

the regional level include animal health support to slaughter plants and facilities that store meat for export; management of the Program for Certification of Herds under Official Control (Planteles Bajo Control Oficial, PABCO); surveillance for swine, poultry, and ruminant diseases; disease eradication; and international port activity. Regions are subdivided into sections, of which there are a total of 62.

PABCO is a voluntary program managed by the Livestock Projects Sub-Department of DPP. However, only animals and animal products from livestock production facilities that operate under PABCO and comply with program standards are certified for export and interregional trade. The program is supervised by regional and section veterinary medical officers (VMOs) and is carried out by accredited veterinarians on the farms. The accredited veterinarians maintain records on animal production and health for each farm.

Slaughterhouses and processing plants used before export must also be approved and must operate under animal and public health inspection programs for diseases and residue monitoring. Sanitary controls (ante- and post-mortem) in slaughterhouses are directly supervised by the Ministry of Health. DPP section personnel working alongside Ministry of Health veterinarians manage quality controls for animal health and public health. Ministry of Health personnel are required to report any suspicious case of disease to the SAG section VMO, who must investigate within 24 hours of such a report.

Our evaluation indicated that animal health officials in Chile have the legal authority to enforce their Federal regulations regarding CSF and that the necessary veterinary infrastructure is in place to carry out CSF surveillance and control activities.

Disease History and Surveillance

The two most recent diagnoses of CSF in Chile occurred in May 1995 and July 1996. One of the premises that was affected in the May 1995 outbreak was the only premises found to be affected in the July 1996 outbreak. In the outbreaks, the affected premises were family farm operations that raised swine for self-consumption. All of the premises were located more than 1,000 kilometers from commercial swine production areas.

In 1995, SAG instituted sanitary controls to address the outbreak, including quarantine of the premises, slaughter of affected swine, ring vaccination of the remainder of each

herd, and surveillance of the premises until November 1995. In response to the 1996 outbreak, SAG instituted quarantine and depopulation of all the swine, disinfection, and surveillance of the premises until December 1996.

In 1998, Chile conducted an enzyme-linked immunosorbent assay (ELISA) survey of 2,551 Chilean fattener swine for CSF and obtained negative results. The swine surveyed represented 7 of the 13 regions. The statistical plan considered a prevalence of 0.5 percent with a confidence level of 99 percent. From 2000 to 2001, ELISA testing was performed on swine from 321 family farms and from all 13 regions. The number of samples totaled 1,705. There was one positive result from an aged sow with no CSF clinical symptoms. The sow was from a previously affected area in Region II. This positive result was due to previous vaccination, as discussed below. For 2002, surveillance was performed using ELISA and immunofluorescence methods of detection. Tests were ordered due to monitoring activities and disease surveillance. All results were negative. Chile has also performed CSF surveillance at slaughterhouses nationwide.

CSF has never been detected in wild boar in Chile. Although the country does not have a surveillance program for wild boar, Chile has identified breeding operations whose swine originated from wild boar. Such operations are under official monitoring and control by the Department of Natural Resources (not SAG). Chile is conducting surveillance at these facilities because the animals were originally wild, even though they may have been in captivity for several generations.

By December 2002, SAG had tested 127 blood samples that were collected from 10 breeding operations with swine that originated from wild boar. Samples representing a 25 percent sampling (10 of 40 herds) were tested for CSF using ELISA and yielded negative results. However, as of December 2002, sampling had not been performed on free-ranging wild boar. SAG is designing a study to survey domestic swine that are located closest to the foothills of the areas where the wild boars reside.

There are few commercial swine operations in those regions of Chile where concentrations of wild boars are present; rather, family farms are usually prevalent in such regions. There is no evidence of CSF in the wild boar population and no evidence that domestic swine have contracted CSF from wild boars. Even if CSF was present in the wild boar population, it is unlikely that CSF would be

transmitted from wild boar to commercial swine facilities because of the biosecurity measures in place at those facilities. In addition, the mountainous habitat of the wild boars and the areas of Chile devoted to domestic swine production are separated by forests, which the wild boars do not enter because there is no food for them in the forests.

Diagnostic Capabilities

The official diagnostic laboratory of SAG in Santiago does not isolate the causative agent for CSF because the biosecurity level of the laboratory is not sufficient to allow use of live CSF virus, which is necessary to confirm a diagnosis of CSF. Chile uses the Centro de Investigación en Sanidad Animal—Instituto Nacional de Investigación y Tecnología Agraria y Alimentaria (Animal Health Research Center—National Institute for Food and Agriculture Technology and Research), which is located in Spain, as its reference laboratory when the presence of CSF virus must be confirmed. The turnaround time for results to be reported from Spain is 2 weeks.

In addition, SAG's official diagnostic laboratory accumulates samples to be tested for CSF with ELISA until it has 100 samples—enough to run an entire ELISA plate. As a result, the laboratory does not perform this test on samples as soon as they arrive.

APHIS does not consider the limitations of the laboratory a major risk factor because control procedures that would halt the spread of a possible CSF outbreak are in place. Chile has a document entitled "Contingency Manual for Classical Swine Fever" that prescribes response procedures when CSF is detected. In the event of a suspect CSF case, the official veterinarian of SAG would place the premises and animals under a prediagnostic quarantine until diagnostic results from SAG's official diagnostic laboratory are received. During the prediagnostic quarantine, necropsies would be performed and blood and organ samples would be taken for testing. SAG officials stated that its VMOs can make a preliminary diagnosis of CSF based on clinical evidence within 24 hours and that SAG has the legal authority to impose a quarantine based on this diagnosis, which provides sufficient precautions to contain the spread of CSF if it is present. The prediagnostic quarantine can prohibit the movement of susceptible animals from the premises to other farms, fairs, or slaughterhouses, except those with a high biosecurity level. If there are no clinical signs of