

# ROMANIA



# Romania's Foot-and-Mouth Disease Contingency Plan

## CONTENTS

	<b>GENERAL PROVISIONS</b>
	<b>INTRODUCTION</b>
<b>Chapter 1</b>	<b>LEGAL PROVISIONS</b>
<b>Chapter 2</b>	<b>FINANCIAL PROVISIONS</b>
<b>Chapter 3</b>	<b>CHAIN OF COMMAND</b>
<b>Chapter 4</b>	<b>NATIONAL DISEASE CONTROL CENTRE</b>
<b>Chapter 5</b>	<b>LOCAL DISEASE CONTROL CENTRE</b>
<b>Chapter 6</b>	<b>COOPERATION BETWEEN NDCC, LDCC AND OTHER AUTHORITIES</b>
<b>Chapter 7</b>	<b>NATIONAL EXPERT GROUP</b>
<b>Chapter 8</b>	<b>RESOURCES (PERSONNEL, LABORATORY, EQUIPMENT)</b>
<b>Chapter 9</b>	<b>EMERGENCY VACCINATION</b>
<b>Chapter 10</b>	<b>STAFF TRAINING PROGRAMMES</b>
<b>Chapter 11</b>	<b>PUBLIC INFORMATION AND AWARENESS-BUILDING CAMPAIGNS</b>
<b>Chapter 12</b>	<b>DISPOSAL OF CARCASSES IN CASE OF A MAJOR EPIDEMIC EVENT</b>

## **GENERAL PROVISIONS**

### **Goals**

This Contingency Plan establishes the legal framework that will help to control and combat Foot and Mouth Disease in Romania. It describes the strategic tactical and command structures that will be instigated in cases of suspicion, as well as the confirmation of a case of Foot and Mouth Disease in cloven-hoofed animals.

The Contingency Plan and the Operational Manual describe the measures to control the disease, gives an oversight of livestock, the disease, and methods to prevent illegal importation of meat infected into the country, improve bio-security systems on animal holdings, gatherings and fairs / markets, as well as educating and informing the public where there are holdings of cloven-hoofed animals, about the signs of the disease and measures to be applied to maintain free status of the animal holdings and methods to reduce the risk of contamination.

In the event of an outbreak, the strategy of disease control will be in accordance with the obligations that Romania has assumed under the Treaty of Accession to the European Union, as well as with Community provisions in this field.

The criteria and requirements for establishing the Contingency Plan are those set out in section 13 (Articles 74-78) and Annex. 17 of Council Directive 2003/85/EC regarding community measures for control of Foot and Mouth Disease (FMD), which revokes Directive 85/511/CEE and decisions 89/531/CEE and 91/665/CEE and modifies Directive 92/46/CEE, published in the Official Journal of European Communities (OJEC) no. L 306 of 22 November 2003, as last amended by Commission Decision 2005/615/ EC, which amends Appendix XI to the Council Directive 2003/85/CE, regarding national laboratories in certain member states, published in the Official Journal of European Communities (OJEC) no. L 213 of 18 August 2005 transposed in the Romanian legislation by Order of the NSVFSA President no. 113/2007.

These criteria and requirements can be amended, taking into account the specific nature of FMD and progress in the development of disease control measures and protection of the environment, in accordance with the requirements of the European Union.

Detailed procedures to be adopted by veterinary services, territory personnel and leaders of Local Disease Control Centre in the event of an outbreak of FMD are set in the Operational Manual for FMD which is part of this Contingency Plan.

The first objective of the Government in managing outbreaks of disease of any kind is the restoration of the disease free status of Romania as quickly as possible; for this purpose the Romanian authorities will seek to:

version May 21, 2009

- Limit to the minimum the number of animals to be killed as a result of the disease and to ensure that their killing will take place in appropriate conditions of welfare;
- Protect public health;
- Cause the least possible disruption to the food, farming and tourism industries, the rural communities and the economy in general;
- Minimise damages to the environment;
- Minimise the costs for controlling the disease outbreaks.

**The Contingency Plan for FMD will be revised and improved whenever necessary, at least once every 5 years. It will be supplemented by detailed procedures and instructions in the Operational Manual.**

## **INTRODUCTION**

### **1. General data about FMD**

FMD is a highly pathogenic infectious-contagious disease affecting cloven-hoofed animals, especially bovines, sheep, pigs and goats. Other susceptible animals to the disease are wild bi-ungulates, including elephants. The disease is accompanied by development of liquid-full vesicles at the level gingival mucous membrane or members.

There are seven types of viruses that produce similar signs, only differentiable in the laboratory. The disease spreads by direct or indirect contact with sick animals, as they excrete the virus just a few days before the disease has developed any clinical signs.

The disease can spread by uncontrolled movements of people, animals, vehicles or other items contaminated with the virus; the virus may also spread by air, especially when blown in the wind. The meat from the carcasses of animals infected with FMD may constitute a considerable source of the virus.

The virus is sensitive to heat, low humidity and certain disinfectants; however in a favourable environment, such as frozen carcasses and contaminated items, it may remain active for a variable period of time.

Timely identification and reporting of the disease, as well as the observance of a number of extremely strict bio-security measures make it possible to contain the virus spreading to neighbouring contacts.

### **2. Alert system to indicate disease status**

2.1. This section establishes the effective mechanism to ensure that the response to an disease outbreak can be implemented in an coordinated and efficient manner. The following diagram provides a general view on the steps that must be taken, following a disease suspicion and the actions that must be taken if the disease is confirmed.

After confirmation of disease, different structures and groups are established to enable the disease to be controlled.

The Operational Manual contains the necessary procedures to make sure that the organisations and people responsible for disease control are notified and have detailed instructions on their role in disease control operations.

There is one standard alert system, with colors that will be adopted as follows:

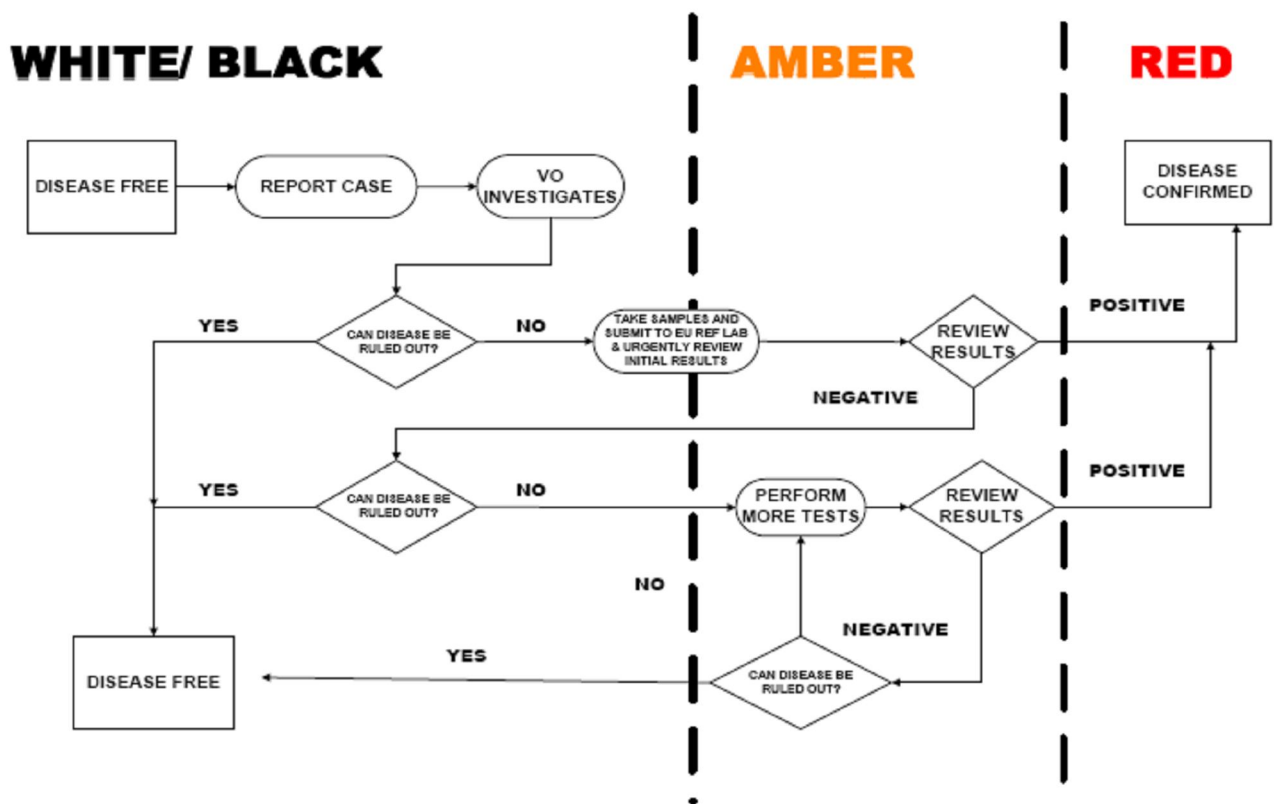
version May 21, 2009

- **WHITE** COLOUR: when the disease is not present or suspected; this is the alert status in normal circumstances;

- **BLACK** COLOUR: when the risk for disease is higher than normal; for example disease can be suspected or confirmed in the vicinity of a EU Member State, and therefore a higher level of vigilance is required;

- **AMBER** COLOUR: when following veterinary enquiry there is suspicion of the presence of disease on a particular premises on clinical grounds,. Samples will have been submitted for laboratory analysis;

- **RED** COLOUR: when the disease has been confirmed.



Note: The National Reference Laboratory may identify a notifiable disease, in which case there would be an immediate move to amber alert stage.

## **CHAPTER I**

### **LEGAL PROVISIONS**

The legal grounds for the control of FMD in Romania is Order No. 113/ 2007 to approve the Sanitary-Veterinary Norms regarding measures for control of FMD, published in Romania's Official Gazette 402 of 15 June 2007 (transposing Council Directive 2003/85/ EC regarding community measures for control of FMD). Alongside with these laws, the relevant legislation in the field may complement the legal framework for the implementation of controlling measures.

The Order establishes the minimal control measures to be adopted in case the status of the disease requires it. It is necessary that the measures for disease control are applied as soon as the disease is suspected and also involves the control of animal movements.

The policy in regard to controlling FMD requires that all the animals susceptible of infection from the premises infected with FMD, as well as those identified as dangerous contacts are to be killed.

Prophylactic (routine) vaccination against FMD is forbidden in this order.

In case of suspicion of infection with FMD virus (FMDV), the actions to take are those presented in the table below:

**SUMMARY OF INITIAL ACTIONS IN SUSPECT CASES**

State of alert (Countrywide)	Level of suspicion (Case specific)	Possible scenario
<b>WHITE/BLACK</b>	<b>0</b> Disease not suspected following veterinary enquiry	Any restriction on premises lifted, no further action
	<b>1</b> (Amber for FMD only) Lesions and clinical disease not typical-but disease cannot be ruled out entirely on clinical grounds.	Suspect animal (s) left alive and observed. Samples taken for laboratory diagnosis.
<b>AMBER</b>	<b>2</b> Lesions and clinical disease suggestive of the notifiable disease but not entirely convincing.	Suspect animal (s) showing lesions are killed as a preventive measure (excluding those killed for <i>post-mortem examination and collection of tissue sample</i> ). Samples taken and submitted for laboratory diagnosis.
	<b>3</b> Veterinary staffs on farm and at HQ believe from investigation on clinical grounds that disease exists.	All susceptible livestock on the premises killed on suspicion as a preventive measure under the slaughter or suspicion policy. Samples submitted for laboratory diagnosis.
<b>RED</b>	<b>4</b> As a level 3 plus disease already confirmed in the country or substantial evidence that disease may have entered the country. For example, disease in imported animals originating from a region with confirmed disease.	All susceptible livestock on the premises killed on suspicion and disease confirmed on clinical ground only without awaiting laboratory results. Samples will be submitted for laboratory diagnosis.  First reported case where disease is confirmed.  Disease is already in the country and further cases have been confirmed.



version May 21, 2009

During disease outbreaks, NSVFSA can ask for assistance from other departments united in the National Committee for Emergency Situations under the appellation of National Disease Control Centre provided in Law no. 1 from 8-th of January for the modifying and completion of Government Ordinance no. 42/2004 concerning the organising of the sanitary veterinary and food safety activity.

## **1.1 Legal provisions for specific fields**

### **1.1.1. Reporting the cases suspect of FMD**

The provisions regarding internal reporting of FMD are described under Art. 3 of Order 113/2007. According to this Order, presence or suspicion of FMD is compulsorily and immediately reported to the relevant veterinary authority, by any person having any experience in breeding and attendance of the animals (practising veterinarians, official veterinarians, veterinary personnel with experience in the field, and any person with an occupation that involves working with animals belonging to susceptible species or any products generated from such animals).

The Romanian veterinary authority have to report the disease and inform the European Commission and Member States about cases subsequently confirmed on animals belonging to the susceptible species or in products coming from such animals, from an infected area.

### **1.1.2. Measures in case of suspicion of FMD**

In case of FMD suspicion, the NSVFSA orders an immediate official investigation, in order to confirm or negate the presence of FMD and obtain the necessary samples to be collected for laboratory examination.

Restrictions to be imposed under official supervision on the suspect premises and the movement of susceptible animals, products of such origin, animal carcasses, persons or materials from the suspect premises are specified under art. 4 and 5 of Ord. 113/2007.

The restrictions imposed in such cases are described in the Operational Manual and are compliant to Order 113/2007 approving the Sanitary-Veterinary Norms regarding control measures against FMD.

Extending the control measures to other premises is provided for under art. 6 of Order 113/2007, and establishment of a temporary control zone is stipulated under art. 7 of the same Order.

### **1.1.3. Measures in case of confirmed FMD**

Art. 10 of Ord. 113/2007 regulates on imposing of restrictions on the movement of animals and instituting disease control measures on infected premises.

The control measures focus on all susceptible animals; all susceptible animals exposed to contact should be killed on site or, in exceptional circumstances, in the nearest appropriate location.

Samples needed for laboratory diagnosis will be collected before or during the killing by the official veterinarian.

Carcasses from animals belonging to the susceptible species or carcasses from the killing subsequent to implementation of the control measures will be processed under official supervision, and the carcasses and products specified under art. 4, paragraph (3), letter (c) or Order 113/2007 must be isolated until disease is confirmed or negated.

The measures in cases of confirmed FMD are described in detail in the Operational Manual and are compliant with provision of section III, Art. 10- 14 of Order 113/2007 approving the Sanitary-Veterinary Norms regarding control measures against FMD.

The measures applicable in FMD outbreaks in the vicinity of or on specific locations populated with animals belonging to the susceptible species, in slaughter houses, border inspection points and transportation means are covered under art. 15 and art. 16 of Order 113/2007 approving the Sanitary-Veterinary Norms regarding control measures against FMD.

With a view to controlling FMD effectively, the NDCC and the LDCC need to be activated immediately, in compliance with the provisions of Section 13, art. 70 of Order 113/2007 approving the Sanitary-Veterinary Norms regarding control measures against FMD.

### **1.1.4. Additional measures in case of confirmation of FMD outbreaks**

If FMD is diagnosed, the animals belonging to non-receptive species in the infected premises should also be killed and processed, as established in art. 14 of Order 113/2007.

According to the same article, the competent authority can order all the required preparative work for emergency vaccination in an area of similar size with the supervision area; it may also apply the measures presented under art. 7 (establishment of a temporary control zones in which the movement of susceptible animals is prohibited for a specified period) and art. 8 (implementation of a preventive eradication programme, including preventive killing of the animals from species receptive likely to be infected, and even those from production units related or nearby).

### **1.1.5. Measures in premises that include different epidemiological units and contact premises**

The measures to be adopted in case FMD is confirmed among the categories of holdings mentioned above are covered in art. 18 and art. 19 of Order 113/2007. These articles provide the possibility of derogations from art. 10.1, 4.1, 4.2 and 4.3. regarding the control measures applied in cases of suspicion and confirmation of FMD.

### **1.1.6. Epidemiological investigation**

The carrying out of the epidemiological investigation is stipulated in art. 13 of Ord. 113/2007; such investigation should use the questionnaire in the Operational Manual for FMD and obtain factual data that would help establish an accurate and quick diagnosis.

### **1.1.7. Establishing of protection and surveillance zones**

If a case of FMD is confirmed on a premises, the local veterinary authority (official veterinarian) will establish the protection and surveillance zones in compliance with art. 19 of Ord. 113/2007.

The official veterinarian will cooperate closely with CSVFSD, NDCC and LDCC, both in establishing the protection and surveillance zones, as well as to carry out epidemiological investigation, as set out in art. 13 of Ord. 113/2007. As is stipulated in art. 75 of the above order, NDCC and LDCC are assisted by the NEG for FMD.

The measures imposed in the protection zones are covered under art. 20 – 33 of the same Order and are described in the Operational Manual for FMD. They include census on the population of susceptible species; periodical veterinary inspection; transport and movement of animals (but also of products and by-products), of fresh meat produced in the protection zones; seminal material, ovules and embryos collected from animals belonging to the susceptible species; transport and distribution of manure and natural fertilisers, wool and processed and unprocessed skins originating from susceptible animals in the protection zones; fodder originating from the protection zones, etc.

The FMD health status on premises in the control zones will be monitored by the local veterinary authority (CSVFSD) through clinical, morpho-pathological and laboratory examinations, in compliance with the provisions mentioned above.

Supervision of animals and premises in the control zones is undertaken in compliance with the provisions of Order 113/2007, observing the indications presented under art. 35 – 41.

### **1.1.8. Territory regionalisation, movement control and identification**

If FMD appears to be spreading and the epidemic becomes more extensive, then emergency vaccination may be adopted, if the Romanian territory is regionalised in one or more restriction and free areas, according to the provisions of art. 43 of Order 113/2007. Restriction areas will be under effect of the measures specified at art. 44 of the same order, and the animals will be identified and their movement controlled according to the provisions of art. 45 and 46.

### **1.1.9. Re-establishing the disease free status after eradication of FMD**

This process should be undertaken in compliance with the provisions of art. 57 – 59 of Order 113/2007 approving the Sanitary-Veterinary Norms regarding control measures against FMD, which is the transposition of Council Directive 2003/85/ EC, regarding community measures for FMD control, which revokes Directive 85/511/CEE, and decisions 89/531/CEE and 91/665/CEE, and amends Directive 92/46/EEC, published in the Official Journal of European Communities (OJEC) no. L 306 of 22 November 2003, page 1, as last modified by Commission Decision 2005/615/ EC, amending Appendix XI to the Council Directive 2003/85/ EC, regarding national laboratories in certain member states, published in the Official Journal of European Communities (OJEC) no. L 213 of 18 August 2005.

### **1.1.10. Cleansing and disinfection**

The cleansing and disinfection of the buildings used for sheltering the animals belonging to susceptible species, the vicinity around these shelters, the vehicles used for transport, the equipment used in the premises and other items that could be contaminated is covered under art. 11 of Ord. 113/2007. These operations should be conducted under official supervision, in compliance with the official veterinarian's instructions.

Disinfection should be carried out using exclusively disinfectants which are authorised for use in Romania as hygiene biocide products, active for FMDV, in compliance with the Council Directive 98/8/CE.

### **1.1.11. Cutting up of carcasses and other by-products**

The strategy and legal framework regarding organising and development of the animal waste neutralisation activity, irrespective of their place of origin, is established by Ordinance no. 47/2005, which partially transposes the provisions of Commission's Reg. no. 1774/2002/EC.

### **1.1.12. Financial compensation**

Compensation for the killing of infected animals and animals which represent sources of contamination and also compensation for animals killed or affected in some other way in the process of killing on the infected premises are covered in Government Decision No. 1415/2004 with subsequent amendments.

The document specifies the beneficiaries of the compensation (under art. 3), the method of compensation and the source of the funds for disease control operations and describes the basis for this calculation (covered in art. 4 and Appendix no. 2).

Appendix no. 1 of Gov. Dec. 1415/2004 presents the list of diseases for the eradication of which compensation payments are granted.

The compensation will be paid to the owner, by the market value, for the animals killed on suspicion, following, as well as for animal by-products and materials which have been seized and destroyed.

### **1.1.13. Vaccination**

In special cases, in order to avoid transmission of the disease, there is the possibility of emergency vaccination against FMD. The decision for emergency vaccination should be taken in the circumstances in which the provisions stipulated under art. 48 and 49 of Order 113/2007 are complied with, and it must be adopted in compliance with the EU requirements.

Besides emergency vaccination, protection vaccination may also be applied in regionalised zones (art. 50 of Order 113/2007), provided that the vaccination zone is surrounded by a surveillance zone (defined according to OIE requirements), of at least 10 km from the vaccination zone perimeter.

Suppressive vaccination against FMD may be applied in animal holdings according to the procedures and provisions established under art. 51 of Ord. 113/2007.

version May 21, 2009

#### **1.1.14. Penalties**

Failure to comply with the control measures applied for controlling infectious animal diseases is sanctioned according to the law; implementation of sanctions is regulated by Government Decision no. 948/2005, modified and completed by Government Decision 679/2006.

## **CHAPTER II**

### **FINANCIAL PROVISIONS**

#### **2.1. The costs of controlling the disease**

**a. The costs needed for applying the legal measures for control of infectious-contagious animal diseases** are covered from Ministry of Agriculture Forestry and Rural Development (MAFRD) funds, and the expenses regarding implementation of specific prophylactic measures are covered from the NSVFSA budget, “The Epizooty Combating Fund”.

The amount required for performing disease control operations is contained into the “Program for surveillance operations, prevention and control of animal diseases, those transmitted from animals to humans, animal welfare and environmental protection”, approved each year by the Romanian Government.

In case of contingencies that require additional funds (i.e. an outbreak of animal disease), the amounts will be allocated from the “Government’s Intervention Fund”.

The expenses for controlling animal diseases are granted from “The Epizooty Combating Fund”, for the following:

- Additional salary payments (extra hours, temporary workers, transport and daily allowance);
- Protection equipment and other materials for protection;
- Consumables;
- Killing of animals and disposal of carcasses ;
- Disinfecting or disposing of contaminated materials;
- Cleansing and disinfecting shelters, premises, vehicles and equipment;
- Animal protection measures;
- Compensation for the animals killed, animal by-products and other materials which have been seized and destroyed;
- Emergency vaccination campaigns;
- Training of personnel;
- Support for NEG;
- General preparations for controlling the disease in outbreaks.

**b. The costs of the staff employed** by the Ministry of Agriculture, Forestry and Rural Development and by the National Sanitary-Veterinary and Food Safety Authority in Romania (veterinarians, field support staff, office staff) will be covered from funds especially allocated by

version May 21, 2009

this Ministry for controlling disease in animals. If additional, contracted personnel should be required, the funds for paying such persons will be provided by the Government.

The personnel recruited from outside the Government system will be paid from emergency funds<sup>1</sup>.

Salaries of additional staff hired by NSVFSA are covered by NSVFSA.

**c. The costs of equipment, tools and consumable materials** for emergency interventions should be covered from “The Epizooty Combating Fund”. Such costs should include auxiliary expenses incurred for repairing or replacing machines and equipment used in the outbreak. Provision to LDCC’s of the equipment, machines and materials needed at this level will be covered from funds coming from MAFRD and from the local budget.

The administrative departments of NSVFSA and CSVFSD will look to ensure deployment of framework contracts with material, equipment and service providers, with a view to supplying the LDCC.

**d. The costs that involve killing, transport, disposal of carcasses and destruction of contaminated materials** will be covered from “The Epizooty Combating Fund”.

The costs regarding cleansing, sanitation, disinfection, vermin control are also covered from Government budget funds.

**e. Compensations to breeders** (of animals belonging to susceptible and potential contact species) will be paid from budget funds allocated by the MAFRD: “The Epizooty Combating Fund”.

Payment will be made to the owner not later than 30 days from the killing of the animals.

**f. Occasional expenses incurred with the development of the disease control programme** for emergency situations (including vaccination programmes, animals identification) and in general, all expenses incurred with the preparation of operations are funded from budget funds, allocated to veterinary services for current activities. Such funds may be supplemented by funds allocated by the European Union.

**The financing of the actions** undertaken by the NDCC are provided from the state budget under conditions established by Government decision.

---

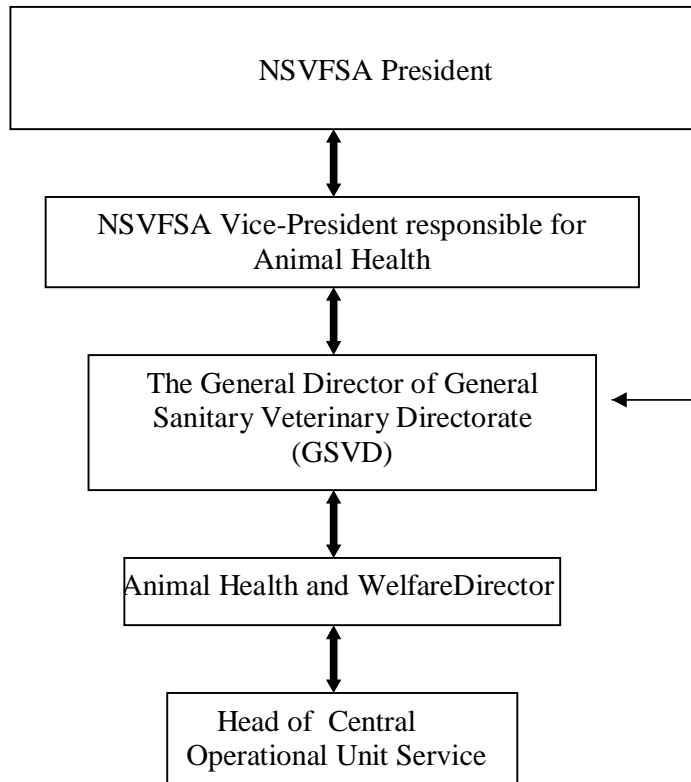
<sup>1</sup> *These emergency funds of the Government will also cover daily allowance, travel and accommodation expenses of personnel recruited from outside the system.*



### CHAPTER III CHAIN OF COMMAND

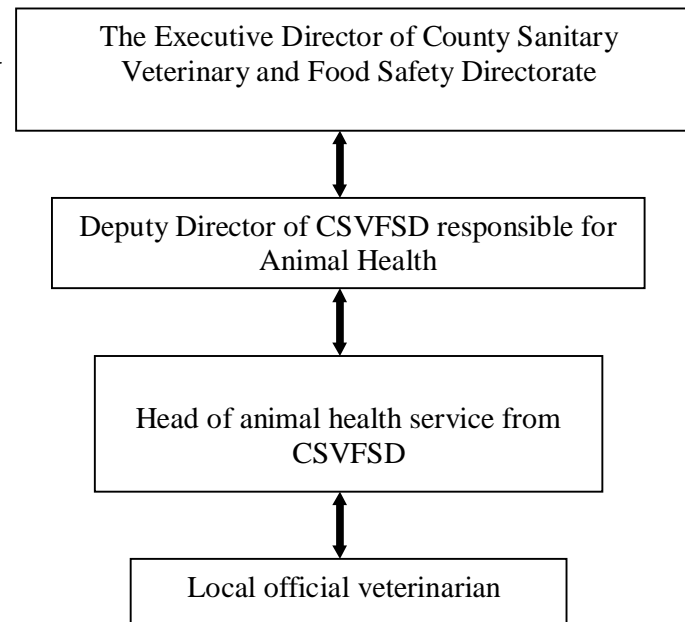
Chain of command during “peace time” and in case of suspicion is the following:

#### AT CENTRAL LEVEL



The link between the central and local structures of the chain of command is at the GSVD-General Director and CSVFSD-Executive Director level.

#### AT LOCAL LEVEL



version May 21, 2009

The full responsibility for controlling FMD at national level belongs to the Ministry of Administration and Interior ( MAI) as the head of the National Disease Control Centre (NDCC), which is organized and operates within the National Committee for Emergency Situations, in accordance with the provisions of Law no. 1 / 2008, amending and supplementing Government Ordinance no. 42/2004 on the organization of sanitary veterinary and food safety activities.

In this position, the Minister of Administration and Interior is the head of the chain of command.

His responsibilities are:

- To establish the objectives for disease control;
- To secure the deployment of funds from the Government to combat the disease;
- To maintain the link between the Government and the leadership of the National Committee for Emergency Situations;
- To establish, helped by the CVO, the NDCC within the NCES. In his absence, the NDCC will be established by a deputy minister.

The Ministry of Interior and Administrative Reform delegates the responsibility for developing and maintaining the Contingency Plan to the President of the National Sanitary-Veterinary and Food Safety Authority who is the Head of Veterinary Services (HVS or CVO).

In crisis situations, the CVO, as head of the Central Operational Unit, is the next link in the chain of command and has the responsibility to conduct the activities related to controlling the disease and to implement the specific responsibilities related to the operational aspects of FMD Contingency Plan (responsibilities specific to veterinary services).

The CVO is responsible for drafting policies and strategies to combat the disease. He delegates responsibilities to the executive directors of the CSVFSD and monitors their progress.

The tasks of CVO are:

- To establish, conduct and implement policies in the legislative framework;
- To provide advice on combating diseases for the ministers of the NDCC;
- To establish the main objectives of activities for disease control.

At the operational level, its main task is to lead the Central Operational Unit, the structure responsible for coordinating the operational control of the disease.

His tasks are to:

- Prepare reports regarding the activities for combating the disease in the territory and to submit them to NDCC;
- Coordinate and supervise the activities of the Centres for Intervention in the Field (CIF);

version May 21, 2009

- Prepare the reports for the international organisations (EU, OIE, FAO, etc.);
- Develop and implement policies to prevent disease transmission to other states by controlling exports of animals;

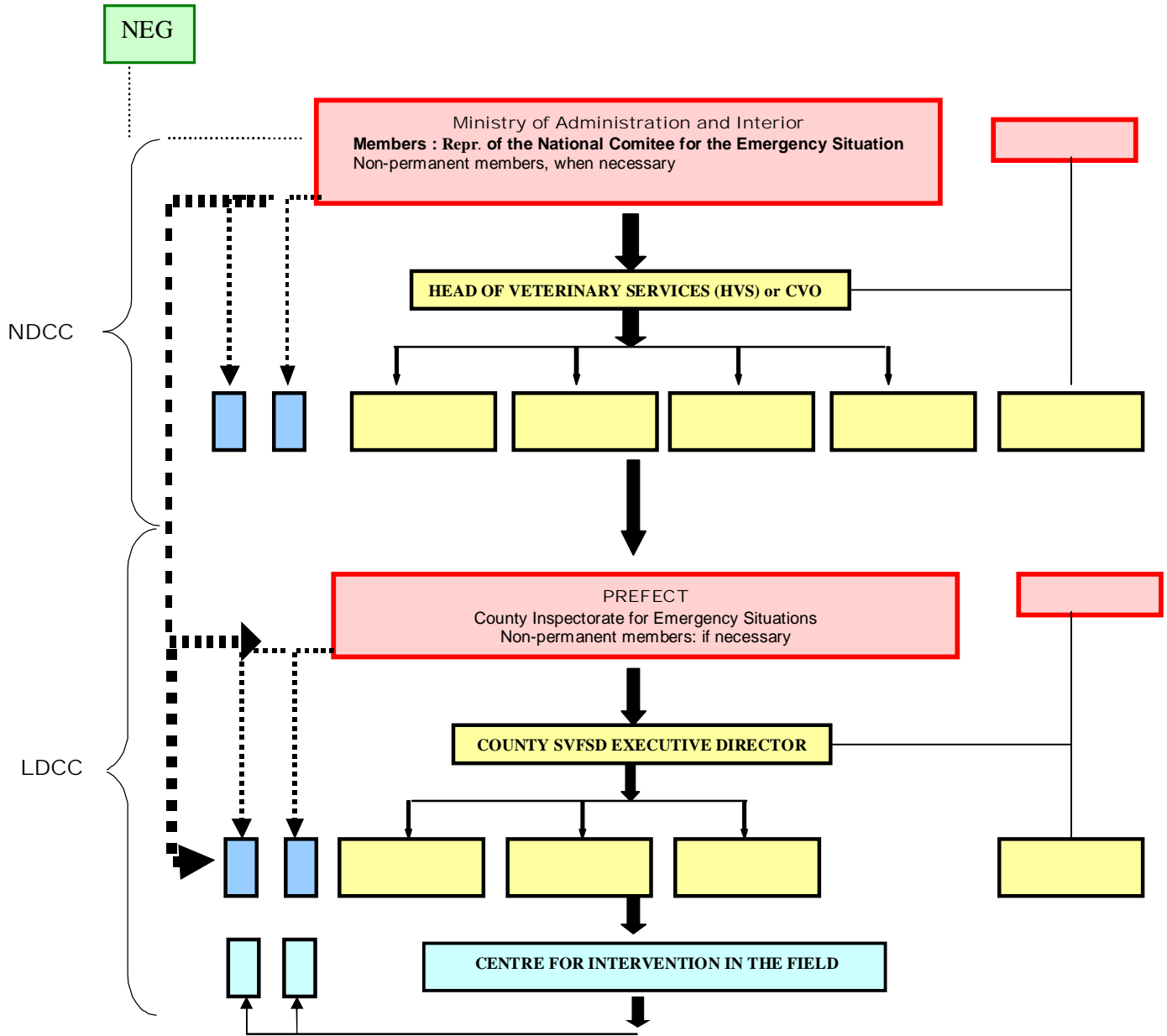
At county level, full responsibility for combating/control FMD belongs to the Prefect of the county, who is the link in the chain of command of the Ministry of Administration and Interior a permanent member of the NDCC.

The following link of the chain of command at county level (LDCC) is the Executive Director of CSVFSD.

The responsibilities of NDCC and LDCC are described in chapters 4.2 and 5.2.

The operational partners belonging to the Central and Local Support Unit(s) that are not subordinated to the Ministry of Administration and Interior shall use their own existing chains of command.

### Chain of command



## **CHAPTER IV**

### **NATIONAL DISEASE CONTROL CENTRE**

The NDCC is the responsible structure which coordinates the activities related to the combating of infectious diseases within Romania. The NDCC is established under the National Committee for Emergency Situations and is stipulated in Law no. 1 from 8-th of January for the modifying and completion of Government Ordinance no. 42/2004 concerning the organizing of the sanitary veterinary and food safety activity.

NDCC is responsible for the policies and operations adopted in combating FMD at national level.

Under the leadership of the Ministry of Administration and Interior the NDCC has the following responsibilities:

- development, establishment and interpretation of policy in the legislative framework in force;
- advising ministers;
- setting objectives for the operational disease control;
- establishment of the Central Decision Making Unit (CDMU). CDMU is part of NDCC and is a coordinating structure for the operational disease control.

NCES<sup>2</sup> as an inter-ministerial structure for emergency situations (including the evolution of infecto-contagious diseases in animals) that includes NDCC, has the following main responsibilities:

---

<sup>2</sup> The National Committee for Emergency Situations was formed and operates under the direct leadership of the Minister of Administration and Interior and under the coordination of the Prime Minister. The National Committee is an inter-ministries structure composed of the persons with powers of decision, experts and specialists assigned by ministries with complex responsibilities in managing emergency situations. It provides the unitary and permanent coordination of the activities to prevent and respond to emergency situations.

The organization and functioning of the National Committee was established by Government Decision no. 1489/09.09.2004.

At county level, under the leadership of the prefects, county committees for emergency situations are established. Members of the county committee are:

- the prefect;
  - heads of de-concentrated decentralized services;
  - townhall (local authorities);
  - relevant stakeholders.
-

version May 21, 2009

- makes proposals, where appropriate, to the Government to adopt the National Insurance Plan with human, material and financial resources for the management of the emergency situation;
- draft and present to the Government for approval the legislative framework for the organisation, operation and financial committees, operational centres for emergency situations, and the flow of information and decision-making;
- declare, with the agreement of the prime-minister, the state of nationwide alert and coordinate the management of the emergency situation.
- at the end of the emergency, declare cessation of the state of alert;
- decide, in agreement with the prime-minister, the implementation of evacuation plans following the proposals of ministerial, county or Bucharest city committees;
- propose to the Government, through the administration and interior minister, the establishment by the President of Romania of the " emergency state " in affected areas and supervise this process. This will be based on requests received from county committees or the City of Bucharest;
- on the basis of analysis prepared by the General Inspectorate, propose to the Government the request and acceptance of international humanitarian assistance in the instance of emergency situations with very serious impact;
- coordinate, within Romania, the work of international organisations required for assisting with emergency situations, especially in the area of mitigating the destructive effects of the disaster, in accordance with the provisions of Romanian law;
- propose to the Government the inclusion in the annual state budget of the necessary funds for managing emergency situations. This could include the provision for cross border working where necessary;
- where approved by Government Decision, establish the responsibilities of the main support functions that the ministries, other central structures and non-governmental organisations will provide regarding the prevention and management of the emergency situation;
- initiate the development of plans for managing emergency situations and approve those drafted by ministerial, county and the city of Bucharest committees;
- present to government for approval, plans for the release from state reserves of products and goods needed to support local government authorities and the population affected by disasters or other emergency situations;

version May 21, 2009

- Establish the cooperation way of the National System structures with the authorities and other structures of the Romanian state or international with ability in management of exceptional cases;
- Coordinate public information concerning the management of emergency situations;
- Conform to other requirements of Romanian, EU and international law.

The NDCC is an cross governmental structure and has the following components:

- a) **The Central Decison Making Unit (CDMU)**, headed by the Minister of Administration and Interior, comprised of the members of the National Committee for Emergency Situations.
- b) **The Central Operational Unit (COU)**, constituted at NSVFSA level under the leadership of the President of the National Sanitary Veterinary and Food Safety Authority.
- c) **The Central Support Unit (CSU)** which has a main responsibility of supporting the Central Operational Unit and is comprised of experts and specialists provided by Government and from representatives of stakeholders who have an interest in the combating of epizootic diseases and can assist the COU taking necessary measures for eradication.

The organising, functioning and responsibilities of the NDCC and of supporting structures are established through Government Ordinance, following a request from the Minister of Administration and Interior.

**CDMU** is located within **MAI** at the following address:

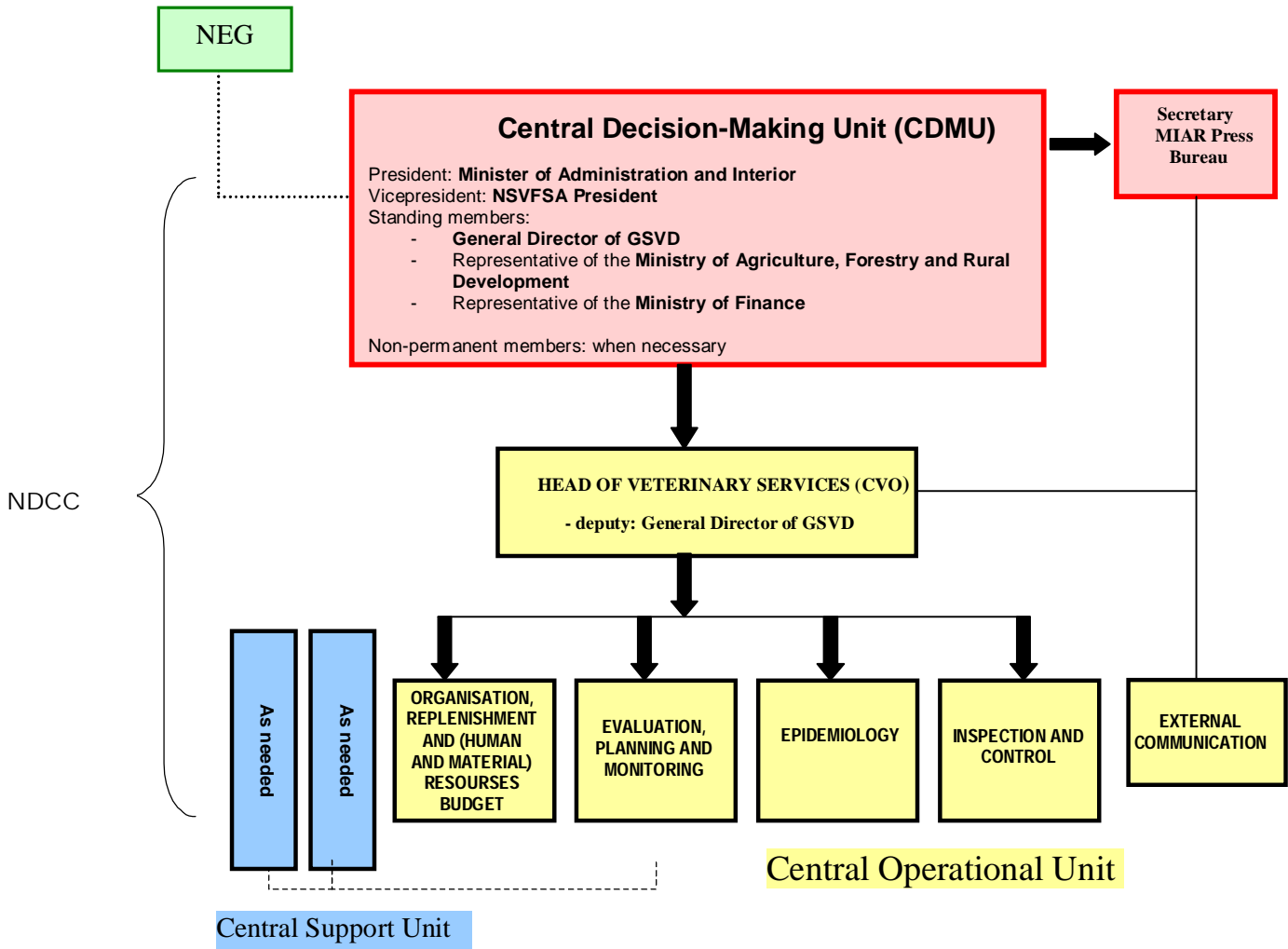
No. 46 Banu Dumitrache Street, Sector 2, Bucuresti  
Tel. +4021 206 61 50

**COU** and **CSU** are located within **NSVFSA** at the following address:

1B. Negustori Street, sector 2 Bucharest  
Zip code: 023951

If necessary, the COU and CSU may be located in the building of: The Institute for Diagnosis and Animal Health: No. 63 Dr. Staicovici Street, CNL office, sector 5, Bucharest.

### NDCC Flow Chart





#### **4.1. NDCC tasks:**

NDCC is directing and monitoring the operations of the LDCC's.

In particular, the NDCC should undertake the following:

- Define disease control measures, if necessary;
- Ensure prompt, efficient implementation of disease control measures by the LDCC;
- Allocate staff and resources from its own or from other institutions to the LDCC;
- Organise emergency vaccination, if necessary;
- Communicate with the European Commission, Member States, International and National Veterinary Organisations, Agriculture and Trade Institutions concerning the combating of the disease;
- Collaborate with national and international diagnostic laboratories to establish and confirm diagnosis;
- Collaborate with the press and other media.

#### **4.2. Members and tasks of NDCC subunits**

##### **4.2.1. Central Decision-Making Unit**

The president of the CDMU and implicitly of the NDCC is the Minister of Administration and Interior;

The vice-president is the NSVFSA President;

Permanent members: General Director of the General Sanitary Veterinary Directorate, representatives of the Ministry of Agriculture, Forestry and Rural Development and of the Ministry of Finance;

Representatives of other Ministries (only invited when necessary).

The CDMU should define and establish the entire disease control strategy and co-ordinate the collaboration between authorities and public institutions which have responsibilities in managing the emergency situation.

##### **4.2.2. Central Operational Unit**

The President of NSVFSA is the head of the COU and he has the following tasks:

- To ensure that the necessary staff to control the disease are available at all times at NDCC and LDCC level;
- To train the NDCC staff regarding the disease situation, policies and procedures;

version May 21, 2009

- To train the CSVFSD Executive Directors over the progress of the outbreak;
- To lead the daily meetings regarding the outbreak management;
- To maintain contact with the leadership of CSVFSD for information on the latest progress of the outbreak;
- Confirming new infected locations and dangerous contacts and to authorize the killing and disposal of susceptible animals;
- To assess and update strategies;
- To ensure in the field that all activities are in accordance with the disease control policies;
- To ensure that appropriate reporting procedures are in place;
- To authorise the establishment of disease control zones.

The deputy head of the COU is the Director of General Sanitary Veterinary Directorate from NSVFSA. His tasks are to:

- Establish and prepare the meetings, presentations and missions with the FVO and third countries regarding FMD;
- Monitor the development of FMD in other countries, as necessary;
- Ensure that initial international notifications are made promptly;
- Maintain communication with the European Commission, Member States and third countries, after the initial notification;
- Participate at the CDMU meetings;
- Participate in daily NDCC meetings;
- Advise on strategies and options;
- Oversees and advises activities in the disposal, cleansing, disinfection and movement control areas;
- Advise the management of the NDCC on significant events, the trends and predictions;
- Periodically update reports for the NDCC and the Prime Minister's Cabinet;
- On behalf of the Government participate in press conferences and give interviews in the media when necessary;
- Ensure that resources required for the proper functioning of NDCC are available;
- Ensure that the welfare of staff involved in combating outbreaks is respected.

Under the coordination of the CVO (or General Director of GSVD) there are five working groups:

**a) Working group 1: ”Organising human, financial and material resources”**

Head of working group: General Director of the Budget, Finance, Juridical and Human Resources General Directorate from NSVFSA;

Deputy Head: The Director of Budget and Finances Directorate (NSVFSA).

**b) Working group 2: “Monitoring, evaluation and planning”**

Head of working group: The Director of the Animal Health and Welfare Directorate (NSVFSA);

Deputy: Head of Service for Implementation of Policies and Task Force from NSVFSA.

**c) Working group3: “Epidemiology”**

Head of group: Director of Animal Welfare and Central Epidemiological Unit Directorate from NSVFSA;

Deputy Head: Head of Central Epidemiological Unit Service.

**d) Working group 4: “Inspection and Control”**

Head of group: Director of the Inspections and Control Directorate (MAI);

Deputy: Director of Inspection and Control (NSVFSA).

**e) Working group 5: “External communication”<sup>3</sup>**

Head of group: Head of service: Communication and information systems from MAI;

Deputy head: Head of service Communication and information systems from NSVFSA.

**Tasks of NDCC operational unit:**

- Centralise and evaluate information received from the field and forward them to the CDMU;
- Report the disease internally and internationally;
- Prepares strategic decisions for the CDMU;
- Communicates strategic decisions and regulations regarding FMD to the LDCC and monitors their implementation.

---

<sup>3</sup> All activities will be delivered only under the MIAR press office

version May 21, 2009

#### **4.2.3. Central Support Unit:**

Members:

- Consultants and representatives from related fields of the relevant Ministries and organisations;

- Additional administrative staff.

Tasks:

- Effective, efficient communication with other parts of the NDCC;
- Management of NDCC resources.

## **CHAPTER V**

### **LOCAL DISEASE CONTROL CENTRE**

The specific structure having responsibilities in controlling FMD at local level is the Local Disease Control Centre (LDCC). This structure will be created at the level of the County Committee for Emergency Situations.

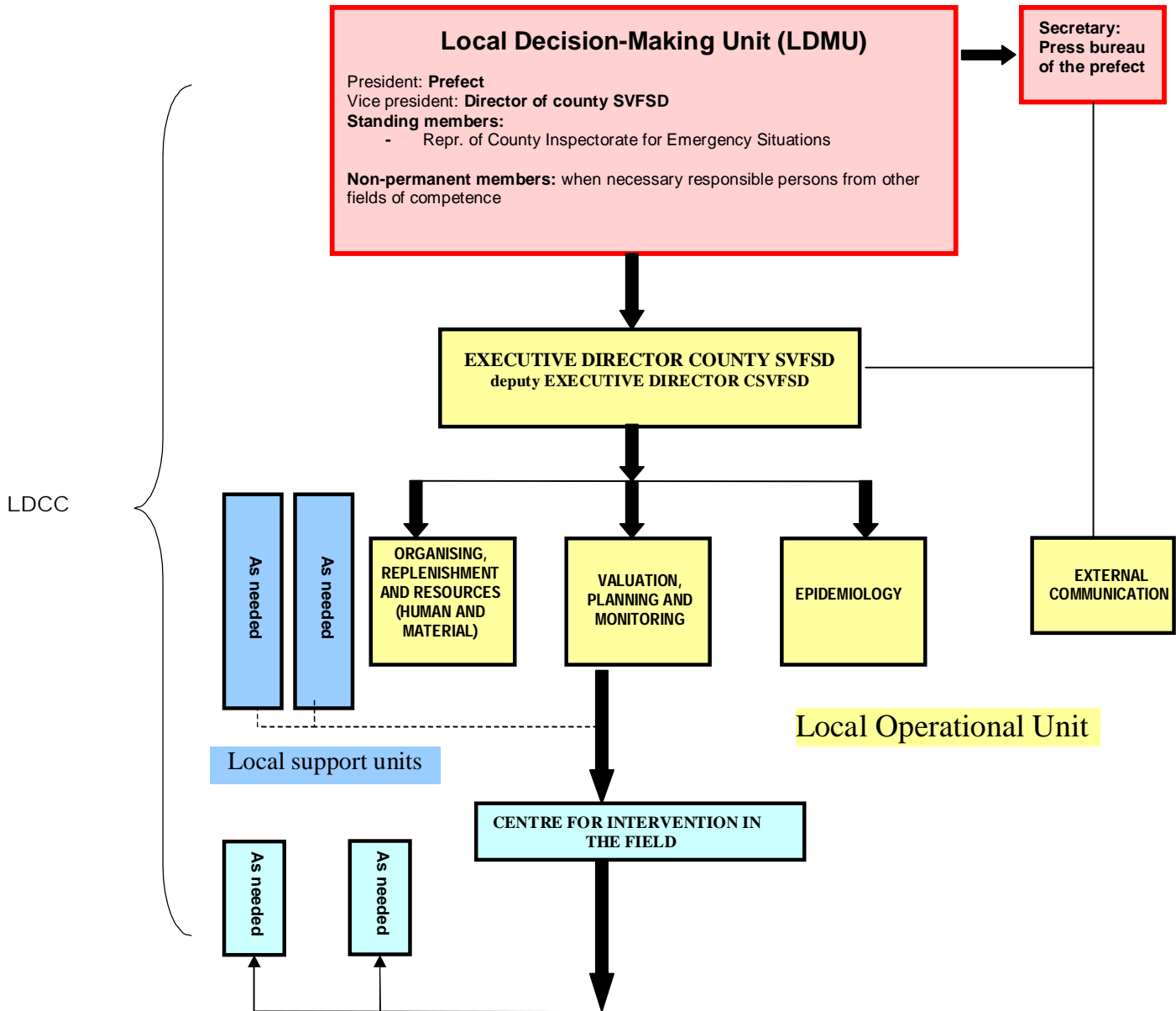
Its hierarchic structure is similar to that of the NDCC.

One significant structure of LDCC's operational part is the "Centre for intervention in the field", allowing county (local) level units to effectively control the disease and ensure strict bio-security measures are observed.

Operational Units at the level of the 42 LDCC's are responsible to apply the disease control measures at a local level of competence. Annex 1 includes a list of the headquarters and contact data of the 42 LDCC's.

#### **5.1. LDCC structure**

The LDCC structure includes the Local Decision-Management Unit (LDMU), a Local Support Unit (LSU) and a Local Operational Unit (LOU) to which the Centre for intervention in the field reports to.



## 5.2. LDCC Tasks

LDCC has as main responsibilities:

- Implement the containment strategy in case of suspicion or development of FMD outbreaks;
- Carry out immediate clinical investigation, followed by epidemiological investigation in the suspect reported cases of the disease, take and transport samples to the diagnostic laboratory, in compliance with the legislation in force and following instructions in the Operational Manual;
- Report suspect cases to NDCC as soon as possible;
- Establish control on the infected premises after laboratory confirmation of disease;
- Establish protection and surveillance zones and restrictions, issue restriction orders to animal keepers and the rest of the human population when necessary;
- Close down fairs, markets and other animal gatherings within the protection and surveillance zones and maintain contact with the police, in order to prevent movements of susceptible species, products and contacts that might spread the disease;
- In case there is suspicion of disease in neighbouring counties, establish the link with the NDCC and the Veterinary Authority of the relevant county, in order to establish the protection and surveillance zones;
- Immediately carry out a census on the susceptible species in the backyards of the local population and on the commercial farm premises within the protection and surveillance zones, as well as in contact premises, with the support of the staff from the town halls agricultural office;
- Establish and implement disease control measures in the infected premises:
  - Quarantine of premises;
  - Valuation of susceptible animals – for compensation;
  - Killing of animals;
  - Disposal of resulting carcasses;
  - Destruction of fodder and other materials suspect for contamination;
  - Cleansing and disinfection of premises and equipment used;
  - Vermin control.
- Identify the premises of susceptible animals at risk from the disease and submit options to the NDCC to kill the animals on potentially infected premises ;

version May 21, 2009

- Inspect the population of animals susceptible to FMD in the protection and surveillance zones, as soon as possible after the disease has been confirmed;
- Record the data collected with the epidemiological investigations, the movement Certificates issued, the staff and equipment used; record the events from the infected premises and the LDCC in the diary.

### **5.3. LDCC members and tasks**

The **LDCC** is headed by the prefect of the appropriate county who ensures that it operates effectively and receives all the appropriate resources. The county prefect is the link in the chain of command at the local level;

In fulfilling his tasks, he is assisted by the Director of CSVFSD, whose tasks are as follows:

- Maintains a list of infected premises;
- Following authorization from the CVO and the experts group for killing the animals on the infected premises the director transmits the authorization to the Centre for intervention in the field.
- Monitors the procedures for valuation, slaughtering, rendering, cleansing and disinfection and restocking premises;
- Examines the daily LDCC data reports;
- Maintain a record of the number of premises, types of holdings and numbers of animals that have been killed and those to be killed;
- Maintain a record of the number of premises, the types of holdings where disposal operations have been undertaken, as well as those where disposal operations are to be undertaken;
- Keeps records of each location where cleansing and disinfection operations have been undertaken, in order to help establish the future dates for the lifting of restrictions;
- Issues service notes, when appropriate.

#### **5.3.1 Local Decision-Making Unit**

LDMU president – and implicitly president of the LDCC is the County Prefect;

The county Subprefect is the vice-president;

Permanent members of LDMU are CSVFSD executive director and the representatives of the County Inspectorate for Emergency Situations.



version May 21, 2009

LDMU tasks are:

- Periodically assesses the health situation across the county and sets out measures for improvement of the situation;

- In case of epizootic diseases within the county take the following measures:

a) approve the general plan of measures for preventing and combating epizootic diseases, in accordance with legal provisions or recommendations received from the central decision unit, and organise their popularisation;

b) aims to ensure the technical-material base and the organizational conditions necessary for implementing the plan of action;

c) monitor implementation of measures to prevent and combat disease in the general plan, establishing responsibilities for each member of the Unit, by sector and regional areas;

d) regularly examines the evolution of the epizootic and effective action taken, after completing the necessary measures.

**In fulfilling its tasks the LDMU issues laws of the County Inspectorate for Emergency Situations and orders of the prefect.**

### **5.3.2 Local Operational Unit**

The head of LOU is the CSVFSD executive director;

The deputy head of the LOU is the deputy executive director of CSVFSD.

Under their management there are five working groups:

#### **a) Working group 1: “Organising human, financial and material resources”**

Head of group: Deputy economic executive director of CSVFSD;

Deputy: Head of accounting and human resources department of CSVFSD.

Tasks:

- Establish the Local Intervention Centre;
- Provide internal and external staff (veterinarians, valuers, animal killing team) and provide accommodation for such staff;
- Take actions to secure the appropriate staff;
- Provide the necessary materials (equipment, reagents, disinfectants, transport medium, fuels etc.) through existing contracts and from other sources;
- Prepare additional material storage locations;

version May 21, 2009

- Replenish intervention staff with meals;
- Provide reserve electrical generators;
- Organise and carry out transportation of samples, material, staff, courier service, distribution of materials etc.;
- Ensure there are adequate conditions for cleansing and disinfecting the staff and materials on the infected premises;
- Conclude the labour contracts and ensure fees are paid to specialist and auxiliary staff;
- Establish the reporting and communication systems (IT system, database, own web site);
- Establish a collection point for materials, including equipment;
- Make arrangements for other costs and expenses.

**b) Working group 2: “Monitoring, evaluation and planning”**

Head of group: Head of Animal Health Service at CSVFSD;

Deputy: Head of Programmes for disease control at the CSVFSD.

Tasks:

- Keep the record of activities;
- Centralise the data related to the field activity, numbers and structure of animal population in the protection and surveillance zones;
- Evaluate epidemiological investigations and send results to the LDCC;
- Collate the data for reporting to the NSVFSA and to other organisations and pass to the LDCC;
- Provide reporting and communication systems;
- Establish intervention priorities;
- Establish the need for material, staff, specialist and administrative personnel;
- Establish additional needs for material, staff, specialist and administrative personnel;
- Inform all appropriate internal and external institutions;
- Use ordinances, decisions, dispositions, communications, notifications and other forms of information;
- Establish the protection and surveillance zones , including restriction measures;
- Develop the documentation regarding establishment of the protection and surveillance zones;
- Deliver the programme for controlling the disease;
- Establish disinfection points where appropriate;

version May 21, 2009

- Communicate decisions and regulations regarding disease control measures;
- Establish the areas for application of emergency vaccination if appropriate;
- Deliver the plans for carrying out emergency vaccination in the areas established and approved if appropriate;
- Evaluate the conditions for lifting the disease control measures.

**c) Working group 3: “Epidemiology”**

Head of group: Head of Welfare and Epidemiological Office at CSVFSD;

Deputy: Head of office for animal health from Sanitary Veterinary Laboratory

at county level.

Tasks:

- Carry out epidemiological investigations on the affected and contact premises;
- Evaluate epidemiological investigations.

**d) Working group 4: “External communication”<sup>4</sup>**

Head of group: Spokesman of CSVFSD.

Tasks:

- To draw up press communications and inform the media concerning the progress of the disease and disease control measures;
- To establish and manage the emergency telephone line
- To contribute information to the NSVFSA internet page

**e) Working group 5: “Centre for intervention in the field”**

Head of Centre: Animal Health Service official veterinarian at CSVFSD.

The Centre for intervention in the field has the following staff at the LDCC:

1 secretary;

1 warehouse keeper;

1 – 2 courier/s.

---

<sup>4</sup> responsible to the press office of sub-prefect

**Teams:**

– **Valuation teams** for establishing compensation following disease control measures:

1 – 2 evaluators (Local Mayor's Agricultural Office).

– **Killing teams** contain the following:

- 2 veterinarians
- assistant for record keeping
- 1 – 4 people trained for killing animals
- 1 – 2 support staff to guide and restrain the animals
- 1 - 2 people to clear the shelter and load the animals.

– **Vermin control team:**

- 1 – 3 specialist personnel in vermin control;

– **Team for implementation of control measures (quarantine):**

- veterinarians at the animal health service of the CSVFSD;

– **Team for construction of road disinfecting sites:**

- 8 persons (for example fire fighters)

– **Team for clinical examination of animal population in the control zones:**

- 1 - 2 people, out of which at least one should be a veterinarian;

**Tasks of the Intervention Centre:**

The Centre's main responsibilities are:

- Internal reporting of suspicion and confirmation of disease to the LDCC;
- Management of interventions;
- Provide instructions for disease control signage;
- Control access to the infected premises by blocking access routes using tape, cordons, fences, enclosures as appropriate;
- Control the movement and surveillance of animals in premises from the protection and surveillance zones;
- Communicate the orders (decisions) regarding the disease control measures to the animal keepers and others;
- Establish disinfection points on infected premises;

version May 21, 2009

- Organising, installing, dismantling other disinfection points as appropriate;
- Establish and activate collection points, as appropriate;
- Estimation of animal population before the intervention, for compensation purposes;
- Establish and supervise the staff needed for killing the animals, vaccination, loading and transport of animal carcasses ;
- Collect samples from the premises affected by the disease;
- Dispose of the carcasses of killed and dead animals and any meat products from the infected premises;
- Supervise cleansing and disinfection of the transport means, of the carcasses being sent for destruction in a disposal facility;
- Order and supervise cleansing and disinfection actions in the premises affected by the disease;
- Supervise the transport of animals, to a killing location outside the control zones, based on a derogation, following a specified route;
- Organise investigations (examinations) and collection of samples in the established zones, including the investigations needed for removing of restrictions;
- Control of implementation of emergency vaccination if appropriate;
- Eliminate residual water from disinfection points;
- Destroy contaminated materials and tools after cleansing and disinfection;
- Comply with derogations issued by the relevant veterinary authority;
- Compile the dossier for compensation approval according to the appropriate legislation.

LDMU and LOU shall meet in ordinary session every six months, and in extraordinary session in case of written notification of suspected disease, transmitted by the Executive Director of the CSVFSD to the Prefect, as leader of LDMU.

**In fulfilling its tasks the LSU issue decisions and instructions.**

### **5.3.3 Local Support Unit**

The LSU includes the people managing the local communities affected and representatives of other organisations involved in controlling the disease (e.g. County Directorate for Agriculture and Rural Development, County Authority for Public Health) at local level.

version May 21, 2009

Tasks:

Provide with materials, means and logistical support needed by the LDCC in carrying out its tasks.

**In fulfilling its tasks the LSU issue provisions of mayor.**

## **CHAPTER VI: COOPERATION BETWEEN NDCC, LDCC AND OTHER AUTHORITIES**

Management, control and eradication of an outbreak of FMD inevitably require a coordinated response of other state structures and agencies. Depending on the size and extension of the outbreak, the following agencies and groups will be involved in assisting NSVFSa in responding to the outbreak:

### **Operational partners**

The Government organisations that play a key role in assisting the NDCC in controlling critical aspects of the operations control of the disease are as follow:

#### **6.1. Ministry of Environment and Sustainable Development (MESD) and the National Environmental Protection Agency (NEPA)**

MESD is the public administrative structure for protection and improvement of the environment in Romania. At the county level, MESD policy is implemented by NEPA and the 42 county branches. They are part of the County Emergency Situations Inspectorates.

During outbreaks of animal disease, the agencies will work with local veterinary authorities, offering support for minimizing the impact of controlling an outbreak on the environment.

NEPA have the following tasks:

- Offer advice to NDCC and LDCC, especially regarding the options for disposal of carcasses.
- Establishes the locations where can be held activities regarding distortions of feces and garbage or any other contaminated materials;
- Where appropriate, perform risk analysis on the impact of activities to recover land used for burying carcasses and waste water discharge after outbreak operations;
- Offer advice regarding the prevention of pollution as a result of the cleansing and disinfection operations;
- Monitors outbreak impact on the environment.

During an outbreak, the Agency will provide, where appropriate, liaison officers to strategic (NSVFSa), tactical (NDCC) and operational (LDCC) levels.

The NEPA is not responsible for issues related to air quality or impact on human health; such issues are on the agenda of public health local authorities.

## **6.2. Ministry of Administration and Interior (MAI)**

The Ministry of Administration and Interior lead the National Committee for Emergency Situations. The NDCC works within this structure.

NCES responsibilities were described in chapter 4.1.

The police forces have an important role in assisting with the control of outbreaks of animal disease. They are responsible for maintaining public order and the protection of the public. The scale of their involvement will be dependent on the severity and nature of the outbreak.

During an outbreak, police forces will:

- Work closely with local authorities to control movements of animals and to enforce the restrictions in the disease control zones, established by the LDCC;
- Provides consultancy to veterinary authorities through the deployment of a specialist in the management and coordination of major incidents;
- In collaboration with local authorities, monitor compliance with restrictions on movements of animals in the protection and surveillance zones;
- Provide overall coordination and support in urgently gaining access permission to premises;
- Manage any public disturbance;
- If necessary, help to stop and check shipments of animals;
- Are active members of the LDCC.

## **6.3. The Local Governmental Associations (LGA)**

They are represented by fire, gendarmerie, the Environmental Guard.

During an outbreak, LGA will:

- Confirm to NSVFSA who their contact points are;
- Alert the executive directors of local veterinary authorities about unexpected events;
- will be represented in NDCC



#### **6.4. Local city halls**

Local city halls are operational partners as local support unit in the response to disease outbreaks. They play a key role in strengthening and implementing strategies for disease control and are involved in gaining fast access to local resources. They play, too, a significant role in providing support for educating the population at the local level. During an outbreak, local city halls will assist the Intervention in the Field Centre with personal, vehicles, logistics and locations if necessary. The level of assistance will depend on local circumstances and pressures that may arise.

The task of local city halls is to install signage around the infected premises where the disease was confirmed. Signage will also be installed on the roads and access routes that mark the boundary of protection and surveillance zones.

Data regarding the animal population in each county can be found at:

<http://www.ansv.ro/alljudete.php> at „Statistici” heading → ”Efective de animale” rubric.

## CHAPTER VII

### NATIONAL EXPERT GROUP (NEG)

Romania has an obligation to constitute a NEG for FMD. The NEG is a structure with an advisory role and consists of specialists with expertise in this field. It has a key role both in peace time as well as on suspicion or confirmation of an outbreak of disease. Requirements, purpose and composition of the NEG are stipulated in Articles. 17 of Council Directive 2003/85/EC (annex 1).

The NEG was set up according to the provisions of the Order of the President of the National Sanitary-Veterinarian and Food Safety Authority, no. 146 /2005 (to be modified and reissued);

#### **7.1. The National Expert Group** includes the following persons:

- General Director of General Sanitary Veterinary Directorate;
- Director of the Animal Health Department;
- Chief of Epidemiology Service of NSVFSA;
- Epidemiology specialists:

**Prof. Univ. Dr. Moga Radu Manzat**, professor of infectious diseases, Faculty of Veterinary Medicine, Timisoara 0256435480, 0766719381.

**Prof. Univ. Dr. Rapuntean Gh.**, professor of infectious diseases, Faculty of Veterinary Medicine, Cluj, 0264438921, 0740064140.

**Prof. Univ. Dr. Savuta Gh.**, professor of infectious diseases, Faculty of Veterinary Medicine, Iasi 0744228143.

- Virologists:

**President: Dr. Olaru Eugen:** IDAH, virology specialist, Tel. 021 410 0945, 0724 025942.

**Dr. Danes Mihai**, virology specialist, SNIP, Tel. 0744 371 841.

- IDAH specialists

**Dr. Diaconu Claudiu:** IDAH, virology specialist, Tel. 021 410 0945.

**Dr. Barboi Gheorghe**, IDAH, virology specialist, Tel. 021 410 13 90, 0747 221 399.

- Meteorology specialist;

- Experts invited on rural and environmental problems.

## **7.2. Relations with other structures**

In an outbreak, the NEG will be in close liaison with the NDCC. They must provide the necessary expertise to NSVFSA able to assist in quickly controlling outbreaks of FMD.

In the event of an outbreak of FMD, NEG members should, at least:

- assess the clinical signs of disease and the epidemiological situation;
- give advice on collecting samples for laboratory analysis and consider the appropriateness of control measures to be applied;

## **7.3. Responsibilities of the NEG:**

1. Be permanently capable of ensuring that the required expertise is available in support of the Central veterinary activities in preparation for emergency situations;

2. Advise the Head of Veterinary Services (CVO) and provide support for the control of FMD. Specifically they will:

- Deploy the models for collecting and analysing epidemiological information;
- Develop instruments and models using rules that take into account the latest scientific data, with a view to supporting the decision-making process;
- Develop and implement data management systems, to manage epidemiological information, geographical and meteorological data, risk analyses etc.;
- Provide theoretical support in training the staff regarding clinical signs, epidemiological investigations, control of epizootic diseases, alerting exercises, awareness-building campaigns among authorities, animal keepers and veterinarians.

## **CHAPTER VIII**

### **RESOURECS**

#### **8.1. STAFF RESOURECS**

The establishment of LDCC requires that a large number of staff and equipment is quickly moved to the LDCC. This responsibility belongs to organisation, replenishment and (human and material) resources budget Cell of the COU of the NDCC. The details of the procedures are covered in the Operational Manual for FMD (Staff and Logistics, valuation of animals, slaughter or killing, disposal).

The NDCC should keep a list of the veterinary personnel that can be contacted when an LDCC is to be established. **Personnel experienced in rearing susceptible species and those with experience in controlling FMD from other counties should be listed in the Annex to this Contingency Plan.**

Details about the personnel from all the CSVFSD, relevant details about training and experience should be kept at the NDCC (COU) and the LDCC.

The number of personnel operating in each LDCC when FMD is confirmed will be determined by the scale of the outbreak.

The LDCC personnel will include:

- Local administrative personnel, trained in emergency animal disease management for diseases in former List A of the OIE;
- Veterinarians trained in diagnosing FMD, killing, bio-security measures and other procedures to be applied in the control zones, animal movement control in the field and other restrictions.
- Auxiliary technical personnel at the LDCC, trained in various operations, for example: valuation, procedures to be carried out on the infected premises and operations relating to movement controls.

If there are insufficient CSVFSD personnel, additional personnel will be employed.

## **8.2. RESOURECS OF EQUIPMENT AND OTHER MATERIAL FACILITIES**

At local level, the LDCC needs to have immediate access to and to be able to quickly procure the appropriate equipment and other materials to enable it to control the disease. Part of this equipment and material will be stored for emergency purposes at the level of CSVFSD.

The consumable equipment must be present at the CSVFSD in peacetime, in preparation for a disease situation.

The stock has to comprise of:

### **a. Consumables**

- a. Protection equipment masks, gloves, protection glasses, overalls etc.;
- b. Efficient disinfecting substances for the virus of FMD, detergents and soaps;
- c. Pumps for cleaning and disinfection, shovels, drilling iron rod etc.;
- d. Killing and stunning equipment;
- e. Sampling equipment;
- f. Premises and control zones signage;
- g. Detailed maps;
- h. Vaccination equipment;
- i. Other consumables.

The stock of equipment and materials will be properly maintained and periodically checked to ensure it remains serviceable and items are replaced when appropriate.

**b. Fixed assets** (the equipment and materials that must be purchased according to the law no. 337/2006 for the approval of Government Ordinance no. 34/2006).

- Vehicles;
- Drill machines;
- Appropriate pumps for washing under pressure and disinfection;
- Liquid storage tanks;
- Electrical generators;
- Fire burners for sterilization;

**c. Heavy equipment** (such as killing equipment or carcass burying equipment etc.) Arrangements must be in place in peace time to enable procurement to be undertaken in disease situations (i.e. contracts with owners of such equipment).

**Details on equipment and other facilities are available in the Operational Manual.**

### **8.3 LABORATORY CAPACITIES**

#### **FMD diagnostic laboratory.**

The laboratory tests for detecting FMD are carried out by the Institute for Diagnosis and Animal Health, in which operates the National Laboratory of Diagnosis for Vesicular Diseases.

The National Laboratory of Diagnosis for Vesicular Diseases functions in compliance with the accepted conditions of strict bio-security and works only with antibodies using inactivated reactive agents. It does not work with viruses.

The tasks and responsibilities of the National Laboratory of Diagnosis for Vesicular Diseases are as follows:

- To establish and confirm FMD diagnosis;
- To provide information and carry out further testing, especially through:
  - The collection of data and information relating to the usual methods of diagnosis and differential diagnosis and the transmission of such information to the Central veterinary authority of Romania; the diagnosis will be established according to the requirements from the Annex 13 of the Directive 2003/85/EC.
  - The drawing up and implementation of plans necessary for the subsequent training of the experts in laboratory diagnosis with a view to harmonising diagnosis techniques;

The CSVFSD will make sure that it will have available the most effective means for the secure transportation of blood samples, during the establishment of LDCC as provided in the Operational Manual.

**There should be direct communication between the NDCC, the NEG and the National Laboratory of Diagnosis for Vesicular Diseases.**

**Community Reference Laboratory:** The Institute for Animal Health, Pirbright, of the Biotechnology and Biological Sciences Research Council (BBSRC) in the United Kingdom,

**National Reference Laboratory:** The Institute for Diagnosis and Animal Health - National Laboratory of Diagnosis for Vesicular Diseases No. 63 Dr. Staicovici Street, sector 5, Bucharest, phone: +4021 410 12 99 / +40374.322.000, Fax: +4021 411 74 43

The National Reference Laboratory has facilities for post-mortem examination, the necessary capacity for serology, histology, etc., and maintains the skills for rapid diagnosis of FMD.

#### **8.4 Personnel and logistics**

For this purpose, it must be ensured, by contract in advance, the presence of more than 100 veterinarians and personnel in the following areas: controlling diseases, management, GIS, epidemiology, disinfection and movements controls.

In a disease situation, two specialists in GIS and two epidemiologists from the IDAH will be transferred to work in the NDCC in the Central Operational Unit from NSVFSA.

Personnel working for CSVFSD will be temporarily detached to work in the Central Operational Unit in the “Assessment, Planning and Monitoring, Inspection and Epidemiology and Control” Cells.

## **CHAPTER IX**

### **EMERGENCY VACCINATION**

#### **9.1. Introduction**

There are various factors covered by this plan which must be taken into account before reaching a decision on whether or not to adopt an emergency vaccination strategy to control FMD and if implemented whether the animals should subsequently be killed or not. The preferred approach in FMD should be on the basis of 'vaccinate to live' wherever possible.

As soon as the FMD strain has been identified, the NSVFSA will make arrangements for the importation of vaccine with antigens for the identified strain. **For this purpose a contact will be made with the European Commission.**

#### **9.2. Vaccination Operations**

The vaccination program will be implemented by NSVFSA, together with CSVFSD. Under this arrangement, every CSVFSD will prepare 10 trained teams (30 personnel) operationally ready to vaccinate on day 5 of any outbreak. In addition, they will provide veterinarians to support these teams, both to check for disease prior to vaccination and then to direct the work of lay teams in the field.

#### **9.3. Vaccination Teams**

Upon confirmation of FMD the CSVFSD responsible for emergency FMD vaccination will notify the Animal Health Directorate within NSVFSA of their intention to start to be prepared the emergency vaccination.

The CSVFSD will notify its pre-appointed and trained veterinarians, team leaders and vaccination members and brief them about the current situation. CSVFSD will provide refresher training on bio-security measures and on-farm vaccination. Specialist training covering vaccination, tagging and data recording will also be provided.

All trained personnel will be required to make themselves familiar with all Health and Safety requirements and will be provided with bio-security Protocols.

All local recruits to vaccination teams must meet, and confirm in writing that they comply with, specified criteria including no contact with susceptible livestock for 3 days prior to starting the programme, during the programme and for 3 days after their involvement with the programme.



#### **9.4. Further Action**

Once FMD is confirmed, the main elements of this plan are brought into action.

The CSVFSD is required to supply, store and distribute the necessary equipment to support a vaccination programme and to replace items as they reach the end of their shelf life or have been found to deteriorate.

The CSVFSD will appoint Stores Managers to maintain these vaccines stores which will hold enough equipment to supply 10 vaccination teams and veterinarians for at least the first 5 days of a vaccination programme - and will have in place contracts for the replenishment of those stocks within 48 hours.

NSVFSA will remain responsible for the maintenance of call-off tenders for disinfectant, ear tags and applicators, mobile handling facilities and vehicles to tow mobile facilities complete with disinfectant containers and power washers. Tenders are currently being put in place for this purpose.

**The quantity of foot and mouth disease vaccine estimated to be required in the event of a reinstatement of emergency vaccination:**

Details can not be provided, but the quantity could be variable, according to the area where the FMD reappears; however, at least 1 mil. doses should be provided, in order to vaccinate a belt around the outbreak, to stop disease spreading.

## **CHAPTER X**

### **STAFF TRAINING PROGRAMMES**

The veterinary staff involved in controlling the disease have been appointed for training both within Romania and within the European Community;

The staff from the National Diagnosis Laboratory for Vesicular Diseases have also attended training courses within Romania and abroad;

Continuous training programmes for the personnel are developed permanently as seminars, work groups, experience exchanges, field simulations etc. NSVFSA organises such programmes through various specialists.

Also, these programmes are available to practicing veterinarians, including sessions relating to the latest progress of the disease.

## CHAPTER XI

### PUBLIC INFORMATION AND AWARENESS PROGRAMS

The NDCC will inform and raise awareness with the public through:

- Information about foot-and-mouth disease displayed in public places;
- Information brochures;
- Media and internet advertisements;
- Public information sessions.
- Intensive publicity when the disease becomes acute.

NSVFSA will release every month a report concerning the world FMD situation , which will be distributed to:

- a) Every CSVFSD;
- b) To breeder associations of susceptible animals to vesicular diseases;

When there is a great risk concerning the progress of FMD in the European Union or in a third country around Romania, NSVFSA will initiate TV broadcast and publicity through the mass-media, to explain to the public the situation and the risks for Romania.

The veterinary service from border control points will be alerted.

The animal keepers will be notified that there will be compensation for diseased animals.

The Prefectures will be informed quarterly concerning the world situation of FMD, and will be guided concerning their county structures for animal disease control.

**Every CSVFSD will have at least one copy of the National Contingency Plan for FMD, for guidance.**

## **CHAPTER XII**

### **DISPOSAL OF CARCASSES**

There isn't sufficient rendering and incineration capacity in Romania for the amount of animal waste disposal and destruction of carcasses that may result from FMD control measures. Therefore, alternative disposal methods, such as burning and burial, will be used according to the provisions of the Commission's Reg. no. 1774/2002/EC. This provisions anticipate that when it is necessary the Romanian Central Veterinary Authority may decide that by-products of animals can be collected and processed as waste products, through burning and burying on site, in the case of an outbreak if the Veterinary Competent Authority reject the transport of carcasses to a nearby facility for incineration or processing, due to the danger of spreading virus or because of a lack of capacity at those facilities.

The Romanian Veterinary Competent Authority must inform the European Commission about:

- the options above regarding the category 1 and 2 risk materials;
- the areas which are classified as "far away areas" in these circumstances and the reasons for this classification.

The Government Ordinance 47/2005 at Art. 7, paragraph 1, also refers to the right of the Competent Veterinary Authority, to dispose by incineration and/or burying of animal waste products, in the case of a disease outbreak, when the requirements are not fulfilled for safe collecting operations by the processing units and there is a possibility of spreading disease.

**Details regarding the location and marking of these sites will be outlined in the Operational Manual.**

**Annex 1: Data for LDCC contact**

<b>County</b>	<b>CSVFSD Adress</b>	<b>Phone number</b>	<b>Name</b>	<b>Personal mobile phone</b>	<b>E-mail</b>
ALBA	Str. Lalelelor nr. 7 A Alba Iulia	0258835915 0258835950 0258834021 fax 0258806235	Dr. Vasile Beres	0745170380	beres-alba @ ansv.ro
ARAD	Calea Bodrogului nr. 22	0257281925 fax 0257280760 0257280761	Dr. Viorel Agud	0746174612	agud-arad @ ansv.ro
ARGES	Calea Campulung nr. 4, Pitesti	0248211199 0248216634 0248212532 fax	Dr. Daniel Lupu	0744673846	lupu-arges@ ansv.ro
BACAU	Str. Bucovinei nr. 21	0234586372 fax 0234576466	Dr. Zaharia Vasile	0746239901	zaharia-bacau@ansv.ro
BIHOR	Str. Ion Bogdan	0259252872 fax 0259254804	Dr. Viorel Lascu	0745520401	Iascu-bihor@ansv.ro
BISTRITA	Str. Tarpiului nr. 29	0263206029 0263224974	Dr. Ion Bogolin	0743006545	bogolin-bistrita@ansv.ro
BOTOSANI	Str. Tudor Vladimirecu nr. 5	0231512766 0231512887 fax	Dr. Vladimir Rizac	0745125228	rizac-botosani@ansv.ro
BRAILA	Calea Galati nr. 344	0239610689 0239610691 fax	Dr. Gicu Dragan	0745657029	vanatorul-bralia@ansv.ro
BRASOV	Str. Feldioarei nr. 20A	0268440257 0268441722 fax	Dr. Valter Dorin Enache	0788277666	dsvbv @rdslink.ro
BUCURESTI	Str. Ilioarei nr. 16 E	0213480565	Dr. Constantin Savu	0724516876	savu-bucuresti@ansv.ro
BUZAU	Str. Horticolei, nr. 58 bis	0238725001 2038725002 0238725004 0238726404 0238725003 fax	Dr. Alexandru Iancu	0740039988	iancu-buzau @ansv.ro

version May 21, 2009

CALARASI	Prelugirea Dobrogei, nr. 4	0242311127fax 0242313676 0242316637	Dr. Vasile Nedelcu	0724245757	nedelcu-calarasi@ansv.ro
CARAS	Str. Calea Timisorii nr.15,	0255231004 0255230041 fax	Dr. Aurel Durut	0744390724	stepanescu-caras@ansv.ro
CLUJ	Piata Marasti nr.1	0264445729 0264448177 0264447997 fax	Dr. Iuliu Duma	0746197707	duma-cluj@ansv.ro
CONSTANTA	Sos. Mangaliei nr. 78	0241682417/674864 0241682119	Dr. Grigore Mertoiu	0722235122	mertoiu-constantina@ansv.ro
COVASNA	Str. Ciucului nr. 149	0267351712 fax 0267351713 fax 0267312319	Dr. Barabasi Siko	0788602933	siko-covasna@ansv.ro
DAMBOVITA	Str. I.C.Bratianu nr.35	0245216028/632618	Dr. Sandu Tolea	0722227478	tolea-dambovita@ansv.ro
DOLJ	Str. Fantana Popova nr.30	0251428590 fax 0251428791	Dr. Dan Butaru	0722346606	butaru-dolj@ansv.ro
GALATI	Str Cezar nr. 8 bis	0236412123 0236479393 0236479394	Dr. Viorel Ghiorghita	0741199982	ghiorghita-galati@ansv.ro
GIURGIU	Str. Podului nr.1	0246230491 0246230591 0246210442 fax	Dr .Fanel Mitran	0721211029	mitran-giurgiu@ansv.ro
GORJ	Str.Teodoriu Ecaterina nr. 523	0253226033 0253226144 fax 0253226440 fax	Dr. Ion Iliuta	0745962327	Iliuta-gorj@ansv.ro
HARGHITA	Str. Progresului nr. 14 A	0266314967 0266371646 fax	Dr Ferencz Ferenczy	0744596721	ferenczy-harghita@ansv.ro
HUNEDOARA	Str. 22 Decembrie nr. 226	0254221145 0254230527 0254225500 fax 0254230331 fax	Dr. Mihail Rudeanu	0727373945	lazarescu-hunedoara@ansv.ro

version May 21, 2009

IALOMITA	Str. Lacului nr. 12	0243232069	Dr. Mihai Puia	0723547880	puia-ialomita@ansv.ro
IASI	Aleea M. Sadoveanu nr.10	0232267501 0232267502 0232277216 0232277305 fax 0232219208	Dr. Ionel Bondoc	0745597506	bondoc-iasi@ansv.ro
ILFOV	Bd. Ion Ionescu de la Brad nr. 8, sect. 1 Bucuresti	0214906589 fax	Dr. Valentin Voicu	0745073001	voicu-ilfov@ansv.ro
MARAMURES	Str. Vasile Alecsandri nr. 66	0262224031 02622693307 0262224005 fax	Dr. Carol Balko	0740041054	balko-maramures@ansv.ro
MEHEDINTI	Str. Carol Davila nr. 1	0252316312 0252312807 lab 0252325470 fax	Dr. Paul Adamescu	0744587663	adamescu-mehedinti@ansv.ro
MURES	Str. Podeni nr10	0265314975	Dr. Ion Rusu	0722568717	rusu-mures@ansv.ro
NEAMT	Str. Tiparului nr. 12	0233223259 0233226490 fax 0233226462 0233227885 0233227561	Dr. Sorin Ulea	0724086225	ulea-neamt@ansv.ro
OLT	Str. T. Vladimirescu nr. 173	0249416964 0249416726 fax	Dr. Dumitru Toncu	0470055306	toncu-olt@ansv.ro
PRAHOVA	Str. Corlatesti nr. 11	0244571751 0244575351 fax	Dr. Marius Taut	0720023337	taut-prahova@ansv.ro
SALAJ	Str. Tipografilor nr. 4	0260612124 0260612140 0260660152 fax	Dr. Ionel Ciunt	0745646131	ciunt-salaj@ansv.ro
SATU MARE	Str. Lacramioarei nr. 37	0261715956 fax 0261711633 0261716761	Dr. Corneliu Ceica	0745149275	ceica-satumare@ansv.ro
SIBIU	Str. Calea Surii Mari nr. 21	0269223314 0269223069	Dr. Stefanuta Nicolae	0788829568	stefanuta- msibiu@ansv.ro

version May 21, 2009

		0269223753 fax			
SUCEAVA	Str. Scurta nr. 2	0230522848 0230523206 0230520216 fax	Dr. Petrea Dulgheru	0744204240	dulgheru-suceava@ansv.ro
TELEORMAN	Cartier Nanov	0247319638 0247319296 fax	Dr. Petrica Mustatea	0726779952	mustatea- teleorman@ansv.ro
TIMIS	Str. Surorile Martir Caceu nr 4	0256293528 fax 0256204911	Dr. Ciceronis Cumpanasoiu	0724211750	ciceronis-timis@ansv.ro
TULCEA	Str. Babadag nr 165 bl. B2 mezanin	0240533962 0240533601 fax	Dr. Marian Avram	0745757366	avram-tulcea@ansv.ro
VALCEA	Bd. Pandurilor nr 9	0250713819 0250713836 fax 0250702872 fax	Dr. Constantinescu Florinel	0744512557	constantinescu- valcea@ansv.ro
VASLUI	Str. Trestiana nr 2	0235421413 0235421121 0235420072 0235421278 fax	Dr. Decebal Sararu	0747026510	Sararu-vaslui@ansv.ro
VRANCEA	Str. Brailei nr 121	0237236566 fax 0237215561	Dr. Luigi Munteanu	0788609444	munteanu-vrancea@ansv.ro





**ABBREVIATIONS:**

<b>CDMU:</b>	<b>Central Decision-Making Unit</b>
<b>CIF:</b>	<b>Centre for Intervention in the Field</b>
<b>COU:</b>	<b>Central Operational Unit</b>
<b>CSU:</b>	<b>Central Support Unit</b>
<b>CSVFSD:</b>	<b>County Sanitary Veterinary and Food Safety Directorate</b>
<b>CVO or HVS:</b>	<b>Chief Veterinary Officer or Head of Veterinary Services</b>
<b>EU:</b>	<b>European Union</b>
<b>FMD:</b>	<b>Foot-and-mouth disease</b>
<b>FMDV:</b>	<b>FMD virus</b>
<b>FVO:</b>	<b>Food and Veterinary Office</b>
<b>GIS:</b>	<b>Geographic Information System</b>
<b>Gov.:</b>	<b>Government</b>
<b>Gov. Dec.:</b>	<b>Government Decision</b>
<b>GSVD:</b>	<b>General Sanitary-Veterinary Directorate</b>
<b>IDAH:</b>	<b>Institute for Diagnosis and Animal Health</b>
<b>LDCC:</b>	<b>Local Disease Control Centre</b>
<b>LDMU:</b>	<b>Local Decision-Making Unit</b>
<b>LGA:</b>	<b>Local Governmental Associations</b>
<b>LOU:</b>	<b>Local Operational Unit</b>
<b>LSU:</b>	<b>Local Support Unit</b>
<b>MAFRD:</b>	<b>Ministry of Agriculture Forests and Rural Development</b>
<b>MESD:</b>	<b>Ministry of Environment and Sustainable Development</b>
<b>MAI:</b>	<b>Ministry of Administration and Interior</b>
<b>NCES:</b>	<b>National Committee for Emergency Situations</b>
<b>NDCC:</b>	<b>National Disease Control Centre</b>
<b>NEG:</b>	<b>National Expert Group</b>
<b>NEPA:</b>	<b>National Environment Protection Agency</b>
<b>NSVFSA:</b>	<b>National Sanitary-Veterinary and Food Safety Authority</b>
<b>OIE:</b>	<b>World Organisation for Animal Health</b>
<b>OJEC:</b>	<b>Official Journal of European Commission</b>
<b>Ord.:</b>	<b>Order</b>
<b>PHA:</b>	<b>Public Health Authority</b>
<b>Reg.:</b>	<b>Regulation</b>