Department of Environment, Food and Agriculture

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# Mitigation Strategy for Avian Influenza in Wild Birds on the Isle of Man

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Isle of Man Government

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## Contents



# 1 Introduction

This document sets out the policies and approach the Department of Environment Food and Agriculture take to avian influenza in wild birds on the Isle of Man, within the remit of national law. In addition, the document sets out guidance to the general public and non-governmental organisations (NGOs) on issues which may impact them in relation to avian influenza in wild birds.

# 2 The pathogen and disease

2.1 Avian influenza ('bird flu') refers to the disease caused by infection with avian influenza Type A viruses. Wild waterbirds of the orders Anseriformes (for example ducks, geese, and swans) and Charadriiformes (for example. gulls, terns, and shorebirds) are considered the natural reservoir of avian influenza viruses, and their migratory patterns and interactions with poultry and other captive birds form the backbone of most established avian influenza transmission networks worldwide.

2.2 Avian influenza viruses are single-stranded, segmented, negative-sense RNA ((-)ssRNA) viruses and are placed in the family Orthomyxoviridae. While avian influenzas are predominantly considered a pathogen of birds, the virus is zoonotic and can infect other mammals including humans, the ease at which it can infect mammals, and whether it can spread from mammal to mammal varies significantly between strains.

2.3 Avian influenza viruses are categorised according to the properties of their surface proteins (haemagglutinin (H1-H16) and neuraminidase (N1-N9)). Because the viral RNA of influenza viruses is segmented, genetic reassortment can occur in mixed infections with different strains of influenza A viruses. There are 16 different H proteins and 9 N proteins in influenzas affecting birds and any combination of these is possible. However, the H5 and H7s are considered to be the most important from an animal health perspective, as they are the only subtypes to have been identified as causing a highly pathogenic infection in birds.

2.4 There are many strains of avian influenza viruses, which vary in both their ability to infect humans and other mammals, and their ability to cause disease in birds. In poultry, avian influenza viruses are categorised according to this ability to cause severe disease (pathogenicity) into being either high pathogenicity avian influenza (HPAI) (generally causing severe disease) or low pathogenic avian influenza (LPAI) (generally being subclinical in poultry). The clinical severity as a result of avian influenza virus infection varies dependent upon both species infected and virus strain.

2.5 Avian influenza is a notifiable animal disease in poultry and other captive birds (not wild birds). Anyone in possession of any bird or bird carcass (excluding a wild bird or wild bird carcass) which they suspect may be infected with avian influenza, or a mammal or mammal carcass which they suspect may be infected with influenza virus of avian origin must immediately notify DEFA by calling 01624 685844

# 3 Routes of incursion and spread

3.1 Avian influenza can spread by movement of infected birds, from bird-to-bird by contact with contaminated body fluids and faeces, either directly or through contaminated objects and surfaces, or ingestion of infectious material.

3.2 An avian influenza outbreak can occur at any point in the year. However, avian influenza is not endemic in wild birds in the UK or IOM, rather the UK/IOM typically faces a seasonal increase in the risk of an avian influenza incursion associated with the winter migration patterns of wild birds to the UK/ IOM.

3.3 In late autumn or early winter two migration pathways have the potential to carry avian influenza infected wild birds to the UK or IOM, typically wild migratory waterfowl:

- The first is the Black Sea Mediterranean flyway, which is also linked to avian influenza in the Middle East (Israel) as birds move from Europe to Africa at this time of year; European countries along this route would also include those in Central and Southern Europe.

- The second is the East Atlantic flyway which includes the North European countries, particularly Scandinavia, Germany, Denmark, Poland and GB. In addition to areas of Greenland, Canada and North America.

There are no clear boundaries between these migration routes and birds will mix between them and multiple species can be found at the same sites.

3.4 Infected incoming migratory wild birds can then subsequently infect both other recently arrived migratory wild birds and sedentary wild bird species resulting in local transmission or environmental contamination for example wild bird faecal contamination. Hence why the risk of avian influenza is not solely connected to the presence of infected migratory wild birds.

3.5 The risk of avian influenza being introduced into domestic poultry or other captive birds will depend on the prevalence and pattern of virus shedding in wild birds, the level of biosecurity in place on poultry holdings or bird premises and other factors.

3.6 Detailed epidemiological assessments are made at each poultry and captive bird infected premises to investigate possible source and spread. To-date all available evidence indicates that direct or indirect contact with infected wild birds is the source of infection on almost all of the kept bird premises. Whilst spill-back from poultry to wild birds is possible, there is no evidence from any of the UK or IOM cases that wild birds have been infected from these infected premises.

3.7 In Great Britain and the IOM the risk of avian influenza incursion during summer typically decreases as environmental conditions (warm, dry, high sunlight exposure) can reduce virus survival in the environment. However, whether a measurable difference in the rate of findings of avian influenza in wild birds is observed is dependent on the background level of transmission of avian influenza, pathogenicity, infectivity and duration of immunity induced associated with the virus strains circulating at the time.

# 4 Roles of government

4.1 DEFA is responsible for responding to outbreaks of exotic animal disease in the IOM.

# 5 Objectives of disease prevention, mitigation and control measures

5.1 DEFA’s disease control measures seek to contain the number of animals that need to be culled, either for disease control purposes or to safeguard animal welfare. Our approach aims to reduce adverse impacts on the rural and wider economy, the public, rural communities and the environment (including impact on wildlife), whilst protecting public health and minimising the overall cost of any outbreak.

5.2 DEFA's objective in tackling any outbreak of avian influenza in kept birds is to eradicate the disease as quickly as possible from the IOM poultry and captive-bird population and regain IOM World Organisation for Animal Health (WOAH) disease-free status.

5.3 In summary in poultry and other captive birds following confirmation of notifiable avian influenza, swift and humane culling of kept birds on infected premises coupled with good biosecurity aims to prevent the amplification of avian influenza and subsequent environmental contamination and to reduce the risk of disease spread from infected premises to other kept birds, wild birds or other animals. Current policy is in line with international standards of best practice for disease control.

5.4 In wild birds DEFA's approach to avian influenza seeks to align with our targets on protecting species abundance and diversity. In relation to avian influenza DEFA aim to monitor the presence of avian influenza in the wild bird population to inform our understanding on how the disease is distributed geographically and in different types of wild bird to:

- help government understand what the risk posed to and from poultry and other captive birds is and inform the requirements for instigating proactive infection prevention measures in kept birds
- inform risk mitigation measures in birds to reduce disease burden thereby protecting against zoonotic transmission occurring from animals to humans, and to prevent future spill overs of influenza with pandemic potential into humans

# 6 International disease monitoring

6.1 Animal Plant and Health Agency (APHA) UK government carry out routine surveillance of disease risks both in the UK and around the world to help UK Government anticipate future threats to animal health. APHA continue to closely monitor the global situation of avian influenza as part of this work. DEFA receive information from APHA about this on going work.

6.2 APHA virologists and epidemiologists collaborate with colleagues in Europe and around the world to closely analyse viruses involved in both outbreaks in poultry and other captive birds and those found in wild birds, with the aim of trying to understand what makes these viruses different and how they might change in the future. This work is facilitated through the WOAH and Food and Agriculture Organization (FAO) international reference laboratory for Avian Influenza located at APHA Weybridge. APHA feed information back to DEFA about this work.

6.3 The latest risk and outbreak assessments by APHA are published and available on GOV.UK at as part of the 'Animal diseases: international and UK monitoring' collection.

6.4 Further information on APHA's wider work to monitor avian disease threats can also be found in the 'Avian: GB disease surveillance and emerging threats reports' and the 'Wildlife: GB disease surveillance and emerging threats reports' on GOV.UK.

# 7 Clinical signs of avian influenza

7.1 The main clinical signs of Highly Pathogenic Avian Influenza (HPAI) in birds (which can include any or a combination of the following) are:

- sudden and rapid increase in the number of birds found dead
- several birds affected in the same area
- swollen head
- closed and excessively watery eyes
- lethargy and depression
- recumbency and unresponsiveness
- incoordination and loss of balance
- head and body tremoring
- drooping of the wings or dragging of legs
- twisting of the head and neck
- swelling and blue discolouration of combs and wattles
- haemorrhages on shanks of the legs and under the skin of the neck
- loss of appetite or marked decrease in feed consumption
- sudden increase or decrease in water consumption
- respiratory distress such as gaping (mouth breathing), nasal snicking (coughing sound), sneezing, gurgling or rattling
- fever or noticeable increase in body temperature
- discoloured or loose watery droppings
- cessation or marked reduction in egg production or viability of eggs

7.2 Clinical signs can vary between species of bird and some species (for example ducks and geese) may show minimal clinical signs.

7.3 Low pathogenic avian influenza (LPAI) is usually less serious and may show more vague clinical signs. For example, it may cause mild breathing problems but affected birds will not always show clear signs of infection. The severity of LPAI depends on the type of bird and its general health status.

7.4 While the clinical signs outlined above can indicate avian influenza, the presence of avian influenza virus can only be confirmed through laboratory tests.

# 8 National Reference Laboratory

8.1 The England National Reference Laboratory (NRL) for Avian Influenza is located at the Animal and Plant Health Agency (APHA) Weybridge Laboratory. The Isle of Man

does not have a reference laboratory and thus uses the APHA Weybridge reference laboratory.

8.2 All diagnostic testing conducted at the avian influenza NRL uses United Kingdom Accreditation Service (UKAS) validated tests and is in line with WOAH standards as set out for Avian Influenza in the WOAH Terrestrial Manual.

8.3 Details of all UKAS validated front line diagnostic assays used by the avian influenza NRL can be found in the public domain at FluGlobalNet: Laboratory Protocols.

# 9 Avian influenza wild bird surveillance

9.1 DEFA carries out year-round avian influenza surveillance of dead wild birds submitted via public reports.

9.2 The public are encouraged to report findings of dead wild birds to DEFA. Reports to DEFA of found dead wild birds are triaged and not all birds will be collected. The criteria for which birds are collected (species and numbers) are adjusted to increase or decrease the sensitivity of surveillance. The latest criteria used for triage by the DEFA are published on the guidance page: Isle of Man Government - Avian Influenza (bird flu)

9.3 DEFA then collect some of these birds for testing at the APHA National Reference Laboratory to help us understand the risk posed to poultry and other captive birds in addition to the risk to different species groups of wild birds is through understanding how the disease is distributed geographically and in different types of wild bird.

9.4 The surveillance programme will not collect further wild bird carcasses from the same location (defined as a 3km radius of where the birds were found) and once carcasses have been collected from a given location, we will not collect any more carcasses of the same species unless considered a risk to human health.

9.5 A maximum of 5 birds will be collected from a particular location for testing when a mass die-off is reported. Testing becomes unreliable as carcasses decompose, so if, after four days from the report, there has been no collection or no contact can be made with the person reporting the whereabouts of the carcasses, the carcasses will not be collected and will need to be disposed of appropriately (see section 21 for further information).

# 10 Biosecurity in natural settings

10.1 This section of guidance is aimed at landowners and organisations responsible for natural areas where the general public have access to, or do activities involving wild birds.

10.2 **Contingency plans** consider possible scenarios that may arise in the future, designing strategies to manage these potential risks and threats. Contingency planning is essential for ensuring a rapid, coordinated and well informed response to animal disease outbreaks can occur. Organisations responsible for the

management of land where wild birds may be found should have contingency plans in place in the event that there is an increased risk of avian influenza being detected on their land or that avian influenza is in birds whether kept or wild on their land. These contingency plans should be integrated into the general site management plans and be readily available to staff, and staff should be familiar and trained in their operation in advance.

10.3 **Communication** is a key measure in mitigating risk of transmission of avian influenza between birds and protecting public health. During periods of increased risk from avian influenza signage should be displayed at key access and other points on sites warning the general public of the risk of avian influenza and the measures they can take to protect themselves and both kept and wild birds from avian influenza.

10.4 **Cleansing and disinfection**, localised or targeted use of disinfectants including cleansing and disinfection of clothing, footwear, equipment and vehicles, should be considered at key access points to sites and activities where people or equipment come into contact with wild birds or their environment. However appropriate use and disposal of disinfectants so they do not damage the environment is essential. The list of Defra-approved disinfectants sets out which products should be used for avian influenza, and the concentration of the disinfectant you must use.

10.5 Spraying of the environment with disinfectant is considered counter-productive, harmful to the environment and not effective from a disease control perspective.

# 11 Restrictions on activities

11.1 All disease prevention and control measures are kept under regular review and are based on the latest scientific, ornithological and veterinary advice.

11.2 **Bird ringing**

11.2.1 In England, based on currently available evidence, additional restrictions on bird ringing due to avian influenza are not recommended. However, this position is being kept under regular review by Defra, Natural England and the BTO. A risk-based approach, taking into account site and species knowledge, is most appropriate, and BTO will consider restrictions on bird ringing activities due to avian influenza where it is deemed appropriate to do so.

11.2.2 In Wales, NRW will consider restrictions on bird ringing activities due to avian influenza where it is deemed appropriate to do so. However, the position is kept under regular review by Welsh Government, NRW and the BTO. A risk based approach, taking into account site and species knowledge, is most appropriate. Where active suspensions on ringing are in place in Wales, NRW will consider requests for exemptions where the value of the data collected is deemed to be significant with respect to national monitoring priorities, including those relating to avian influenza impact assessment.

11.2.3 Natural England and NRW would not expect ringing to occur within seabird colonies where avian influenza is suspected or confirmed. However, visits to colonies by ringers to assess colony health, check affected birds for rings, and carry out standard monitoring can yield valuable data if they can be

undertaken in a manner in which health and safety concerns can be addressed and the risk of onward transmission can be managed. Even where colonies are not showing signs of infection, it is not safe to assume that the virus is not circulating, and appropriate biosecurity and hygiene precautions should be adopted when carrying out any activities within or near any seabird colony.

## 11.3 Access to sites

11.3.2 Access to premises where notifiable avian influenza has been confirmed in poultry or other captive birds is restricted. Access to infected premises would only be permitted following a veterinary risk assessment and under licence from the APHA.

11.3.3 Outside of these restrictions, there is no legal requirement for government, or landowners to limit access to public areas or close rights of way due to avian influenza.

11.3.4 However, where findings of avian influenza in wild birds have occurred in public areas, local authorities and other land managers may take a precautionary approach to protect the health and welfare of birds and to limit the risk of infection being transferred on footwear etc to other areas by restricting access to areas where wild birds frequently congregate where this does not impact public rights of way. Applying access restrictions should be assessed by land managers on a case-by-case basis.

## 11.4 Shooting

11.4.1 Defra (England) and Welsh Government have explored the benefit of introducing wildfowl hunting restrictions to help limit the spread of avian influenza.

11.4.2 Expert opinion provided by the Ornithological Expert Panel (OEP) UK and associated risk assessment during the HPAI H5N8 outbreak in 2016 and 2017 concluded that wildfowling, or more general shooting of ducks and geese, would not significantly increase the risk for immediate long distance spread of avian influenza infected wild birds due to the low number of people or guns utilised in any one wildfowling event, and considering these species are highly mobile during their normal day-to-day activity. Driven game shoots were considered a lower risk due to the limited dispersal of managed wild game. Expert opinion considered that these birds usually fly only short distances from one area of cover to another and are not flying over long distances when disturb by shooting activity. However in contrast to wildfowling events a greater number of people will be involved in this type of shoot. Pigeon shooting was considered to be an even lower risk, as it is generally used as pest control around crops. As such these activities would have a minimal impact on immediate long distance dispersal of birds around a region, above their normal daily movements, with a likely local and temporary redistribution of birds. Therefore, these activities represented a very low risk of increasing

(above existing levels) the geographic spread of wild birds infected with avian influenza over long distances or into new areas.

11.4.3 In light of the substantial additional information generated from the widespread outbreaks of avian influenza during 2021 and 2022, Defra in conjunction with Welsh Government and Scottish Government commissioned an updated risk assessment undertaken by APHA on what impact water-fowling, driven game shooting and woodpigeon shooting could have the immediate long-distance dispersal of wild birds, and how that could impact on the geographic spread of wild birds infected with HPAI.

11.4.4 The updated risk assessment has been published and reaffirms the conclusion of the earlier assessment that at the time of publication wildfowling, driven game shooting and pigeon shooting activities are not considered to significantly increase the risk for long distance dispersal beyond that of routine movement of infected wild birds. Further updates to the risk assessment are in progress and will consider the shooting of pheasants. Updates to the risk assessment will be published and this document updated as appropriate to the outcomes.

11.4.5 While the risk assessment considers the generic risk and impacts from shooting land managers should review on a case-by-case basis the impact shooting activities may have on species of conservation concern which are present on or close to their land.

11.4.6 DEFA, due to the small size of the Island are not in a position to perform bespoke risk assessments, but have no reason to believe there would be anything significantly different from England and Wales.

# 12 Avian influenza strains of significant public health concern

12.1 There are five strains of avian influenza that have caused public health concern in in recent years: H7N9, H9N2, H5N6, H5N8 and a type of H5N1 strain more common in Asia. None of these strains easily infect people and are not usually spread from human to human, however a small number of people have been infected around the world and so we take precautionary steps to mitigate this risk as much as possible.

12.2 UKHSA and PHW monitor public health risks related to avian influenza including close collaboration with APHA in relation to reported detections of HPAI in England and Wales respectively. Further information is available in UKHSA's pages Avian influenza: guidance, data and analysis.

# 13 Culling for disease control and euthanasia on welfare grounds

13.1 The control of avian influenza infection in wild bird populations through a stamping out policy, as used in poultry or other captive birds, is not considered effective or feasible from a logistical, environmental and biodiversity perspective.

13.2 While powers exist to cull wild birds, it is not current policy to cull wild birds as part of avian influenza control, and DEFA support the advice of the Food and Agriculture Organisation (FAO) and WOAH, and our international obligations under Convention on the Conservation of Migratory Species of Wild Animals (CMS), the Ramsar Convention and the Agreement on the Conservation of African-Eurasian Migratory Waterbirds (AEWA), to ensure that there is no consideration of killing of wild birds for avian influenza disease control.

13.3 However, euthanasia of wild birds by suitably qualified private veterinary practitioners on welfare grounds may be utilised where appropriate.

# 14 Removal and disposal of dead wild birds

14.1 Wild birds are susceptible to a range of diseases and injuries and not all dead birds will have been infected with avian influenza. However, our general advice to the general public is to not touch or pick up any dead or visibly sick birds that they find.

14.2 In general, we do not recommend that wild bird carcasses are removed. If removal is warranted (see below) it is the landowner's responsibility to safely arrange disposal of the carcasses. Landowners are responsible for any costs associated with removal and disposal of dead wild birds.

14.3 Keepers must ensure any wild bird carcasses are removed from areas where poultry, other captive birds or other kept susceptible species have access to or areas which are associated with their keeping, for example bedding storage areas. Outside of these areas there is no obligation on landowners or local authorities to remove found dead wild birds when they are not causing a public hygiene risk, however consideration of their removal is recommended when dead wild birds are found:

- at residential premises, in particular when in areas which may be accessed by children or pets
- in urban or suburban areas or rural access routes, for example on footpaths, with frequent human footfall
- in areas where there is a high likelihood of significant exposure of carcasses to other wild birds (or other susceptible species) for example areas where carcasses can be easily scavenged, or carcasses are in key feeding, breeding and roosting areas. This assessment will be highly site specific and should be made on the basis of an assessment of the location and species of bird present.

14.4 The carcasses of wild animals, other than wild game, are exempt from the animal by-product (ABP) rules in the UK. Unless it is suspected that the animals were infected with a disease which can spread to people or animals such as avian influenza, the carcasses must be disposed of as a category 1 ABP.

14.5 During the 2021 into 2022 outbreak mortality in some seabird colonies has been very high. However, there is limited evidence to indicate whether removal of carcasses reduces transmission risk within seabird colonies given the significant levels of

environmental contamination that will remain in the area where carcasses have been removed from and the close contact between birds in these colonies.

14.6 There is however emerging evidence from seabird colonies in Continental Europe that carcass removal may be effective in reducing incidence in some species when the risk of movement of the virus around the colonies by carcass collectors can be mitigated, together with the welfare impacts of entering the colony areas. Removal in these areas should be assessed by land managers on a case-by-case basis with site accessibility, ability to dispose of carcasses in line with ABP disposal rules and the health protection of those involved in the removal of carcasses being a significant consideration in whether to proceed with removal.

14.7 As further evidence on the effectiveness of carcass removal on reducing incidence of avian influenza in wild birds emerges from sites in the UK or overseas, this guidance will be updated to reflect any relevant evidence.

## Scenario 1: small numbers of garden birds at domestic premises

- There are many reasons why birds die and so not every dead bird should be considered to have died of avian influenza. Advice for the disposal of small numbers of dead wild garden birds (for example black birds, magpies, tits, finches, collared dove, woodpigeons, robins) found on domestic premises is outlined below and can also be found at GOV.UK/Bird-Flu and GOV. WALES/ report and dispose of dead birds
- If the birds are not required for surveillance, residents should follow the government advice for their disposal through one of the two following options (disposal in household waste or burial)

**Disposal of small numbers of garden birds in household or municipal waste refuse**

- If possible, wear disposable protective gloves when picking up and handling dead wild birds (if disposable gloves are not available, a plastic bag can be used as a make-shift glove). When the dead wild bird has been picked up, the bag can be turned back on itself and tied, enclosing the dead wild bird within the bag.
- The bag containing the dead wild bird should then be placed in a second plastic bag (preferably leak proof). Care should be taken not to contaminate the outside of the bag.
- Remove any gloves or other hand coverings used, by turning them inside out and then place them in the second plastic bag, taking care not to touch the outside of the gloves with bare hands.
- Tie the second bag closed and dispose of in the normal household waste (general refuse lidded bin outside).
- Wash hands thoroughly with soap and water.

**Burial of small numbers of garden birds**

- The dead wild bird can be buried, but not in a plastic bag.

- The depth of the burial hole must be sufficient to prevent animals scavenging and gaining access to it – at least 60 cm deep is advised and the location must not be near any watercourses, or likely to contaminate local water supplies.
- Where possible do not use your hands to move the bird. Where unavoidable:
    - Wear disposable protective gloves when picking up and handling any dead wild birds (if disposable gloves are not available, a plastic bag can be used as a make-shift glove)
    - Dispose of any gloves or other hand coverings in a bag (preferably leak proof), being careful not to touch the outside of the gloves or other hand covering with your bare hands
    - Tie the second bag closed and dispose of in the normal household waste (general refuse lidded bin outside)
    - Wash hands thoroughly with soap and water

## Scenario 2: larger numbers of dead garden wild birds or non-garden wild bird species at domestic premises

- There is a higher suspicion of avian influenza when there are deaths of multiple birds in a specified location. There is also greater uncertainty if the found dead wild birds are not typical garden bird species (for example. black birds, magpies, tits, finches, collared dove, woodpigeons and robins). Therefore additional precautions for the collection and disposal of birds in these scenarios is advised
- If the birds are not required for surveillance, DEFA will organise the disposal of the carcasses: contact DEFA telephone 01624 685844

## Scenario 3: public, managed estates or other private land where avian influenza has been confirmed or avian influenza is suspected but without testing or prior to test results

- this scenario includes, but is not to limited to, the following:
    - Wild bird deaths relating to confirmed avian influenza incidents (such as birds which are part of a mass die-off in which avian influenza has been confirmed)
    - Bird deaths during periods, and in geographical areas, where avian influenza is known to be circulating in wild bird populations as reported on Isle of Man Government - Avian Influenza (bird flu)

  Larger numbers of dead wild birds (or ‘die-offs’) of unknown cause, for example five or more in the same location

- Where dead birds are found on land which is privately owned, and where a decision has been made to remove and dispose of the carcasses, it is the landowner’s responsibility to safely dispose of the carcasses as ABP Category 1 material by:
    - contacting DEFA Telephone 01624 685844 who can organise collection by DOI

### Personal protective equipment

- Individuals involved in collection and disposal will need the appropriate personal protective equipment PPE including:
    - FFP3 respirator, following a fit test. Further guidance is available in the Health and Safety Executive (HSE) fit testing guidance.
    - coverall ○ goggles ○ rubber or polyurethane boots ○ disposable gloves.
- Footwear should be cleansed and disinfected and coveralls either disposed or washed. Staff should receive training to cover the safe methods required including getting PPE on and off without contamination. For example, removing single-use gloves without contaminating your hands
- The Health and Safety Executive (HSE) provide further advice on PPE in relation to avian influenza risks in their 'Avoiding the risk of infection when working with poultry that is suspected of having H5 or H7 notifiable avian influenza' guidance document

### Scenario 4: wild birds where avian influenza is not suspected

- Where there is no suspicion of a disease communicable to humans or animals, and a decision has been taken by the landowner to remove the carcasses, the carcasses of wild animals, other than wild game (including game birds), are exempt from the ABP rules in the UK. The determination of whether avian influenza is suspected in any given scenario should be informed by the individual circumstances of the situation and the national picture with regard to avian influenza outbreaks in poultry and other captive birds or findings in wild birds

- Individuals involved in collection and disposal are advised where applicable to follow their employer's COSHH and health and safety procedures for the disposal of carcasses and, as a minimum:
    - Wear disposable protective gloves when picking up and handling dead wild birds and placing the dead bird in a plastic bag.
    - Wear coveralls and disinfectable footwear ○ follow the advice outlined in Scenario 1 on how to safely double bag and dispose of the dead birds in domestic or municipal waste.
    - Cleanse and disinfect footwear and dispose of or wash coveralls. ○ wash hands thoroughly with soap and water.
    - For larger volumes of dead wild birds please contact DEFA to arrange disposal.

# 15 Vaccination

15.1 DEFA have no plans to vaccinate the wild bird population against avian influenza.

15.2 Defra's policy on vaccination is set out in the Notifiable Avian Disease Control Strategy for Great Britain and in separate avian influenza (bird flu) vaccination guidance. In summary, in England it is Defra's current policy to not permit the vaccination of birds as an immediate disease control response. Stamping out coupled with a high standard of biosecurity, separation of poultry from wild birds and careful surveillance for signs of disease remain the most effective means of

controlling the disease in kept birds and protecting other animals, including preventing spill back of infection in poultry and other captive birds to wild birds. This policy is in line with international standards of best practice for disease control.

15.3 Wales currently has a no-vaccination policy.

15.4 Currently available avian influenza vaccines have disadvantages in that while they may reduce mortality, it is possible that some vaccinated birds would still be capable of transmitting the disease if they became infected whilst not displaying clinical signs. This would increase the time taken to detect and eradicate the virus.

15.5 Avian influenza vaccination policy is kept under regular review in light of any scientific developments in the availability of effective vaccines. In practice, existing vaccines and those currently under development can only be administered via injection. This precludes any widespread use in wild birds.