IN THE AUTUMN OF 2016, CONCERNS WERE BEING EXPRESSED whether the programme to test and control bovine TB could be sustained. The veterinary surgeons required – to act as official veterinary surgeons for cattle testing – had been working within the Grandfather’s Rights schedule and if they didn’t engage with the online revalidation requirements, there would be much gnashing of teeth in official places.

As of today, some 1,500 “Grandfathers” have completed their revalidation. The scheme was extended by one month to enable all registrants to complete the process, but the upshot is that there are some 2,100 OVs trained and ready with a further group on stream.

The exact numbers change almost daily as vets put in the time and effort to manage and complete the scheme requirements. Some of the early new vets who enrolled have also completed their two-year re-validation. The bovine TB testing programme for 2017/18 appears to be in good health.

Guide to the future

The achievements in 2016 are a guide to future requirements, with 7.6 million cattle tested in England, two million in Wales and 0.25 million in Scotland. The total animals slaughtered were: England 29,227, Wales 9,975 and Scotland 187 with the number of herds not TB-free during the year as: England 6,818, Wales 1,324 and Scotland 61.

The scale of work for testing alone remains considerable, but for vets in practice, the workload will be considerably greater as the national programme targets disease reduction.

The question now is: are practices ready to advise farmers effectively on how to reduce and prevent incidences of bovine TB?

To prepare veterinary surgeons, DEFRA funded a series of five workshops to consider on-farm practical ways of assisting clients. These workshops were oversubscribed with a waiting list. So 150 vets have had the opportunity to consider the worth of doing something extra about bTB. It is all about assessing risk-taking behaviour and identifying little wins for the farmer by keeping disease risks to a minimum. A biosecurity assessment tool was made available for the vet to apply on a client’s farm to indicate strengths and weaknesses. Feedback from participants indicated that this application was particularly valued and so an online package is in preparation and will be available “shortly”.

There have been parallel workshops for farmers and agricultural students with use of the bTB HUB encouraged as linked support. Further workshops are being considered for later this year. The previous format included considering issues in discussion, followed by a session outside to look at badger signs, buildings, gates, etc. The feedback indicated that the time spent learning about badger behaviour was of particular relevance.

A further development, introduced a few months ago, was to base veterinary activity on new herd incidents. The idea is that herds which were previously Officially TB Free but either had cattle that reacted to a tuberculin test or had a tuberculous animal disclosed by routine meat inspection at slaughter were identified; the herd history to be provided to the farmer and for the farmer to involve his vet in assessing actions to be taken; a stitch in time approach so that subsequent tests yielded fewer reactors and the herd returned to OVT status as quickly as possible.

It would be of great interest to know whether vets have been contacted by their farmer clients. It is too early to record disease reduction benefits.

The scale of the workload, based on new incidents in 2016, would be: England 3,745, Wales 710 and Scotland 37 herds. It could be argued that the effectiveness of the eradication programme may be judged on the impact on new incidents as these are likely to fall ahead of the herds that have repeated failures.

The number of new incidents recorded each month is available for each county within the TB statistics section of the DEFRA website. There is a variation from month to month and from year to year, but as a guide for practices the number of new incidents recorded for the higher incidence counties in 2016 are: Devon 819 (46-86/month), Cornwall 452 (23-47/month), Somerset 283 (16-30/ month), Wiltshire 195 (7-25/month), Gloucester 175 (7-23/month), Dorset 153 (6-20/month) and Cheshire 148 (6-19/month).

Within the two highest counties – Devon and Cornwall – over two million cattle tests were carried out by 170 OVs from 34 practices. But for many practices it may not be the testing vet who would interact with the client over a new incident.

It does appear though that awareness of a new incident would be a good starting point to apply the risk assessment tools and awareness of TB incidents with neighbouring herds, by utilising the TB HUB.

The idea of discussing disease cases of neighbours has traditionally been a difficult area for practices and individual vets, but now that the TB status is available to anyone – via the HUB – there could be a beneficial change in local awareness.

Disease confidentiality with TB is no longer an issue. The CHeCS (Cattle Health Certification Standards) bTB Herd Accreditation was launched last November with the option for farmers to have their herd classified according to disease risk from 10 (minimum risk 10 years of clear tests) to 0 (breakdown within the past year). The promo is: reduce risk and improve rewards and speak to your vet today. Vets are encouraged to raise with clients the benefits of adopting the CHeCS programme.

Further expectations for herd health plans

There is a further expectation that TB prevention and reduction will form part of future herd health plans. Emphasis is anticipated for TB-free herds to review biosecurity and maintain freedom and for blighted herds in high-risk areas to respond effectively to their specific situation.

There is no one-size-fits-all package for control and whether practices will seek to integrate TB within overall herd health is a significant consideration.

It is well recognised that a new incidence of TB and ongoing test failures directly influence the farmer’s attitude to overall disease control conditions. Part of the new approach is to look at attitudinal factors and how to communicate effectively, particularly at times of disease-induced stress for the client.

Individuals have raised a few points which may be considered. The revalidation programme will be repeated every two years and the content will be continuously updated to include awareness of the effectiveness of new developments.

This is seen as “a good thing”. However, as the records of the tests carried out are held on SAM, the requirement to consult those logs from three farms and evidence of detecting 10 reactors is an additional task that could be automatically assessed.

One of the whispers in the countryside is that six-monthly testing could be introduced to replace annual testing. Logistically this would require an increase in OVs. Another option is to work with the new incident herds so the two 60-day clear tests, plus a six-monthly test, are followed by a second six-monthly test rather than every 12 months.

It would be important to recognise that some farmers, after a clear six-monthly test, relax their management following the over year, whereas that period is arguably very important for disease control. A second clear six-monthly test would build confidence and reinforce good practice. Current belief seems to be that the involvement of European vets in government work would continue after Brexit.

The next Official Veterinary Surgeons Conference is planned for 21st and 22nd September, where ongoing developments with the bTB programme will be discussed and individuals will have an opportunity to share their experiences. My thanks to Sue Hay (Improve International), James Russell (Derbyshire) and Phil Leighton (Devon) for their observations and guidance.