

APPROVAL OF BODIES, INSTITUTES OR CENTRES UNDER DIRECTIVE 92/65/EEC (as amended by Regulation EC No. 1282/2002)

SURVEILLANCE PROGRAMME

Required under Annex C, paragraph 1 (g).

To be agreed by the owner/manager of the approved establishment, the approved veterinarian and the DVM/RVL

1. The establishment must secure the services of a veterinarian, who holds a letter of approval for the purpose from the Divisional Veterinary Manager (DVM) in Scotland and Wales and the Regional Veterinary Manager (RVL) in England. Where the approved veterinarian is a member of a practice, other members of the same practice may be included on the approved list provided that they are also approved by the DVM/RVL and individually nominated in writing. The approved veterinarian must ensure that appropriate disease surveillance and control measures are applied. These measures must include the following:

2. The DVM/RVL should be notified immediately if there is any cause for suspicion that animals may be affected by any disease that is notifiable under GB national legislation and/or listed in [\[Annex A of Directive 92/65/EEC\]](#)

3. Close observation of each animal at least once per day by suitably qualified staff, under the direction of the approved veterinarian. Keeper reports should be made accessible to the approved veterinarian to prove that each animal has been assessed and is well (in the case of large group species, such as fish in an aquarium, the veterinarian may decide that observation of the group is sufficient).

4. The approved veterinarian must be notified immediately by zoo staff if any animal appears unwell or dies (in the case of large group species, notification may be triggered by mortality above an agreed, expected level). Specific notification to be made to the approved veterinarian should include:

- nature of concern over animal,
- when the problem started,
- any actions taken.

5. Post mortem examination without unnecessary delay to check for significant pathology, and as far as possible to establish the cause of death in every animal that dies (but the approved veterinarian may exercise discretion where there is clearly no suspicion of infectious disease, such as obvious trauma, or euthanasia; and where it has been established that an infectious disease is affecting a group, the veterinarian may decide, in consultation with the DVM/RVL if necessary, that a representative sample is sufficient). The Veterinary Officer will review the records during at least an annual visit and will look for the following:

- cases of significance,
- disease trends,
- zoonotic disease cases,
- imports, exports and diseases found during quarantine/isolation
- summary of significant post mortem examinations.

6. Post mortem examination; by way of clarification: In the case of the death of non-human primates other than during quarantine, the approved veterinarian should be aware of the zoonotic risks of post mortem examination, and should consider consigning the body to a laboratory with suitable and safe containment facilities.

7. Laboratory examination should be considered to establish the infective agent in any live animals that appear to be affected by, or have died due to an infectious disease (in the case of large group species, such as fish in an aquarium, the veterinarian may decide that a representative sample is sufficient). In the case of suspicion of a disease that is listed on Annex A, Annex B and/or is notifiable in GB, the DVM/RVL must be informed immediately. The DVM/RVL will be responsible for arranging disease control precautions and further investigation for GB notifiable diseases, and may direct that samples should be taken and submitted to a laboratory of the Veterinary Laboratories Agency (VLA). Note: Although the Directive 92/65 does not strictly require notification to the competent authority of Annex B diseases as there are no national programmes in place, it is in the interests of zoos to be aware of any cases of diseases listed in Annex B of Directive 92/65/EEC and to report them to the DVM/RVL.

8. Vaccination of species susceptible to the diseases listed in Annex A, if the approved veterinarian considers it appropriate, having regard to current national animal disease control policy and in particular zoonotic disease control. (The veterinarian may at his/her discretion use vaccines off the data sheet in cases where there is no licensed vaccine for the species concerned, but should advise the owner of the risks inherent in use of medicines off the data sheet.)

Vaccination against Avian Influenza: Since December 2006, Zoos are permitted to vaccinate their birds against avian influenza because of their vital role in global conservation. Zoos wishing to vaccinate their birds can apply to Defra for permission subject to meeting the eligibility criteria.

9. Records must be kept in an easily accessible form, to be available as necessary for audit purposes, and retained for at least 10 years, to show at least the following information:

- date of illness report;
- date of assessment by veterinarian;
- diagnosis;
- outline of a diagnostic protocol;
- outline of therapeutic protocol;
- biosecurity and isolation requirements;
- preventative medicine requirements for the case;
- link to any laboratory investigations and to post mortem examination if animal dies.

Footnote:

Animals for the purpose of this surveillance programme means those species that are covered by article 13 of Directive 92/65/EEC; namely any species of the zoological collection susceptible to the diseases listed in Annex A or Annex B, In practice this means all mammals including the prototherian mammals (marsupials), all birds of the zoological collection, fish of the salmonid group, and bees but not other invertebrates. Note that where animals of the domestic species are kept within a zoo premises, for

example in a children's zoo, they will be regarded as part of the zoo collection and subject to all the same conditions as the rest of the collection as far as approval is concerned, including the surveillance programme. Reptiles and amphibians are not included.

MANAGEMENT OF SPECIFIC DISEASES:

Birds with Chlamydophilosis/Psittacosis - Guidance on interpretation and management in Balai Approved premises.

Introduction

10. Chlamydophilosis (known as Psittacosis in some species) is an Annex A disease under the Balai Directive (92/65 EEC). Strict interpretation of the legislation could lead to loss of Balai Approved status until the infection is cleared and for a minimum of 30 days. This could result in an inability to move ruminants and non-human primates as well as other birds on or off site because of a contained bird infection which could have negative consequences to rare and endangered species breeding programmes or lead to welfare problems associated with stocking and population management. Note: the Balai legislation refers to '*Chlamydia psittaci*' this organism has been reclassified as '*Chlamydophila psittaci*'.

Dealing with Chlamydophilosis on a Balai Approved Premises

11. If the disease is widespread and cannot be contained within one area or adequate biosecurity demonstrated to enable such containment, Approved Status for the entire bird collection on site will be revoked.

12. This disease is considered a primary disease of birds therefore unless biosecurity and risk factors indicate a risk of infection to mammals, the loss of Balai Approval will apply to bird stock only.

13. If the disease is contained within one area or aviary with biosecurity demonstrated to enable containment of the disease, suspension of Balai Approval for birds may apply to that area or aviary only.

The decision whether to action point 11 or 12 above is based on a risk assessment basis by the DVM/RVL on discussion with the Balai Approved Veterinarian.

Human health management

14. This disease is zoonotic. There is a risk of infection to staff working with these animals but when appropriate precautions are taken, the risks are considerably reduced.

Control Measures

- i. Susceptible species [potentially all birds BUT most common columbiform and psittacines] are screened on entry to the zoo collection at the discretion of the approved veterinarian.
- ii. Birds are maintained in well ventilated aviaries.
- iii. Sick birds with symptoms suggestive of chlamydophilosis are tested for the disease.

- iv. If the disease is diagnosed, the animal is started on appropriate therapy or euthanased as soon as possible.
- v. Staff treating the bird(s) are to wear masks, change clothing, and wash hands after working with the animal(s).
- vi. Appropriate biosecurity is in place to prevent transmission of the disease to other animals and staff.
- vii. Staff are informed of the symptoms of Psittacosis (fever, headaches, 'flu like symptoms) and asked to be vigilant and report to the doctor if any symptoms become apparent.

15. Diagnosis of Chlamydophilosis – difficulties and rationale for treatment

Various testing regimes may be used in the diagnosis and clinical management of Chlamydophilosis. Serology tests denote exposure to disease but not necessarily current infection unless levels are high or rising titres are noted on paired samples. PCR testing (usually of a 3 day pooled faecal sample) may yield false negatives however a positive test can be used to indicate the bird has a current infection. Radiography may be used to investigate clinically as hepatomegaly is suggestive though not pathognomonic for this condition. Blood tests, particularly to establish the presence of elevated liver enzymes and monocytosis would similarly be clinically suggestive but not pathognomonic for Chlamydophilosis. Other diseases affecting the respiratory system and liver of the bird can also produce similar clinical findings. However, given the known occurrence of this disease in wild feral pigeons and therefore it's not unusual finding in captive birds vets may decide to begin therapy which may also include treatment for Chlamydophilosis without a definitive diagnosis. Two scenarios can therefore occur:

- a) Vets may prescribe treatment for this condition on clinical suspicion without a definitive diagnosis. This category does not require report to Defra as an Annex A disease has not been confirmed.
- b) If a definitive diagnosis has been made then it is a legal responsibility to report this Annex A disease to Defra.

Management of Tuberculosis

16. Tuberculosis; by way of clarification of 7 above, if any mammals give rise to any suspicion that they might be affected with tuberculosis (TB), after death they must be given a detailed post mortem examination for evidence of TB. If suspect lesions of TB are found:

- i. in the case of Bovines (the genera *Bos*, *Bison* and *Bubalus*) and Cervidae, the findings must be immediately reported by the approved veterinarian to the DVM/RVL, who will arrange for the appropriate samples to be submitted to a laboratory of the Veterinary Laboratories Agency (VLA) for mycobacterial culture, and if *Mycobacterium bovis* is found, for molecular typing. This will be done at the Department's expense, as bovine TB is a notifiable disease in all farmed mammals, including bovines, under the Tuberculosis (England) Order 2007 (as amended), and in deer under the Tuberculosis (Deer) Order 1989 (as amended). There are Orders with equivalent provisions in Scotland and Wales.
- ii. in the case of any other mammal species, suitable samples of the tuberculous lesions must be submitted to a laboratory for examination to determine if mycobacteria are present (e.g. by acid-fast staining of smears, histology, culture from fresh or frozen tissue, or PCR). If this preliminary investigation cannot rule out mycobacteria as the

cause of the lesions, the case must be reported by the approved veterinarian to the DVM/RVL, who may then request samples for further tests to be carried out at VLA at the Department's expense.

iii. If, for whatever reason, a laboratory other than VLA identifies *M. bovis* from clinical or tissue samples submitted from a mammal kept at the approved premises, the laboratory in question is obliged under the TB Orders to inform the TB Diagnostic Section at VLA Weybridge 'with all possible speed.'

17. Any domestic cattle that may be kept on such premises should be subject to periodic skin testing at the appropriate frequency for the parish and undergo pre-movement testing if situated in an annual or 2-yearly testing parish as per any other cattle located in a commercial herd in the same parish.

Management of Brucellosis

18. Brucellosis; by way of clarification of 7 above: if any ungulates, whether alive or dead, give rise to any suspicion that they might be affected with brucellosis, any aborted fetuses and after death any carcasses must be submitted for laboratory examination of the appropriate tissues by a competent laboratory. If any *Brucella* species are found, the laboratory is obliged under the [Zoonoses Order 1989](#) to notify the DVM/RVL.

Management of TSE's

19. Transmissible Spongiform Encephalopathies (TSEs); by way of clarification of 7 above: The Transmissible Spongiform Encephalopathies (England) Regulations 2008 2 (and the equivalent for Scotland and Wales) require that, if any susceptible species (principally bovidae, cervidae, felidae, mustelidae) give rise to any suspicion that they might be affected with a TSE, the DVM/RVL must be notified. The DVM/RVL will arrange for slaughter and investigation. If a laboratory carrying out a routine post mortem examination finds any lesions suggestive of a TSE, the laboratory is obliged under the same Regulations to notify the DVM/RVL.

