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Key role of the local veterinary administration in combating infectious diseases of wild animals: New duties vs. old habits in the context of the Animal Health Law

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Summary

Regulation (EU) 2016/429 of the European Parliament and of the Council of 9 March 2016 on transmissible animal diseases and amending and repealing certain acts in the field of animal health, 'Animal Health Law', changed the rules for combating infectious diseases of animals, in particular of non-domesticated species. An in-depth legal research by the authors revealed certain features of combat against transmissible diseases in wild animals. New normative regulations are presented, confronted, and evaluated. The authors conclude that the European law has changed the content of national statutes, although their literal wording has remained unchanged. Different definitions and designations of veterinary surgeons in the Animal Health Law are discussed. An algorithm of conduct aimed at the uniformity of the work of public veterinary administration is presented. New duties and the need for high legal competences of the District Veterinary Officer are discussed. The effectiveness and consistency of the regulations are assessed. Interpretational and legislative postulates are indicated.

Keywords: animal law, veterinary law, veterinary surgeon, official veterinarians

The entry into force of the Regulation (EU) 2016/429 'Animal Health Law' (AHL) (15) has changed the rules for combating infectious diseases in animals.

The legal framework for the animal health issues remains complicated both in Poland and in other European Union Member States (EU MSs). The public veterinary administration struggles with numerous doubts in the application of legal norms. They result from the divergence of provisions, from their lack or abundance, as well as from their unclear wording, causing interpretational difficulties.

The AHL was intended to standardize, harmonize and simplify the application of the animal law and to make it more flexible. The results of the present research verify this *ratio legis*.

The aim of this study is to present and evaluate normative regulations and to propose an algorithm of conduct that would facilitate the work of public veterinary administration. It should also be a starting point for further legal and veterinary discussions. The authors' intention is to promote the uniformity of administrative decisions and contribute to the improvement of the general epizootic situation throughout the EU.

Material and methods

The subject of the research is the analysis, interpretation and evaluation of AHL standards, legal obligations, and role of the District Veterinary Officer (DVO) in the combat against infectious diseases in wild animals in Poland.

European (3-8, 11, 15) and Polish (12, 16-20) normative acts were analysed and interpreted by linguistic, systemic, teleological, functional and pro-European legal scientific research methods. The legal status as of March 1, 2023 was adopted.

Results and discussion

Law in force. The starting point for this research and the axis of the considerations is the diversity,

multitude and vagueness of designations in the AHL, related to the legal duties of various classes of veterinary surgeons. The research made it possible to define and separate particular functional positions and their competences. The analysis enabled the authors to propose an algorithm for proceeding in factual situations which may occur in the future.

The AHL (15) is a turning point, marking a significant change in the care for animal health and welfare in all EU MSs (2, 21, 22). The AHL is directly applicable. Its rules consist of requirements relevant to the prevention and control of transmissible animal diseases (including zoonoses). They are based on the main meta-principle of 'one health'.

The analysis conducted by the authors enabled them to conclude that the AHL did not derogate from the former national regulations: the national statutes have not changed their wordings. Nevertheless, it has been shown that the AHL changed significantly the content of legal norms derived from the statutory provisions. Currently, the veterinary statutes of the MSs must be interpreted and properly applied in light of, and in accordance with the AHL rules. Therefore, European regulations significantly changed the legal interpretation and, as a result, changed the content of legal standards regarding the combat against infectious animal diseases.

Designations of veterinary surgeons in the AHL. The primary technical term used in the AHL for the function of combating transmissible diseases in wild animals is the 'competent authority'. This term means the authority locally and materially competent to act for the protection of both animal and public health. Such bodies are the basic carriers of duties and powers in the scope of legal standards discussed here.

European law does not define who should be this authority, leaving detailed regulations to individual MSs. The text of the AHL uses terms such as 'competent authorities responsible for animal health', or shortly 'competent authorities'.

It should be noted that the abovementioned 'authority' is not consistently referred to as a 'competent veterinary authority', which allows it to be positioned differently in the administrative structure of each MS. Therefore, it may – but does not have to be – an authority closely related to veterinary medicine (in the sense that its competences are limited only to veterinary health care), and it does not have to be headed by a veterinarian.

The glossary of the AHL defines, however, the 'competent authority' as the central veterinary authority of each MS. In the authors' opinion, this definition should not be equated with definitions of central public administration entities functioning in Poland. In the specific case of transmissible diseases, the competent authority in the first instance will not be the central public veterinary administration body. For example, in Poland, the competent authority in the first instance is not the Chief Veterinary Officer, nor the Minister for Agriculture, but the territorially competent DVO (20).

The status of employees of the Veterinary Inspectorate is a closely related issue. Not all of these employees have to be veterinary surgeons, but – according to national legal standards (20) – most of them must have this qualification. Only such persons can act as 'official veterinarians' who assist in fulfilling the DVO's statutory functions. They are qualified and authorized veterinary surgeons.

The term 'veterinarian' in the AHL (15) should, in the authors' opinion, be interpreted as meaning a veterinary surgeon who works clinically and, moreover, is competent to properly examine a given wild animal species (e.g. wolves, bears or bisons). Such interpretation is not inconsistent with the national legal standards of the veterinary profession of veterinarian (12, 18, 19). Special skills and work experience with a given species of wild animals are of key importance both in the process of combating infectious diseases and in clinical work performed *lege artis* (i.a. Art. 12 and 25 of the AHL related to the clinical veterinary medicine) (15).

There is, however, no doubt that the veterinarian who constantly 'controls' and cares for the herd is the person with most information about the health status of the animals and, in addition, is most likely to act in a crisis. Such a solution reflects the spirit of the AHL and its mechanisms of consistency and coherency of actions.

In addition, the AHL allows the powers of combating and eradicating diseases to be transferred to veterinarians other than official ones. Interpretations covering both official veterinarians and veterinarians designated *ad casum*, are possible in the authors' opinion.

In the authors' opinion, the statutory provision that all veterinarians, regardless of how they practice their profession, are key links between operators (entities keeping animals or being responsible for them) and public administration, should appropriately be limited to veterinarians working in clinical settings. This is a narrowing, purposeful and rational interpretation. It results from the overall AHL standards. Moreover, it is consistent with the reality of veterinary work in diagnosing transmissible diseases.

A professional group commonly known as 'designated veterinarians' is defined by the AHL as non-official veterinary surgeons who have a delegated authority to perform certain activities. In the authors' opinion, this is a classic example of delegation of competences in the public veterinary administration (the delegated performance), as distinct from official veterinarians, who are not delegated, but authorized and empowered by the DVO. The connection of appointed, delegated veterinarians with activities performed by the local public veterinary administration is more extraneous than in the case of official veterinarians, and is often incidental. The catalogue of delegated activities, pursuant to Art. 14 of the AHL, appears to be a closed cata-

logue, but, through its references to open catalogues, it is in fact a *numerus apertus*. In addition, the scope of activities subject to delegation (designation) is also defined by numerous national regulations.

Another category of veterinarians can be postulated in the light of Art. 13 sec. 1 C of the AHL: any (all) veterinary surgeons who have been properly trained by the authority to perform given activities. In the authors' opinion, this regulation is not limited to official or appointed veterinarians. It may cover a wider group of members of this profession.

To conclude considerations on the abovementioned entities and their role in the combat against diseases of wild animals according to the AHL, it should be emphasized that the AHL (incl. the preamble and numerous provisions of the articles of the discussed act) affirms the need for general co-operation.

Algorithm of the procedure. The public veterinary administration authorities have the right (and legal obligation) to implement measures necessary to combat infectious diseases of wild animals (5, 15-17). Individual, successive or parallel, stages of the procedure, which make up the overall model are determined, based on the norms of the AHL (15).

In the present study, stages of general and organizational nature are distinguished. These stages play an integrating role in relation to other elements of the scheme.

The first group includes the development of a liquidation programme, as well as constant and continuous supervision and constant biosecurity.

In the second group, stages related to the suspicion, detection and eradication of a specific outbreak were distinguished. This includes sequential steps, starting from the moment the disease is suspected.

In accordance with the legal standards of the AHL, operators, i.e. natural or legal persons (legal entities, public administration bodies) responsible for the animal population on their territory, are the basic subjects legally obligated to carry out supervision. This obligation covers entities responsible for animals both kept and wild, e.g. forest inspectors and directors of breeding centres. The term 'supervision' subsumes veterinary check-ups, as well as supervision by the Veterinary Inspectorate authorities.

Veterinary surveillance within the AHL system includes constant monitoring and assessment of the epizootic ('epidemic') situation at the following stages: prevention, early disease detection, extensive notification and the evaluation of the effectiveness of infection control. Surveillance during disease eradication is intended to determine whether the measures taken are effective in eradicating the outbreak and in restoring the MS or region to the disease-free status.

This issue is closely related to another general, but extremely important, element of the anti-epidemic strategy: biosecurity (5, 15). Biosecurity in the AHL covers not only measures of physical protection (such as closing, fencing, creating barriers, cleaning, decontamination, disinfection, disinfestations and deratisation), but also management measures (e.g. procedures and conditions for access by people or vehicles, for the use of equipment, for the safe cadaver disposal, for the transport of live animals, including quarantine, and isolation). Biosecurity measures ought to be introduced in co-operation with veterinary surgeons: DVOs, officials and clinicians (15).

Suspicion of an infection may result from various factual activities, including constant supervision by the animal's 'owner' or veterinary surgeon. Such a suspicion should initiate a cascade of a procedural algorithm according to the AHL standards.

The first step in the AHL model of conduct is to notify. There are several phases of pre-notification:

a) notification of the DVO by the operator/care provider (obligatory); official information spreads within the state veterinary administration;

b) notification of the veterinary clinician by the animal care provider (possible, eventual);

c) notification of the European Commission and other MSs of the occurrence of the disease by the MS in which it occurred (obligatory).

It should be noted that Polish national legislation implements standards for notifying the European Commission. In addition, notification is extended also to the authorities of the national sanitary administration in cases of zoonoses (9, 13, 16).

Notification at each stage should be immediate, i.e. without delay (4, 15). The speed and effectiveness of notification mechanisms via IT systems are expected to enable the competent authorities to prepare for combating the disease outbreak and to quickly take specific measures to prevent further spread of the disease. Thus other compartments, regions and MSs are enabled to make plans and prevent the disease in advance.

Further elements of the algorithm established by the European law are investigations and preliminary disease control measures (4, 5, 15). These stages should be initiated as soon as suspicion arises and the notification chain starts; they should run in parallel with the previously described steps.

Preliminary measures provided for in the AHL are specified in other normative acts (4, 5). Among these measures, the suspension of the disease-free zone status by the DVO should be noted (5).

Simultaneously, new (stronger) biosecurity measures may be applied at this stage (15). Veterinary surveillance and biosecurity should be continued at subsequent stages.

Epizootic ('epidemic') investigations should be carried out by the competent DVO. These investigations include (15) clinical examinations of animals, taking samples for laboratory tests by official veterinarians and laboratory tests themselves. It should be noted that conducting investigations with non-domestic animals (e.g. bisons, bears or wolves) is not easy, and not

every veterinary surgeon is able to perform such an examination properly and *lege artis*. In case of doubt, a specialist should be delegated for this purpose.

In the European legislation, investigations are mentioned at several stages of the procedure:

a) epizootic ('epidemic') investigation *sensu stricto*, obligatory, carried out in any case of suspicion of an infectious disease to confirm or exclude the presence of a given infectious factor (15);

b) initial investigation (referred to simply as the 'investigation'), part of the initial disease control measures (5, 15), carried out by the competent DVO and official veterinarians when the disease is suspected (but still unconfirmed); official veterinarians are obligated to conduct clinical examinations of animals and take samples, according to Art. 54 sec. 2 of the AHL; simultaneously, still before the official confirmation of the disease, the DVO shall introduce preliminary disease control measures;

c) proper epizootic investigation ('epidemiological inquiry'), part of the disease control measures (5), by the competent veterinary authority after the official confirmation of the disease, together with the appropriate control measures, in accordance with Art. 57 ff. AHL;

d) investigation as part of essential disease control measures for wild animals (6), i.e. an additional investigation of wild animals from other populations in which a epizootic link can be observed between captive/wild animals of species susceptible to infection by the pathogen.

The next step, parallel to the previous one (investigation), are preliminary disease control measures (4, 5, 15). Such measures are taken at the stage of disease suspection. These are measures limiting the spread of the disease from the affected area, epidemiological investigation and other additional measures (5, 15).

All measures should be appropriate and proportionate to the risk posed by the disease to wild animals in the given area, time and circumstances (15). They are applied *ad casum* and *in concreto*. The competent DVO maintains preliminary measures until the presence of infection is either excluded or confirmed (5). The investigation and veterinary clinical and laboratory tests should provide the answer. Once the disease has been scientifically confirmed, the official confirmation by the competent veterinary authority must follow.

As a rule, the next step for the DVO is to implement disease control measures. Nevertheless, in relation to wild animals, these measures can be introduced already at the stage of an unconfirmed disease suspicion (15).

If the outbreak is confirmed, the DVO is required to take the following actions: withdraw of the disease-free status of the area, conduct epidemiological/epizootic investigations, adapt surveillance to identified risk factors (taking into account the conclusions of the investigation), isolate sick animals, limit the entry and transport of animals and products (disposal of potential sources of disease spread, such as contaminated milk, straw, manure, feed, carrion etc.), prohibit the transport of susceptible animals, order elimination of sick or suspected susceptible animals, order destruction of animal cadavers and other remains (5).

Regulation 2020/689 (5) explicitly states that it may be necessary to eliminate not only individual animals with confirmed disease, but also those suspected of being infected (competent authorities are the General Director for Environmental Protection or the Minister of Environment). In the case of wild animals, the competent authority has an additional option of introducing an eradication programme, depending on current needs (15). Moreover, the DVO is required to order animal testing to complete the investigation and to restore the disease-free zone status. The DVO can also order other tests necessary to detect the epizootic chain and to quickly detect all infected animals that may contribute to the spread of the disease. In his administrative decision, the DVO must specify the time for peforming the tests (5). It should be noted that the determination of the full epizootic ('epidemic') chain is often impossible in the case of wild animals.

The next step, following the eradication measures, is the obligatory notification on the response to the disease. MSs are obligated to notify the European Commission, who should review the epidemic situation, control mechanisms and measures used. The Commission may, by means of implementing acts, lay down specific rules, including those with an immediate effect, for a limited period, appropriate to the epizootic and epidemiological situation (15).

Apart from the Commission, the competent authority is required to notify various entities in areas where an epizootic/epidemiological link to a specific outbreak has been established or suspected. Such notifications are issued to competent authorities in other MSs and third countries, as well as any natural or legal persons taking care of animals of species susceptible to infection in question (5).

The last steps distinguished in the current analysis are (5)

a) cleaning and disinfection, which is particularly difficult in the case of wild, non-domesticated animals;

b) introduction of proportionate measures by the DVO to reduce the risk of re-infection; prevention of pathogen persistence in the environment or various wildlife species; and a variety of biosecurity measures (risk mitigation measures may be implemented both before and after the official abolition of control measures);

c) official, administrative abolition of all control measures.

The present research enabled the authors to determine, define and systematize particular steps constituting the algorithm for combatting infectious diseases in wild animals. General, integrating organizational stages of conduct were distinguished, together with

sequential stages related to the suspicion, detection and combat of a specific disease outbreak. The analysis allowed the authors to draw numerous conclusions regarding the up-dated proper protection against and effective control of infectious diseases in wild animals. *De lege lata* remarks have been indicated by the authors.

It has been revealed that the AHL is a modification of the previously applicable national regulations, which have already largely implemented the EU law on infectious animal diseases. The AHL did not directly derogate any Polish normative acts, but repealed the directives on which those statutes are based.

It should be noted that in many aspects the AHL regulations are analogous to the previous ones. Moreover, they seem to be more flexible. Additional control measures, depending on the situation and its substantive assessment, are allowed.

It has been found that public veterinary administration authorities cannot currently operate according to old habits or patterns of conduct. On the contrary, they must actively implement not only the wording, but also the spirit of the law expressed in the AHL, i.e. the 'one health' principle and *rationes legis* of the AHL.

These *rationes*, pointed out in the normative act, include early disease detection, effective and prompt eradication, reduction of negative impacts (not only those of pathogens and diseases as such, but also of the various measures taken to prevent and control the disease) on animal health, public health and the environment, establishment of a clear and effective chain of notification and an EU-wide reporting system, collection of reliable, transparent and easily accessible epidemic data (15). Introduction of the AHL was also inspired by earlier, ineffective attempts at controlling infectious diseases in non-domestic animals. Many of those species lacked any advanced, systemic mechanisms of combating transmissible diseases that threatened them.

It has been shown that the duties and empowerment of the Veterinary Inspectorate authorities currently have a double source. They are established both by the provisions of the Polish law and the European law (which in the scope of regulations has priority of application over national law and is not subject to implementation due to direct application). It should be stated that in each case, the pro-EU and harmonious legal interpretation of national regulations should be applied.

Moreover, it should be noted that the proper performance of the veterinary administration authorities is not only a matter of normative regulation. The practice of the veterinary profession implies the need to apply current scientific veterinary knowledge that indicates effective methods of eliminating outbreaks of the disease and preventing its further spread (12, 19). These methods must, nevertheless, be based on the law because the public administration authority is not allowed to take any actions that do not result from statutory regulations. Fortunately, in this aspect, the AHL regulations are flexible enough not to bind the DVO's hands. Examples include regulations containing an open catalogue of measures to be used in outbreaks or when an infectious disease is suspected.

It is of particular importance that the DVO (17) can directly apply EU provisions in the Polish legal system. The goal is to ensure epizootic and epidemic safety.

As already stated, the AHL changed the content of national legal norms, despite the fact that the wording of national regulations remained unchanged. This observation is a result of legal interpretation by teleological, functional, systemic and pro-European methods consistently applied by the authors.

In particular, it should be remembered that national provisions do not exhaust the model of action for eradication of infectious diseases. They are merely elements of the current model introduced by the AHL. National statutes tackle a part of the entire process (the combat against the disease *sensu stricto*). They are subsidiary to the new standards and complement their functioning to the extent that is allowed by the AHL. Therefore, the AHL can be assessed as an instrument of the pan-European policy of combating transmissible diseases.

It has been revealed that the integrative approach and the ecological 'one health' strategy are inherent in all AHL provisions. In many paragraphs of this statutory act, they are expressed directly (15). The 'one health' strategy is also the key interpretational rule of all AHL provisions. Therefore, the interpretation and application of the law must take into account the unity of health of man, different animal species and the environment, as well as the complexity of relationships between the condition of our common environment, human health and animal health. This also applies to animal welfare, biodiversity, preservation of genetic resources (3, 10) and the functioning of the ecosystem. The problem of frequent direct contacts between humans, animal feed and wild animals is also significant.

Moreover, it should be pointed out that the categorization of diseases in the AHL (1, 4, 5, 15) – despite its theoretical importance – is of little practical significance.

Notification under the AHL model of conduct is not limited to the initial notification of the occurrence of a risk or threat. The legal obligation to notify also applies at further stages of epizootic proceedings. It also plays the key role in the input of further stages.

The primary purpose of the notification is to integrate human and animal health systems across the EU. Quick notification enables competent authorities in all EU MSs to prepare and undertake appropriate measures. It reduces the risk of further spread of the infection.

Norms under the AHL obligate the operator, i.e. the entity responsible for the animals, to notify the

veterinary authorities. Regulations indicate the possibility of notifying the clinician veterinary surgeon about unusual signs observed during the supervision of wild animals or their deaths. Nevertheless, it should be remembered that such observations in wild, non-domesticated animals are not easy. The notified veterinarian may collect samples for laboratory tests. Although the AHL does not explicitly mention this, there is no doubt that, in the light of Polish regulations on practicing the veterinary profession, ethics and deontology, the veterinarian summoned is obligated to conduct at least a clinical examination of wild animals (12, 18, 19).

The sequence indicated in the AHL, i.e. the mandatory notification of the competent DVO followed by the possible summoning of the clinician, is logically questionable and unlikely to occur in reality. In the authors' opinion, the following sequence seems to be more realistic and justified from scientific and practical points of view: the observation of disturbing signs by the carer, calling a veterinarian, clinical examination, sampling, notifying the DVO.

The notified competent authority should provide official information, and subsequently the other EU MSs and the European Commission are to be notified. Art. 19 of the AHL lists the components of the notification. The factors of notification are essential for disseminating information and for international cooperation required to ensure timely implementation of risk management measures, and taking into account the epizootical profile of the disease. Above all, however, they are also key elements in effective risk management at the local level during a specific disease outbreak in a given animal population.

It should be noted that the AHL's direct mandate to conduct a clinical examination of animals and collect samples for laboratory tests to confirm the disease at the earliest stages of the procedure is fully justified, pragmatic and in line with the veterinary deontology (12). In this context, the need for an adequate algorithm and an early diagnosis of the disease seems obvious.

The analysis allowed the authors to conclude that the further stages of the epizootic ('epidemic') procedure, i.e. investigations and initial disease control measures, can be described as disease control measures *sensu largo*. They should be introduced and run in parallel with the previously described steps.

Initiating and carrying out epizootic and epidemiological investigations have proven to be important both at the pre-confirmation (or exclusion) stage of the procedure and in the subsequent stages of disease control.

It has been found that preliminary control measures are legally defined not by their exact enumeration, but rather by the specification of the purpose they serve (3, 4, 14). The authors evaluate this regulation positively. Initial disease control measures are clearly aimed at preventing the possible further spread of the disease and worsening of the epizootic situation (limiting the spread of certain transmissible disease).

The types and scope of measures are listed in the regulations in an exemplary manner (5, 15). On the basis of the normative analysis (5), obligatory and optional measures were distinguished. The specific method of their application is left to the decision of the DVO conducting the procedure in each case (4, 5, 15). Their adherence to the principle of proportionality has been confirmed. The measures used must be both appropriate and proportionate to the risk posed by the illness in a specific case (15).

The study showed that, if the presence of a disease in wild animals is suspected, initial control measures can be applied not only to individual wild animals, but also to any other establishments at risk (4). This is, however, an optional measure based on the principle of proportionality (15).

The research proved that the official confirmation of the disease by the DVO may be based on many scientific, veterinary, administrative, legal and factual factors (5, 15). Official confirmation of the disease is secondary to its veterinary, scientific confirmation. Neverthless, it is a key element of the administrative procedure and of the algorithm in each case.

It should be noted that if the disease is not confirmed, the case should be terminated (the initial disease control measures should be abolished). As already demonstrated, general oversight obligations and general biosecurity principles remain in place (4, 5, 15).

It has been found that the basic difference between the application of disease control measures to non-domestic animals in the wild and in captivity is that in the former case these measures can be introduced already at the stage of an unconfirmed disease suspicion. On the other hand, according to the AHL regulations, in the case of non-domestic animals kept by humans, disease control measures can be introduced only after official, administrative confirmation of a disease outbreak (15). This provision, although it seems to be the EU legislator's mistake, is deeply justified by its purpose and entirely rational from the point of view of epizootic practice in the case of wild animals.

The research revealed that the control measures from Regulation 2020/689 (5) can be divided into those articulated directly and indirectly, based on multiple references between the provisions within this act. It was found, however, that this division does not affect the differentiation of the content of control measures for either kept or wild animals. In the case of infection of wild animals, the legal norms (5) clearly indicate that it is possible for the DVO to introduce various further measures to combat, monitor and prevent the spread of the pathogen in relation to wild populations or their habitats (5), and these measures must be both proportionate (5, 15) and necessary (5). In the case of kept animals, the same regulations can be interpreted from the general provisions of the AHL.

Therefore, the only differences to the management of transmissible diseases in wild animals are the following options (5):

a) application of initial control measures to any animals at risk of infection in different locations (only individual animals of a given species) before the official confirmation of the disease;

b) introduction of essential eradication measures before the disease has been confirmed;

c) initiation of an investigation of wild animals from other populations, although this procedure can, in the authors' opinion, also be applied to animals kept (under the general provisions of the AHL).

The analysis allowed the authors to conclude that eradication measures should be introduced in accordance with normative regulations, as well as programmes, plans and simulation exercises prepared *a priori*. They should be introduced in a consistent manner and be subject to current and a posteriori supervision. The Veterinary Inspectorate authorities shall verify the effectiveness of programmes to eradicate transmissible diseases.

It has been shown that the European Commission, once notified of the measures adopted to solve the crisis situation, is entrusted with a wide spectrum of obligatory competences (verification of activities) and optional competences (establishment of *leges speciales*). The Commission has various means of control (including not only cassation, but also reformation) of decisions and procedures adopted at the national level.

It has been revealed that the Commission is allowed to establish specific implementing provisions only if control measures introduced by the competent DVO are inaccurate and inadequate to the existing epizootiological situation, and the disease is still spreading despite the introduction of lawful control measures (15).

Assessment of legislation. The authors' assessment of the applicable norms of the European law is certainly not one-dimensional. On the one hand, these norms are innovative, flexible, general and abstract, thus lending themselves to effective adaptation to the current epizootic/epidemic situation. On the other hand, they do not lead to a uniform application of procedures throughout the EU, as they are in many respects unclear and ambiguous and overlap with the legislation of individual MSs.

The AHL has been shown to be a general statute that applies to various transmissible diseases. At the same time, the AHL creates new legal obligations and emphasizes existing ones. An overlap and mixing of legal provisions from different legal acts of different weight and of different position in the hierarchy of acts can be observed. As the AHL regulations modify the interpretation of national statutory provisions, the application of legal norms in practice requires of DVOs above-average skills in legal interpretation and extensive knowledge (16, 17). The fact that decision on specific measures and methods is left to the DVO as the competent authority should be assessed positively.

A poor legislative quality of the AHL and the accompanying legislation has been revealed, in spite of their rational foundations. These legal acts are filled with unnecessary legal definitions, delegations and sub-delegations. Interpretation of one legal norm is possible only with reference to many different provisions, mutually referring to each other and contained in several legal acts, e.g. diseases are categorized in four different legal acts (4-6, 15). Such legislative practices are reprehensible.

Moreover, many of the provisions are unclear and raise numerous legal, veterinary, epizootiological and administrative doubts. This impedes the interpretation, usage and application of these legal norms by DVOs.

Conclusions. The current legal status leaves no doubt that the DVO is (as a rule, with appropriate reservations) competent and obligated to prevent and control infectious diseases of non-domestic animals: both wild and kept. The standards of European and national laws complement each other.

The research confirms the legitimacy of the 'one health' strategy. Nature protection, including the protection of animal species, cannot be weighed up in isolation from veterinary protection of public and animal health and from animal protection.

The most important regulations introduced by the AHL emphasize the basic legal obligations of entities responsible for the care of animals, veterinarians and local public veterinary administration and introduce measures to prevent, control and eradicate transmissible diseases. The new regulations require a careful development of a procedural algorithm for the future, planning the management of crisis and risk situations and constant supervision and evaluation of the effectiveness of actions taken.

As revealed by the current analysis, the AHL not only enumerates new or updates existing legal obligations. It is, above all, a new perspective on infectious animal diseases and an instrument for improving the quality of managing their eradication. It is a source of new legal obligations, forcing the veterinary authorities to leave the 'comfort zone' of already well-established practices and habits.

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