

FMD 2010 Workshop on 14 April 2010

Overview of Scenario and Exercise

The scenario/exercise will consider that FMD has been diagnosed in Australia and that it has entered Victoria's Goulburn Valley from an infected property in New South Wales. While the situation in New South Wales is under control, the extent of disease in Victoria is giving cause for concern.

The Victorian Chief Veterinary Officer (CVO) has declared four shires (Greater Shepparton, Campaspe, Moira and Strathbogie) which cover most of the Goulburn Valley region, as a Restricted Area.

The Goulburn Valley, with its irrigated dairy farms and high livestock population density, strongly favours the spread of highly infectious diseases such as FMD. By the end of the second week of the emergency response, 30 infected premises (IPs) have been detected and the disease has spread to two other dairy areas of the State hundreds of kilometres from the initial area of infection in Victoria. 15 properties have been depopulated, but a backlog is rapidly building.

Over 170 properties are linked to existing IPs through high-risk animals, people or vehicle movements and have been classified as Dangerous Contact Premises.

Carcass disposal on-farm through incineration has proved problematic due to a lack of fuel wood. The Victoria Department of Primary Industries (DPI) has identified landfill sites where carcasses can be buried.

Victoria DPI staff are now stretched to the limit, and alternative human resources are being sought. Epidemiologists predict that the number of IPs will rapidly grow to 50 within the next 6 weeks.

Although OIE rules around vaccination favour eradication through stamping out, it is recognised that, regardless of eradication strategy followed, Australia will be excluded from the livestock and livestock products trade for a year or more. With this in mind, the Victorian CVO is considering vaccination as an eradication option.

The participants in this workshop will be asked to recommend the next course of action that is best for the scenario. The participants will be divided into groups to discuss the following:

Group 1 – The decision to vaccinate

- i. Would you vaccinate or use an alternative control strategy?
- ii. If vaccination is used, design an appropriate vaccination strategy – noting whether vaccinate to live or to die is the better option.

Group 2 – Surveillance for proof of freedom

- i. Design a surveillance strategy, taking OIE guidelines into account, including targeted and random surveillance based on an appropriate prevalence level determined by the group.
- ii. Describe implementation of the sampling procedures on the ground, including some ideas as to resource requirements.

- iii. What are the implications for control costs, trade, and national standards and guidelines?

Group 3 – Diagnostic methods used during the control exercise

- i. Consider the laboratory tests needed for the different stages of the outbreak outlined above.
- ii. Discuss the advantages and disadvantages of the methods currently in use for these types of work, including their sensitivity and specificity. What would you recommend to use?
- iii. Discuss the possible use of penicillin tests for this outbreak scenario.
- iv. Make recommendations as to research needed to improve diagnostics.

Group 4 – The endemic setting (what to do if the disease becomes uncontrollable)

- i. At what point would you abandon eradication and establish an endemic zone?
- ii. What would be your holding / transitional strategy while preparing to declare / implement an endemic zone?
- iii. What strategies would remain in place in an endemic zone? Around the endemic zone? In the rest of Australia?
- iv. How long would you accept endemicity before possibly revisiting the idea of eradication?
- v. What wildlife surveillance would you perform and how would you ensure no infected wildlife move out of the endemic zone?