ANNEX I

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B. TASKS OF THE NATIONAL LABORATORIES FOR BLUETONGUE

The national laboratories for bluetongue are responsible for the coordination of the standards and diagnostic methods laid down by each diagnostic laboratory in the Member State, the use of reagents and the testing of vaccines. To this end:

(a) they may supply diagnostic reagents to diagnostic laboratories which request them;

(b) they check the quality of all the diagnostic reagents used in the Member State;

(c) they organise comparative tests at regular intervals;

(d) they preserve isolates of the bluetongue virus taken from confirmed cases in the Member State;

(e) they ensure confirmation of positive results obtained in regional diagnostic laboratories.

ANNEX II

A.LABORATORIO COMUNITARIO DE REFERENCIA DE LA FIEBRE CATARRAL OVINAEF-REFERENCELABORATORIUM FOR BLUETONGUEGEMEINSCHAFTLICHES REFERENZLABORATORIUM FÜR DIE BLAUZUNGENKRANKHEITKOINOTIKO ΕΡΓΑΣΤΗΡΙΟ ΑΝΑΦΟΡΑΣ ΓΙΑ ΤΟΝ ΚΑΤΑΡΡΟΪΚΟ ΠΥΡΕΤΟ ΤΟΥ ΠΡΟΒΑΤΟΥCOMMUNITY REFERENCE LABORATORY FOR BLUETONGUELABORATOIRE COMMUNAUTAIRE DE RÉFÉRENCE POUR LA FIÈVRE CATARRHALE DU MOUTON[F2REFERENTNI LABORATORIJ ZAJEDNICE ZA BOLEST PLAVOG JEZIKA]LABORATORIO COMUNITARIO DI RIFERIMENTO PER LA FEBBRE CATARRALE DEGLI OVINICOMMUNAUTAIR REFERENTIELABORATORIUM VOOR BLUETONGUELABORATÓRIO COMUNITÁRIO DE REFERÊNCIA EM RELAÇÃO À FEBRE CATARRAL OVINALAMPAAN BLUETONGUE-TAUTIA VARTEN NIMETTY YHTEISÖN VERTAILULABORATORIOGEMENSKAPENS REFERENSLABORATORIUM FÖR BLUETONGUE

[F3Laboratorio Central de Veterinaria — Área de Sanidad Animal

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Textual Amendments

F3 Substituted by Commission Regulation (EU) 2018/415 of 16 March 2018 laying down additional responsibilities and tasks for the European Union reference laboratory for African horse sickness and amending Annex II to Council Directive 92/35/EEC, Annex II to Council Directive 2000/75/EC and

Annex VII to Regulation (EC) No 882/2004 of the European Parliament and of the Council (Text with EEA relevance).

B. TASKS OF THE COMMUNITY REFERENCE LABORATORY FOR BLUETONGUE

The Community reference laboratory has the following tasks:

1. coordinating, in consultation with the Commission, diagnostic methods for bluetongue in the Member States, in particular by:

   (a) specifying, holding and supplying strains of the bluetongue virus for the purpose of serological tests and the preparation of antiserum;

   (b) the provision of reference sera and other reference reagents to the national reference laboratories for the purpose of standardising the tests and the reagents used in each Member State;

   (c) the establishment and conservation of a collection of strains and isolates of the bluetongue virus;

   (d) the regular organisation of Community comparative testing of diagnostic procedures;

   (e) the collection and collation of data and information concerning the diagnostic methods used and the results of the tests carried out in the Community;

   (f) the classification of isolates of the bluetongue virus, using the most advanced methods, in order to provide a better understanding of the epizootiology of bluetongue;

   (g) monitoring developments worldwide in the area of surveillance, epizootiology and prevention of bluetongue;

2. actively assisting in the identification of centres of bluetongue infection in the Member States by studying viral isolates sent to it for confirmation of diagnosis, classification and epizootiological studies;

3. facilitating the provision of training and refresher courses for experts in laboratory diagnostics with a view to harmonising diagnostic techniques throughout the Community;

4. mutual and reciprocal information exchange with the World Bluetongue Laboratory designated by the International Office for Epizootics (OIE), in particular concerning global developments with regard to bluetongue.

ANNEX III

MINIMUM CRITERIA APPLICABLE TO CONTINGENCY PLANS

The contingency plans must provide for at least the following:

1. the establishment at national level of a crisis unit to coordinate all emergency measures in the Member State concerned;

2. a list of local emergency centres adequately equipped for the purpose of coordinating control measures at local level;

3. detailed information on the personnel responsible for emergency measures, their qualifications and their responsibilities;

4. the possibility, for each local centre, of swiftly contacting persons or organisations directly or indirectly affected by an outbreak;

5. the availability of the equipment and materials necessary for the proper implementation of emergency measures;

6. precise instructions regarding the steps to be taken, including means of destroying carcases, when cases of infection or contamination are suspected and confirmed;

7. training programmes for updating and enhancing knowledge of procedures on the ground and administrative procedures;

8. for the diagnostic laboratories, an autopsy function, the capability required for conducting serological and histological tests, etc., and the updating of rapid diagnostic techniques (provisions on the swift transportation of samples should be laid down for this purpose);

9. information concerning the quantity of vaccines against bluetongue deemed necessary in case emergency vaccination needs to be reintroduced;

10. regulatory provisions for implementing the contingency plans.