

Challenges, problems and solutions encountered when initiating the Yorkshire and Humberside health pig scheme

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Introduction The Yorkshire and Humberside Pig Health Scheme (YHH) is an industry-led initiative aimed at finding and mapping all pigs within the region and identifying their endemic disease status as a means to improve both pig health and productivity. This initiative has chosen four diseases to be targeted; enzootic pneumonia (EP), porcine reproductive and respiratory syndrome (PRRS), swine dysentery and mange which have been prioritised over other diseases due to their economic impact, the feasibility of control and the diagnostic tests currently available. Due to the potential size of the initiative it has been split into two stages, planning in stage one which is expected to take around a year and action/implementation in stage two which will continue for several years thereafter. The scheme aims to create a 'map' of all pig farms currently in production and provide a health status based upon the presence or absence of these four diseases. Farms will be placed into geographic 'clusters' and will manage their own cluster, in order to make it 'disease free'. This will be achieved in various ways including increased biosecurity, tracking the movements of all livestock and anything affiliated with the farms that could potentially contaminate their farms and cause a disease outbreak.

Materials and methods Within stage one 'cold calling' of producers taken from known database lists, publications in the local press, on the internet and word of mouth have all been employed to increase publicity and encourage involvement in the YHH. A Steering Committee has been created in order to achieve the goals of the YHH whilst also providing the tools to producers so they can reduce production costs by £8 a pig (<http://www.pigworld.co.uk/Pages/Y&HHIS.html>). The Committee represents all involved in the industry as it involves producers, specialist pig-vets, relevant allied trades and support from BPEX; it meets on a regular basis to discuss where the scheme is heading, any problems encountered and what still needs to be achieved. Parallel to this a vet pilot scheme is also running in order to establish the reliability of the diagnostics currently in use, to determine disease protocols for the scheme and as an additional way of gaining support from producers. Stage two protocols will be determined depending upon the success of the stage one vet pilot scheme protocols.

Results Foremost the scheme has made a promising start with 50 producers already involved accounting for approximately 60% of all pigs in the region (personal communication, Steering Committee Meeting). However, it is proving difficult to locate all the remaining pigs due to inaccuracies in current databases and the fact that small hobby farms are generally not interacting regularly with any authorities. If these farms remain hidden it means the initiative may be compromised, although the level of risk posed by small units has yet to be accurately estimated. Secondly, some producers have proved remarkably obstinate and have avoided involvement in the scheme. This could potentially jeopardise the initiative, for example having an infected farm within a 'cluster' not involved in the scheme increases the risk of a breakdown on the other units. Even when given the correct contact information of the producers, those that are contacted are often unavailable or unwilling to involve themselves; primarily due to insecurities over the disclosure of their farms health status or a lack of time. The vet pilot scheme has had further problems, primarily in validating the diagnostics used. For example, some farms have been reluctant to be involved with this stage of the pilot due to the perceived level of high inaccuracies in the PCR tests undertaken to determine the presence of swine dysentery on a farm and because of the implications that would follow a false positive result. Another, considerably large problem has been finding an appropriate way to obtain blood samples. When taken from a live pig the sample collection needs to be carried out by a vet, this is expensive and not always possible. The alternative option is taking blood from a dead pig in the slaughter house, however for reasons of health and safety it has proven very difficult to gain access here; this is yet to be resolved. Whilst working on the scheme however one of the most obvious problems is concisely defining any issues with implementing the scheme and efficiently finding solutions for them. Although it is imperative that all involved in pig production are represented when designing the initiative, this can sometimes lead to a larger amount of discussions and not enough actions. Because of these problems in this area the scheme will struggle to make its original targets in the time span first suggested. However, considerable progress has been made in generating producer and veterinary interest in improving health status, rationalising databases and in the application of GIS to generate the first ever map of where pig units are in the region.

Conclusion This pilot scheme for a regional multi-disease eradication scheme will as it progresses hopefully demonstrate its value in aiding the British Pig Industry to remain internationally competitive in today's market. However it also demonstrates the difficulties when creating a scheme of this magnitude; in future schemes it is hoped that some of these difficulties would not be faced again and a more efficient initiative would follow. It also demonstrates what still needs to be done for this scheme to be deemed successful - a more decisive approach to problems, assessing the diagnostics used in protocols and continuing to try and get producers involved.

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References

<http://www.pigworld.co.uk/Pages/Y&HHIS.html>, accessed on 22/10/09; <http://www.yhh.org.uk/yhh/home.eb>, accessed on 20/10/09; personal correspondence from Steering Committee Meetings.