

**PART I: EVENT DETAILS**

Event name	CDI-W, CDI3*,CDI1*,CDIJ,CDIY, CDN and Therapeutic Riding Competition in Fót		
Event site address	H-2151 Fót, Vörösmarty tér 2. (Please check the GPS coordinates below, that is showing the correct gate for lorries and trailers.)		
OC contact name	KÖVY András		
OC contact number	+36307865454		
OC email address	kovy.andras@gmail.com		
Stables: opening date	25.09.2024	Closing date	30.09.2024
Are dogs permitted in the venue during the event?	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No

**PART II: EVENT VETERINARIANS**

<b>VSM</b>	FEI ID	10051054	Contact number	+36209329653
Name	Dr. Krisztina GÁBRISS		Email	dr.gabrisskrisztina@gmail.com

**Support PTVs** (i.e. PTVs on standby who will be mobilised in case of a biosecurity threat or disease outbreak)

<b>PTV</b>	FEI ID	10090342	Contact number	+36204443465
Name	Dr. Gergely CSÉPÁNYI		Email	csepanyig@gmail.com
<b>PTV</b>	FEI ID		Contact number	
Name			Email	

If there are more than 2 support PTVs, please list their names, FEI ID numbers, contact number and email addresses below.

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**PART III: EXTERNAL SUPPORT SERVICES**

**Equine infectious diseases testing laboratory**

Laboratory name	NÉBIH ÁDI
Laboratory address	Budapest, Tábornok u 2.
Laboratory contact name	Smigura Gabriella
Laboratory contact number	0036(1) 4606-360
Laboratory email	adi-immunologia@nebih.gov.hu

Method of sample transport (tick as appropriate):

<input type="checkbox"/>	Laboratory's own courier	<input checked="" type="checkbox"/>	Delivered in-person
<input type="checkbox"/>	Other courier	<input type="checkbox"/>	National postal service

<input type="checkbox"/>	Other (please state):	
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Will the laboratory provide a sample analysis service on: (tick as appropriate):

<input checked="" type="checkbox"/>	Fridays	<input type="checkbox"/>	Saturdays	<input type="checkbox"/>	Sundays	<input type="checkbox"/>	Public holidays
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Sample reporting time from when the sample is received at the laboratory:

coggins test with Elisa 24 hour, EHV with PCR 12 They can examine it at 12 o'clock, so they will know the result of the sample taken on Friday morning on Friday afternoon to communicate
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Please indicate which member(s) of the veterinary team is responsible for liaising with the laboratory, sending the samples, receiving the results and who they report to.

Dr.Krisztina GÁBRISS VSM, Dr, Gergely CSÉPÁNYI treating Vet.areresponsible for liaising with the laboratory, sending the samples, receiving the results, and they report to Veterinary Delegate: dr. Balázs BURUCS
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**Referral clinic:**

I confirm that the designated local referral clinic(s) listed below have the ability to take cases of suspected or confirmed infectious diseases.

Clinic name	Equine clinic
Clinic address	H-2225 Üllő, Dóra Major
Clinic contact name	Dr. Gábor BODÓ
Clinic contact number	+36/30/691-63-80
Clinic email	bodo.gabor@univet.hu

Please state the maximum number of horses that can be referred during each week of the event:	100	Horses
Does the maximum number of horses that can be referred, different during weekends?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, please provide details:

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Please indicate which member(s) of the veterinary team is/are responsible for liaising with the clinic to organise a referral and who they report to.

Dr. Gergely Csépany PTV, and Dr. Krisztina GÁBRISS VSM
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**Local official (government) veterinary authority (in the event of a reportable/notifiable disease suspicion)**

Name of duty veterinarian / local animal health office	<b>Dr.Szabó Erika</b>
Local animal health office address:	Pest Vármegyei Kormányhivatal Váci Járási Hivatal 2600. Vác, Dr. Csányi László krt. 16.
Veterinarian/local animal health office contact number	0036 30 633 66 26
Email	vac.jarasihivatal@pest.gov.hu

Please indicate which member(s) of the veterinary team is/are responsible for making any required contact and who they report to

Dr. Krisztina Gábriss VSM and Dr, Csépanyi Gergely PTV
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**Equine gross post mortem facility for pathology investigations**

Name of facility	<b>Állatorvostudományi Egyetem, .</b>
Address of facility	<b>Üllő, Dóra Major</b>
Facility contact person	<b>Dr.Biksi Imre</b>
Facility contact number	<b>003630 9 487 747</b>
Email	<b>biksi.imre@scgdiagnosztka.hu</b>

Please indicate who is responsible for making contact with the facility to organise equine transport and who and where they report to

Dr. Krisztina GÁBRISS VSM and dr.Gergely CSÉPÁNYI PTV responsible for making contact with the facility to organise equine transport. Dr. Balázs BURUCS must report fatalities to the FEI VET. Department within 12 hours following the incident refer to the FEI EQUINE FATALITY MANAGEMENT Guidelines
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Please indicate who is responsible for organising the transportation of the horse to the facility

VSM and Treating Vet
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**PART IV: INFECTIOUS DISEASES**

Please indicate the endemic and exotic diseases that are relevant to the event’s country (NOTE: only exclude if diseases are considered exotic to the country AND to all other the countries from which horses are travelling to the event)

<input checked="" type="checkbox"/>	Strangles (Streptococcus equi subspecies equi)	<input checked="" type="checkbox"/>	Equine Herpes Virus-4 (EHV-4)
<input checked="" type="checkbox"/>	Equine Herpes Virus-1 (EHV-1)	<input type="checkbox"/>	Anaplasma phagocytophilum
<input checked="" type="checkbox"/>	Equine influenza (EI)	<input type="checkbox"/>	Equine Viral Arteritis (EVA)
<input type="checkbox"/>	Salmonella	<input type="checkbox"/>	Japanese Encephalitis (JE)
<input checked="" type="checkbox"/>	Equine Infectious Anaemia (EIA)	<input type="checkbox"/>	African Horse Sickness (AHS)
<input checked="" type="checkbox"/>	West Nile Virus (WNV)	<input type="checkbox"/>	Hendra Virus
<input type="checkbox"/>	Piroplasmosis	<input type="checkbox"/>	Surra
<input type="checkbox"/>	Glanders	<input type="checkbox"/>	Eastern Equine Encephalomyelitis (EEE)
<input type="checkbox"/>	Vesicular Stomatitis (VS)	<input type="checkbox"/>	Equine Coronavirus
<input type="checkbox"/>	Venezuelan Equine Encephalomyelitis (VEE)		
<input type="checkbox"/>	Other		

**PART V: COMMUNICATIONS**

Please indicate which contact details and the methods of recording them that will be in place to communicate information regarding a suspected or confirmed disease outbreak linked to the event.

Dedicated event PR details:

Meeting, Whatsapp

Athlete’s Private Veterinarians and Team Veterinarians:

VD: information from PTV-PET registration form than whatsapp and meeting

When collecting the contact details of PRs and veterinarians, will they be given the opportunity to allow these details to be used for outbreak communications, to adhere to GDPR legislation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Please indicate:

- the chain of communication that will be implemented to communicate information regarding a suspected or confirmed disease outbreak; and
- determine who is responsible for communicating the different types of information

Include PTVs, VSM, VD/VC, Other FEI Officials, OC and PRs & grooms, PETs and the FEI Veterinary Department

The main responsible for communication is the Veterinary Department of the FE  
 Veterinary Services Manager: 10051054Dr. Krisztina GÁ

Please indicate the ways in which you will be prepared to transmit information to PRs, their support personnel and event officials in the event of an outbreak.

<input checked="" type="checkbox"/>	In-person meeting	<input type="checkbox"/>	SMS
<input type="checkbox"/>	Telephone calls	<input type="checkbox"/>	Dedicated information point
<input checked="" type="checkbox"/>	Event's public announcement system	<input type="checkbox"/>	Email
<input type="checkbox"/>	Event website		
<input type="checkbox"/>	Social media channel		
<input type="checkbox"/>	Other		

**PART VI: EVENT STABLES**

Describe the method and frequency of creating and maintaining a plan of where each horse is stabled at the event site

Show director - Preliminary and then actual after examination on arrival
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I confirm that the FEI HorseApp will be used by the OC, VSM and Treating Veterinarians, where applicable, to record the movements of any horse(s) to external sites e.g. referral hospital, overflow isolation stables, post mortem facility	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Please insert a map of the event's stables



Explain how each stable block would be isolated in the event of an equine infectious disease outbreak.

The 100 mobile boxes will be built in 2-3 stalls, which can be separated. Physical isolation is possible per blocks  
 The isolation boxes are about 165 meters from the separated mobile boxes that are fenced around.

Describe how each stable block will be managed to prevent the potential for disease transmission.

<input checked="" type="checkbox"/>	Restricted access	<input checked="" type="checkbox"/>	Entry only & exit only access points
<input type="checkbox"/>	One way systems	<input checked="" type="checkbox"/>	Water tap(s) available
<input checked="" type="checkbox"/>	Dedicated cleaning & disinfection points that are clearly identified	<input type="checkbox"/>	Only short hoses provided (<30 cm in length)
<input checked="" type="checkbox"/>	Stables can be well ventilated	<input checked="" type="checkbox"/>	Prohibited to prepared horses for competition in the stable aisles

Other (please describe below)

Please indicate which event personnel will be allocated to the management of each stable block and who they report to. Include their names, position and contact details

Stewards: Chief steward:10016387 Cara Whitham  
 Assistant:10092961 Norbert CSOBA  
 Assistant:10187390 Katalin GYIMÓTHY

**PART VII: ISOLATION STABLES**

**On-site isolation stables**

Location of the stables	<b>Three stalls in the Livable Future Park building</b>
Distance from event stables	<b>165m</b>
Number of isolation stables	<b>3</b>

Please provide a map of where the isolation stables are in relation to the event’s stables, warm-up and competition arenas, and any other facility. Please include the distance in metres between the isolation stables and each facility.



Please provide a diagram to indicate where horses with confirmed cases of infectious diseases will be stabled in relation to any suspicious cases or in-contact horses.

The text box below may be used to provide additional details.

Describe the equipment available in the isolation stables and include the number of each item e.g. foot baths, PPE, washing facilities, mucking out equipment, clinical waste disposal, disinfectant, buckets

<b>Item</b>	<b>Number available</b>
foot baths	1
PPE	1
mucking equipment	1
waste disposal	1
disinfectant	1
buckets	1

Please list any other equipment below:

How will the equipment, listed above, be differentiated from that used elsewhere on-site?

Stored separately and marked with an inscription



How will the equipment, listed above, be differentiated from that used elsewhere on-site?

Stored separatly and marked with an inscription

Explain how the isolation stables are protected against potential non-equine disease vectors including insects (mosquitoes and midges), wild birds, rodents.

Protection by wall, no protction against flying vectors

Describe who will have access to this area and how will the workflow be managed if these people have other horses in the event stables?

For each horse placed here, one person is assigned, who cannot go there with the healthy competition horses, and for whom shoes and hands must be disinfected after leaving the venue, and the cloak worn there must also be removed.

Describe the biosecurity protocol for entry & exit of personnel to these stables

The isolation boxes are also guarded and fenced, the guard can only let the designated carer in and out

Please indicate who is responsible for the isolation stables, the management of horse(s) that may have to be stabled there and who they report to. List their name, role and contact details.

horse managed by own personell  
VSM /Dr.Krisztina GÁBRISS and treating vet /Dr. Gergely Csépany/ are responsible for the isolation stables and they report to veterinary delegate /dr. Balázs Burucs/

Describe how each individual horse will be managed in the isolation stables, including provisions for exercise and grazing.

No exercise (just handwalk) no grazing.

Describe the biosecurity protocols that have to be taken in between handling/ examining each horse in the isolation stables

<input type="checkbox"/>	Changing PPE between attending each horse	<input checked="" type="checkbox"/>	Change shoe covers or disinfecting shoes between attending each horse
<input checked="" type="checkbox"/>	Change gloves or washing hands between attending each horse	<input checked="" type="checkbox"/>	Cleaning and disinfecting shared equipment between attending each horse e.g. stethoscope
<input checked="" type="checkbox"/>	Other (please describe below)		

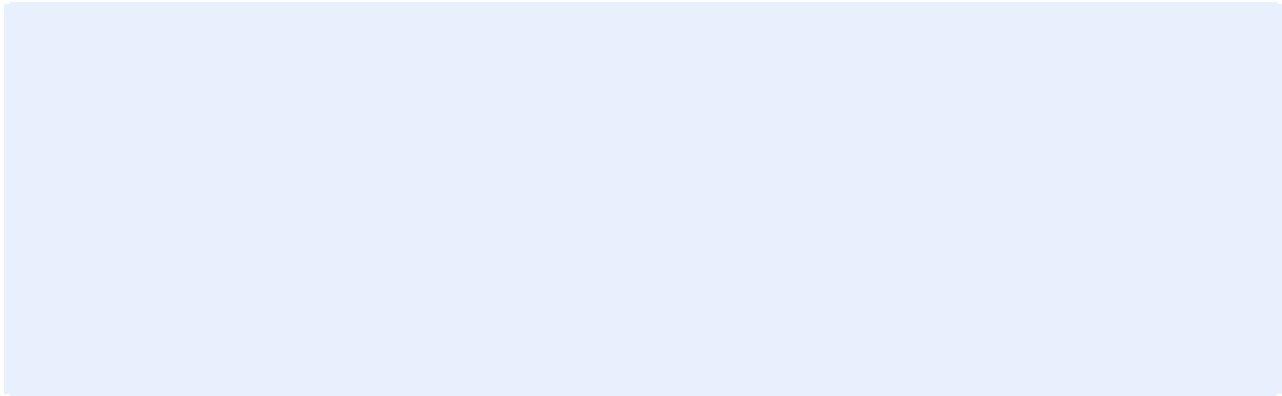
Describe the procedure for the removal & disposal of managing potentially infectious bedding and equipment from the isolation stables

Stored separately until taken away Bedding must be treated as a hazardous material, other equipment must either be destroyed also or thoroughly disinfected.

**Overflow isolation stables**

Stables address	<b>Budapest, Kincsem park</b>
Distances from event stables	<b>23 km</b>
Number of isolation stables	<b>40</b>

Please provide a diagram to indicate where horses with confirmed cases of infectious diseases will be stabled in relation to any suspicious cases or in-contact horses.



The text box below may be used to provide additional details.

Describe the equipment available in the isolation stables and include the number of each item e.g. foot baths, PPE, washing facilities, mucking out equipment, clinical waste disposal, disinfectant, buckets.

<b><i>Item</i></b>	<b><i>Number available</i></b>
same as for isolation stables	

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Please list any additional items and the number of each item in the box below:

foot baths, PPE, washing facilities, mucking out equipment, clinical waste disposal, disinfectant, buckets.
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How will the equipment, listed above, be differentiated from that used elsewhere at the stables site?

All equipment are marked and those that are not currently in use and can be closed are closed.

Explain how the isolation stables are protected against potential non-equine disease vectors including insects (mosquitoes and midges), wild birds, rodents

see above ,it is the same as the procedure applied to the isolation boxes at the venue of the competition

Describe who will have access to this area and how will the workflow be managed if these people have other horses in the event stables?

see above,it is the same as the procedure applied to the isolation boxes at the venue of the competition

Describe the biosecurity protocol for the entry & exit of personnel to these stables

see above, it is the same as the procedure applied to the isolation boxes at the venue of the competition

Indicate who is responsible for the isolation overflow stables, the management of horse(s) that may have to be stabled there and who they report to. List their name, role and contact details.

VSM: Dr. Krisztina Gábriss 10051054 PTV: Dr. Gergely Csépany  
they report to VD: Dr. Balázs Burucs

Describe how each individual horse will be managed in the isolation overflow stables, including exercise and grazing provisions.

No exercise, no grazing, only they can walk on a leading edge in the designated area

Describe the biosecurity protocols that have to be taken in between handling/ examining each horse in the isolation overflow stables

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<input checked="" type="checkbox"/>	Changing PPE between attending each horse	<input checked="" type="checkbox"/>	Change shoe covers or disinfecting shoes between attending each horse
<input checked="" type="checkbox"/>	Change gloves or washing hands between attending each horse	<input checked="" type="checkbox"/>	Cleaning and disinfecting shared equipment between attending each horse e.g. stethoscope
<input type="checkbox"/>	Other (please describe below)		

Describe the procedure for the removal & disposal of managing potentially infectious bedding and equipment from the isolation overflow stables

see above

**PART VIII: ADDITIONAL INFORMATION**

Please use the box below to provide any further information relating to your event’s biosecurity contingency plan.

**PART IX: CERTIFICATION**

I have provided a copy of this document to the Veterinary Delegate of the abovementioned event.

Details of person completing the form

Name	Dr. Balázs Burucs
Contact number	+36704360569
Email address	balazs.burucs@hotmail.com , balazsburucs54@gmail.com
Role at the event	VD
Date	06.07.2024