COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 8.10.2007
COM(2007) 578 final

REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

in connection with Article 23 of Regulation (EC) No 998/2003 of the European Parliament and of the Council on the animal health requirements applicable to the non-commercial movement of pet animals

{COM(2007)572}

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1. GENERAL ASPECTS

1.1. Introduction

Regulation (EC) No 998/2003[1] of the European Parliament and the Council on the animal health requirements applicable to the non-commercial movements of pet animals and amending Council Directive 92/65/EEC ('the Regulation') was published on 13 June 2003 and entered into force on 3 July 2003.

The Regulation harmonises the rules for the non commercial movement of pet animals between Member States and from third countries into the EU in order to ease pet travelling.

It however allows Ireland, Malta, Sweden and the United Kingdom ('the UK'), to maintain for a transitional period ending 3 July 2008 their national rabies requirements for the entry of pet animals, and Finland its national anti-parasite pre-entry treatment requirement, as they were in force on the date the Regulation came into force.

According to Article 23 of the Regulation, the Commission is required to submit to the European Parliament and to the Council, before the 1st February 2007, a report on the need to maintain the serological test, and with appropriate proposals for determining the regime to be applied at the end of transitional period for movement between Member States (Articles 6), entry from third countries (Article 8) and anti-parasitic pre-entry treatment (Article 16).

The report to the European Parliament and to the Council shall be based on the experience gained so far with the implementation of those Articles and on a risk analysis, following receipt of a scientific opinion of the European Food Safety Authority (EFSA).

[1] OJ L 146, 13.6.2003, p. 1. Regulation as last amended by Commission Regulation (EC) No 1467/2006 (OJ L 274, 5.10.2006, p. 3).

1.2. Background

EFSA's assessment of the risk of rabies introduction into the UK, Ireland, Sweden, Malta, as a consequence of abandoning the serological test measuring protective antibodies to rabies was published on 28 February 2007[2].

As regards echinococcosis and ticks and according to Article 16 of the Regulation, the Member States concerned were required to send a report on their situation with regard to the diseases in question, setting out grounds for the need for additional guarantees to prevent the risk of introduction of the disease.

Finland sent its report on 25 February 2004 updated on 1st December 2006, Sweden on 22 November 2006, Ireland on 7 December 2006 and the UK on 11 December 2006. To date no report has been received from Malta.

EFSA's assessment of the risk of echinococcosis introduction into the UK, Ireland, Sweden, Malta and Finland as a consequence of abandoning national rules was adopted on 18 January 2007[3].

EFSA's assessment of the risk of tick introduction into the UK, Ireland, and Malta as a consequence of abandoning National rules was adopted on 8 March 2007[4].

As some aspects of these two mandates on the risk of "rabies" and "echinococcosis" introduction deal respectively with issues which fall under the competence of the Committee for Medicinal Products for Veterinary Use (CVMP),such as efficacy of rabies vaccination in pets or medicinal products information and the scientific basis for recommending treatment schemes, , the European Medicines Agency (EMEA) was officially consulted by EFSA.

Moreover, in view of producing a comprehensive report, the Commission asked the Member States on 20 October 2006 to provide information on experience gained with the implementation of Articles 6, 8 and 16 of the Regulation.

1.3. EC legislation regarding non-commercial movements of pet animals – short description of the regime currently in place

1.3.1. General provisions

The Regulation introduced the pet passport for cats, dogs and ferrets when being moved from one Member State to another, which provides proof that the animal has been vaccinated against rabies. An electronic microchip (transponder) - to be introduced progressively by the Member States - shall allow for easy identification of the animals, connecting the passport to the pet. During a transitional period of 8 years (ending in 2011), a tattoo is also allowed as a way to mark the animal, except

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2 http://www.efsa.europa.eu/etc/medialib/efsa/science/ahaw/ahaw_opinions/ej436_rabies.Par.0001.File.dat/ahaw op_ej436_rabies_en.pdf

3 http://www.efsa.europa.eu/en/science/ahaw/ahaw_opinions/ej441_echinoccocus.html

4 http://www.efsa.europa.eu/en/science/ahaw/ahaw_opinions/ej469_ticks.Par.001.File.dat/ahaw_op_ej469 ticks en.pdf

for some Member States which already now require the transponder as the sole obligatory mark.

The passport is issued by a veterinarian authorised by the competent authority, who certifies the valid anti-rabies vaccination carried out on the animal in question with an inactivated vaccine in accordance with the recommendations of the vaccine's manufacturer.

Member States may authorise the movement of cats, dogs and ferrets, which are under three months old and unvaccinated (Article 5. 2).

However the Regulation allows Finland, Ireland, Malta, Sweden and the UK to retain pre-entry measures such as anti-parasite treatment and blood testing. In the latter case, rabies neutralising antibody titration is carried out by a laboratory approved by AFSSA Nancy (France), which in accordance with Council Decision 2000/258/EC was designated as the specific institute responsible for establishing the criteria necessary for standardising the serological test to monitor the effectiveness of rabies vaccines.

1.3.2. Rabies

1.3.2.1. Entry into Member States other than the UK, Malta, Ireland and Sweden

From Member States, certain European (non EU) countries and third countries with a favourable rabies situation (listed in Annex II, part C of the Regulation): a valid rabies vaccination - **Article 5**.

From third countries not listed in Annex II, part C of the Regulation: in addition to a valid rabies vaccination, a rabies antibody titration prior to movement is to be carried out by an approved laboratory on a blood sample taken at least 30 days after vaccination and three months before being moved - **Article 8.**

1.3.2.2. Entry into the UK, Malta, Ireland and Sweden

1.3.2.2.1 From Member States other than the UK, Malta, Ireland and Sweden and third countries listed in Annex II, part C of the Regulation: National legislation requires in addition to a valid rabies vaccination, an antibody titration carried out by an approved laboratory six months prior to travel in case of UK, Ireland and Malta and between 4 and 12 months after vaccination in case of Sweden.

1.3.2.2.2 From third countries not listed in Annex II, part C of the Regulation: placement into a quarantine facility before entry - **Article 8**.

1.3.2.2.3 For the entry into Malta only the EU-15 Member States and Cyprus, and a number of non-rabies-free third countries are listed as countries qualifying for the pet-travel scheme, pets of other provenances must undergo mandatory quarantine.[5]

[5] http://www.veterinary.gov.mt/page.asp?p=6107&l=1

1.3.3. Echinococcosis

National legislation has been made available to the public by the competent authorities of the five Member States concerned.

1.3.3.1. Entry into the UK and Ireland (except pets coming from the UK or Ireland)

On each occasion within 24 to 48 hours before check-in with the approved transport company, dogs and cats travelling or returning to the UK[6] or Ireland[7] must be treated by a veterinarian against the tapeworm *Echinococcus multilocularis* by administering, in accordance with the manufacturer's instructions, a product containing *praziquantel*.

1.3.3.2. Rules applying to entry into Sweden, Finland and Malta:

Sweden[8] requires a treatment against tapeworm (*Echinococcus*) 1 to 10 days before entering the country. Finland[9] requires a certificate issued by a veterinarian showing that the animal has been given, not more than 30 days before arrival, an appropriate dosage of an authorised medicine containing *praziquantel*.

6 http://www.defra.gov.uk/animalh/quarantine/pets/procedures/support-info/treatment.htm

7 http://www.agriculture.gov.ie/index.jsp?file=pets/travel.xml

8 http://www.sjv.se/download/18.1adbfde10e558aac1580002148/Ny+broschyr+fr%C3%A5n+3+juli+2004+OVR76ENG.pdf

9 http://www.evira.fi/portal/en/animals_and_health/import_and_export/dogs__cats_and_ferrets/import_from_eu_countries_and_norway/

The medication is not required for animals less than three months old and those introduced directly from Sweden, Norway (other than Svalbard), the UK or Ireland, or if the animal returns to Finland within 24 hours.

Malta[10] requires a certified treatment with *praziquantel* within 24 to 48 hours before departure.

1.3.4. ***Ticks***

National legislation has been made available to the public by the competent authorities of all the Member States concerned.

1.3.4.1. Entry into the UK and Ireland (except pets coming from the UK or Ireland)

Before entering or re-entering the UK or Ireland, dogs and cats must be treated by a veterinarian against ticks within 24 to 48 hours before check-in.

The tick treatment must be a veterinary product which has marketing authorisation in the country of use and is licensed for use against ticks. A tick collar is not acceptable.

1.3.4.2. Entry into Malta

Malta requires a certified treatment with *Fiprinol* within 24 to 48 hours before starting the journey for Malta.

2. OUTCOMES OF THE MEMBER STATE CONSULTATION ON EXPERIENCE GAINED SO FAR WITH THE IMPLEMENTATION OF ARTICLES 6, 8 AND 16 OF THE REGULATION

2.1. Introduction

A total of twenty Member States responded to the Commission's request for information in connection with Article 23 of the Regulation, submitting from detailed reports based on external surveys to short statements.

Some Member States used this response to raise concerns about issues not covered by the consultation (commercial movements, identification, pets younger than 3 months of age and order of preparation) to be considered when carrying out the forthcoming revision process to determine the regime to be applied from 1 January 2008.

2.2. Issues identified

While in general the Regulation is considered to be an improvement compared to the previous situation, the various additional requirements maintained by the UK, Ireland, Sweden, Finland and Malta continue to cause confusion and discomfort amongst travellers.

[10] http://www.veterinary.gov.mt/page.asp?n=documentation&l=1

2.2.1. Comments from Member States other than the UK, Ireland, Sweden, Finland and Malta

From the Member States consultation, the following could be extracted as the main concerns:

– unjustified differences in protection measures between Member States of different history of rabies freedom;

– unfounded differences in sanitary requirements and time limits for vaccination and treatments complicate pet travel unnecessarily and increase the costs;

– different vaccination protocols complicate veterinary checks;

– harmonised requirements have effectively prevented the introduction of rabies into the majority of Member States.

2.2.2. Comments from Member States which have retained their national requirements

The Regulation is considered a popular and successful alternative to quarantine and has enabled pet owners to travel with their pets with minimal difficulty.

The UK, Finland and Ireland wish that the current regimes covered by Article 6, 8 or 16 of the Regulation be continued as a permanent measure. Malta has not commented. Sweden is in favour of:

– abolishing the rabies blood testing within the EU and for introduction from other low-risk countries, if EFSA concludes that this can be done without increasing the risk of spreading rabies and if regular oral vaccination of foxes is performed under EU control in the Baltic States, Poland, Slovakia, Hungary, Romania and Bulgaria;

– maintaining the obligation of national quarantine for pets coming from high risk third countries until scientific evidence is presented that introduction without quarantine is possible without increasing the rabies risk.

3. SCIENTIFIC REPORTS FROM EFSA- CONCLUSIONS

3.1. Risk of rabies introduction into the UK, Ireland, Sweden, Malta as a consequence of abandoning the serological test measuring protective antibodies to rabies

3.1.1. Terms of reference and Method

In line with the terms of reference detailed on page 8 of the opinion, EFSA conducted a quantitative risk assessment on the risk reducing capacity of protocols with or without application of a serological test following vaccination. Bat rabies has been excluded from the scope of the risk evaluation.

3.1.2. Main elements of EFSA's conclusions

A rabies vaccination using an authorised vaccine administered according to the approved vaccination schedule is considered to be the key requirement for pet movement between and into Member States, provided that protective immunity has been established and is maintained.

A serological titre of 0.5 IU/ml of neutralising antibodies measured in a sample taken after the prescribed period following primo-vaccination with a single dose, is considered to be indicative of a high probability of protection and is used as threshold titre.

Because this assumption is not related to the efficacy of any vaccine but to the definition of a certain level of risk, the following issues must be specifically addressed:

– as a function of time, vaccinating an already rabies incubating animal may have limited or no effect on subsequent development of the disease;

– no discriminatory methods are available to detect infection in a live vaccinated animal;

– due to biological individual variations, a small fraction of vaccinated pets especially animals younger than 1 year ("low-responders") may not achieve the threshold titre after a single dose primary vaccination.

From the above issues it is possible to identify two risk scenarios which require additional risk mitigating measures to prevent spread of the disease:

– the animal was vaccinated while incubating the disease (type A risk), and

– a low-responder becomes infected and incubates the disease despite positive vaccination record (type B risk).

A protocol including the following risk mitigating measures would be the best way to deal with the risk of rabies introduction:

– a waiting time (time spent between vaccination and movement) following primo-vaccination with a single dose would allow to develop clinical disease if the animal was infected before primo-vaccination. EFSA's risk assessment has modelled the effect of the waiting time on the probability of developing clinical signs before the end of the waiting time, for the two risk scenarios. As an example, an animal has a 95.2% probability to develop clinical signs before the end of a waiting period of 60 days.

– serological testing or administration of a second injection of vaccine 4 to 6 weeks after the first vaccination, to overcome the problem of low-responders, provided that approved vaccination schedules are amended to include such option in the marketing authorisation.

There is no rationale for including a waiting time beyond the time where protective immunity has been reached for animals coming from countries with a negligible incidence of rabies in pets (lower than 1 case per million pets per year). According to EFSA's opinion, the highest rabies prevalence in pets in 2005 within EU is found in Baltic States.

Very little published data are available to support the positive impact of a second injection and the assumption is mainly based on expert advice from laboratories authorised to do serological tests. Consequently the number of true non-responders after two injections is considered negligible.

3.2. Risk of *Echinococcus* introduction into the UK, Ireland, Sweden, Malta and Finland as a consequence of abandoning national rules

3.2.1. Terms of reference and Method

In line with the terms of reference detailed on page 5 of the opinion, EFSA conducted its risk assessment in the light of the reports sent by Finland, Ireland, the UK and Sweden. These reports should set out grounds for the need for additional guarantees to prevent the risk of introduction of the disease.

Taking into account the epidemiological situation in the Member States concerned and the absence of background information in the mandate on which particular species the risk assessment should be conducted, EFSA suggested restricting its assessment to *E. multilocularis*. The Commission accepted this suggestion.

Due to a lack of harmonised surveillance programs for *E. multilocularis* in pets and wildlife in the EU (variety of sampling strategies and diagnostic methods), the limited availability of data on the prevalence or incidence of infections with *E. multilocularis* in pets and based on the nature of the data submitted by the Member States concerned, EFSA conducted a qualitative risk assessment.

In addition, EFSA also considered data from the EFSA's Community Summary Report on Zoonoses, Zoonotic Agents, Antimicrobial resistance and Food Borne Outbreaks in the European Union in 2005[11] which are based on the annual Member States' reports.

3.2.2. Main elements of the opinion

The various isolated surveys in wildlife show a great variability from one country to another and even between regions in the same country. Therefore comparisons between various epidemiological situations are extremely difficult. This variability has to be considered for any definition of the status (free/endemic) of the country which depends on numerous factors yet to be defined.

To date, surveys conducted in Finland to detect *E. multilocularis* in dogs (the sampling strategy was not indicated) have yielded negative results. The UK, Ireland, Sweden and Malta did not provide any information on surveillance in domestic animals.

From a reduced number of published surveys on infection in pets in Europe, it seems that infection rates in domestic carnivores are low most likely because of low exposure to the parasite and to routine de-worming of domestic pets. Dogs and cats appear to be of secondary importance for the life cycle which is typically wildlife-based. However, due to close contact they may play a role in transmission to humans, in which the disease may have serious consequences. The role of cats as final host is at present inconclusive.

From the three current treatment protocols used by the UK, Ireland, Malta, Finland and Sweden it was concluded that the probability of re-infection in the country of origin, and the probability of viable egg dissemination in the importing country is reduced to a negligible level when a suitable treatment with praziquantel is given between 24 to 48 hours prior to departure.

[11] http://www.efsa.europa.eu/en/science/monitoring_zoonoses/reports/zoonoses_report_2005.html

Echinococcosis is notifiable in humans in those Member States that provided information, except in Denmark, France, the Netherlands and the UK. Cyprus, Luxembourg, Malta and Poland did not provided information on the notifiability of echinococcosis in humans. These data are collected and published as the EFSA's Community Summary Report on Trends and Sources of Zoonoses, Zoonotic Agents, Antimicrobial resistance and Food Borne Outbreaks in the European Union. However, for the year 2005, Luxembourg, Malta, Belgium, Estonia, Finland, Greece, Ireland, Italy and Slovenia did not contribute to the report (EFSA, 2006).

In animals, *Echinococcus* detection is notifiable in most Member States except in Czech Republic, Hungary and the UK, while Cyprus, France, Germany, Ireland, Luxembourg, Malta and Poland provided no information (EFSA, 2006). Notifiability would be considered necessary to prove absence of infestation in its autochthonous animal or human population.

3.3. Assessment of the risk of 'ticks' introduction into UK, Ireland and Malta as a consequence of abandoning national rules

3.3.1. Terms of reference and Method

In line with the terms of reference on page 4 of the opinion, EFSA conducted its risk assessment in the light of the reports sent by Ireland and the review produced by DEFRA (UK). EFSA considered that a complete review of the situation in Malta and Ireland was needed.

EFSA did not address ticks and tick borne diseases of livestock/agriculture animals but focused on ticks hosted by pet animals. The report reviews the geographical distribution of these ticks, including the current situation in the UK, Ireland and Malta, and their role as vectors for disease agents that can be responsible for important exotic diseases with potential zoonotic impacts.

3.3.2. Main elements of the opinion

Throughout the world ticks, together with fleas, are the most widespread ectoparasites affecting pets. Up to now there are 866 described species of ticks worldwide, out of which approximately 54 affect pets. Ticks may be classified on the basis of the number of animal species they infect. Most species of ticks affecting dogs and cats worldwide are three-host telotropic tick species feeding on small carnivores, sheep, cattle or horses.

The distribution of some species of ticks is probably underestimated due to the lack of comprehensive surveillance and collection of specimens further complicated by the difficulties that may occur in their identification. Some of the available information is either anecdotal or historic. The considerations above lead to the conclusion that the absence of evidence does not mean the evidence of absence of ticks in a given area.

Tick species harboured by pets (i.e. dogs, cats, ferrets) and their distribution through Europe have been itemised. No reports were found for tick species presence and/or distribution in Malta. The existing reports and literature indicate the presence of selected tick species in the UK and Ireland; no data are available for Malta.

Ticks as hematophagous parasites are recognised to transmit to their host/s a wide variety of pathogens which may cause tick borne diseases (TBDs) affecting wild and domestic animals including pets and humans.

However, some of these TBDs are not notifiable or reportable in several countries and therefore overall data are lacking. TBDs are numerous and are hazard for human and animal health. Most of these diseases are underestimated due to common clinical signs and symptoms that are common to several diseases. Furthermore co-infection exists in many of these diseases. There is lack of reliable diagnostic measures for most of these TBDs.

Reports provided by the UK and Ireland did not conduct a comprehensive assessment to determine the risk of the introduction of ticks to these countries due to the lack of sufficient required data. The evaluation of the effectiveness of the treatment to prevent the infestation by ticks requires prior knowledge about the distribution of ticks but cannot be performed given the scarce data presented in the reports.

4. OVERALL CONCLUSIONS

4.1. Commission conclusions from consultation of Member States

The majority of Member States, except the UK, Ireland, Malta, Sweden and Finland, is in favour of fully harmonised rules for pet movement into Member States. They wish to minimise any annoyance to people travelling with pets without jeopardising the control of the disease concerned.

The UK, Ireland and Finland are more in favour of keeping the current rules. Sweden is prepared to review the current rules subject to the favourable outcome of an EFSA risk assessment.

4.2. Commission conclusions from EFSA opinions

4.2.1. Rabies

Provided that protective immunity has been established and maintained by administration of an authorised vaccine according to the approved vaccination schedule, a valid vaccination should be the sole requirement for pets to travel to all Member States.

In order to reduce the risk that unprotected animals be moved while incubating the disease, it is necessary to introduce in addition, complementary risk mitigating measures following primo-vaccination with a single dose, including:

– the implementation of a waiting time to allow the development of clinical signs if the animal was infected before protective immunity has been reached;

– a procedure to ensure protective immunity by either a test against the threshold titre of 0.5 IU/ml for neutralising antibodies or a booster vaccination, subject to modifications of approved vaccination schedules forming part of the marketing authorisation of the vaccine.

4.2.2. Echinococcosis

The risk of introducing *E. multilocularis* from endemic areas into countries, where the intermediate host (rodents) is present, but considered free from the disease on the basis of national surveys conducted is greater than negligible and could be reduced if pets are treated before movements.

However, the estimation of the risk is, notwithstanding the zoonotic potential of the disease, impaired by absence of reliable data. Because there are various surveillance strategies in place and the disease is not notifiable in human and animals in most countries, any evaluation of the epidemiology can only be an approximation.

Moreover certain countries border affected countries and are therefore more exposed to the risk of introduction of *E. multilocularis* through trans-boundary wildlife movements than through movements of infected pets.

*4.2.3. **Ticks***

Tick species harboured by pets are widespread in Europe, including in the UK, Ireland and probably Malta. They are indiscriminate feeders as they parasitize a large range of small mammals, companion and economic animals and humans.

Surveillance systems for tick species and tick transmitted diseases are limited and not comprehensive. The current available data indicate a lack of systematic specimen collection, epidemiological background and effective control measures.

EFSA's opinion did not correlate the extension of the geographical distribution of many tick species to the increased mobility of dogs and cats but rather to the potential impacts of climatic changes.

The opinion has clearly indicated the lack of sufficient evidence over the epidemiological situation in the UK, Ireland and Malta to refute or accept the justifications of additional guarantees currently applied by these countries.

4.3. Available options

To decide on the possibility of reviewing the current regime, the Commission is currently considering the options available, which can be summarised as follows:

1. **Continuation on a permanent basis** of the current conditional pre-entry measures for the UK, Ireland, Malta, Finland and Sweden. This option will not take account of the scientific opinions provided by EFSA, which do not demonstrate a particular status of the five Member States with regard to the diseases concerned. This option would not remove the confusion and discomfort experienced by certain travellers and is far from intentions of other Member States to achieve harmonisation and simplification considering the relative homogenous animal health situation in Europe with regard to the diseases concerned.

2. **Extension of the transitional period** for the current conditional pre-entry measures for the UK, Ireland, Malta, Finland and Sweden until scientific evidence is presented stating that the withdrawal of the current measures is possible without increasing the risks of introduction of the diseases: this option should be retained if it is considered that the scientific opinions provided by EFSA do not sufficiently substantiate the modification of the measures and until further scientific evidence is obtained.

3. **Lifting** of the current conditional pre-entry measures for the UK, Ireland, Malta, Finland and Sweden: this option would correspond to full harmonisation of the rules in the EU, but would not take into account all of the concerns raised by the UK, Ireland, Finland, Malta and Sweden and would not take into account all of the elements in the EFSA opinions.

4. **Adjustment** of the current rules applicable to all Member States, except the UK, Ireland, Finland, Malta and Sweden, in line with the consultations of the Member States and the EFSA opinions, and subsequent withdrawal of the specific conditions applied by those five Member States would benefit all EU citizens when travelling with their pets throughout EU territory and abroad while enhancing the safety of these pet movements.

4.4. Subsequent steps

According to Article 23 of the Regulation, the Commission shall submit appropriate proposals for determining the regime to be applied at the end of the transitional period for Articles 6, 8 and 16 of the Regulation.

However, because the scientific assessment has taken longer than envisaged, delaying the completion of the Commission report, and the prepared Commission proposal amending Regulation (EC) No 998/2003 will cause discussions within the framework of the co-decision procedure, it is unlikely to meet the above deadline.

Therefore, before taking into account further consideration of the identified options presented in this report, the Commission will put forward a legislative proposal for a Regulation of the European Parliament and of the Council amending Regulation (EC) No 998/2003 on the animal health requirements applicable to the non-commercial movements of pet animals as regards the extension of the transitional period**.**

5. ANNEXES

5.1. Regulation (EC) No 998/2003 of the European Parliament and the Council of 26 May 2003 on the animal health requirements applicable to the non-commercial movement of pet animals and amending Council Directive 92/65/EEC.

http://eur-lex.europa.eu/LexUriServ/site/en/consleg/2003/R/02003R0998-20061025-en.pdf

http://eur-lex.europa.eu/LexUriServ/site/en/oj/2007/l_073/l_07320070313en00090009.pdf

5.2. Assessment of the risk of rabies introduction into the UK, Ireland, Sweden and Malta as a consequence of abandoning the serological test measuring protective antibodies to rabies (EFSA-Q-2006-014)

http://www.efsa.europa.eu/EFSA/efsa_locale-1178620753812_1178620772660.htm

5.3. Assessment of the risk of echinococcosis introduction into the UK, Ireland, Sweden, Malta and Finland as a consequence of abandoning national rules (EFSA-Q-2006-112)

http://www.efsa.europa.eu/EFSA/efsa_locale-1178620753812_1178620772901.htm

5.4. Assessment of the risk of ticks introduction into the UK, Ireland and Malta as a consequence of abandoning national rules (EFSA-Q-2006-326)

http://www.efsa.europa.eu/EFSA/efsa_locale-1178620753812_1178620771045.htm