

Regulation (EC) No 998/2003 of the European Parliament and of the Council on animal health requirements applicable to the non-commercial movement of pet animals

Union of European Veterinary Practitioners (UEVP) Position Paper – updated version for approval – May 2009

We welcome the extension to the transitional period (Article 23) for the United Kingdom, Ireland, Sweden, Finland and Malta until 3rd July 2010 to facilitate the acquisition of surveillance data.

Core Recommendations

Disease Control

1. We recommend that a post vaccinal rabies antibody titre be obtained after rabies vaccination for all dogs and cats entering the EU from a Third Country and entering the United Kingdom, Ireland, Sweden, Finland and Malta from any other EU country to ensure adequate sero-conversion has taken place to provide protective immunity. (See Appendix 1).
2. We recommend that based on the best scientific evidence, for animals entering the UK, Ireland, Sweden and Malta, the waiting time following an adequate antibody titration from an approved laboratory after a valid rabies vaccination should be reduced from 6 months to 3 months.
3. We recommend that it should be a high priority for veterinarians and policy makers in Europe to establish prevention or control strategies for populations where emerging diseases, especially those with zoonotic implications, are endemic with the aim of preventing or controlling their spread and dispersion in travelling animals. For example, extending rabies control measures at the extremities of the European Union by the oral vaccination of wildlife. Whilst rabies is endemic in countries bordering the EU, the risk of the introduction of infection is ever present.
4. We believe that the risk of spread of diseases such as Rabies, Leishmaniosis, Babesiosis, Ehrlichiosis, Dirofilariosis and Echinococcus poses a significant problem both for animal health and welfare as well as for human health. Therefore, we recommend that the minimum disease prevention measures for animals travelling between EU countries should include acaricide and insecticide/repellent application and broad spectrum anthelmintic treatments between 24 hours and 7 days before crossing borders.
5. We believe that the zoonotic implications of *Echinococcus multilocularis* in particular are very serious and recommend that the United Kingdom, Ireland, Sweden, Finland and Malta retain the right to insist on treatment of animals before entry with a product containing praziquantel. As the lifecycle is typically wildlife based, the existing control measure is all the more important for EU countries that are islands as cross-border transmission by wildlife is less likely.
6. We recommend that the veterinary profession and competent authorities in all Member States work towards improving border controls with regard to the identification, vaccination status and welfare of animals being transported. The increasing illegal trade in puppies from Eastern Europe through Hungary, Austria and Italy is a prime example of the controls not being enforced resulting in widespread animal suffering together with the increased risk of rabies transmission across borders.
7. We note that the consultation and risk assessment carried out by the European Food Standard Authority (EFSA) has been impaired by the lack of reliable data. We recommend that the appropriate authorities in all Member States increase the surveillance for these diseases at a national level and to collate accurate data on the incidence and transmission of diseases affecting pet animals that travel between Member States. This would be consistent with the EU's Animal Health Strategy of "prevention is better than cure".

8. **During the process of gathering and providing further data for national and European agencies and whilst the risk of disease transmission across borders due to the increased movement of pet animals is ever present, the UEVP strongly recommend that the present transitional arrangements are kept in place for a further 5 years until 2015.**

Identification of pet animals

1. We recommend the removal of Appendix A from Clause 4 of Regulation 998/2003/CE which refers to old transponder technologies (FDX A microchips).
2. We believe that identification using tattooing as described in Clause 4 of the Regulation cannot be considered as reliable or acceptable for the following reasons:
 - i. There are no definitions of the word 'tattoo'.
 - ii. In most countries, there is no authority to allocate the numbers to be used. There is therefore no obligation to use a unique number for each animal. Furthermore, as there is no communication between countries, the same series could be used in different countries.

Registration

1. We recommend compulsory registration of all microchipped pet animals onto a central European database – e.g. EuroPetNet.
2. We recommend the compulsory registration of all pet passports onto a central database to facilitate the link between the identification of the animal and the passport as emphasised by the Commission

Pet Passport

1. We recommend that the passport is amended to certify that the veterinarian has administered the tick and tapeworm treatment.
2. We recommend that the Regulation clarifies the "valid until date" on the passport with regard to some Member States that are insisting on annual rabies vaccinations for animals under certain conditions.

Non-Core Recommendations

1. We recommend that preventative measures should be in place in adequate time prior to travelling and should be continued throughout the travel or vacation period and for one month after return. If an animal becomes ill while travelling and requires veterinary attention, details of all diagnostic test results and treatment information should be passed on to the animal's usual veterinarian.
2. We believe that the veterinary profession has a vital role to play in the education of owners on the health and welfare of their pets travelling into and around the EU together with the risks to human health from zoonotic diseases. We recommend that pre-travel consultations with veterinary professionals should be a routine part of travel plans. This will facilitate some control of other diseases such as canine influenza.

Appendix 1

From January 2000, in the first 8 years of the Pet Travel Scheme, 505337 dogs entered the UK. Data suggests that between 3 & 5% of dogs that receive the rabies vaccination fail to produce adequate antibody titres from a single vaccination. As there is no requirement for antibody testing in mainland Europe, there is a real risk of rabies travelling from Eastern Europe where rabies is still endemic. If just 3% of dogs failed to seroconvert adequately, then out of those 505337 dogs, potentially 15,159 were not protected against rabies.