

COMMISSION OF THE EUROPEAN COMMUNITIES

COM(76) 579 final.

Brussels, 10 November 1976.

Report from the Commission to the Council
concerning veterinary problems upon
importation of live animals and fresh meat
from third countries

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1. In 1972 the Council adopted the Directive of 12 December on health and veterinary inspection problems upon importation of bovine animals and swine and fresh meat from third countries¹.

Article 3 of this Directive provides for the Council, acting on a proposal from the Commission, to draw up a list of countries or parts of countries from which these importations shall be authorised, taking into account the veterinary problems involved.

During the consideration by the Council of the Commission proposal related to this list, certain difficulties arose due to differences in the health status of certain countries.

2. In order to clarify and resolve these problems the Commission organised a visit by Community veterinary experts to Uruguay, Brazil and Argentina, with the aim of studying the animal health situation, the functioning of the veterinary services and the system of animal production, in order to clarify whether, with regard to the conditions of the Third Country Directive (72/462/EEC), it would be possible for these three countries to export animals and animal products to the Community. Special attention was paid to the diseases mentioned in Article 6 of Directive 72/462/EEC but other important diseases in domestic livestock were also considered, such as foot-and-mouth disease (European types), swine fever, brucellosis and tuberculosis.

Documentation was collected as a result of this mission, the major observations of which are summarised in the annexed report. The latter also includes summaries of recommendations made as far as importations of animals and animal products are concerned, conclusions agreed upon by all the veterinary experts who participated in the mission.

¹72/462/EEC of No L 302 of 31.12.72, p.28.

The Pan American Foot-and-Mouth Disease Centre (PAFMDC) in Rio de Janeiro and the Pan American Centre for Zoonoses in Buenos Aires were visited, being of particular importance for coordination of international control of disease, not only in the countries visited but also in all other countries of Central and South America.

CONCLUSIONS

3. On the basis of information included in the annexed summary report, the Commission is of the opinion that:
 - a) importation of fresh meat of the bovine and ovine species may also be authorised from the following countries: Colombia, Costa Rica, Cuba, Mexico, Guatemala, Honduras, Nicaragua and Panama;
 - b) importation of live animals of the bovine species may be authorised from certain regions of Argentina.
4. Concerning the special case of importation of pigmeat from China, the Commission is of the opinion that such importation should be authorised, provided that certain guarantees are fulfilled. Certainly the information available should be more complete and forwarded more regularly, but, as the Commission has already indicated when it submitted the proposal for a list of third countries to the Council, the important thing is that this country, like all other countries, should be in a position to fulfil the requirements of the Directive when it comes into force. If not, the case should be re-examined.

From this point of view China may be allowed to export pigmeat, on condition that this meat is used only for industrial purposes. This precaution seems opportune in view of the present information available.

5. Due to the continuously evolving character of the health situation on the one hand, and as new information may be received on certain third countries before the complete entry into application of the Directive of 12 December on the other, the Commission confirms the expediency of not immediately publishing the list of agreed third countries. This list may in effect be subject to modification and will in any case be followed by certain dispositions adopted in particular in application of Articles 8 and 16 of the abovementioned Directive. These Community

procedures may not be readily understood externally. For those reasons the publication of the list in the present circumstances is likely to provoke certain misunderstandings, which would be difficult to dissipate later.

6. Consequently, the Commission suggests to the Council:

- to amend the list of third countries, which was in the compromise presented by the Irish presidency in June 1975, with the modification indicated above at point 3, and under the conditions foreseen in points 4 and 5;
- to adapt in consequence the declaration of the Council appearing in the press-verbal concerning the necessity to regionalise importations from certain countries, adding to it Argentina.

ANNEX

**Commission report
on a visit of veterinary experts to Uruguay,
Brazil, Argentina, the Pan American Foot-and-
Mouth Disease Centre, Caxias, Rio de Janeiro
and the Pan American Centre for Zoonoses,
Buenos Aires, from 23 June to 20 July 1976**

The EEC Commission organised a visit by veterinary experts to Uruguay, Brazil and Argentina, with the aim of studying the animal health situation, the functioning of the veterinary services and the system of animal production in the three countries. The aim was to clarify whether it would be possible for these three countries to export animals and animal products to the Community. Special attention was paid to the diseases mentioned in Article 6 of Directive 72/462/EEC but other important diseases in domestic livestock were also considered, such as foot-and-mouth disease (European types), swine fever, brucellosis and tuberculosis.

Information including documentation was collected from each country. The major observations are summarised in this report, including those conclusions as far as importations of animals and animal products are concerned, which were agreed upon by all the veterinary experts who participated in the mission.

General information about the foot-and-mouth disease situation in Southern and Central America was collected by visiting the Pan American Centre for Foot-and-Mouth Disease, Caxias, Rio de Janeiro. This visit made it possible for the Commission to obtain documentation for decisions relating to the protection against FMD in this area. The visit to the Pan American Centre for Zoonoses, Buenos Aires, gave the EEC material to compare the systems of control and eradication of bovine brucellosis and tuberculosis with the rules existing in the EEC Member States.

URUGUAY

Veterinary Services

The veterinary services are well structured, coordination is good between the central administration and regional field services, executive activities being favoured by the relatively small size of the country. The veterinary administration is adapted to the domestic livestock production systems, areas of competence being well defined. This is of special value with regard to

the control of important diseases. Special emphasis has been given to foot-and-mouth disease control; a special directorate (DILFA) takes care of administrative, field and laboratory activities.

Laboratory Services (CIVET)

The laboratory service is centralised, important diagnoses being carried out in the Rubino Institute at Pando. All general diagnostic laboratory investigations are carried out here according to Uruguayan legislation. Diagnostic work on Rinderpest, Classical Swine Fever, Teschen disease, African Swine Fever and Blue Tongue is not carried out for the moment. Facilities for diagnosis of viral diseases are not well developed, apart from the diagnosis of FMD in the special DILFA laboratory. Regional diagnostic laboratories do not exist and it is the general opinion that more could be done in respect of field staff and field laboratory activities.

The Disease Situation in Domestic Livestock

The mission was informed that the diseases mentioned in Article 6 of Directive 72/462 have never been observed in Uruguay.

The disease reporting system is not fully developed and statistical information is not collected systematically except for FMD.

Foot-and-Mouth Disease (FMD) - Foot-and-mouth disease is endemic in certain areas. Epidemics develop at regular intervals, especially in border districts and at certain times of the year. It appears to be necessary to vaccinate three times annually. Many reasons were given for this, e.g. the heavy exposure to field virus which can take place in relation to trade, the low immunogenic effect of the vaccines used and the possibility that all animals are not systematically vaccinated. The veterinary authorities are trying to improve this by the fiscalisation of vaccination certificates in relation to movement and special ring vaccination around outbreaks. The difficulties in solving the FMD problem could be explained by several factors:

- a) vaccine quality
- b) extensive animal movements
- c) the poor application of vaccination
- d) the rearing of animals under extensive conditions
- e) movements of animals to and from neighbouring countries
- f) changing structure of cattle population (concentration in larger herds)
- g) no slaughter policy for diseased animals during outbreaks.

Brucellosis - Compulsory vaccination of all heifers (3-6 months old) with S 19 vaccine is carried out. Blood tests (Huddleson method) are carried out in some dairy herds, which are kept free from infection. The result is that brucellosis is partly under control in dairy herds but that no systematic disease eradication policy exists on a nationwide basis.

Tuberculosis - No statistical information on tuberculosis is available. TB is reported to occur primarily in dairy cattle. In certain dairy herds, whose milk is used for human consumption, TB testing (alttuberculin) is carried out and reactors slaughtered. Tuberculosis is commonly found in pigs at slaughter. It is reported to be of the bovine type. This is however not confirmed by laboratory diagnosis.

Swine Fever - is only rarely reported. When swine fever outbreaks occur pigs may be vaccinated. Only the Chinese strain is officially approved but it cannot be excluded that other vaccines are used.

SUMMARY

1. Animal health control is well structured and the veterinary staff employed seem to be well-trained but there is a serious shortage of technical personnel.
2. In the control of animal health, control of epidemic disease is based on permanent contacts with farmers and requests by breeders.
3. The laboratory services could be developed to a greater extent. Plans have been put forward to establish regional laboratory services.
4. At present the epidemiological situation of FMD makes it unsafe to import into EEC countries live animals and bone-in meat of animal species which are susceptible to FMD.

The importation of deboned beef and horsemeat seems to be safe and acceptable.

The importation of meat from other FMD-susceptible animal species should not be considered.

As far as deboned mutton is concerned, full use of vaccination, ordered by Uruguayan law, is a precondition for importation.

The FMD strains in Uruguay are not of the Asiatic or African types but the epidemiologic situation could be improved in certain regions.

Importation of live animals might be possible if prevalence and incidence rates were reduced to the levels encountered in the EEC Member States.

5. According to the requirements of the Directive, exportation of live cattle from Uruguay cannot be accepted as far as tuberculosis and brucellosis are concerned. The reasons for this are:

- a) the infrastructure for disease control is not sufficient to meet Community standards;
- b) the existing criteria for brucellosis freedom do not conform to EEC rules;
- c) the diagnostic procedures are not comparable.

BRAZIL

Veterinary Services

The veterinary services appeared to be well organised. The liaison between federal and state authorities seemed good. The number of veterinarians in the field and at intermediate level appears to be insufficient for a country the size of Brazil. We noticed that the functioning of the administrative system is not completely satisfactory at the moment.

Laboratory Services

Only the most developed States have veterinary laboratories - federal and/or state (CATT). Veterinary research workers are in general well qualified, some of international reputation.

The Pan American Foot-and-Mouth Disease Centre in Rio is an international institution of high standard but contacts between this Centre and the national veterinary authorities, as well as the World Reference Laboratory at Pirbright, should be improved.

Animal Health

The diseases mentioned in Article 6 of Directive 72/462 have not been observed in the states where veterinary control is established.

Foot-and-mouth disease - Foot-and-mouth disease is endemic with a tendency to develop into epidemics in certain regions. A national plan for the control of FMD has been programmed for the period 1972-87. At this moment it has only been fully implemented in seven states. Vaccination has been carried out for several years, although full cover has not yet been achieved. The national plan appears to be well structured from the administrative point of view but there is some doubt as to the efficacy of its practical implementation.

The following appear to create problems:

1. The long duration between the observation of clinical symptoms and veterinary action, often 2-3 days, sometimes more.
2. The short duration of vaccinal immunity, necessitating vaccination three times annually (still with an inefficient result). The vaccinations are carried out by the owners without either regular or obligatory veterinary control and some animals are not properly vaccinated.
3. Two qualities of vaccine are distributed, one by ordinary dealers, the other for ring vaccination around outbreaks by the veterinary services.
4. The uncontrollable movements of cattle for fattening between areas of different states involves considerable possibilities for spreading the virus and difficulties in controlling outbreaks.

In spite of great efforts, FMD appears to remain a problem of vast magnitude. It is difficult to envisage the solution of the FMD problem for several years.

Brucellosis - Control is only carried out in certain dairy herds. Tests are carried out according to the Huddleson method.

Tuberculosis - Tuberculosis is reported to be rare. Only certain dairy herds are tested.

Swine fever - observed from time to time. Crystal violet vaccine is used in a non-systematic way.

SUMMARY

At present the epidemiological situation of FMD makes it unsafe to import into EEC countries from Brazil either live cattle or bone-in meat. Only the importation of deboned beef and deboned mutton from vaccinated animals seems to be safe and acceptable. Considering that the FMD virus strains present in Brazil are not the Asiatic or African types, one could envisage that certain regions, after some years, could improve their FMD situation and reach the same prevalence and incidence rates as in the EEC Member States. In this case, importation of live animals and carcass meat from Brazil would be possible.

We feel that it is necessary for the EEC to be better informed of the current development of the FMD situation in Brazil.

ARGENTINA

Veterinary Services

The veterinary services are divided into three divisions - the laboratory services (SELAB), the animal health division (SELSA) and the division for inspection of animal products (SIPA). The control of epizootic diseases is the responsibility of SELSA which has its own laboratories for diagnosis, vaccine testing etc. Furthermore, SELSA is responsible for export quarantine, surveillance of animal movements etc. The veterinary services are organised with the special aim of controlling foot-and-mouth disease, but other disease programmes exist.

Animal Health

The diseases mentioned in Article 6 of the EEC Directive 72/462 have not been observed.

Foot-and-mouth disease - Argentina is divided into 3 zones according to the occurrence of FMD.

Zone 1: North of the rivers Barrancas and Colorado

Zone 2: South of Zone 1 as far as latitude 42°S (Rio Negro and Neuquén provinces)

Zone 3: South of latitude 42°S. (Chubut, Santa Cruz and Tierra del Fuego provinces).

In Zone 1, which contains the cattle rearing areas of Argentina, foot-and-mouth disease is endemic, with a tendency towards epidemics. Outbreaks constantly occur in limited areas. Vaccination is carried out using three vaccinations annually of all cattle more than 2 years old. This is carried out by the owners themselves or their workers.

For several years it has been mandatory to vaccinate all sheep twice annually. However, it is doubtful whether this is actually done as can be seen from the number of doses produced and the total number of sheep in Zone 1. There is no slaughter of infected animals in relation to outbreaks. In Zone 1 a situation of permanent infection exists irrespective of vaccination campaigns. The reasons may be that large movements of animals go on without the necessary vaccine and disease control, extensive conditions of rearing, the poor quality of vaccine, as well as the

way vaccines are administered and handled in the field.

In Zone 2 no systematic vaccinations are allowed. However, ring vaccination is practised in cases of outbreaks. The introduction of animals into Zone 2 is only allowed for breeding purposes or for direct slaughter, not for fattening or pasturing.

Zone 3 is regarded as free from foot-and-mouth and is subject to satisfactory control procedures operated by the Argentinian veterinary authorities. The introduction of live animals and meat on the bone is not allowed South of latitude 42°S. Only live animals for breeding purposes, under quarantine conditions, are allowed. No systematic vaccination is allowed. If FMD breaks out stamping out is applied. However, it has been confirmed that during the last outbreak ring vaccination was carried out.

Bovine Brucellosis - A national programme has been established to combat bovine brucellosis. It is only in some provinces that it is carried out in a compulsory way. All female calves between 3 and 8 months are vaccinated with Strain 19. Farmers carry out the vaccination. Serological testing of vaccinated animals is carried out to check whether vaccination has been carried out. Vaccinated animals are permanently branded. There is no brucellosis surveillance system. Abortions are not reported and systematic eradication schemes not established. The Huddleson agglutination method is used, the readings based on the following:

Negative: non-vaccinated animals, 50 IU/ml or less

vaccinated animals aged 30 months or more, 100 IU/ml or less

vaccinated animals aged less than 30 months, no titre limit.

The programme for combating bovine brucellosis is inadequate. The methods used, the control measures taken and the evaluation criteria are far from comparable with EEC standards and criteria for officially brucellosis free and brucellosis free herds, as indicated in Directive 72/462. There is no system for recognition of free herds and officially free herds. It must be assumed that some herds, regarded as brucellosis free according to Argentinian methods, are infected, because of the way this is assessed.

Swine Brucellosis - No state action against swine brucellosis is organised, except for serological testing of animals sent to national exhibitions and shows. No disease statistics exist and the number of outbreaks is not known. The level of herd infection is estimated at 15-18%.

Tuberculosis - There is a voluntary procedure for combating bovine tuberculosis. Only dairy herds are checked for tuberculosis, the farmers culling reactors found by the six monthly tuberculin tests. There is no ban on the sale of animals or the sale of milk from herds containing reactors. It is estimated that 4-6% of herds in the country are infected. In Patagonia the level of infection is 1%. Exact data do not exist. There is no official system for recognition of tuberculosis-free herds.

Swine fever - no special provisions exist for control of swine fever. Farmers sometimes protect their animals by vaccination, in relation to outbreaks. The Chinese strain vaccine is most often used. Outbreaks of swine fever must be reported and the herd isolated until the outbreak has ceased. In unvaccinated herds slaughter is recommended. In vaccinated herds sick animals are treated with hyperimmune sera. The unsupervised use of vaccines by farmers leads to considerable problems in relation to non-systematic disease control and eradication.

SUMMARY

Live animals.

Importation of live cattle and swine from Zones 1 and 2 is not acceptable because of the present foot-and-mouth disease situation. This should be seen in its proper perspective: if a comparable situation prevailed in a Member State of the Community or in any European country, the EEC Member States would ban all imports from the country concerned. However, no objection can be raised to the importation of slaughter cattle from Zone 3. It must be borne in mind that for the whole of Argentina the very different procedures and methods of combating and monitoring bovine brucellosis and tuberculosis militate against the importation of live animals. With regard to the importation of breeding and store cattle, the EEC criteria for control of tuberculosis and brucellosis should be complied with.

Import of fresh meat from domestic ruminants

The import of fresh meat from domestic ruminants, with the exception of goat meat, is acceptable. Because of the foot-and-mouth situation, however, only boned meat is acceptable from zones 1 and 2. The importation of meat on the bone is acceptable from Zone 3, subject to the application of satisfactory

control of movement of animals and fresh meat over the borderline between Zones 1 and 2, into Zone 3.

The importation of fresh pigmeat is not acceptable by EEC Member States because of the foot-and-mouth situation and also the situation as far as swine fever and swine brucellosis are concerned. The importation of fresh meat from solipeds is possible without objections.

Visit to the Pan American Foot-and-Mouth Disease Centre, Caxias, Rio de Janeiro

1. In spite of the large amount of effort and money invested by South American countries in control campaigns, a consistent improvement in the incidence of disease is only seen in certain parts of Chile, Argentina and Colombia. This disappointing situation is likely to be due to incomplete coverage and to failures in execution of control measures. It is impossible to pinpoint the exact areas where such failures occur, but there are indications that most of the procedures involved in control programmes (e.g. surveillance of infection, production, standardization, and application of vaccines, containment of outbreaks, control of animal movements etc) may, at one time or another, be improperly carried out in different countries. It is also possible that other factors connected with husbandry management or even the sheer scale of the problem may have unfavourable effects on control programmes.
2. Although many strains of type A qualifying as new subtypes by present criteria have been observed in several countries in recent years, none of these have been found to be epidemiologically important or to require changes in vaccine composition.
3. From the point of view of the EEC, the main consideration in this connection is to establish the potential danger of new South American subtypes to Europe. This would require direct comparison of strains and information on the effectiveness of European vaccines against South American strains.
4. Efforts should be made to investigate reasons for disease control failures in South America. An analysis of comparative aspects of control programmes carried out in Europe and South America may be of mutual benefit.