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HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL
Directorate F - Food and Veterinary Office

DG(SANCO)/9078/2003 – MR final

**FINAL REPORT OF A MISSION
CARRIED OUT IN ITALY
FROM 17 TO 21 FEBRUARY 2003
IN ORDER TO REVIEW ACTION
TAKEN BY THE COMPETENT AUTHORITIES
WITH REGARD TO THE CONTINGENCY PLANS FOR FOOT-AND-
MOUTH DISEASE, CLASSICAL SWINE FEVER AND BLUETONGUE**



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1. EXECUTIVE SUMMARY

The mission was undertaken as part of the series of missions in the Member States, commenced in January 2003, in order to assess the resources and arrangements put in place to implement the EU requirements for contingency plans for the major epizootic (OIE list "A") diseases.

Council Directives 64/432/EEC, 80/217/EEC, 85/511/EEC are transposed into Italian legislation. Council Directives 2001/89/EC and 2000/75/EC have not yet been transposed.

The central competent authorities do not have the legal authority to audit the implementation of the contingency plans at regional/local level. The Regions are authorised to develop and implement their own policy in respect of the contingency plans. There is no direct chain of command between the central and regional levels in relation to the contingency plans. For bluetongue, an effective control and eradication programme, managed centrally by the central authorities, was presented to the mission team. However, no formal contingency plan existed as working instructions were frequently updated to respond to the changing disease situation.

There are contingency plans for FMD and CSF, with operation manuals, approved by Commission Decisions 93/455/EC and 99/246/EEC. These plans were not implemented uniformly in the regions visited (Lazio, Umbria, Abruzzo). They have not been updated since their approval. There are different regional plans and manuals in place, but these have not been approved by the competent central authority, nor notified to the Commission.

The level of preparedness for, and awareness of, the action required to respond effectively to disease emergencies was limited and inconsistent between regions.

In relation to the previous FVO mission DG(SANCO)/1143/99 to evaluate the implementation of the CSF contingency plan, the mission team found that the majority of recommendations had not been implemented.

Farm registration and animal identification were found to be satisfactory. However, rules over movement controls were not always respected.

2. ABBREVIATIONS AND SPECIAL TERMS

| | |
|--------------|--|
| “peace time” | Time with no outbreaks of contagious diseases |
| ASL or AUSL | Azienda (Unita) Sanitaria Locale, Local Health Unit |
| AVI | Avian influenza |
| BT | Bluetongue |
| CA | Competent Authority (Authorities) |
| CCA | Central Competent Authority |
| CP | Contingency Plan |
| CSF | Classical Swine Fever |
| FMD | Foot-and-Mouth Disease |
| FVO | Food and Veterinary Office |
| IZS | Istituto Zooprofilattico Sperimentale, Veterinary laboratory |
| NAS | Nuclei Anti Sofisticazioni |
| ND | Newcastle Disease |
| OV | Official Veterinarian |

3. INTRODUCTION

The mission took place in Italy from 17 to 21 February 2003. The mission team comprised three inspectors from the Food and Veterinary Office. The team was accompanied during the whole mission by the representatives from the *Direzione Generale della Sanità Pubblica Veterinaria, Alimenti e Nutrizione di Ministero della Sanità*, the CCA, as well as by the representative(s) from the Regions visited.

The mission was undertaken as part of the series of missions in the Member States, commenced in January 2003, in order to assess the resources and arrangements put in place to implement the EU requirements for contingency plans for the major epizootic (OIE list "A") diseases (in particular FMD, CSF, Rinderpest, Bluetongue, Newcastle Disease and Avian Influenza).

An opening meeting was held in Rome on 17 February 2003 with the CCA. At this meeting, the objectives of, and itinerary for, the mission were confirmed by the inspection team, and additional information was requested for the satisfactory completion of the mission.

The Evaluation Plan for this mission with additional specific information is set out in document number DG SANCO/9078/2003, annexed to this report.

4. OBJECTIVES OF THE MISSION

The objectives of this mission were to examine the legislation, management structures and procedures which have been implemented in Italy to give effect to the contingency plans for Foot and Mouth Disease (FMD), Classical Swine Fever (CSF) and Bluetongue (BT), in the event of outbreak(s) of these diseases.

A previous mission DG(SANCO)/1143/99 to review the CSF contingency plan took place in June 1999.

| Sites visited | | Number |
|-----------------------------|-------------|---|
| Competent authority offices | Central | 1 |
| | Regional | 2 (Umbria and Abruzzo) In addition, representatives from Lazio were met during the visit to a rendering plant, and 1 representative from Sardinia was present during the meeting with the national reference centres in Perugia |
| | Local (ASL) | 2 (Perugia and Teramo) In addition, a representative from ASL Latina was met during the visit to a rendering plant. |

| | | |
|--|-----------|--|
| Laboratory service | Reference | 2 CSF Reference Laboratory in Perugia and Exotic Diseases reference laboratory in Teramo. Representatives from the FMD Reference Laboratory in Brescia were also present during the meeting in Perugia. |
| Farms | | 2 1 pig farm in Umbria 1 sheep farm in Abruzzo |
| Slaughterhouse | | 1 ovine |
| Disinfection point (in connection with a slaughterhouse) | | 1 |
| Rendering plant | | 1 |
| Animal Dealer's Premises | | 1 |

5. DISEASE SITUATION

Outbreaks of certain OIE list "A" diseases are still recorded, or have recently occurred, as in the following table:

| Year | Number of outbreaks | | | | | |
|------|---------------------|-----|-----|-----|-----|------|
| | CSF | ASF | SVD | ND | AVI | BT |
| 1999 | 9 | 21 | 15 | 1 | 67 | 0 |
| 2000 | 3 | 11 | 5 | 257 | 352 | 5962 |
| 2001 | 5 | 11 | 11 | 0 | 0 | 6740 |
| 2002 | 0 | 11 | 171 | 0 | 0 | 430 |
| 2003 | 0 | 1 | 3 | 0 | 0 | 1 |

The most recent cases of FMD were identified in 1993 (55 outbreaks).

6. SUMMARY OF PREVIOUS MISSIONS

6.1. Response to previous mission

The mission DG(SANCO)/1143/99 made the following recommendations:

- (1) To provide the facilities necessary to establish a fully operational National Disease Control Centre able to carry out all functions assigned to it by the provisions of the national contingency plan;
- (2) To ensure that Regional and Local Disease Control Centres are supervised by the competent authority and that regular control visits are carried out;
- (3) To continue training of official veterinarians, including simulation exercises;

- (4) To ensure that private practitioners working in the field of pig husbandry receive adequate training on relevant aspects of CSF, including in particular, early recognition, notification and control, and that all relevant information laid down in the permanent instructions of the contingency plan is distributed;
- (5) To officially appoint members of the expert group;
- (6) To ensure that in the event of an emergency killing of pigs complies with the provisions of Directive 93/119/EC;
- (7) To ensure that the national reference laboratory for CSF organises diagnostic intercalibration test at national level;
- (8) To establish written contracts between the veterinary services and the rendering industry to ensure proper destruction of pigs in the event of a CSF outbreak;

The mission report is available at the DG(SANCO) website:

http://europa.eu.int/comm/food/fs/inspections/index_en.html

Recommendation no. 7 had been fully addressed. Recommendation no. 3 was partly addressed: some training of OV's had been carried out in the regions and/or by the national reference laboratories, but there had been no simulation exercises since 1998. Some work had been undertaken in respect of recommendation no. 6, in that plans were in hand to create mobile emergency slaughter units.

The remaining recommendations were not satisfactorily addressed, despite a letter, dated 20 June 2000, from the Italian authorities, indicating the actions taken.

In particular, the mission team found, during this mission, that:

- the National Disease Control Centre was not operational,
- there was no evidence of central supervision of Regional and Local Disease Control Centres,
- no simulation exercises had been held since 1998,
- the evidence of training provided to private veterinary practitioners, and the distribution of instructions, was limited,
- no members of expert groups had been appointed at any level,
- no written contracts between the veterinary services and the rendering industry had been established.

7. OUTCOME OF THE MISSION

7.1. Competent Authorities

Conclusions

Certain elements of relevant EU legislation have not yet been transposed.

The CCA has no authority to audit the implementation of the contingency plans at regional/local level, nor to enforce the application of EU requirements at regional level. The Regions have full powers to develop and implement their own policy in respect of the contingency plans.

Findings

Council Directives 2000/75/EC and 2001/89/EC are not yet transposed into Italian legislation¹.

The structure and organisation of the Italian competent authorities have been described in detail in previous FVO reports (XXIV/1011/1999 and DG(SANCO)/3199/2001). During the initial meeting with the CCA, the mission team was informed that the structure of the CA remained unchanged since the last FVO mission. However, whilst the CCA can give guidelines to the Regions, it cannot give formal instructions for actions to be taken. This situation is still in a state of flux, and the relationship between central and regional services continues to evolve.

It was noted that the bluetongue and ND control & eradication programmes continue to be centrally managed. This difference in treatment of OIE list A diseases was partly attributed to the application of the national Legislative Decree 112/1998², and partly to the excellent relations between the CCA and the National Reference Centre for the Exotic diseases in Teramo. The Italian authorities suggested that a similar approach to CSF or FMD might be possible in the event of outbreaks of these diseases.

7.2. Holding registration and animal identification

The rules for holding registration and animal identification are described in detail in mission report DG(SANCO)/3199/2001.

Conclusions

The situation was considered to be satisfactory in respect of these issues.

Findings

The mission team visited one pig farm, one ovine farm and one animal dealer's premises. No deficiencies were found during these visits. It was noted that the farms/premises were frequently visited by the OV from the ASL and that documentation of these visits was kept.

7.3. Movement controls

The rules for animal movement controls are described in detail in mission reports DG(SANCO)/1143/99, DG(SANCO)/3199/2001 and

¹ The Commission's services have already taken formal action to address these failings.

² Decreto Legislativo n.112 - 31/03/1998 Conferimento di funzioni e compiti amministrativi dello Stato alle regioni e agli enti locali.

DG(SANCO)/8547/2002. These rules require, inter alia, that sheep are identified with eartags or tattoos when leaving the holding.

Conclusions

The national rules for the control of animal movements are not always respected.

Findings

During the visit to a slaughterhouse in Lazio, the mission team found 50 lambs with no identity marks present in the lairage, awaiting slaughter. They came from an area in which all animals were vaccinated against Bluetongue. The animals were accepted for slaughter by the OV of the slaughterhouse.

7.4. Contingency Plans

Conclusions

There are contingency plans for FMD and CSF in place, approved under Commission Decisions 93/455/EC and 99/246/EEC. These are supported by operational manuals. These plans were not implemented uniformly in the regions visited (Lazio, Umbria, Abruzzo). They have not been updated since their approval. There are different regional plans and manuals in place, but these have neither been approved by the competent central authority, nor notified to the Commission.

The contingency plan for FMD does not address a number of issues identified in the guidelines provided by the European Commission.

The Italian authorities have not yet finalised, nor submitted for approval, a contingency plan for bluetongue. There is no agreed operational manual for bluetongue. Instead, there are working drafts, which are adapted to changing circumstances because of the current disease situation in Italy.

Operational manuals had been prepared in respect of FMD and CSF. However, there was a lack of consistency in their preparation and availability, and uncertainty as to the status of some of the manuals in use.

There was only limited evidence to indicate that staff at local level and in establishments were aware of the provisions of the manuals.

The level of preparedness for, and awareness of, the action required to respond effectively to disease emergencies was limited and inconsistent between regions. Resources available to respond rapidly to emergencies were generally insufficient, or it was unclear how they could be obtained. The action necessary to plan for Regional and Local Disease Control Centres had not been undertaken.

A mobile emergency slaughter system was under development.

Only limited simulation exercises had been undertaken (the last being in 1998).

7.4.1. Plan Documentation

Findings

The CSF contingency plan is approved under Commission Decision 99/246/EEC, whilst that for FMD is approved under Commission Decision 93/455/EEC.

There is no approved contingency plan for bluetongue, as required by Article 18, Council Directive 2000/75/EC. The CCA indicated that the plan and manual had been drafted, but were not yet finalised, due to ongoing amendments in light of the disease situation in Italy.

The CSF plan was described in mission report DG(SANCO)/1143/99.

The FMD plan was drafted on 5 November 1991 and entered into force in August 1993. It provides a description of the structure of the central, regional and local authorities, the role of the veterinary laboratory network and of the national reference centres, and the organisation and facilities of the local veterinary services.

However, in the light of the provisions of the “Guidelines for FMD contingency plans in non-vaccinating countries” (VI/6319/98, rev 1) and the guidelines on “Contingency plans for epidemic diseases” (VI/5211/95), there are a number of apparent gaps in the coverage of the plan:

- there is no reference either to the legal powers available to the authorities or to the financial aspects of the plan;
- the description of the National Disease Control Centre is non-specific. Although it refers to the Standing Committee for Emergencies, which must be equipped with fax, phones, list of experts, lists of phone numbers, addresses, maps, etc, there is no indication of its location, co-ordination of tasks, etc.;
- the description of the Local Disease Control Centres is non-specific;
- information on the existence of updated expert groups is not provided;
- personnel, laboratories, equipment and facilities must be available, but no details of staff resources, contact points etc. are given;
- there is no reference to emergency vaccination procedures;
- there is no reference to training in relation to disease preparedness/awareness.

The mission team received both the approved plans and the FMD manual from the CCA during the initial meeting in Rome. The CSF manual was available on CD-ROM, distributed by the CSF National Reference Centre in Perugia. A draft new Contingency Plan, common to all OIE list “A”

diseases, with separate manuals for each relevant disease is in preparation. This draft has not yet been approved by the national authorities or the European Commission.

There was no indication that the original Contingency Plans and Manuals had been updated since they were first approved.

7.4.2. National legal powers

The main legal texts relevant for control of CSF and FMD in Italy are the following:

Decree of the President of the Republic of 17 May 1996, no 363³ transposing Council Directive 80/217/EEC, as amended by Directive 91/685/EEC.

Decree of the President of the Republic of 1 March 1992, no 229⁴ transposing Council Directive 85/511/CEE as amended by Directive 90/423/EEC.

In case of an outbreak of an infectious disease, the Minister of Health can impose animal movement restrictions and request help from the police. The Minister has delegated this power to the General Director of Office VIII (*Sanità Animale e Anagrafe del bestiame*) of the Directorate General of Veterinary Public Health, Food and Nutrition.

7.4.3. Financial provisions - eradication, compensation

Details concerning financial provisions for responding to disease outbreaks are provided in mission report DG(SANCO)/1143/99. The CCA stated that the Decree of 3 January 2001 provided additional resources of €50 000 000 for all emergency purposes, and that these funds are available for outbreaks of infectious diseases.

The compensation system is based on the principle of 100% compensation of the market value within 60 days for animals killed in the event of an infectious disease. The legal bases include Act 218 of 2 June 1988 and Decree 298 of 20 July 1989. The prices of animals of different categories in all Regions are indicated in a periodical publication "*Prezzi degli animali da vita e riproduzione, dei prodotti dell'acquacoltura e dell'apicoltura*" issued by *Istituto per studi, ricerche e informazioni sul mercato agricolo*.

7.4.4. Organisation and chain of command

There is a chain of command established in the contingency plans from the central authority (Director General of the Department of Food, Nutrition and Veterinary Public Health of the Ministry of Health) through the Director of

³ D.P.R. 17 maggio 1996, n. 363 Regolamento recante norme per l'attuazione della direttiva 91/685/CEE, del Consiglio dell'11 dicembre 1991, recante modifica della direttiva 80/217/CEE che stabilisce misure comunitarie di lotta contro la peste suina classica

⁴ DPR 1 marzo 1992, n.229 Regolamento di attuazione della direttiva 85/511/CEE che stabilisce misure di lotta contro l'afta epizootica, tenuto conto delle modifiche dalla direttiva 90/423/CEE

the Office VII of the Department to the regional veterinary service and the ASLs.

However, as has been indicated in previous missions, in practice the CCA can provide guidance to the Regions, but has no enforcement powers. During visits to the Regions it was made clear that they regard themselves as responsible for their own actions, and that they are not obliged to follow the CCA's instructions, even in an emergency. They can, however, seek the support of the central authorities if the situation is considered sufficiently serious or delicate. An example was given on the basis of the recent vaccination campaign against bluetongue. As the Regions could not agree whether to vaccinate or not, the *Consiglio Superiore di Sanità* (which is a technical consultative body serving the Minister of Health) was consulted, and decided that all susceptible animals should be vaccinated.

In "peace time" a body called the Standing Emergency Committee (*Comitato permanente per le emergenze*) has been set up at central level. At regional level, there are *Comitati Regionali per la Zooprofilassi*, and at local level, the ASL. These bodies have specific control functions, and the number of officials (but not individual names or tasks) is indicated. No confirmation, e.g. minutes of meetings, of the outcome of the activities of these bodies was available. The mission team was advised that frequent contacts take place between the officials concerned.

In case of an emergency (notification of an infectious disease) these "peacetime" bodies should be transformed into Crisis Units at central, regional and local level. The National Crisis Unit would act as the decision-making body, whilst the implementation of its decisions would be co-ordinated at regional, and implemented at local, level.

7.4.5. National Disease Control Centre

In an emergency, the National Disease Control Centre will be located in the Ministry of Health in Rome, and would be under responsibility of Office VI (*Ufficio VI, Sistema di allerta, Unità di crisi ed emergenze*).

In "peace time", the Standing Emergency Committee has this role, and the contingency plans require certain facilities to be provided. The mission team was shown a room which could be allocated to the Centre, but currently this has other uses. There was no information/documentation available as to facilities and personnel allocated to the Centre. A computer-based mapping system was available, but its operation could not be demonstrated due to a lack of the required hardware.

7.4.6. Regional Disease Control Centres

In addition to the National Centre, Regional Centres, in "peace time" described as *Comitati Regionali per la Zooprofilassi*, should be set up. Differences in approach were noted between Regions. In Umbria, all of the regional tasks have been delegated to the ASLs. In Abruzzo, a regional body dealing with disease prevention and eradication had been established. The Regional Disease Control Centre in Abruzzo would be set up in the IZS/National Reference Centre for Exotic Diseases in Teramo.

7.4.7. Local Disease Control Centres

The Local Centres should be established in the ASLs.

The contingency plans require lists of expert groups to be maintained at each level. None were available in any of the sites visited. It was stated that, since all the experts were known, no list was required.

7.4.8. Manuals of operations

In the regions, ASLs and establishments visited, the EC-approved plans and manuals were, with a few exceptions, generally absent. In one slaughterhouse, the CCA stated that there was no requirement for the contingency plans and manuals to be available on-the-spot. In another slaughterhouse, and in one ASL, copies of the draft mentioned above were available and were presented as having been approved.

In Abruzzo the draft plan was presented and was considered to have superseded the official CP. However, the official CP was included and officially approved by the Region in the documentation given to the mission team. In the rendering plant visited, there was no CP available. The representatives of the Region presented to the mission team a document entitled “*Piano di emergenza focolai malattie infettive ASL Latina*” prepared locally. This was, in fact, an operational manual, and differed from that which had been officially approved.

In Abruzzo, manuals for different OIE list “A” diseases, prepared at the request of the Region by the National Reference Centre for Exotic Diseases in Teramo, some in co-operation with other National Reference Centres, were used. Some of these manuals were also seen in Umbria. These manuals are of a high standard, but are not approved by the national authorities. The CCA indicated that the Ministry of Health can only advise the Regions to use these Manuals.

Different regional and local instructions, e.g. instructions by the OV to slaughterhouse personnel, or by the region on the destruction of carcasses, were available.

7.4.9. Provision of resources

No special facilities were available to assist the response to emergencies in either the central services or the regions visited. The mission team was informed that 2500 OVs working in the field of animal health, assisted by a similar number working in slaughterhouses, would be available for an emergency response. No more detailed planning of personnel resources was provided.

According to the approved manuals, the equipment for sampling, slaughter, etc. is available in the laboratories (IZS) and the ASLs. Availability of emergency equipment was checked on-the-spot in two ASL, in Umbria and Abruzzo, each being a Local Crisis Centre, and in one IZS – the National Reference Centre for CSF in Perugia. A limited amount of equipment - an emergency kit, i.e. a sealed box containing protective clothes and sampling

equipment for three people was available in all sites visited. In addition, ASL B (Abruzzo) had several hundred protective clothing kits, vacutainer needles and tubes, which were used for routine activities. ASL A (Umbria) referred to equipment stored in the municipality. No documentation was available as to the further supply of material (contractors, suppliers' telephone numbers, etc). In the Region of Umbria, the need to anticipate the provision of protective clothes and other material for a larger number of staff in case of an emergency was not accepted.

In ASL A, three maps were available, scale 1:25 000. The local services stated that more maps would be provided from the municipality. ASL B had a GPS facility and an A4 black and white printer. In an emergency, more maps would be provided from the regional IZS, which should serve as Regional Crisis Centre, and was said to possess a large format colour printer and suitable IT equipment.

For emergency killing, there were two captive bolt pistols and 200 rounds of ammunition in ASL A; the largest pig herd in this ASL contains 13 000 animals. In ASL B, there were 200 doses of chemical drugs for euthanasia. For more animals, it was planned to use captive bolt pistols from the slaughterhouse.

In the National Reference Centre in Perugia, the mission team was informed of a proposal to establish mobile killing units, comprising a restrainer and electrical stunning facility in a container, in order to fulfil the requirements of Council Directive 93/119/EEC.

Rendering plants will be used to dispose of carcasses. The mission team did not see any documentation concerning alternative methods (e.g. burial, burning, etc.) except for low capacity incinerators in the slaughterhouses. However, burial is possible on a decision by a regional council, and this method was used during the BT outbreaks in Lazio.

The rendering plant visited in Lazio has a capacity of 480 tonnes/24 hours. It is supposed to serve a number of other regions as well, taking material from a number of carcase collecting centres. The plant is privately owned, and the Region pays for the disposal of carcasses via the regional breeder's associations. This model is also applied in other regions visited. The rendering plants have contracts with the associations, but not with the veterinary authorities.

The mission team visited the National Reference Centre for CSF in Perugia, and also met representatives from the National Reference Centre for Vesicular Diseases in Brescia. The laboratory system, and the National Reference Centre for CSF, were described in mission report DG(SANCO)/1143/99. Among other activities, e.g. diagnostic actions (FMD serology, FMD virus isolation, research, training, organising ring tests for other IZS), the Centre in Brescia is preparing a new version of the contingency plan, with supporting manuals.

7.4.10. Provisions for emergency vaccination

There are no plans for emergency vaccinations for FMD or CSF and there is no storage of vaccine for national use. However, the IZS/National Reference Centre for Swine Fever in Perugia keeps CSF antigen material, and could start the production of CSF vaccine at short notice. The National Reference Laboratory for Vesicular Diseases (FMD/SVD) holds a EU FMD antigen bank.

Compulsory vaccination against bluetongue is carried out in certain regions and/or provinces.

7.4.11. Epidemiological capacity

There were no lists of experts available, either at central, regional or local level. The authorities explained that this was not considered necessary as the experts were well-known and are mainly based in the IZS/national reference centres responsible for the relevant disease. Although the ASLs are the operational units in case of an emergency, these IZS/centres would play the main role in co-ordinating control actions and would provide, *inter alia*, any necessary epidemiological expertise.

The model for tracing the origin of disease was presented in the rendering plant and at the meeting with the national reference centres in Perugia. It was based on animal identification, movement control and the assistance of the owner of the affected holding. The enforcement of animal movement restrictions is under the responsibility of NAS (*Nuclei Anti Sostituzioni*), which is a specialised section of the national police (Carabinieri) force. NAS has a command officer at regional level and an office in every municipality. It can request help from other police forces where required.

7.4.12. Training

The last major simulation exercise was carried out in 1998. The CCA confirmed that full scale exercises are not performed. However, they referred to general training in this matter, provided mainly by the IZS/National Reference Centres in co-operation with the Regions. They also referred to cases of SVD, where each is initially treated as suspect FMD, so staff are effectively trained on-the-spot.

8. FINAL MEETING

A final meeting was held on 21 February 2003 with the Central Competent Authority - the Italian Ministry of Health. Representatives from Regional Competent Authorities and National Reference Centres were also present. The lead inspector presented the main findings and conclusions of the mission. These were accepted by the CCA, although the comments on the need for training of veterinary personnel were disputed. The CCA promised to provide additional information to support their position on this issue.

9. RECOMMENDATIONS

9.1. To the Italian competent authorities:

- 9.1.1. To transpose and implement Council Directives 2001/89/EC and 2000/75/EC immediately.
- 9.1.2. To address urgently the outstanding recommendations of mission DG(SANCO)/1143/99. Other contingency plans foreseen in EU legislation should be reviewed in the light of these recommendations.
- 9.1.3. To take action so that contingency plans are applied uniformly across the regions, and that disease planning, and the response to disease outbreaks, is co-ordinated effectively at national level.
- 9.1.4. To update existing contingency plans and manuals to take account of changes to EU-level guidelines and legislation.
- 9.1.5. To ensure that there are sufficient facilities, equipment and resources available at all levels to respond rapidly to outbreaks of major epizootic (OIE list A) diseases.
- 9.1.6. To finalise, approve and submit to the European Commission the contingency plan and manual for bluetongue.

10. ADDENDUM

Despite a reminder, the Competent Authority has not responded to the draft report.