

KOI HERPESVIRUS (KHV): NOTIFICATION AND CONTROL ARRANGEMENTS

1. The British Veterinary Association is the national representative body for the veterinary profession in the United Kingdom and represents over 10,000 members. Our chief interest is to protect and promote the interests of the veterinary profession in this country and we therefore take a keen interest in all issues affecting the veterinary profession, be they animal health, animal welfare, public health or employment concerns.
2. We are pleased to comment on the consultation on the intention of Defra Ministers to make KHV notifiable in England. This response has been prepared by the Fish Veterinary Society (FVS), a division of the BVA. The FVS has alerted BVA to the potential devastating effect that this disease could have and therefore we are pleased to support and represent their concerns.

Annex A: The Draft Statutory Instrument

3. BVA is concerned at the quality of the available tests for KHV; however, as this disease is devastating and with the potential for impact on wild species it should be listed.

Annex B: Policy Models for Controlling KHV Disease

The Industry Model

4. BVA believes that this model appears to be reasonable; however we would like clarification as to the status of vaccinated fish. Currently it is impossible to identify vaccinated fish from those with the wild virus (although all vaccinated imports from Israel will be tagged from the beginning of next year). We believe that about 40% of Koi imported to the UK will be vaccinated; therefore it would be impossible to ban vaccinated fish without causing economic hardship. However, until full efficacy information is available banning the import of vaccinated fish may be necessary unless strict quarantine and biosecurity practices are implemented and fish are shown to be free of infection.
5. There is no known suitable health attestation available beyond the importer stating that his/her fish are free of KHV. Therefore BVA would like to propose that voluntary biosecurity programmes are implemented for all operations involving KHV susceptible species, including imports, but these must be overseen by veterinary surgeons if they are to be effective.

BVA POLICY STATEMENT DATE

Traditional Government Model

6. BVA believes that this model is completely unworkable due to the reasons outlined in paragraphs 4 and 5 of this response. However, we would support the use of government endorsed, industry driven veterinary health certificates and biosecurity programs. These certificates would support the industry and provide the necessary confidence that the UK is actively working to prevent, control and eradicate KHV.

Industry/Government Partnership Model

7. There are elements of this model that BVA would support. We would like to add that codes of practice would need to be developed for each sector; therefore appropriate representatives from each sector would need to be involved. BVA is concerned that it may be difficult for Government to identify suitably experienced people from each sector.

BVA's Proposed Model

8. BVA would support a model made up of elements of each of the models as outlined in the consultation document. We believe that any successful model must involve:
 - a. industry coming together to draw up codes of practice for each sector;
 - b. industry and veterinary surgeons working together to develop practical procedures for issuing veterinary health certificates;
 - c. Government liaising with industry and veterinary surgeons to evaluate and endorse codes of practice and veterinary health certificates;
 - d. Government support for research into the epidemiology of KHV, latency, appropriate vaccines and validated diagnostic assays; and
 - e. provision of a forum for discussion and dissemination of information.

Recommendations

9. Given the current status of KHV, the lack of suitable diagnostic tests and the lack of verified information as to the distribution and prevalence of the disease BVA would like to recommend, on behalf of FVS, that:

BVA POLICY STATEMENT

DATE

- a. all commercial fisheries or ornamental premises are registered with the competent authority;
- b. all commercial premises must have a "site health plan" or "biosecurity code of practice" devised in conjunction with their veterinary surgeon;
- c. all premises are required to keep records of movements, mortalities and medicines usage, these to be verified by a veterinary surgeon as part of the "site health plan". The veterinary surgeon's verification would result in the issue of a "veterinary health certificate";
- d. consideration is given to the use of "standstill" periods between movements; and
- e. epidemiological studies are carried out with particular reference to the potential use of a vaccine in the initial stages of any control strategy.

We recommend that each of the above be implemented through Government/industry/veterinary surgeon partnership.

Other points for consideration

10. FVS, through BVA, would also like to raise the following supplementary points for your consideration:
 - Vaccination has been used to control listed diseases in the EU in the past, particularly when the distribution of the disease has been considered widespread. Vaccination might therefore be an important tool in any KHV control or eradication programme.
 - Cost of vaccination is unlikely to be a factor for fisheries as the cost would be substantially less than the cost of slaughter or disinfection.
 - It is important to establish whether the current number of CEFAS and EA officers can cope with surveillance requirements.
 - Given the Government's promotion of the positive benefits of herd health plans the BVA believes it may be appropriate to promote "site health plans" for fisheries. Veterinary surgeons should be involved in the development and correct implementation of these plans.