

**FVE Policy Paper: Herd Health Plan****A) Objectives of the Herd Health Plan**

Safe food is produced by healthy animals. Health and welfare are greatly influenced by the way animals are kept and raised. At the level of primary production, the farmer is a key responsible in achieving optimal animal health and welfare. To support the farmer in such activity, the design of a **Herd Health Plan (HHP)** for each specific farm is desirable as part of the "stable to table" approach.

It is clear that the role of the farmer has thus changed during recent years, i.e. from 'producing animals' towards 'producing food'. Current legislation therefore refers to the farmer as a **Food Business Operator (FBO)** who "shall ensure that all stages of production, processing and distribution of food under their control satisfy the relevant hygiene requirements", as laid down in Art 3 of Regulation (EC) No. 852/2004, on the hygiene of foodstuffs. In addition, Annex I of this Regulation lays down general hygiene requirements to be respected by FBO at all stages of the food chain.

The new **Animal Health Strategy for the European Union (2007-2013)**, stating that "Prevention is better than cure" (COM 539 (2007) final), also emphasises the importance of on-farm bio-security measures and the crucial role farmers play in it. But not only farmers: 'a collective approach must be taken in addressing prevention and bio-security measures'. This includes (1) the **Private Practitioner regularly visiting the farm** (hereafter referred to as the **Designated Veterinarian**), as an advisor and partner of the farmer in helping to ensure the health of farmed animals and therefore the safety of respective food products; and (2) the **Official Veterinarian (OV)** who is performing regular checks on a certain number of farms per year.

The HHP is designed to be a comprehensive and sustained management system, the main objective being - in addition to the prevention of animal diseases - the welfare of animals and the implementation of requirements targeted to achieve food safety. This includes e.g. the implementation of official hygiene requirements, as well as the correct and targeted use of medicinal products for animals or optimizing the use of antibiotics.

The HHP should include good husbandry practices (with regards to housing, climate, water/feeding and management), guidelines for the use of veterinary medicinal products and feed additives (EPRUMA Best Practice Framework for the use of Antimicrobials in Food-Producing Animals in the EU, September 2007) as well as a plan of preventive healthcare and guidelines for the prevention of epizootics and zoonotic diseases. The HHP should also include guidelines for **Farm Visitation Schemes**, namely protocols and recording systems to monitor herd health and welfare, and a plan of regular visits by the designated veterinarian (**Health Visitation Scheme**). In addition, the HHP should help the farmer to establish hygiene schemes and to fulfil the requirements on microbiological criteria for foodstuffs (Regulation (EC) 2073/2005).

Other important components of a Herd Health Plan are:

- Quarantine plan for new animals entering the farm;
- Infectious disease control plan, isolation facilities, bio security measures in order to prevent spreading of diseases from animal to animal as well as from farm to farm;
- Contingency plans;
- Identification system for all animals, including recording systems for treated animals;
- Recording system of movements and traceability of livestock;
- Frequency of checks on animal health and welfare status by the farmer;
- Prevention and control of production specific diseases;
- Vaccination plan;
- Parasite control and treatment plan (not only in livestock but also in companion animals living on the same farm);
- Disposal of dead animals (in accordance with EU and national legislation).

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HHP plans have a clear added value for the farmer: enhanced animal health and welfare lead to food products of higher quality, responsible use of medicinal products and other treatments, thus reducing production costs.

The designated veterinarian should also provide help to the farmer with record keeping, as foreseen on Annex I of Regulation (EC) 852/2004). The records need to be always kept always up-to-date and be included into the HHP, especially on the following items:

- Nature and origin of feed and respective ingredients;
- Used veterinary medicinal products and any other treatments, namely dates of administration and withdrawal periods;
- Occurrence of diseases: e.g. food born diseases, zoonoses, mastitis, reproductive disorders, lameness, and metabolic disorders;
- Results of samples taken from animals or of their products and follow up measures, when applicable;
- Any reports on checks carried out on animals or on their products.

All this information should be part of the **Food Chain Information (FCI)** system, foreseen on Annex II of Regulation (EC) No 853/2004, and be forwarded to the OV in the slaughter facility.

The designated veterinarian is the expert best placed to interpret the results of analysis or checks, including ante- and post-mortem findings reported back from the slaughter facility. The expertise of the designated veterinarian therefore will not only give credibility to the FCI sent to the slaughter facility, but also help the farmer to take the necessary steps in order to improve the animal health and welfare status at production level (e.g. in treating remaining herd parasitic infestations, when such information is sent back from the slaughter plant).

Regular visits made by the designated veterinarian should be established in the HHP depending on the size of the farm, the animal species, and the risk for introducing/spreading diseases, while also considering existing health problems on the holding. The HHP should be revised regularly (at least annually) in order to detect weak points or adjust to structural changes.

B) Common procedures and implementation of the Herd Health Plan

The second part of this position paper provides an overview of the important aspects to be included in the HHP. This list is not exhaustive and needs to be adjusted to the specific needs of every single farmer.

Record keeping: address feed, medicinal products and other treatments, occurrence of diseases, findings on health and welfare observations by the farmer, results and consequences of relevant analysis, relevant reports on checks (on animals or products) and on findings in slaughterhouses. If new herd health problems arise, they need to be described in detail as well as measures implemented for their improvement and/or treatment, and the follow-up needs to be performed.

Animals: identify the animal species and category, source of the animals and/or semen, numbers of animals and respective movements, including the reasons for such movements.

Identification and registration: implement national and EU law, as well as an additional system for identification of treated animals.

Biosecurity: record the use of disinfectants (where, when, which), implement the use of special protective clothing (namely for visitors), control the access of vehicles on farms (by use of facilities for their disinfection), establish roadways, pest control, restrictions for domestic animals (e.g. no entry into stables), quarantine measures, implement and control the purchase of animals, materials, equipment, as well as disposal of carcasses and litter, consider appropriate farm location (e.g. new buildings), register visitors on farms and implement proper visitor parking.

Prevention measures: e.g. record vaccination, deworming and equivalent activities.

Animal housing: consider climate, light, materials and appropriate equipment meeting animal welfare criteria.

Animal welfare: implement appropriate handling and housing of animals (e.g. density, enriched environment), as well as their transport.

Education and training of personal: ensure knowledge of relevant legislation on animal welfare, bio security and hygiene matters.

Feed and water supply: control source of feed and respective ingredients, namely suppliers, as well as water, e.g. own source, storage, hygienic management. .

Health issues: keep recording systems for fertility, body condition score, claw/hoof health (including routine foot-care), number of animals culled for disease, clinical disease frequency (pinpoint which diseases - bacterial viral, parasitic - are important for the farm, depending on species and area) and, performance (e.g. litter size, growth rate, milk production, cell count, mortality).

Participation in programs, necropsy and laboratory testing: to be implemented depending on animal species and region, and associated, whenever required, with serological tests, nasal swabs, sampling of feed, environmental tests, etc.

Treatments: record drug administration (and store associated documentation), as well as drug storage, antiparasitic treatment, routine treatment (e.g. food additives) and non-routine treatment (e.g. antibiotics, anti-inflammatory medicines).

Check list: develop and annex to HHP a check list document, facilitating the implementation and registration of the above mentioned bullet points.

C) Operational objectives of farm visitation schemes

Guidelines based on commonly adopted documents, like the OIE recommendations, must be set up for these visits, so that they may be easily implemented by the designated veterinarians.

At the end of the visitation, an evaluation should be given for each item (good, to be improved, not satisfying), and written advices and recommendations should be set on a final report. One copy of each report would be given to the farmer or the animal keeper, and another sent to the OV by the designated veterinarian. The report can be handwritten or computerized and should be available in a template ready for use, e.g. check list with hand written text boxes, where applicable.

These visitations should be implemented gradually. It is possible to start with few assessment points and to add new items, or replace old items, every year, according to the sanitary status of the farm and the national or European epidemiological situation.

These visitations should involve all type of primary production systems, from milking cows to breeding pigs.

The farmer is obliged to provide the designated veterinarian and the OV with all available information needed for the visit. The animal owner informs the designated veterinarian of any deviations from the health and performance status identified on the farm.

The farm visitation schemes should be performed at least once a year, although they would need to be adapted according to the type of production system of concern and problems encountered. For example, dairy cows may need a visit once a year, whereas for poultry, a visit every two months might turn out to be necessary due to the rotation of batches. Still, in cases of more frequent visits, the aim of the visitation scheme should be adjusted, as it would not be necessary to check each time all the items listed for the first visitation.

FVE stresses the need to grant sufficient time and resources for the implementation of these visitations, so that both veterinarians and farmers can go properly through the different items and therefore fulfill their work in the most efficient way.

The farmer (or the animal keeper or rearer) is free to choose his own designated veterinarian. The recommended approach is to keep the same designated veterinarian, i.e. the veterinarian who usually has the farm under his/her supervision. The added value would be that such designated veterinarian has a clear and global vision of the farm, including its human aspects.

In case of several production systems located in the same place, which may require different veterinarians, only one veterinarian would deal with the common issues to all production systems, ensuring that good communication channels are maintained with the other veterinarians responsible for each specific production. The implementation of specific measures related each production system would then be of the responsibility of the veterinarian in charge.

As a final note, FVE recommends that farm visitation schemes are co-financed by the European Union, Member States and farmers. Funds previously intended for the BSE could, for example, be used from the European Regional Development Funds or the Common Agricultural Policy.