

September 2009

CHAPTER 4.X.

APPLICATION OF COMPARTMENTALISATION

General comment regarding the entire chapter: We suggest that this chapter is referred back to the AAHSC for potential re-incorporation into Chapter 4.1.

RATIONALE: This new chapter appears to be an expanded extract of Chapter 4.1—Zoning and Compartmentalisation. However, because of the interrelatedness of compartments and zones, we believe that it is more understandable if the two are discussed in a single chapter. This would also help avoid redundancies when discussing concepts and recommendations related to both zones and compartments. If the AAHSC prefers to separate application of compartmentalization from a general discussion of compartmentalization, zoning, and application of zoning, then the separate chapters will need careful review to avoid redundancies and ensure consistent use of all terms (eg, establishments, epidemiological units).

Article 4.X.1.

Introduction and objectives

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The essential difference between zoning and compartmentalisation is that the recognition of *zones* is based on geographical boundaries whereas the recognition of *compartments* is based ~~of~~ on management practices and biosecurity. However, spatial considerations and good management practices play a role in the application of both concepts.

Rationale: Editorial change.

Article 4.X.5.

Surveillance for the disease agent or disease

1. Internal surveillance

...

2. External surveillance

...

An appropriate combination of targeted active and general passive surveillance is necessary to achieve the goals described above. ...

RATIONALE: General and targeted surveillance are well-defined epidemiological terms, whereas passive and active surveillance are not. Their use in the first sentence of the above paragraph is, therefore, ambiguous, particularly since “targeted surveillance” is used in subsequent sentences.

~~Article 4.X.6.~~

~~**Diagnostic capabilities and procedures**~~

~~Officially designated laboratory facilities should be available for sample testing. All laboratory tests and procedures should comply with the recommendations of the *laboratory* for the specific *disease*. Each laboratory that conducts testing should have systematic procedures in place for rapid reporting of *disease* results to the *Veterinary Authority* or other *Competent Authority*. Where appropriate, results should be confirmed by an OIE Reference Laboratory.~~

RATIONALE: Diagnostic capabilities and procedures are addressed in other chapters within the OIE *Aquatic Animal Health Code*. To avoid redundancy, a simple reference to the relevant chapter/article can be included within the appropriate text of Article 4.X.5 (surveillance for the disease agent or diseases).

Article 4.X.7.

Contingency Plans ~~Emergency response and notification~~

RATIONALE: Editorial suggestion for clarity.

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In the event of a compartment being at risk from a change, in the surrounding area, in the disease situation for which the compartment was defined within the area surrounding the compartment, the Veterinary Authority should re-evaluate without delay the status of the compartment and any additional biosecurity measures needed to ensure that the integrity of the compartment is maintained.

RATIONALE: Editorial suggestion for clarity. The AVMA also notes that care must be taken in addressing disease suspicion and confirmation within establishments, compartments, and zones as epidemiologic units. Issues to address include the need for increased targeted surveillance, secure quarantine processes, and consistent methods to determine which epidemiological units would lose or retain disease-free certification when a disease is suspected or confirmed.