KEY POINTS

In addition to a stringent feed ban imposed by the Food and Drug Administration in 1997 as well as the removal of all specified risk material which could harbor BSE, USDA has a strong surveillance program in place to detect signs of BSE in cattle in the United States. In fact, we test for BSE at levels ten times greater than World Animal Health Organization standards. The program samples approximately 40,000 animals each year and targets cattle populations where the disease is most likely to be found. The targeted population for ongoing surveillance focuses on cattle exhibiting signs of central nervous disorders or any other signs that may be associated with BSE, including emaciation or injury, and dead cattle, as well as non-ambulatory animals. Samples from the targeted population are taken at farms, veterinary diagnostic laboratories, public health laboratories, slaughter facilities, veterinary clinics, and livestock markets. In addition, approximately 5,000 samples each year are collected from renderers and similar salvage facilities.

USDA’s National Veterinary Services Laboratories (NVSL) in Ames, IA, along with contracted veterinary diagnostic laboratories, use rapid screening tests as the initial screening method on all samples. Any inconclusive samples undergo further testing and analysis at NVSL.

NOT A FOOD SAFETY TEST

BSE tests are not conducted on cuts of meat, but involve taking samples from the brain of a dead animal to see if the infectious agent is present. We know that the earliest point at which current tests can accurately detect BSE is 2-to-3 months before the animal begins to show symptoms. The time between initial infection and the appearance of symptoms is about 5 years. Since most cattle that go to slaughter in the United States are both young and clinically normal, testing all slaughter cattle for BSE might offer misleading assurances of safety to the public.

The BSE surveillance program is not for the purposes of determining food safety. Rather, it is an animal health surveillance program. USDA’s BSE surveillance program allows USDA to detect the disease if it exists at very low levels in the U.S. cattle population and provides assurances to consumers and our international trading partners that the interlocking system of safeguards in place to prevent BSE are working.

The safety of the U.S. food supply from BSE is assured by the removal of specified risk materials – those tissues known to be infective in an affected animal – from all human food. These requirements have been in place since 2004.
ONGOING BSE SURVEILLANCE PROGRAM SUMMARY

USDA’s BSE surveillance program samples approximately 40,000 animals each year and targets cattle populations where the disease is most likely to be found. The statistically valid surveillance level of 40,000 is consistent with science-based internationally accepted standards. This level allows USDA to detect BSE at the very low level of less than 1 case per million adult cattle, assess any change in the BSE status of U.S. cattle, and identify any rise in BSE prevalence in this country.

The targeted population for ongoing surveillance focuses on cattle exhibiting signs of central nervous disorders or any other signs that may be associated with BSE, including emaciation or injury, and dead cattle, as well as nonambulatory animals. Samples from the targeted population are taken at farms, veterinary diagnostic laboratories, public health laboratories, slaughter facilities, veterinary clinics, and livestock markets.

Samples are also collected from renderers and similar salvage facilities, with a quota set at 5,000 samples. USDA’s National Veterinary Services Laboratories (NVSL) in Ames, IA, along with contracted veterinary diagnostic laboratories, will continue to use rapid screening tests as the initial screening method on all samples. Any inconclusive samples will be sent to NVSL for further testing and analysis. USDA’s surveillance program uses OIE’s weighted surveillance points system, which was adopted in May 2005 and reflects international scientific consensus that the best BSE surveillance programs focus on obtaining quality samples from targeted subpopulations rather than looking at the entire adult cattle population.

The number of points a sample receives correlates directly to an animal’s clinical presentation at the time of sampling. The highest point values are assigned to those samples from animals with classic clinical signs of the disease. The lowest point values correspond to clinically normal animals tested at routine slaughter.

The goal of this weighted approach is to ensure that countries sample those cattle populations where the disease is most likely to be found. This system is not different from USDA’s previous BSE surveillance approach, it is simply a different method for evaluating surveillance programs. Both approaches target those cattle populations where BSE is most likely to be found. The OIE is simply assigning point values to different categories of animals.

USDA has been targeting these subpopulations since BSE surveillance was initiated in 1990, and will continue to do so under the OIE weighted approach. Under the OIE guidelines, points compiled over a period of 7 consecutive years are used as evidence of adequate surveillance. At the current ongoing level of surveillance, the United States will far exceed OIE guidelines under the point system.