards of training. A regular training programme of the Netherlands has been set up for specialist teams. These training programmes include training in:

A) for disease control in general
- epidemiological enquiries (tracing and surveillance),
- infected premises procedures,
- export and import diagnostics,

B) per animal disease
- clinical and laboratorial diagnosistics,
- present treatment
- pathology,
- post-mortem examination.

After the programme the participants have to take an exam, which they have to pass to receive a certificate. This certificate is required to be a member of the specialist teams group.

Once or twice a year a returning day is kept for members of the specialist teams to inform about changes in:
- laboratorium diagnostics, taking and cultivating samples.
- legislation
- scripts
- insight in diseasal aspects
- treatments of contagious diseases, required to report in the Netherlands
- treatments for introduction of emerging diseases.

For regular training and education in the Netherlands see **section 12**.

SECTION 12. PUBLICITY AND DISEASE AWARENESS

12.1 Reporting requirement

The Animal Health and Welfare Act states that if an animal shows symptoms of a contagious animal disease, this must be reported to the authorities by the livestock holder and veterinarian. To eliminate confusion, a national 24-hour telephone line has been opened. It was announced with a publicity campaign.
In cases of, for example, an increased risk of outbreak due to a disease in another Member State, there is a possibility of deploying extra legal powers. An extra incentive for reporting suspicious cases comes from the so-called discount on compensation applied if these incidents are not reported in time. The same effect is achieved by compensation of diseased animals for 50% of their value in healthy condition.
Holdings reporting diseased animals are visited by a team of RVV specialists who decide if further action is necessary, depending on the situation at the holding.

12.2 Veterinary education

During veterinary studies, clinical symptoms and epidemiology of Bluetongue are thoroughly studied. The control measures and notification procedures are discussed more generally for highly infectious animal diseases. Students are advised and trained during their curriculum to consult the Internet to keep abreast of the epidemiological situation in Member and non-Member States.
In post-graduate veterinary medicine education, especially in the new programmes for accredited veterinarians, great attention is paid to the veterinarian's responsibility. High veterinary standards have been set by the VKD, by which the acknowledged veterinary is obliged to proscribe post academic education. The KNMvD is very much involved with ICT, and have their own Internet site. The OIE site highlights the epidemiological situation in other Member States and non-member countries.

12.4 Agricultural education

Agricultural education also covers the clinical symptoms of the various diseases, including Bluetongue. Agricultural education is also making use of the possibilities that the Internet offers for maintaining awareness of the situation elsewhere.