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FLI
 Bundesforschungsinstitut für Tiergesundheit
 Federal Research Institute for Animal Health

Some elements of disease preparedness for highly contagious emerging and re- emerging diseases in Germany

Matthias Kramer^{*}, Thomas Fröhlich², Josef Diekmann¹, Doris Kerschhofer³,
 Rolf Krieger^{**} & Bernd Haas^{*}

^{*}Friedrich-Loeffler-Institut, Federal Research Institute for Animal Health, Isle of Riems & Wusterhausen,
²Hessian Ministry of Environment, Rural Affairs and Consumer Protection, Wiesbaden,
³State Office for Consumer Protection and Food Safety of Lower Saxony
³Central Bureau of the Task Force of Animal Disease Control, Bonn, ^{**}Federal Ministry of Food, Agriculture and
 Consumer Protection, Bonn, Germany

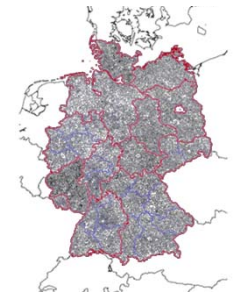
Summary

- An animal disease preparedness system is established in order to improve the rapid response in case of FMD outbreaks or other highly contagious emerging, re-emerging and exotic diseases.
- Key-elements:
 - Mobile crisis and management centre (MCMC)
 - Emergency equipment stock (EES)
 - Vaccine and diagnostics bank (exclusively for FMD)
 - Expert groups (task forces)
 - Training system
- Appropriate disease preparedness systems can be successfully installed, also in decentralized countries or in federal structured countries with a high degree of independence of their regions.

Structure of the German veterinary services (VS)

- Federal organised and decentralized structure
- Clear separation of competencies and tasks between federal government and states (Länder)
 - Federal government – e.g. veterinary legislation under certain conditions, foreign affairs, collection of animal health data on federal level, coordination of measures
 - States: law enforcement, veterinary legislation
- Administrative structure of VS
 - Veterinary issues on federal level
 - Ministry of Food, Agriculture and Consumer Protection
 - Federal institutions including National Ref. Labs
 - 16 federal states
 - 22 governmental districts in some states
 - 431 local veterinary offices in rural districts and towns
 - 36 regional veterinary labs

Administrative boundaries concerning infrastructure of VS



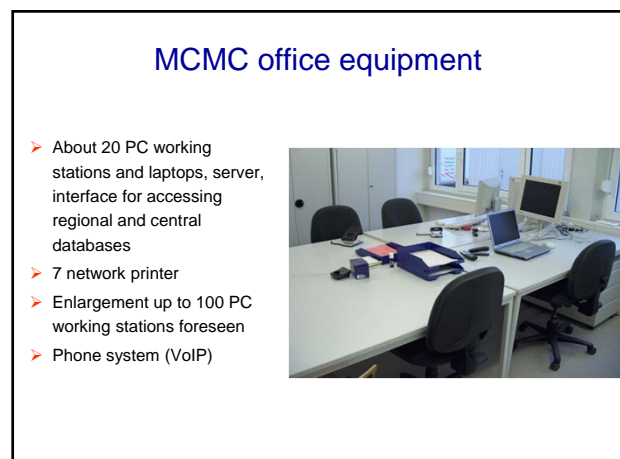
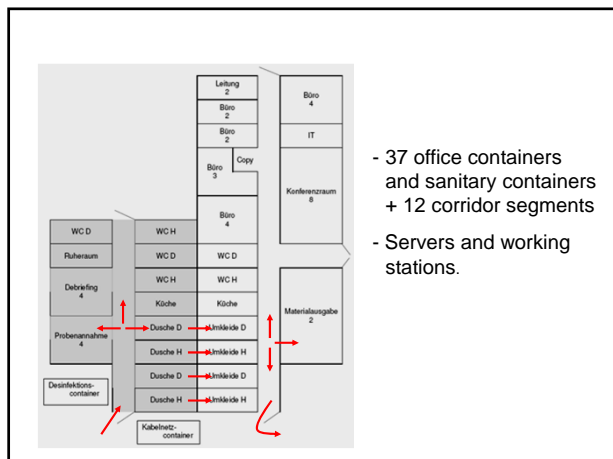
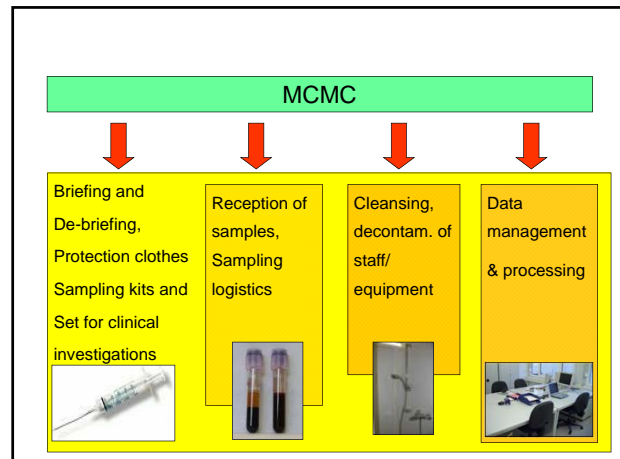
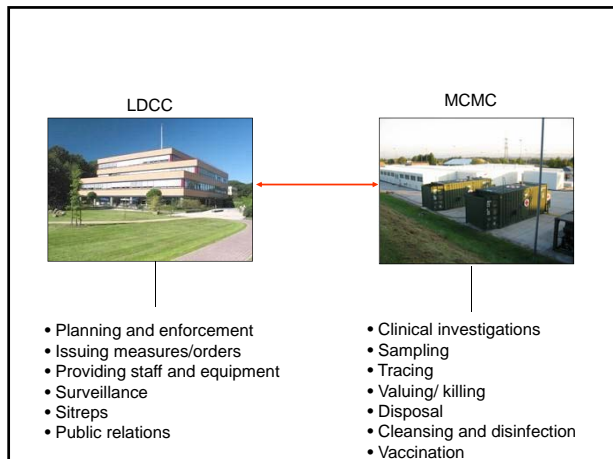
Some lessons to be learned from previous epidemics in Europe

- Rapid response is required in case of an animal disease outbreak in order ensure a harmonised approach of measures
- Vaccine & test kit banks (FMD) needed
- System of sharing lab and rendering capacities in disaster situations
- One crisis management software available in all veterinary authorities
- Mobile crisis management centre (MCMC)
- Lack on equipment, increased prices - Emergency equipment stock (EES)
- Expert groups on national and regional level
- System of training at all administrative levels of VS at the national emergency training centre

Mobile crisis management centre (MCMC)

- Experiences used from other countries like the UK, Netherlands and France
- Transportable infrastructure needed to support the local disease control centres (LDCC)
- Use for emerging, re-emerging and exotic animal diseases
 - Highly contagious,
 - high zoonotic and or economic importance
- Only in nation-wide crisis situations

Appendix 8



Emergency equipment stock (EES) for protection of the staff

- ✓ 20.000 sets of protection cloths (L – XXL)
- ✓ 18.000 pair wellingtons
- ✓ 2.000 pair PVC boots with steel cap
- ✓ 1.000 FFP3 masks
- ✓ 1.000 goggles
- ✓ 1.000 PVC rain coats



Emergency equipment stock (EES) for sampling and vaccination

- ✓ 4.200 Sampling sets
- ✓ 4.200 Vaccination sets
- ✓ 4.200 Capture devices for pigs and cattle
- ✓ 100 Transport boxes for dangerous goods
- ✓ 600 vaccination sticks (90 cm)



Additional key-elements (1)

- National vaccine/stock bank (FMD)
 - 10 FMD strains with 1,75 Mill. doses each
- Diagnostics bank (foot and mouth disease)
 - 50.000 kits (NSP antibody ELISA) ready for use
 - After 4 weeks of the outbreak, sampling kits for 200.000 samples per week available
 - Detection kits for altogether 2 Mill. samples stored

Additional key-elements (2)

- Expert groups
 - Veterinary experts established on federal and state level
 - currently about 50 persons (ready to send nation-wide)
 - Tasks.
 - Supporting directly the LDCC's with expertise in the control of emerging, re-emerging and exotic diseases
 - Giving advices and recommendations
- Training measures
 - Desktop simulation exercises on federal level for about 30 local veterinary authorities
 - Real-time exercises at Federal state and district level
 - Training sessions for senior veterinary officers at governmental level (states)
 - Continuous training measures with the expert group by simulation or real-time exercises

Conclusions

- The system of disease preparedness is still not perfect, but we feel better prepared now.
- Appropriate disease preparedness systems can be successfully installed, also in decentralized countries or in federal structured countries with a high degree of independence of their regions.
- A long-lasting maintenance and sustainability is required.