**Revised form for the annual reconfirmation of**   
**bovine spongiform encephalopathy (BSE) risk status of WOAH Members**

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| --- | --- | --- | --- | --- |
| QUESTION | | | YES | NO |
| 1. | Has the risk assessment for BSE in accordance with Article 11.4.3 been reviewed by the Competent Authority of the country/zone, through incorporation of documented evidence, in the past 12 months? | | Please provide the conclusions of the review and any subsequent actions/updates that may have been taken. | Please explain why and provide the tentative date of completion of the review. |
| 2. | 1. Have there been any changes in the livestock industry practices in the past 12 months, as described under Point 1.b.i of Article 11.4.3., including any changes in auditing practices or any increase in non-compliances detected? | | Please provide an updated description of the industry practices preventing bovines from being fed bovine-derived protein meal, as per Point 1.b.i of Article 11.4.3.  Please provide the rationale for the changes in auditing practices. |  |
| 1. Have there been any changes to the BSE-specific risk mitigation measures (other than import requirements addressed under question 4b) during the past 12 months, as described under Point 1.b.ii of Article 11.4.3., including any changes in auditing practices or any increase in non-compliances detected? | | Please provide an updated description of specific risk mitigation measures preventing bovines from being fed bovine-derived protein meal.  Please provide the rationale for the change in measures. |  |
| 3. | Have any modifications in the legislation regarding BSE (except for import requirements addressed in question 4b) been made during the past 12 months? | | Please summarise the modification(s) made, highlighting their potential impact on BSE risk mitigation measures, including surveillance. Please explain how the updated legislation still aligns with Articles 11.4.4 and 11.4.5.  Please provide the rationale for the change in legislation. |  |
| 4. | 1. Have the following commodities been imported during the past 12 months? | 1. Bovines | Please indicate the quantities imported during the past 12 months by commodity and origins in Table 1. |  |
| 1. Bovine-derived protein meal |  |
| 1. Feed (not intended for pets) that contains bovine-derived protein meal |  |
| 1. Fertilizers that contain bovine-derived protein meal |  |
| 1. Any other commodity that either is, includes, or could be contaminated by commodities listed in Article 11.4.15. |  |
| 1. Have there been any changes to the import requirements of the following commodities during the past 12 months? | 1. Bovines | Please summarise the modifications, the rationale for the changes, and highlight their potential impact on BSE risk mitigation measures. Please describe how the updated legislation is still aligned with Articles 11.4.3. and 11.4.4. |  |
| 1. Bovine-derived protein meal |  |
| 1. Feed (not intended for pets) that contains bovine-derived protein meal |  |
| 1. Fertilisers that contain bovine-derived *protein meal* |  |
| 1. Any other commodity that either is, includes or could be contaminated by commodities listed in Article 11.4.15. |  |
| 5. | 1. Has the surveillance programme continued to report and test all animals that show signs on the clinical spectrum of BSE during the past 12 months, as described under Points 1 & 2 of Article 11.4.20.? | | Please provide supportive information by completing Table 2. | Please describe why the system has not continued to report and/or test all bovines that show signs on the clinical spectrum of BSE during the past 12 months. In addition, please provide the corrective measures implemented/to be implemented and the timeline for implementation. |
| 1. Have the awareness and training programmes for the different stakeholder groups been implemented during the past 12 months as described under Point 3a of Article 11.4.20.? | | Please provide a summary of the activities conducted, including the target audience. | Please describe why and provide the corrective measures and the timeline for implementation. |
| 1. Has BSE continued to be notifiable throughout the whole territory during the past 12 months (Point 3b of Article 11.4.20)? | |  | Please describe why and provide the corrective measures implemented/to be implemented and the timeline for implementation. |
| 1. Have all tests for BSE been conducted in accordance with the *Terrestrial Manual*? (Point 3c of Article 11.4.20) | |  | Please describe why and provide the corrective measures implemented/to be implemented and the timeline for implementation. |
| 1. Is the surveillance system still supported by robust, documented evaluation procedures as listed in Point 3d of Article 11.4.20? | | If applicable, please provide: a summary of any changes in the evaluation procedures, any non-compliances detected and subsequent corrective measures. | Please describe why and provide the corrective measures implemented/to be implemented and the timeline for implementation. |
| 6. | a) Have any cases of atypical BSE occurred during the past 12 months? | | Please include the number of cases and how the cases were identified. Please also provide documented evidence that the case was atypical and assurance that it wasn’t recycled (i.e. that measures were taken to ensure that all detected cases have been completely destroyed or disposed of to ensure they did not enter the feed or food chain, as per point 4 of Article 11.4.4. ) |  |
| b) Have any cases of classical BSE occurred during the past 12 months? | | Please attach the final epidemiological investigation report that was provided to WOAH further to the notification.  Please describe any measures that may have been taken to avoid reoccurrence.  Please describe the measures taken to ensure that all detected cases have been completely destroyed or disposed of to ensure they did not enter the feed or food chain, as per point 4 of Article 11.4.4. |  |
| 7. | Have any changes in the epidemiological situation or other significant events occurred during the past 12 months? | | Please describe the “significant event(s)” and any significant changes in the epidemiological situation and the actions taken in response to such events/changes. |  |

Table 1: Record of imports in the past 12 months.

Describe bovines, bovine-derived protein meal and other commodities imports from all countries in this table.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Country of origin of import** | **Commodity and quantity** | | | | | | | | | |
| **Bovines** | | **Bovine-derived protein meal** | | **Feed (not intended for pets) that contains bovine-derived protein meal** | | **Fertilizers that contain bovine-derived protein meal** | | **Any other commodity that either is, includes, or could be contaminated by commodities listed in Article 11.4.15.** | |
| **Number of animals** | **Intended use** | **Amount** | **Type of commodity (+)** | **Amount** | **Type of commodity (+)** | **Amount** | **Type of commodity (+)** | **Amount** | **Type of commodity (+)** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

(+) Specify the type and intended use of feedstuff or species composition of ingredients

Table 2: Record surveillance conducted in the past 12 months.

Summary of all bovines with clinical signs suggestive of BSE that were reported and evaluated by the Veterinary Services.

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| --- | --- | --- |
| Clinical presentation  (See Point 2 of Article 11.4.20) | Number reported | Number tested for BSE |
| Bovines displaying progressive clinical signs suggestive of BSE that are refractory to treatment and where the presentation cannot be attributed to other common causes of behavioural or neurological signs |  |  |
| Bovines showing behavioural or neurological signs at antemortem inspection at slaughterhouses/abattoirs |  |  |
| Bovines presented as downers (non-ambulatory) with an appropriate supporting clinical history (i.e., the presentation cannot be attributed to other common causes of recumbency) |  |  |
| Bovines found dead (fallen stock) with an appropriate supporting clinical history (i.e., the presentation cannot be attributed to other common causes of death) |  |  |

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