### FIRST VERSION

### SRI LANKA EXOTIC DISEASE EMERGENCY PLAN

# **SEDEP**

2004/2005

# HIGHLY PATHOGENIC AVIAN INFLUENZA

# **CONTROL PROGRAMME**

SEDEP is a series of technical guidelines developed by the Division of Animal Health, Department of Animal Production and Health, Sri Lanka describing the emergency approach to an exotic animal disease introduction.

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#### 1. INTRODUCTION

Highly Pathogenic Avian influenza (HPAI) is a viral disease that can cause devastating effects on the poultry industry and also has a serious public health hazard. This deadly disease has not only ravaged poultry industries in several Asian countries for the past three years, but has also caused several human deaths.

HPAI has never been reported in Sri Lanka. Being an island in the Asian Continent this disease could gain entry to our country through import of live poultry, pet birds, poultry products, by products and also to a certain extent via migratory birds.

Therefore, the risk and introducing this disease should be carefully reviewed and all possible measurers be taken to prevent its entry and maintain HPAI free status in Sri Lanka. Furthermore, all stakeholders, personnel engaged in the industry should be aware of what action to be taken in the event of an HPAI outbreak.

The Department of Animal Production and Health (DAPH) conducted several workshops, meetings and discussions in this regard, with technical expertise and industry stake holders at all levels. As a result, Sri Lanka Exotic Disease Emergency Plan (SEDEP) for Highly Pathogenic Avian Influenza has been prepared.

The SEDEP is a series of technical guidelines developed for the emergency approach in the event of introduction of an exotic animal disease into Sri Lanka. This guideline covers quarantine measures, surveillance programme, emergency responses, responsibilities of respective organizations and details on the contact persons/ Units.

2 QUARANTINE MEASURES

As being an island, animal quarantine is a first line of defense against exotic diseases.

Quarantine measures taken at all times would ensure that incursion of highly contagious

diseases like HPAI could be averted.

2.1 Pre Quarantine Screening

The imposed ban on importation of all domestic and wild poultry/birds and their

products from countries with confirmed or suspected HPAI outbreaks should be

continued until six months after the last case is reported.

Issue of permit to import live poultry, poultry meat, poultry by-products and

also pet/exotic birds from other countries would be made after scrutinizing the

applications and carrying Risk Analysis on each consignment.

2.2 Measures on Quarantine

Veterinary Inspections to be done every week for four weeks while imported birds are

"On-Farm" quarantine. Any suspicious cases should be informed directly to

Veterinary Research Institute.

Responsible Institution: DAPH/AQS

Supporting Institution: Dept. of Customs

1. SURVEILLANCE

Surveillance program is carryout in domestic poultry/birds, migratory and wild birds.

3.1 Surveillance of domestic Poultry/birds:

2

Monitor the health status of poultry farms and population with emphasis on sudden

onset of high mortalities.

Apply emergency if mortality is > 5% at any one time.

All New Castle Disease cases diagnosed by Post Mortem Examination should be

confirmed by laboratory to rule out HPAI.

Responsible Institution: DAPH/VRI, VICC

Supporting Institution: **Provincial DAPH/VSS** 

3.2 Surveillance of migratory and wild birds:

Wild life infectious disease surveillance programs in semi-urban areas and in remote

rural areas may provide valuable information for early warning on diseases circulating

in the wild prior to livestock outbreaks. Thus these risk areas should be included in the

surveillance program.

Responsible Institution: DAPH/VRI, VICC

Supporting Institution: Provincial DAPH/VSS, Dept. of Wild Life Conservation

4. EMERGENCY RESPONSE ON OUTBREAK

If HPAI gain entry to Sri Lanka, the focus of outbreak response strategies should include

ways to minimize the spread of the agent causing the outbreak so that it can be eliminated

rapidly and return to normalcy with minimum time frame. The Emergency Response for

**HPAI** could have the following three phases:

➤ Phase I: During the outbreak – Effort should be focused on eradication of the

disease

➤ Phase II: Post outbreak – Carry out proactive Surveillance and prove freedom

from disease

➤ Phase III: Surveillance and monitoring —Long-term surveillance

3

### 4.1 Phase I: During the outbreak

#### 4.1.1 Access to suspected HPAI infected premises

#### **4.1.1.1 Suspicion**

Reporting of suspicious cases are compulsory for the field veterinarians under the Animal Diseases Act No: 59 of 1992. The Veterinary Investigation Officer (VIO) of the Province/District together with the field veterinarian should investigate the disease condition and take all measures to prevent the spread of disease from the foci of infection. The vehicles of the investigation team should be parked out side the infected premises at a distance away from the entrance to the farm.

VIO should coordinate at farm level and avoid movement of people, animals, equipment and vehicles from the suspected premises.

#### 4.1.1.2 Access

Access to the premises must be after change into Protective clothing and should carry all necessary items needed to conduct a proper investigation.

- ✓ Inventory items to be kept at area office are in Annexure IA.
- ✓ Check list that should be carried by Emergency Team for investigation are in Annexure IB.

### 4.1.1.3 Clinical Investigation

Clinical investigation should be done on all susceptible species on the farm and must commence from the most peripheral unit. Information should be entered clearly on the Epidemiological Inquiry form.

Preliminary on-farm testing of poultry droppings should be performed using the SD BIOLINE Avian Influenza Virus Antigen Test for qualitative detection of AI virus antigen in avian faeces.

#### 4.1.1.4 Collection of Samples

Following pathological samples must be collected and sent to VRI through messenger:

- Five moribund birds for post mortem examination
- Pooled tracheal and lung samples from at least 5 moribund birds
- Pooled intestine samples from at least 5 moribund birds
- Faecal samples from healthy birds
- Cloacal and tracheal swabs from healthy birds
- Ten blood samples (acute sera)

Samples must be packed in leak proof containers, wrapped in two plastic bags to avoid dissemination of any infectious agent, and kept in a polystyrene box with ice packs and transported to the laboratory. The outside of the polystyrene box should be thoroughly disinfected before leaving the premises. The vehicle delivering the samples should go to the laboratory directly.

The investigation team should remain in the suspected premises until the Co-coordinating Unit at DAPH Head Office gives clearance to leave the premises.

#### 4.1.1.5 Confirmation of Avian Influenza

Avian Influenza is confirmed by Laboratory tests. If AI is confirmed, all contingency procedures for the containment and eradication of AI are implemented.

- Activate the mobile disinfect ion unit. It must be positioned at the point of entrance/exit to the infected premises.
- Minimum number of vehicles and staff used to control the disease

#### 4.1.1.5 Pre-emptive culling

De-population and disinfection of all flocks within 3 km radius should be undertaken immediately. This is known as the "Control Zone". Euthanized bird carcasses should be disposed within 24 hours. De-population should be accompanied with adequate and timely compensation payment to owners of animals and material requiring destruction to prevent the spread of HPAI.

- *Method of de-population* Use of carbon dioxide and burial of carcasses.
- Use of *Personal Protective Equipment* (PPE) during de-population.
- Early and regular disease and epidemiological information notification to O.I.E.

Disinfectant/Chemical/procedure – Refer Annexure 11

#### 4.1.1.7 Exit

The Investigation team should leave after receiving the clearance from Coodinating Unit of DAPH. They should disinfect their protective gear and collect all sterilizable equipment in an autoclavable bag which is sealed and inserted into a second bag which should be disinfected externally. All single use material, sheets of paper, disposable gear, shoe-covers to be put inside a plastic bag and disposed appropriately on the site.

#### 4.1.2. Surveillance during the outbreak

All flocks within 25 km radius should be subjected to initial surveillance for any clinical cases and a second surveillance for isolation of virus from cloacal swabs as per OIE guidelines. This is known as the "Surveillance Zone".

#### 4.1.3. Movement Control

Area, Animal movement should be strictly prohibited within 25 - 30 km radius from infected zone.

### 4.1.4 Public Awareness campaign-

Public should be made aware of the control measures adopted and the importance of such measures to contain and eradicate the disease within the shortest possible time.

#### 4.2. Phase II: Post Outbreak

- Poultry population should be divided into three categories -
  - (i) Industrial commercial poultry
  - (ii) Small commercial poultry
  - (iii) Village poultry (subsistence farming and pet birds)

Census on above categories need to be made available to plan a post Outbreak Phase activities. A system of zones based on population of poultry, geographic areas or disease status with the aim of developing free zones and then to recover export capacity.

#### \* Rehabilitation-

- ✓ Plans to rebuild the poultry sector must be developed and implemented to set the poultry industry in a more bio-secure position and protect livelihoods.
- ✓ Establishment of educational programs for improved poultry production should be in place.
- ✓ Support for Research on disease transmission, molecular analysis of field virus strains. This should be linked with Public Health surveillance systems.

#### 4.3 Phase III: Surveillance and monitoring

Surveillance program on Avian Influenza should be continued so that the disease status is known and this would serve as an Early warning System. All New Castle disease cases diagnosed by Post mortem examination in the field should be laboratory confirmed so that Avian Influenza does not pass unnoticed in the poultry population.

# 5. STEPS TO BE TAKEN IN THE CASE OF SUSPECTED CASES / OUTBREAKS

Owner of farm/Veterinary Surgeon should report to District Emergency Team (DET), if any farms suspected of having HPAI.

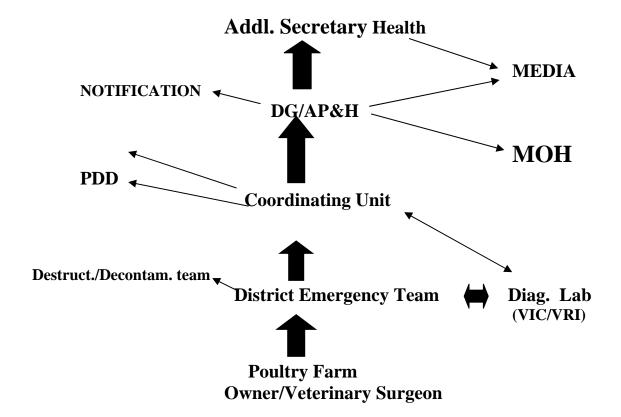
District Emergency Team should act on this matter quickly and inform to Coordinating Unit (COU) and Diagnostic Laboratory at Veterinary Investigating Centre (VIC) of Veterinary Research Institute (VRI), Gannoruwa.

DET should take sample and send to VIC/VRI. They should stay in the premises until COU gives permission to leave the premises.

After confirmation from the Diagnostic Laboratory COU inform to Director General of Animal Production & Health (DG/DAPH), Provincial Directors and Destruct/ Decontamination Team.

DG/DAPH will take necessary steps to inform the relevant authority and warn general public.

# **FLOW CHART**



# 6. EMERGENCY PREPAREDNESS PLAN FOR HPAI

Strategy	Activity	
Crisis Management	<b>♦</b> Establishment of Policy Level Committee	
	<b>♦</b> Establishment of Operational Level Committee	
	<b>♦</b> Establishment of Focal Points and Centres	
	<b>♦</b> Conduct Simulation Exercise	
Awareness Programme	♦ For Policy Makers, Veterinarians and other	
	relevant Officers	
	<b>♦</b> Conduction of Public Awareness Programme	
	♦ Preparation of Media, Printing Materials	
<b>Prevention of Entry to the Country</b>	<b>♦</b> Pre Quarantine Certification	
	<b>♦</b> Quarantine Activity	
<b>Emergency Control Programme</b>	♦ Strengthening the Diagnostic Capability	
	<b>♦</b> Access to the suspected premises	
	<b>♦</b> Surveillance Programme	
	♦ Stamping out / Culling / Disinfection	
	<b>♦</b> Payment of Compensation	
	♦ Disease Reporting and Monitoring	
	<b>♦</b> Reporting to OIE and others	
Prevention of Spread of Live	◆ Proclamation	
Diseases	<b>♦</b> Movement Control	
	<b>♦</b> Mobilization of Private Sector Resources	
Recovery of Poultry Activity after	◆ Long term surveillance	
eradication	♦ Prove freedom from the disease	
	• Reporting to OIE	

# **6.1** Establishment of Crisis Management Committees

Activity	Sub Activity	Committee / Responsibility
Establishment	<b>♦</b> Identification of persons	Minister/Sec.(ALLI), Addl.Sec.,
of Policy level	♦ Work out a Terms Of Reference (TOR)	DG/APH, DG/Health, DG/Com.,
Committee	♦ Hold the first meeting	D/E&OH, D/AH, D/VR, AD/PD,
		D/Epi(MOH)
Establishment	<b>♦</b> Identification of persons	DG/APH, D/E&OH, D/AH, D/VR,
of Operational	♦ Work out a TOR	D/HRD, PDD, AD/PD, VS/Epi,
level Committee	♦ Hold the first meeting	VRO/Vir, CAQO,
Establishment	♦ Identification of focal points	◆ AH Div, VRI, VICC
of Focal points	<b>♦ Identification of Handling Centres</b>	♦ VRI Ref.Lab.
and Centres	♦ Establishment of Diagnostic facilities	♦ Univ. of Kelaniya
	<b>♦</b> Mobilization of Resources	
Conduct	♦ Supply of personal protective	
simulation	equipments	
exercise	♦ Rapid development of personnel	
	♦ Handling suspected cases	
	♦ Establishment of check points	
	<b>♦</b> Logistics to handling the outbreaks	
	<b>♦</b> Personal decontamination	

# **6.2** Awareness Programme

Activity	Sub Activity	Time Frame	Responsibility
Advocacy- Policy makers,  Veterinarians and other relevant officers	<ul> <li>♦ Advocacy meetings /         Document</li> <li>♦ Posters</li> <li>♦ Seminars</li> <li>♦ Leaflet /         communication         document</li> </ul>	Sept Oct. 2004	D/HRD
Awareness program to poultry farmers  Media, Printing material	<ul><li>♦ Seminars / meeting</li><li>♦ Media committee</li></ul>	on -going Oct.	D/HRD, D/AH, AD/PD, Provinces, Pvt.sector / Associations

# **6.3 Prevention of Entry to the country**

Activity	Sub Activity	Time Frame	Responsibility
Pre Quarantine Certification	<ul> <li>Restrict importation of poultry / poultry products etc.</li> </ul>	on - going	DG/APH
	<ul><li>Issue of permits</li><li>Risk assessment of</li></ul>	on - going on - going	DG/APH ILRU
	<ul> <li>consignments</li> <li>★ Restrict entry of biologicals into Sri</li> <li>Lanka</li> </ul>	on - going	DG/APH
Quarantine activity	◆ Update website information	on - going	D/LPE
	◆ Effective scrutinization of all live animal and other products	on - going	CAQO
	♦ Veterinary inspection 'on farm'	on - going	AQO
	♦ Sampling / testing of imported birds and products	on - going	AQO, VRI

# **6.4 Emergency Control Programme**

Activity	Sub Activity	Committee / Responsibility	Time Frame
Strengthening	♦ Train manpower	D/VR, D/AH, VIOO,	Sept. (local)
the diagnostic	♦ Establish labs with	VROO, RAA	immediately
capability	equipments	Polgolla	
	♦ Strengthening with		
	equipment for sampling,		
	testing and clinical		
	investigation		
Surveillance	♦ Surveillance on	Phase 1 - VRO	Phase 1-on
Programme	migrating birds / wild		going
	birds	<b>Phase 2:</b> Pre entry point	(VRI)
	♦ Surveillance on domestic	Infected, free,	
	poultry / pet birds	buffer zones	
	♦ Establish "surveillance	Post infective surveillance	
	zones"		
Obtaining	◆ Request for FAO/TCP	DG/APH	Sept.
international	consultant		
expert			
assistance			
Access to	<b>♦</b> Authorisation	◆ VSS / VIOO /	
premises with	<b>♦</b> communication	supporting staff	
protective	<b>♦</b> mobilization of resources	♦ D/AH (inform relevant	
clothing	♦ Bio security & safety	officers); focal points	
		♦ VSS/VIOO/VROO	
Clinical	♦ task force to be stationed	♦ D/AH, D/VR	
investigation &	<b>♦</b> communication facilities	(VSS/VIOO)	
confirmation	♦ dispatch of sample		
Exit from	♦ Stationed until clearance		
premises	from Centre		
	<b>♦</b> Disinfection		
	I	l	i

Stamping out and culling	Ready with culling  system / agricument	♦ PDD	
and cunning	system / equipment – CO2  Disposal of carcasses - burial Procurement and supply of Disinfectants & spraying equipment	<ul><li>◆ Prov.AD/Health</li><li>◆ D/AH, VIOO</li></ul>	
Payment of Compensation	<ul> <li>Cabinet Paper</li> <li>Funds –MALLI, DAPH</li> <li>Payment system</li> </ul>	◆ D/AH	Sept . W2
Disease Reporting and Monitoring	<ul> <li>◆ Reporting system</li> <li>◆ Monitoring system</li> </ul>	<ul> <li>Immediate Reporting format</li> <li>Reporting to OIE and trade partners</li> <li>Continuous Reporting format</li> <li>Pre testing</li> <li>communication method (fax, tel. cards)</li> </ul>	

# 6.5 Prevention of Spread of Livestock Diseases

Activity	Sub Activity	Time Frame	Responsibility
Proclamation	♦ Extra ordinary gazette	immediately on	D/AH
	♦ Mass media-Television	confirmation of	D/HRD
	Radio, Newspaper	disease	
Movement	<b>♦</b> Delegate authority	immediately on	DG/APH
Restriction	• establishment of check	suspicion	Law enforcement
	points		authority
	♦ Prohibition of sale		
	during restriction		
	period		
	♦ Poultry Health /		
	transport certificate		

Annexure IA

Emergency Team: Inventory at Area Office

S.No	Item	Quantity	Sizes
1.	Special Mask	50	
2.	Disposal overall	50	L, XL, XXL
3.	Boots (smooth sole)	05	S, M, L
4.	Shoe covers	25	S, M, L
5.	Disposal hypodermic		
	Syringes 1 ml luer lock	300	
6.	Disposal needles 21 G	600	
7.	Disposal latex gloves	250	S, M, L
8.	Vacutainer tubes (plain)	1000	
9.	Vacutainer tubes (heparine)	1000	
10.	Vacutainer needles 21 G	2000	
11.	Vacutainer holders	100	
12.	Scalpel, pair of tweezers,		
	Pair of scissors (sterile packed)	50 sets	
13.	Waterproof torch	04	
14.	Extra batteries	08	
15.	Disinfectant (Virkon)	10 x 1L	
16.	Disinfectant (Citric acid)	10 x 1 Kg	
17.	Container to collect		
	Disposal needles	10	
18.	Plastic bags for packing		
	Infected material	200	
19.	Plastic bags for Carcasses	100	
	Garbage bags	150	
20.	Tape for closing bags	15 rolls	
21.	Labels	50 sheets	
22.	Marker pen (Black. Red, Blue)	10 / colour	
23.	Emergency Report format	50	
24.	Detailed Format	100	
25.	Lockable Cupboard	01	
26.	Register	01	

# Annexure IB

# **Emergency Team: Check List for Investigation of suspected HPAI**

S.No	Item	Quantity
1.	Plastic box to carry Items	01
2.	Cool box	01
3.	Ice packs	04
4.	Mobile Phone	01
5.	GPS	01
6.	Emergency Report	04
7.	Detailed Report	10
8.	Form accompanying samples	05
9.	Distinctive signs	
	a. AI infected area	02
	b. AI infected building	02 02
	<ul><li>c. AI suspected building</li><li>d. AI suspected area</li></ul>	02
10.	Writing Pad	01
11.	Labels (large &small)	20 each
12.	Tape	01
13.	Envelop	05
14.	Fencing tape	01
15.	Nails	10
16.	Hammer	01
17.	List of Telephone numbers	01
18.	Torch with spare batteries	01
19.	Disposal Overalls	03 (L, XL.XXL)
20.	Boots(smooth sole)	03 (S,M, L)
21.	Disposal gloves	05
22.	Platic bags (suspicious material)	05
23.	Carcass bags	10
24.	Plastic Bucket	01
25.	Disinfecting soap	01
26.	Disinfectant (Virkon)	1 L
27.	Disinfectant (Citric acid)	1 L (2% Solution)
28.	Hypodermic syringe (1 ml)	10
29.	Needles	15
30.	Scalpel Blade	01
31.	Tweezers (sterile)	01
32.	Scissors (Sterile)	01
33.	Serum tubes	15
34.	Sterile swabs	20
35.	Container with lid (small)	04
36.	Container with lid (large)	04

# **Annexure II A**

# **Recommended Disinfection Method**

Item	Disinfectant/chemical/procedure
Dead birds/Carcases	Bury or burn
Animal housing/equipment/cages	1, 2a, 2b, 2c, 3
Humans	1
Electrical equipment	5c
Water tanks	Drain to pasture if possible
Ponds used by poultry/ducks	Drain to pasture if possible
Feed	Bury
Effluent, manure	Bury or burn, 4, 3
Human housing	1, 2a, 2b, 2c
Machinery, vehicles	1,3
Clothing	1,2a,2b,2c,3

# Annexure II B Recommended Disinfectant/ Chemical/Procedure

Key	Form and final concentration	Contact time and notes
1. Soaps and detergents		Leave in contact 10 minutes
2. Oxidising agents		
2a. Sodium hypochlorite	Liquid, dilute to final 2-3% available chlorine	Not good for organic materials. 10-30 minutes contact.
2b. Calcium hypochlorite	Solid or powder, dilute 2-3% available chlorine (20 g/litre powder, 30g/l solid)	Not good for organic materials. 10-30 minutes contact.
2c. Virkon <sup>®</sup>	2% (20 g/litre)	10 minutes. Excellent disinfectant
3. Alkalis		
3a. Sodium hydroxide (causticsoda)(NaOH). Do not use with aluminium and like alloys	2% (= 20 g/litre)	10 mins. Do not use in presence of aluminium
3b. Sodium carbonate anhydrous (washing soda) (Na <sub>2</sub> CO3. 10 H20)	4% (=40 g/litre) from powder 100 g/l from crystals	10 mins. Recommended for use in presence of organic materials as above. 30 mins
4. Acids		
4a. Hydrochloric	2% (20 ml/litre)	Corrosive, use only when better not available.
4b. Citric	0.2% (2 g/l)	30 mins, safe for clothes and body decontamination
5c. Formaldehyde gas	Special generation required	15-24 hrs. Toxic, only if others cannot be used.

# **Annexure III:**



# Emergency Report on AVIAN INFLUENZA (HPAI)

Veterinary Range:	
District: Province:	
Name & Address of the affected Farm:	
	of Birds in the Farm:
Date of onset of clinical signs: Clinical signs observed:	
No. of clinical cases: No. of deaths:	No. slaughtered:
Introduction of birds within 21 days prior to onset of c Exit of birds / eggs within 21 days prior to onset of clir	
Possibility of contact with wild birds: Yes / No I	f yes, species:
Other birds present on site (captive or free): Yes / No	If yes, species:
Presence of ponds, lakes or water reservoirs: Yes / No	)
<b>Location of other Farms / Poultry establishment</b>	
owned by the owner:	Signature of Veterinary Surgeon  Date:

# **Annexure IV**

# AVIAN INFLUENZA

# EPIDEMIOLOGICAL INQUIRY FORM

Date:			
Dr			
	):		
Name of establis	hment:		
Address:	•••••		
District:			
Province:			
Farm code or ide Owner:	entification number:		
Address of the o	wner:		
Information prov	rided by:		
Farm Veterinaria	an Dr	Present: Y	es / No
<u>INFORMATIO</u>	N CONCERNING TI	HE FARM	
Type of Establis	hment: Industrial / Rura	/ Dealer / Retailer	
Category / Produ	action Line: Table-egg l	ayers / Meat birds	
Type: Grandpare	ents / Parents / Pullets / I	Broilers / Layers	
NUMBER OF	BIRDS AND SPECII	ES PRESENT	
Chickens	Meat No	Breeders No	Layers No
Turkeys	Meat No	Breeders No	
Guinea-fowl	Meat No	Breeders No	
Ducks	Meat No	Breeders No	
Pigeons	Meat No	Breeders No	
Pheasants	Meat No	Breeders No	
Geese	Meat No	Breeders No	
Quail	Meat No	Breeders No	
Other			

HATCHERY OF ORIGIN	
Name:	
Address:	
Debeaking operation. Date: Performed by:	
HOUSING SYSTEM Presence of sheds: Yes / No	
Type of ventilation system: Natural / Natural with fans / Artificial	
Free-ranging system: Yes / No	
Bird proof nets: Yes / No	
Possibility of contact with wild birds: Yes / No Species:	
Other birds present on site (captive or free): Yes / No Species:	
Present of ponds or lakes: Yes / No	
Other water reservoirs: Yes / No (specify)	
Presence of pigs: Yes / No	
Other animals: Yes / No	
Remarks:	
MOVEMENTS OF BIRDS	
Introduction of birds from other establishments: Yes / No	
(Twenty days before the onset of the first clinical sign)	
Date: No: Species: Species:	
Origin:	
Exit of birds / eggs to other establishments: Yes / No	
(In the time span between twenty days before the onset of the first clinical sign and the date the farm	ı was
put under restriction)	
Date: No: Species: Species:	
Destination:	

## **MOVEMENTS OF VEHICLES**

(In the time span between twenty days before the onset of the first clinical sign and the date the farm was put under restriction)

Date	of	Vehicle No.	Name of	Purpose of	Name of	Other
entry			Establishment	visit	Driver	personnel

Ĺ							Į
M	OVEMENTS	S OF PEOPLE					
Da	te:	••••	Purpose:				
Na	me:		Address:				
				JLTRY ESTAB			
				the time span be under quarantine	tween twenty day	s before the onse	t of
Da	te of contact:	•••••					
Mo	ode of contact	t:	····				
Na	me of establi	shment:					
Spo	ecies in the fa	arm:					
O1	THER FAR	MS OWNED B	Y THE OWNE	<u>R</u>			
Na	me of the est	ablishment:					
Ad	ldress:						
PC	OULTRY FA	ARMS LOCATI	ED NEAR THE	OUTBREAK:	Yes / No		
Na	me of the est	ablishment:					
Ad	ldress:		••				
Dis	Distance in meters:						

### **ANAMNESTIC DATA**

(Data concerning mortality rates recorded in the 6 weeks prior to the onset of clinical signs)

Week		Number of
From	То	Animals dead

Remarks:
Date of onset of AI clinical signs:
Clinical signs observed by the farmer:

TOTAL NUMBER OF BIRDS Farm put under restriction (dead or alive)	Number of ill birds (Farm put under restriction)	Number of dead birds (Farm put under restriction)	

N.B. this information must refer to the data collected when the farm has been put under restriction with

mortality and morbidity referring to the suspicion of AI.

#### **VACCINATION** of birds

Vaccination of birds practiced: Yes / No

Date	of	Type of vaccine (Live	Commercial name	Administration route
vaccination		or inactivated)		

√ac	cinating staff: Fan	mily / Employee /	/ External	staff / Other
2en	arke.			

## ADMINISTRATION OF DRUGS/MEDICAMENTS

In the last 15 days: No / Yes (specify)	
Staff who administered the medicament: Remarks:	Family / Employee / External staff / Other
Remarks:	

## **CLINICAL INVESTIGATION PER SPECIES**

Clinical signs		Species			
Depression					
Respiratory signs	Mild				
	severe				
Drop or cessation of egg laying					
Oedema, cyanosis or cutaneous					
hamorrhages					
Diarrhoea					
Nervous signs					
Other		·		_	

### **GROSS FINDINGS**

		Species		
Rhinitis and sinu	sitis			
Tracheitis	catarrhal			
	haemorrhagic			
Aerasacculitis				
Haemorrhages	Epicardium			
	Endocardium			
	Proventriculus			
	Ovarian			
	follicles			
Enteritis	catarrhal			
	haemorrhagic			
Pancreitis				
Other				

	Other						
Remarks:							

Signature

## **Annexure V**

### ANIMAL DISEASE ACT No. 59 OF 1992

## **REGULATION No.5(1)**

<b>T</b>	4 •	
	lamation	
P 1-4 M-1		
	amann	L

Where asin			broken	out among
District	of the			Province,
vested on me under the Animal Disease Act No area having the following boundaries as 'Infected	o. 59 of 1992, Reg			
North -				
East -				
South -				
West -				
Hadan manulation No. 5(2) of the same Act. I a	one alaime that may me			
Under regulation No. 5(3) of the same Act, I p from and to this area sha				
The attention of all	ich persons are by btained from the	law require Governmer	ed to take i it Veterina	n an "Infected ry Surgeon a
This declaration shall take effect from the date he	ereof.			
	Director General, Department of Anin			th.

Office of the Director General Department of Animal Production & Health, Peradeniya

#### Annexure VI

### Proposed Cabinet Memorandum on Avian Influenza

# ESTABLISHMENT OF A JOINT STEERING COMMITTEE AND TECHNICAL COMMITEE TO ADVICE ON PREVENTIVE MEASURES TO BE TAKEN ON HIGHLY PATHOGENIC AVIAN INFLUENZA

Highly Pathogenic Avian Influenza (HPAI) has never been reported in Sri Lanka. This disease has devastated the poultry industries in many Asian countries during early 2004. The situation of Avian Influenza in Asia is evolving rapidly and 12 countries namely Republic of Korea, Japan, Malaysia, Cambodia, Vietnam, Thailand, Indonesia, PDR Laos, China, Russia, Kazakhstan and Mongolia and recently in Turkey, Rumania and in Europe have reported outbreaks in poultry and wild birds. Human cases have been reported from four countries namely Vietnam, Cambodia, Thailand and Indonesia. A total of 64 human deaths have been reported from affected countries in Asia up to now. The threat of this disease entering Sri Lanka is increasing.

The Department of Animal Production and Health (DAPH) has taken stringent precautionary measures under the Animal Disease Act No:59 of 1992 to prevent the entry of Highly Pathogenic Avian Influenza (HPAI) into the country. Strict restrictions were imposed on import of birds, poultry products and byproducts and a surveillance program was commenced immediately.

However these restrictions will not prevent totally the introduction of the disease into the Country due to migratory birds migrating to Sri Lanka from affected country during this winter season and therefore the DAPH has developed an **Emergency Preparedness Plan** to act immediately if the disease is introduced to the country. This plan elaborate the actions to be taken by officials in the event of an introduction of the disease to Sri Lanka so that it could be eradicated without much delay.

To implement this plan effectively it is mandatory that the DAPH work in close collaboration especially with the officials of the Ministry of Health (MOH). There were several meetings to discuss on the threat of introduction of HPAI into Sri Lanka and actions to be taken to avert such a threat. It has become necessary to form Joint Steering Committee, Joint Technical Committee and Regional Committees comprising of following officials to safeguard the animal and human health from this devastating disease.

#### 1. Joint Steering Committee

Role: To take policy decisions and to give directions to the relevant units, officials and to monitor the whole program.

#### Members:

Secretary/ Ministry of Livestock, Secretary/Ministry of Health, Additional Secretary/Livestock, Director General/Animal Production & Health, Director General/Health and Director/Livestock Planning and Economics.

#### 2. Joint Technical Committee

Role: To monitor the global status of HPAI, recommend suitable strategies to prevent the entry of disease into the country, evaluate the present surveillance activities, provide facilities for the implementation of the Preparedness Plan.

#### Members:

Additional Director General/ Animal Production and Health, Director/Animal Health, Director/Veterinary Research, Director/Public Health Veterinary Services, Director/Environmental &Occupational Health, Director/Quarantine of Ministry of Health, Chief Epidemiologist/Ministry of Health, Chief Animal Quarantine Officer, Assistant Director/ Poultry Development, Veterinary Surgeon/Epidemiology, Veterinary Research Officer/Virology, Veterinary Surgeon/ Director General's Office

#### 3. Regional Committee

Role: Compile ground level information on disease status, report to technical committee, Educate farmers on the Emergency Preparedness Plan. Implement Plan at field level.

#### Members:

Provincial Director/Animal Production and Health, Veterinary Investigation Officer, Deputy Provincial Director/Health Service, Regional Epidemiologist, District Veterinary Surgeon.

In an event of an outbreak of this disease in the country, the DAPH does not have adequate resources such as vehicles and funds including payments of compensation. Officers have to be mobilized and additional funds will be urgently required for the procurement of laboratory consumables items and to pay compensation etc.

The approval is therefore sought from the Cabinet of the Government of Socialist Republic of Sri Lanka :

- (i) To form the committees as indicated above and delegate powers to officials to respond immediately and to take appropriate actions to prevent the spread of the disease in an event of an outbreak of HPAI in the country.
- (i) To create a special vote named "Exotic Disease Control" in the DAPH budget.
- (iii) To make initial budgetary allocation of Rupees 25 M from the DAPH budget for the above purpose commencing from year 2005/2006.
- (iv ) To provide additional funds to hire vehicles until few vehicles are procured under DAPH Budget in 2006.

Expenditure under this vote will be incurred on activities related to "Exotic Disease" where DG/AP&H will declare through gazette notification under provisions of the Animal Disease Act.

This Cabinet memorandum has been copied to the Ministry of Finance and Ministry of Health.

Chandrasiri Bandara Ratnayake Minister of Medium and Small Scale Plantation Industries, Rural Human Resource Development and Livestock

## AnnexureVIII

## TO WHOM TO INFORM

1.	Dr. S K R Amarasekra Director General (In case of emergency for necessary advices /directions/Media information)	Tele; 081-2388195 - Office 0777362007 - Mobile 081-2388619 - Fax
2.	Dr(Ms) S.N. Kodituwakku Director / Animal Health (Out break, Technical advice)	081- 2388317
3.	Dr. R. Wickramasinghe Director / VRI	081 - 2388276
4.	Dr. Dharmawardana Dy. Director / VRI	081 - 2388312
5.	Dr. Vasantha Rupasinghe Head / Virology	081 - 2388312
6.	Dr. Ranjani Hettiarachchi VS / Epidemiology	081 - 2388189
7.	Veterinary Investigating Centres (In List)	
8.	Provincial Directors (In List)	
9.	District Emergency Team (In List)	

# **Provicial Directos Offices**

Dr(Ms) C.J. Wijesiri	Dr(Mrs) H.R.L Sumanarathna
Provincial Director	Provincial Director
- Central Province,	- Western Province,
Dept. of Animal Production & Health,	Dept. of Animal Production & Health,
P.O. Box 29,	Livestock Farm,
Getambe,	Welisara.
Peradeniya.	Ragama.
Tele. 081-2388216	Tele: 0112959260
Dr.C.K.Sivapalasingham	Dr. G.P.N.A. Abeykoon
Provincial Director	Provincial Director,
- North/East Provinces,	- North Central Province,
Dept. of Animal Production & Health,	Dept. of Animal Production & Health,
Trincomalee.	Godage Mawatha,
	Anuradhapura.
Tele: 026-2221183	
	Tele; 025-2235821 / 2222533
Dr.H.M.A.Chandrasoma	Dr.R.M.Ariyadasa
Provincial Director,	Provincial Director,
- North Western Province.	- Uva Province.
Dept. of Animal Production & Health,	Dept. of Animal Production & Health,
No.04, Wilgoda Road,	Welagedara Road,
Kurunegala.	Badulla.
Tele: 037-2223705	Tele: 055-2222698
Dr.P.D.Wanasundara	Dr.K.P.M.Pathirana
Provincial Director,	Provincial Director,
- Sabaragamuwa Province.	- Southern Province.
Dept. of Animal Production & Health,	Dept. of Animal Production & Health,
Dairy Training Center,	Nupe,
Undugoda.	Matara.
Tele: 035-2278633	Tele: 041-2222477

# **Veterinary Investigating Centres**

Dr.(Mrs) G.R. Rajapakse Veterinary Investigation Officer Veterinary Investigation Centre Welisara	Dr.T.Puvirajan Veterinary Investigation Officer Veterinary Investigation Centre Polonnaruwa	Dr(Ms)M .Wijemane Veterinary Investigation Officer Veterinary Investigation Centre Pannala
Ragama		
Tele: 011-2958213	Tele: 027-2222077	Tele: 037-2246829
Dr (Ms) S. Hettige	Dr (Mrs) V. Amirthalingham	Dr (Mrs) S.J.M.R.R. Samarakoon
Veterinary Investigation Officer	Acting	Veterinary Investigation Officer
Veterinary Investigation Centre	Veterinary Investigation Officer	Veterinary Investigation Centre
Nupe	Veterinary Investigation Centre	Uva Province
Matara	Jaffna	Welagedara Road, Badulla
Tele: 041-2222162	Tele: 021- 2227446	
Dr. M. Somaratna		
Veterinary Surgeon		
Veterinary Investigation Centre		
Veterinary Research Institute		
Gannoruwa		

### **HPAI** - District Emergency Team

Colombo - Dr.(Mrs) S.Wakistar

- Dr.(Mrs) G.R.Rajapakse - Mr.W.M.Karunadasa

Gampaha - Dr.(Mrs) K.Wickramasooriya

Dr.(Mrs) G.R.Rajapakse Mr.W.M.Karunadasa

Kalutara - Dr.A.Abeyawickrama

Dr.(Mrs) G.R.Rajapakse Mr.W.M.Karunadasa

Kurunegala - Dr.N. Tilakaratne

- Dr.(Ms)L.M.P.Wijemanne - Mr.H.M.C.Weerasinghe

Puttalam - Dr.J.Subasinghe

Dr.(Ms)L.M.P.Wijemanne Mr.H.M.C.Weerasinghe

Anuradhapura - Dr.K.M.U.M.Amarasinghe

- Dr.T.Puvirajan

Mr.A.M.D.B. Abeysinghe

Polonnaruwa - Dr.(Mrs) T.C.K.Wimalarathne

Dr.T.Puvirajan

Mr.A.M.D.B. Abeysinghe

Matara - Dr(Ms)A.Samaraweera

Dr.(Mrs) S.Hettige
Mr.R.Wimalagunaratne

1,11,11,1,1,111,111,112,113,111,111,111

Hambantota - Dr.(Mrs).K.H.S.Wasanthie

Dr.(Mrs) S.Hettige Mr.R.Wimalagunaratne

Galle - Dr.A.Samaraweera

Dr.(Mrs) S.Hettige

Mr.R.Wimalagunaratne

Kegalle - Dr.(Mrs) S. Abeyratne

Dr.M.Somaratne

Mr.Wijithasiri

Ratnapura - Dr. Pathirathna

Dr.(Mrs) S.Hettige

- Mr.R. Wimalagunaratne

kandy - Dr.B.Sivayoganathan

Dr.M.Somaratne

- Mr.Wijithasiri

Matale - Dr.D.Wijetunga

Dr.M.Somaratne

Mr.Wijithasiri

Nuwara – Eliya - Dr.K.Kulashwarakumar

Dr.M.Somaratne

Mr.Wijithasiri

Badulla - Dr.S.K.Weerasundhara

Dr.(Mrs) Ramya Samarakoon

Moneragala - Dr.W.K.R.Dhayanandha

Dr.(Mrs) Ramya Samarakoon

Batticaloa - Dr.(Ms) M.Amirthalingham

Dr.T.Puvirajan

- Mr.A.M.D.B. Abeysinghe

Trincomalee - Dr.T.K.Thavarajan

Dr.T.Puvirajan

Mr.A.M.D.B. Abeysinghe

Ampara - Dr.(Ms) M.Amirthalingham

- Dr.T.Puvirajan

Mr.A.M.D.B. Abeysinghe

Jaffna - Dr.P.Ramanathan

Dr.(Mrs) V.Amirthalingham

Vavuniya - Dr.S.Sivanathan

Dr.(Mrs) V. Amirthalingham

Kilinochchi - Dr.S.Sivanathan

Dr.(Mrs) V. Amirthalingham

Mullaitivu - Dr.S.Sivanathan

Dr.(Mrs) V. Amirthalingham

Mannar - Dr.S.Sivanathan

- Dr.(Mrs) V. Amirthalingham

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