

To whom it may concern:

With regards to movement of horses during the AHS season of 2015 and the Notice released on 11 December 2014 by State Vet Boland, stating that all direct movements from the AHS infected zone into the AHS Controlled Zone will be suspended from the 01 February 2015 until the 30 June 2015:

- Following Public Feedback and lengthy consultation, together with logistical considerations relating to space available in Stop Over Quarantine (SOQ) facilities the following amendments have been made.
- During this period **ALL MOVEMENTS** into the Controlled Area can only be done **by means of an APPLICATION FOR MOVEMENT made to the STATE VET BOLAND A MINIMUM OF 2 WEEKS PRIOR TO THE INTENDED MOVEMENT DATE**. However it should be noted that a Stop Over Quarantine may be required for high risk areas and where active cases have been reported so application 4 weeks prior to movement is suggested. This application can be done through Ms Danielle Pienaar (censuswc2012@gmail.com), and each application will be reviewed by the **MOVEMENT COMMITTEE** before being approved or denied.
- Exemption from the Stop Over Quarantine may be applied for during the movement application process. A risk analysis will be done by the **MOVEMENT COMMITTEE** and conditions for movement will be given, which may or may not include a SOQ. In the cases where direct movement will be allowed a RT-PCR may be required before the horse moves, and arrangements with the local state veterinarian of origin will be made through the committee in order to obtain a permit.
- Included in the application for exemption will be a mandatory certification by either a state veterinarian, private veterinarian or animal health technician that the horse intended for movement is on the holding of origin, a minimum of 2 weeks prior to movement. This is to ensure that the horse is in fact present in the said area at the time of the application.
- Movements from high risk areas will need to occur via a Stop Over Quarantine. The Stop Over Quarantine will include a **mandatory** PCR test on whole blood, by a DAFF approved laboratory on day 14 of quarantine.
- In rare cases the movement of horses from an AHS restricted area i.e. where there has been a confirmed AHS outbreak within 30 km within the last 40 days, or the area is regarded as high risk, may be considered if prior arrangements have been made with SV Boland. This protocol will include a minimum of 14 day quarantine in an approved vector-protected facility prior to and following the movement to the AHS controlled area. The Facility must be approved by the SV at origin and SV Boland.



DR. G. MSIZA
DIRECTOR VETERINARY SERVICES
WESTERN CAPE PROVINCE

Date: 27th January, 2015

AFRICAN HORSE SICKNESS (AHS) CONTROL POLICY:

AFRICAN HORSE SICKNESS STOP-OVER QUARANTINE

Standard Operating Procedure (SOP)

Specific holdings, approved by State Vet Boland, will be utilized for Stop-Over Quarantine (SOQ) during the high risk AHS season, which is usually from 1 February to 30 June every year.

In order to manage the risk of introducing AHS via an infected horse, a direct movement ban is instituted each year during this time for horses moving from the AHS Infected zone (IZ) into the AHS Controlled Area in the Western Cape. The approved holdings are situated in a low risk area where there is adequate state veterinary supervision. Horses are held at the approved holding for a minimum of 14 days and tested to prove they are free of AHSV before they are allowed to move to the AHS Controlled Area.

The following Standard Operating Procedure applies to all stop over movements:

1. **All Stop Over Movements** must be coordinated through Mrs Danielle Pienaar: tel 0829363604; email: censuswc2012@gmail.com
Danielle will supply details of approved stop over quarantine (SOQ) facilities and she must be copied with all the information detailed below.
2. **Permission** must be obtained from the Stop-Over Quarantine holding manager that there is space for the horse to stand over. The **State Vet (SV)** in whose area the SOQ falls must be informed that a horse/s will be coming into his area from a high AHS risk area.
3. The State Vet in whose area the SOQ falls will require a negative RT-PCR test, done at a DAFF approved laboratory, at origin before he/she will accept horses from a high risk area into his/her SV area. Blood collected for this purpose may not be collected more than 3 days prior to movement. Therefore it is suggested that the person collecting the sample contact the laboratory to ensure that the results will be available to the State Vet and Danielle prior to movement of the horse. Horses will not be accepted into SOQ without a negative result.
4. Once the horse/s arrive at the SOQ the **local SV** must be contacted by the manager/owner to confirm the horses' presence there, and record **day 1** of residence. **Quarantine will only start once the SV or his appointed representative has checked the horses at the SOQ and has confirmed their identity is correct according to their passport.**

5. A **Register** must be kept on the SOQ holding and by the SV of all horse/s undergoing SOQs for traceability purposes.
6. The horse/s must remain at the SOQ for a minimum of 14 days.
7. An **“all in all out “** system is preferable, but when it is not feasible it remains up to the discretion of the **local SV** as to when and whether or not horse/s can be added or released.
8. On **day 14 (not before this) after quarantine has been initiated by the state veterinarian a blood sample** (EDTA purple tube) must be drawn by the AHT/SV/PV and submitted to a **DAFF approved AHS laboratory** for PCR testing for AHSV.
9. If the test is **negative** the horse/s may only be released once the results are made available **in writing** to the local SV.
10. The SV or his veterinary representative will then **sign the passport**, complete the health certificate, recording the test result and also send a **Pre-notification** to SV Boland Office (svboland@elsenburg.com or censuswc@gmail.com). (The normal AHS vaccination rules for movement apply.)

Responsibilities of the SOQ Manager/Owner:

1. The Manager/ Owner of the SOQ must be authorized by the local State Veterinarian. This entails signing a document to confirm that the functions below will be undertaken and under the responsibility of this individual. (see attached)
2. The Manager/Owner must immediately inform the SV of the **arrival** of a new horse from the IFZ so that **day 1** of quarantine can be recorded.
3. Horse's details must be recorded in a **register** containing the horse's name, passport number, date of arrival, place of origin, testing date, result, Lab reference number, departure date and destination.
4. The horses must be stabled at night from at least **2 hours before sunset until at least 2 hours after sunrise. The time in and time out each night must be recorded by the stable manager/ owner on the provided timesheet, and copies must be available for audit purposes.**
5. Before exiting the stable in the morning and again on stabling at night **insect repellent that is effective against culicoides** must be applied to the horses.
6. Horses shall have their **temperature** taken twice a day to monitor for any increase. All temperatures must be recorded in a register provided and must be retained for audit purposes.
7. Any rise in temperature or abnormal clinical symptoms must immediately be **reported** to the local SV.
8. A prior appointment must be made with the SV/PV to come and sample the horse on **day 14** of the stopover. The SV/PV will also sign the temperature register on Day 14.

9. The horse may not be released until a **negative result** is obtained by the SV in writing/fax from the laboratory and this is relayed personally to the SOQ manager.
10. It remains the prerogative of the **certifying SV** when and whether or not to release the horse.

Please contact your local SV or **SV Boland (021 808 5253)** should you have any questions or require assistance.



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DR. G. MSIZA
DIRECTOR VETERINARY SERVICES
WESTERN CAPE PROVINCE

Date: **27th January, 2015.**

Letter of Authorisation:

I, _____ (Full Name), the undersigned Manager/ Owner of the Stop Over Quarantine situated at

(Address),

Verify that all the functions outlined below will be undertaken as described, and will fall under my responsibility to ensure that these functions are carried out.

I acknowledge that failure to do so, could me the subsequent cancellation of the SOQ facility approval, and therefore horses in that facility at the time may not be allowed to move into the AHS Controlled Area.

I therefore undertake to:

1. immediately inform the SV of the **arrival** of a new horse from the infected zone so that **day 1** of quarantine can be recorded.
2. Record all horse details in a **register** containing the horse's name, passport number, date of arrival, place of origin, testing date, result, Lab reference number, departure date and destination.
3. Ensure that all horses are stabled at night from at least **2 hours before sunset until at least 2 hours after sunrise, and to keep a timesheet of the times of entry and exit for each night, and this timesheet will be retained for audit purposes.**
4. Ensure that before exiting the stable in the morning and again on stabling at night **insect repellent that is effective against culicoides** must be applied to the horses.
5. Ensure that all horses shall have their **temperature** taken twice a day to monitor for any increase. All temperatures must be recorded in a register and must be retained for audit purposes.
6. Report say rise in temperature or abnormal clinical symptoms immediately to the local SV, or State Vet Boland.
7. Ensure a prior appointment is made with the SV/PV to come and sample the horse on **day 14** of the stopover. The SV/PV will also sign the temperature and stable timesheet registers on Day 14.
8. Ensure the horse/s is/are not released until a **negative result** is obtained by the SV in writing/fax from the laboratory and this is relayed personally to the SOQ manager.

I understand that it remains the prerogative of the **certifying SV** when and whether or not to release the horse.

.....
Signature of Stable Manager/ Owner

Date and Place:

Letter of Authorisation:

I, _____ (Full Name), the undersigned Manager/ Owner of the Stop Over Quarantine situated at

(Address),

Verify that all the functions outlined below will be undertaken as described, and will fall under my responsibility to ensure that these functions are carried out.

I acknowledge that failure to do so, could me the subsequent cancellation of the SOQ facility approval, and therefore horses in that facility at the time may not be allowed to move into the AHS Controlled Area.

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Signature of Stable Manager/ Owner

Date and Place: