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# Equine Infectious Anaemia 2010

## Lessons Learned

March 2011

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**Lessons Learned  
Following  
Equine Infectious Anaemia Outbreak  
Wiltshire  
January 2010**

**Incorporating an Annex detailing the Lessons  
Learned following the further cases in Devon and  
Northumberland in September 2010**



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## **Executive Summary**

An outbreak of Equine Infectious Anaemia (EIA) was confirmed in two horses at a premises near Swindon, Wiltshire on 19 January 2010, following post import checks. The outbreak was successfully brought under control, and the wider impacts and consequences have been assessed as being negligible. As is normal practice Animal Health undertook a review of the lessons identified and this report details the findings.

The review confirmed that the current outbreak response models are fit for purpose but highlighted some areas for improvement in the way in which the response effort is scaled to fit the specific disease, the likely spread and its associated risks and wider impacts. It also identified some issues associated with operational response to equine diseases and the trade in horses that would improve preparedness for future equine disease outbreaks and highlighted a number of areas where communication could be improved.

Animal Health and Defra subsequently dealt with a further two, unrelated cases of EIA in September 2010. On 7<sup>th</sup> September Defra confirmed EIA in a horse on a premises in Northumberland following importation from the Netherlands, and four days later on the 11<sup>th</sup> September Defra confirmed another case of EIA in a horse on a premises in Devon.

A lessons learned review of the handling of these two cases was also undertaken and the findings of this separate review is set out as an annex to this report.

This second review concluded that the revised National Disease Control Centre (NDCC) and Local Disease Control (LDCC) structures implemented following the earlier EIA outbreak worked well and coupled with the work on the lessons identified from the earlier Wiltshire case, resulted in a significantly fewer issues being reported and any new issues raised during the follow-up lessons learned review have now been incorporated into the workstreams already initiated.

## **Background and Introduction**

An outbreak of Equine Infectious Anaemia (EIA) was confirmed at a premises near Swindon, Wiltshire on 19 January 2010. Following post import checks, EIA was confirmed in two horses, originating from Romania and which were part of a consignment of ten that arrived at the premises during December 2009 following intra-community trade from Belgium.

A partial National Disease Control Centre (NDCC) was established in London, at Nobel House. Given the scale of the field operation a full Local Disease Control Centre (LDCC) was not established, instead operational disease control was managed from Animal Health's Gloucester office under the direction of Animal Health's South West Regional Management Team.

This report details the results of the lessons learned review into the Wiltshire EIA case.

Further details of the outbreak together with a timeline of key events can be found in the Epidemiology report prepared following the outbreak. The report is available on the Defra website at

<http://www.defra.gov.uk/foodfarm/farmanimal/diseases/atoz/eia/pubs/eia-epi-rpt100218.pdf> .

## **Aim and Objectives of Lessons Learned**

### **2.1 Aim**

Animal Health Contingency Planning Division (CPD) routinely conducts a lessons to be learned exercise following outbreaks and incidents of exotic notifiable disease within GB. The aim is to review local, regional and national lessons identified and then collate and publish those identified learning points. The last published lessons learned report followed the Banbury Avian Influenza outbreak in 2008.

### **Objectives**

- To ensure lessons identified are collated from staff in Animal Health, Defra, Veterinary Laboratories Agency, the Scottish Government, Welsh Assembly Government and Operational Partners & stakeholders who were directly involved in the disease control response as soon as practical after operational activity has ceased;
- To facilitate debrief meetings discussing key issues identified and defining actions are arranged as soon as practical after operational activity has ceased;
- To establish a framework for the improvement of contingency plans and operational instructions based upon lessons identified;
- To evaluate the implementation of recommendations made in lessons identified reports

## **Approach and Methodology**

In this instance the process was carried out in two phases:

- Local and Regional
- National

### ***3.1 Local/ Regional***

Animal Health Regional Offices, affected by the outbreak collated their lessons under categories relating to the key themes used in previous lessons identified reports. Operational staff (including operational partners and stakeholders) views were sought and recorded. Regions presented their findings to CPD and peers, highlighting those lessons which could be addressed locally and those lessons with national importance.

### **3.2 National**

A National Lessons Identified workshop (NDCC Level) was held 31 March 2010 after the Regional / Local workshop. Lessons identified at the Regional / Local (LDCC) level workshop were fed into the workshop. The National workshop followed a set Agenda, addressing key themes of the National process. (see Annex 1).

This report summarises lessons identified from both workshops.



## Key Themes Identified and Associated Lessons

### 4.1 *Culling and Disposal*

Culling operations followed procedures laid down in the Animal Health Operations Manual. Since EIA can be spread by infected blood, a decision not to use a free bullet was made. This coupled with the desire to blood sample the infected horses resulted in the operation becoming somewhat protracted. Operational delivery veterinary staff requested that a wider range of culling options be made available.

**Lesson 1:** Animal Health and Defra Veterinary Science Team and Defra Animal Welfare to undertake a review of culling options available for use in the control of equine exotic diseases and to update the Operations Manual accordingly.

The carcasses were transported to the Veterinary Laboratories Agency's (VLA) facility at Weybridge in leak tested vehicles. The vehicles were escorted by Animal Health staff. Following a post mortem, the carcasses were disposed of by the VLA.

**Lesson 2:** Animal Health and Defra Veterinary Science Team to conduct a risk assessment for the transport of EIA affected carcasses since it was suggested that the risks did not justify the use of escorts.

### 4.2 *Laboratory and Sampling Issues*

The procedures for post import inspection and sampling are set out in Animal Health's instructions. Whilst the process was, to some extent, risk based, Defra's Veterinary Science Team (VST) suggested that the procedures be reviewed in light of the latest disease situation in Europe and elsewhere. The aim being to ensure that the post import sampling regimes for both disease surveillance and compliance with import regulations is based on the prevailing risk.

**Lesson 3:** Defra VST and Global Animal Health to work with Animal Health Veterinary and Technical Services Team (VTST) to review Animal Health's approach to selecting import consignments requiring document checks and possible clinical inspection and sampling.

Although there have been isolated cases of equine notifiable disease, EIA was the first outbreak of an exotic equine disease for over thirty years and there was concern that Animal Health does not have sufficient capacity or capability across the whole organisation to be able to provide assurance to the CVO (UK), CVO (Wales) and

CVO (Scotland) that it would always have access to the necessary veterinary skills/expertise to sample horses. Individual Veterinary Officers also need to have access to advice and guidance from peer professionals on sampling techniques and para professionals on equine handling techniques.

**Lesson 4:** Animal Health to assess its veterinary and technical capability and capacity for disease identification, handling and sampling equines and to ensure access to the required expertise.

### **4.3 Communications between the NDCC and LDCC**

Whilst it was agreed that it was not appropriate to establish a full National Disease Control Centre (NDCC) under the circumstances, the establishment of only a virtual NDCC Veterinary Operations Team and only a partial National Emergency Epidemiology Group (NEEG) caused some confusion as there was no single point of contact for communications. As a result instructions were often communicated to individuals or groups of individuals, rather than to shared mailboxes or via the Operations Manual and as a result it was not always clear where decisions were being made or who had made them.

**Lesson 5:** Animal Health Contingency Planning Division to develop proposals setting out the teams and structures in both the NDCC and LDCC that need to be established irrespective of scale or nature of the disease, together with a protocol for agreeing what is a proportionate outbreak response and to ensure that this is communicated to all parties.

There were also a few issues with the establishment and operation of the NEEG.

**Lesson 6:** Animal Health, Defra and VLA to finalise the review of the NEEG and to implement the agreed findings.

Some of the key players in veterinary policy teams were not fully conversant with the Animal Health management roles in the English Regions following the re-organisation of Animal Health business. It was also recognised that since this was a very small outbreak there was a tendency for NDCC policy and veterinary teams to become involved in operational decision making and for operational decisions that should have made by Animal Health to be unnecessarily referred back to the central policy and veterinary teams. Animal Health staff need to be more confident in taking operational decisions without recourse to NDCC veterinary and policy advisors except where guidance on the veterinary risks is required, perhaps from the national reference laboratory.

#### **4.4 Communications and Relationships with Operational Partners**

The key operational partner in this outbreak was Wiltshire County Council. Their feedback has been valuable in allowing Animal Health South West to revisit their relationship with local authorities within their boundaries. Despite the active engagement with local responders through the Government Office Regional Resilience Team and Local Resilience Forum, Local Government Regulation (formerly LACORS) commented that the decision not to establish a formal LDCC hindered formal and planned communication routes with local trading standards officers, which have been rehearsed in Animal Health led exercises.

Lesson 7: Animal Health to review methods of communication and engagement with local delivery partners in the circumstances where full LDCC structures are not established. LRF members should also be reminded of the need to brief other local authority colleagues.

It is essential that details of restriction notices and any movement licences are served quickly and made available to the local authority without delay. Delivery bodies should also liaise with each other and where possible co-ordinate attendance at the infected premises to minimise the number of officials present on site.

#### **4.5 Communications with others**

Although there are strong working relationships between Defra and with the African Horse Sickness Working Group, at the time of the outbreak there was no formal equine 'Core Group'. This outbreak identified a wide and varied client group/sector of stakeholders, and there was an identified need to better understand the wide range of horse owners and keepers. Also noted was the need to better understand the audience for the "Key Brief". It was therefore decided that there would be no stakeholder/industry representation at the NDCC birdtables.

Lesson 8: Defra FFG to continue with plans to establish an equine core group and to further develop relationships with equine stakeholders.

Lesson 9: Animal Health Contingency Planning Division to liaise with equine policy teams to agree details of equine industry representation at future NDCC birdtables

The outbreak also highlighted the need to inform animal keepers that it is likely that the location of an infected premises may become public knowledge even if no zones are put in place. Government policy is not to release the name and address of an individual or farm, however, there is an obligation on the competent authorities for notifiable exotic diseases, to inform the OIE of details of the case in a prescribed format. This includes the grid reference of an infected premises. It is also possible that maps and information related to the premises will be shared with the European Commission as part of the epidemiological investigation and reporting process..

Lesson 10: Defra and Animal Health to ensure that animal keepers are made aware that the location but not names or address details of an infected premises will be made public as part of the official notification process

There was some concern that private veterinary surgeons may not be fully aware of their responsibilities on suspicion of equine notifiable disease.

Lesson 11: Defra & Animal Health to provide more advice and guidance to equine keepers and veterinarians outlining their responsibilities to report suspicion of equine notifiable disease

#### **4.6 LDCC Operations – key lessons (with national implications)**

Whilst recognising the need to be proportional in responding to outbreaks, the decision not to formally establish an LDCC impacted on some aspects of the disease control operation, most particularly communicating with NDCC, partners and others. In the absence of an Equine Disease Control System (DCS), Animal Health does not have a recognised system or protocol for recording actions taken on premises where equine disease control occurs. Unlike farmed livestock Animal Health does not retain, or have access to comprehensive base data linking horse ownership to the location of animals. This lack of base data also exacerbates the tracing process – which is essential in disease control. The local authority also reported difficulty in obtaining details of passport issuing bodies and asked if a list of non-UK passport issuers could be made available.

**Lesson 12:** Animal Health to work with Defra and partners to assess the risks associated with not having a clear picture of horse ownership mapped against locations of animals and determine what, if any, solutions may be brought about to improve record keeping and access to passport information.

#### **4.7 Records Management**

The lack of an equine Disease Control System (DCS) makes for some difficulties in maintaining complete records of the disease outbreak; though this was mitigated by the size and nature of this outbreak and the maintenance of paper files. Animal Health need to agree a protocol for how management information is recorded in outbreaks where automated systems are not available. (see lesson 12)

#### **4.8 Policy and Licensing**

EIA is uncommon in the UK and although there have been occurrences within Europe it is not a disease at the forefront of people's knowledge or expertise. Animal Health and Defra need to be better prepared and equipped to educate and brief operational delivery staff on the new and different risks posed by the disease and how responses should be delivered. It was also noted that although the legislative basis for compensation is clear, horse owners are generally not aware that compensation is set at £1 for EIA infected animals and may become an issue if the disease became widespread and the culling policy was maintained.

**Lesson 13:** Defra to update disease profiles and to consider the production and publication of a disease control strategy for EIA to include details of compensation policy and exit strategy.

**Lesson 14:** Animal Health to review the need for additional veterinary training/education in new and emerging diseases

In this outbreak, a decision was taken to call a CVO Case Conference to discuss the emerging findings. As it transpired, the laboratory results became available sooner than expected and the Case Conference was changed to an Amber Teleconference. The processes and procedures relating to these meetings need to be refreshed so they are understood by all participants.

**Lesson 15:** Defra and Animal Health to review and refresh processes and procedures relating to CVO case conference and the amber teleconference.

As is usual for exotic disease outbreaks and incidents, a pre-confirmation 'outbreak timeline' detailing the actions taken and any issues identified between the first report to Animal Health and the confirmation of disease was produced. In this case an experienced vet from Animal Health undertook the work but it was agreed that a standard terms of reference for this work should be produced. The disease outbreak

timeline and key actions post confirmation should be recorded in the epidemiology reports which are produced by the National Emergency Epidemiology Group (NEEG).

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| <b>Lesson 16:</b> A standard terms of reference for the production of the pre-confirmation outbreak timeline and issues should be agreed |
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#### **4.9 Human Resources**

No operational issues were identified; however it was noted that there is a significant amount of additional work for both Animal Health and Defra immediately prior to and around confirmation, although until disease is confirmed there is no formal mandate to review or re-prioritise business as usual activities.

### **5 Conclusions**

This outbreak was successfully brought under control, and the wider impacts and consequences were negligible. The lessons identified here will help refine future response models; and whilst this review has confirmed that the current outbreak response models are fit for purpose, this outbreak will bring about some improvements to the way in which the response effort is scaled to fit the specific disease, the likely spread and its associated risks and wider impacts. It has also identified some issues associated with equine diseases and the trade in equines that will improve preparedness for future equine outbreaks.

Each lesson identified will be assigned an owner and progress towards resolving any outstanding issues will be monitored on a regular basis.



**Equine Infectious Anaemia Wiltshire 2010**  
**Lessons to be Learned Workshop**  
**Conference Room B, Nobel House – 31 March 2010**

**Invited Participants**

|  |
|--|
| Head of Contingency Planning Division (CPD) (Animal Health)              |
| Chief Operating Officer (Animal Health)                                  |
| Head of Field Epidemiology(Animal Health)                                |
| Director Animal Health England (Animal Health)                           |
| Director of Veterinary and Technical Services(Animal Health)             |
| Head of Operational Capability Branch (CPD)(Animal Health)               |
| Contingency Planning Finance Manager(Animal Health)                      |
| Veterinary Services Manager(Animal Health)                               |
| Veterinary Business Partner (England) (Animal Health)                    |
| Communications Team(Animal Health)                                       |
| Director of Human Resources (Animal Health)                              |
| UK Chief Veterinary Officer  |
| Deputy Chief Veterinary Officer (Defra)                                  |
| Veterinary Science Team (Defra FFG)                                      |
| Head of Veterinary Exotic Disease Unit (VENDU) (Defra now Animal Health) |
| Director of Exotic Disease Policy Programme (Defra)                      |
| Equine Policy Lead Exotic Disease Policy Programme (Defra)               |
| Policy Official Exotic Disease Policy Programme (Defra)                  |
| Head of Global Animal Health (Defra)                                     |
| Head of Wildlife, Aquatic and Zoological Animal Health (Defra)           |
| Defra Communications Directorate   |
| Defra Legal  |
| Defra Animal Welfare   |
| Defra Rural Policy   |
| Welsh Assembly Government  |
| Scottish Government  |
| Department for Agriculture & Rural Development (Northern Ireland)        |
| Veterinary Laboratories Agency   |
| <b>Operational Partners / Stakeholders</b>                               |
| Association of Chief Police Officers                                     |
| Civil Contingencies Secretariat  |
| LACoRS (now Local Government Regulation)                                 |



**Equine Infectious Anaemia  
National Lessons Identified Workshop**

**AGENDA**

|    |  |
|----|--|
| 1  | Introductions  |
| 2  | Lessons Identified Process and Key Themes                  |
| 3  | Recap of the Incident                                      |
| 4  | Sampling and Lab issues                                    |
| 5  | Culling and Disposal                                       |
| 6  | Communications and relationships with Operational Partners |
| 7  | Stakeholder Communications and feedback                    |
| 8  | LDCC Operations – Key Lessons Identified                   |
| 9  | LDCC/NDCC Communications and liaison                       |
| 10 | Records Management   |
| 11 | Policy and Licensing                                       |
| 12 | HR Issues  |
| 13 | Other relevant issues                                      |

**Lessons Learned  
Following  
Equine Infectious Anaemia Outbreak**

*Annex to Wiltshire Report*

*(Following cases in Devon and Northumberland)*

## **1. Background and Introduction to the Annex**

After the EIA incident in Wiltshire in January 2010 Animal Health and Defra dealt with a further two, unrelated cases of EIA. On 7<sup>th</sup> September Defra confirmed EIA in a horse on a premises in Northumberland following importation from the Netherlands, and four days later on the 11<sup>th</sup> September Defra confirmed another case of EIA in a horse on a premises in Devon.

This annex captures additional lessons/comments from those two incidents and where appropriate notes the improvements in the handling of the two cases, following a detailed lessons learned process conducted earlier in 2010 following the Wiltshire outbreak. This annex follows and addresses the key themes captured in the Wiltshire Report.

Lesson 5 in the Wiltshire lessons learned report called for a proportionate response to outbreaks of exotic disease. Following the Wiltshire case, Contingency Planning Division (CPD) developed proposals setting out the minimum requirements of Local and National responses to outbreaks taking account of their scale and likely impact. These proposals ensure that although all the functions of a full NDCC and LDCC are undertaken, not all of the outbreak teams are formally set up, instead the functions are delivered within existing business as usual teams. The proposals were accepted by the UK CVO and CVOs of Devolved Administrations and Animal Health's Executive and were implemented when EIA was confirmed in Northumberland, and on 7<sup>th</sup> September and in Devon on 11<sup>th</sup> September. The NDCC remained in place and oversaw both cases.

## **2. Culling and disposal**

In both cases a private specialist equine veterinary surgeon was engaged to euthanase the infected animals. So doing maintained the confidence and compliance of owners, and ensured the highest standards of animal welfare were maintained throughout the culling operation. Other outstanding issues not fully resolved include:

- Escorting consignment single EIA infected carcass is highly resource intensive and may not be proportionate given the nature of the disease and the real and perceived risk.

- Access locally to small vehicles and suitably trained drivers which comply with ADR regulations remains an issue.
- EIA specific forms and detailed instructions were not available on the Animal Health Ops Manual which hampered recording some elements of the operation and a lack of clarity on the scope of preliminary disinfection required.

**Lesson 17:** Animal Health to review the equine section of the Operations Manual and to ensure that additional guidance on cleansing and disinfection is included

### **3. Communications and relationships with Operational Partners**

In both the Northumberland and Devon cases, links with the appropriate local authorities and the relevant constabulary were established early in the outbreak and feedback from partners has been complimentary: involvement at early stages of an outbreak is beneficial to all agencies involved in the response. Whilst co location of local responders allows for good information exchange the inability for Trading Standards Officers to access their home systems from a base in Animal Health offices can be a limiting factor.

Co-operation with the local authorities concerned was excellent and signs warning other horse owners of the presence of the disease were erected on nearby bridlepaths. This was an effective and proportionate response without the need to close the rights of way to all users.

### **4. Stakeholder Communications and feedback**

Both Regions and Animal Health Corporate centre and Defra realise, as a result of these further outbreaks, that communicating with private specialist equine veterinary surgeons and the wider equine community is an area that needs to be improved and developed. Whilst Animal Health corporately and regionally have good contacts with private vets that are recognised as official veterinarians this is not an exhaustive list of private practitioners and not all equine vets were alerted to the incident.

Engagement with local media is essential to getting right messages in the open early on, especially when these localised outbreaks do not attract the attention of National media.

These issues are included as part of the work associated with lesson 8 of the main report.

## 5. LDCC Operations

Some local issues were identified and have been addressed. Most notably Animal Health's facilities provider needs to be made aware of the requirement for emergency/extended hours access to the Animal Health estate in the event of a disease outbreak.

## 6 LDCC/NDCC Communications and liaison

The establishment of the Vet Ops and National Emergency Epidemiology Group teams in the NDCC overcame most of the communication issues identified during the Wiltshire incident.

Some issues identified over where responsibility lies for certain Field Operation related tasks but resolved quickly.

There were noticeable improvements on clarity of messages following the predominant use of shared mailboxes despite some resource concerns at the LDCC in checking all the shared mailboxes. Animal Health Vet Ops and Epidemiology have worked on a protocol for sharing information, and avoiding duplicate requests for information.

When dealing with rarely occurring or "new and emerging" diseases there could be a need to establish protocols for disseminating information from experts that aids and informs operational activity.

## 7. Records Management

No issues.

## 8. Policy and Licensing

There was a short delay in undertaking the veterinary risk assessment, agreeing appropriate conditions and issuing a licence to permit equines on the infected premises to be moved to fresh grazing.

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| <p><b>Lesson 18:</b> Animal Health and Defra to give consideration in advance of an outbreak the types of licence condition that might be appropriate when considering the movement of restricted equines to different parts of an infected premises. These considerations to take account of different circumstances and other equine diseases covered by the Infectious Diseases of Horses legislation.</p> |
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## **9. Sampling and Lab issues.**

Animal Health Vet Ops and VLA have identified and discussed some improvements to the processes surrounding the submission and reporting of sample results which will aid the clear communication of lab results, allowing for better onward circulation and analysis.

## **10. HR Issues**

No issues reported

## **11. Other relevant issues**

Given the circumstances, a decision was made not to invoke the emergency response level from the IT and facilities management suppliers, as it felt that the costs were not proportionate. This decision was regularly reviewed but needs to be needs to be communicated to all staff.

## **12. Conclusions**

In summary the new NDCC and LDCC structures worked well and coupled with the work on the lessons identified from the earlier Wiltshire case, resulted in a significantly fewer issues being reported. The new issues raised during the follow-up lessons learned review have been incorporated into the workstreams already initiated.