

# BVA response to RSPCA document Managing bovine TB: an evidence-based approach

## Who we are

The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the UK with over 18,000 members. BVA represents, supports and champions the interests of the veterinary profession in this country and we therefore take a keen interest in all issues affecting the profession.

## Introduction

We support a comprehensive and evidence-based approach to tackling bovine tuberculosis (bTB). The best way of halting the spread of this devastating disease is enhancing our understanding of bTB and applying that evidence to the eradication process.

We support a holistic approach to tackling bTB that makes use of all the available tools in the toolbox. Our current position includes the following points:

- Support for control measures in cattle and simultaneous and coordinated measures in badgers and other wildlife, and susceptible farmed species, including deer and camelids.
- The slaughter of cattle found to be infected with bTB has been an essential part of the strategy to control the disease for many years but has not been enough to get on top of the disease.
- Risk-based trading, biosecurity, surveillance, and Farm Health Planning at a national, regional and farm level are essential for the control, prevention of spread, and eventual eradication of bTB.
- Targeted, managed, and humane badger culling is necessary in carefully selected areas where badgers are regarded as a significant contributor to the persistent presence of bTB.
- Support for efforts to develop viable cattle and oral badger vaccines.
- A call for political support to ensure cattle vaccination can be developed and rolled out as early as possible.

We are currently midway through reviewing our position on bTB through a working group. The group draws together expertise from across the veterinary profession and is examining the most up to date evidence and drafting recommendations. Our new position will consider all aspects of disease control looking at cattle testing, removal of reactors, compensation and control in other farmed animals as well as the culling and vaccination of badgers. The group is considering this additional evidence and analysis from RSPCA as we develop our new policy on bTB.

As we are currently developing a new position, we are providing a limited response to your proposals at this time. However, we would welcome the opportunity to engage with the RSPCA as we both consider our next steps and responses to government on one of the UK's most difficult and pressing animal health issues.

## Proposal 1: Formation of BTB control cooperatives

*To restructure current cull companies into bTB control cooperatives and give them responsibility for funding bTB control such as allocating grants to those involved in the company for advice (financial and veterinary advice including potential use of further tests) and implementation of biosecurity and biocontainment measures on their farm.*

We support the rationale behind this proposal which is to engender a sense of ownership of the disease within farmers. As the remit of these proposed cooperative groups would be much wider than the current cull companies, we would strongly support the inclusion of suitably qualified vets within such a structure. Veterinary expertise and input at every level is a necessity. Such vets bring clinical knowledge as well as a wealth of local knowledge to the process of eradicating bTB, working in partnership with farmers to provide biosecurity advice, surveillance expertise and farm health planning.

## **Proposal 2: Strengthening biosecurity, biocontainment and cow resilience**

*Encourage changes in farm management to improve biosecurity and biocontainment and to generate more resilient animals. This would include a bTB management plan tailored to each farm, taking into account each farm's financial situation and bTB risk level. Assurance schemes to come together to produce aligned bTB control plans for scheme members, with standards including minimum biosecurity requirements to specifically prevent bTB.*

We support the focus on risk-based assessment and the development of individual action plans where adequately trained and qualified vets can utilise their professional judgement to the specific circumstances and context of each farm, in partnership with farmers.

Assurance schemes allow producers to demonstrate that their food products, both animal and non-animal derived, have met specific, independently certified standards at each stage of the supply chain from 'farm to fork'. We support the use of schemes to promote biosecurity and measures to prevent the spread of disease amongst animals, humans and their surroundings.

## **Proposal 3: funding of control measures**

*Funding of the improvements in biosecurity and biocontainment, provision of financial and specialist veterinary advice and further testing should come from a variety of sources, some government and some industry (as is currently the case) – for example from the bTB control cooperatives, via milk premiums (where applicable) or assurance schemes.*

The compensation regime is discussed as part of this proposal. We have said that if an animal or group of animals is compulsorily slaughtered for the purposes of statutory disease control, compensation should be paid. Compensation provides reimbursement for losses suffered by the animal keeper and as such compensation should be equitable and reflect the market value of the animal slaughtered. If the compensation paid is below market value the risk of keepers concealing animals suspected of infection will be heightened and the incentive to co-operate with authorities will be reduced, contributing to further disease spread.

We support the principle of a reduction in compensation where there is lack of compliance on the part of the keeper with statutory disease control based on evidence-based biosecurity practice. As such, we welcome Government proposals to use incentives to keep disease out of herds and not supporting those who undertake risky practices. We have supported the principle of synchronising regimes across the nations of the UK to ensure no jurisdiction is seen as a more favourable option in terms of moving high risk cattle.

Within our working group discussion has been given to utilising the compensation regime to incentivise best practice. We would welcome the opportunity to discuss this with you in due course.

## **Proposal 4: Strengthening and supporting the role of vets**

*Private vets and government vets to take a greater role in proactively managing the disease through discussions with clients, development of farm-specific herd health plans, knowledge exchange and applying for licences so as to be able to offer clients the ability to carry out further testing. Government to facilitate applications by private vets to carry out further testing (i.e. using other tests alongside the SICCT) through developing clear guidelines published on the TB hub after reviewing and simplifying the process with input from private vets.*

We welcome the recognition given to the central role played for vets in responding to bTB. We believe vets must take an active role in surveillance, diagnosis, control and eradication of bTB. As the representative body for the veterinary profession, we have given considerable attention to the role of vets across the bTB programme as part of the discussions of our working group.

Private veterinary surgeons are trusted advisors to farmers and uniquely positioned to offer advice and provide essential surveillance services which play a key role in the package of measures necessary to address bTB control and eradication. Measures to eradicate bTB are strengthened when farmers and their private vets work together. Utilising this relationship can help embed ownership of addressing bTB with the farmer.

Better integrating the work of private and government vets is valuable as farmers can see a distinction between the role of private vets as experts in herd health and government vets as experts in legislation and licensing. We welcome the recognition of the value provided by both private and government vets within your paper.

### **Proposal 5: Improving the approach and accuracy of testing**

*Government to address the factors which affect the sensitivity of the SICCT while it continues to be the main test used for identifying infected animals. To move away from the SICCT as the main herd screening test to an alternative test with equal specificity but higher sensitivity or move to using a combination of tests (parallel testing) to maximise both sensitivity and specificity, particularly in persistent and recurrent infected herds.*

For there to be confidence in the system of TB controls, stakeholders need to have confidence in the tests that underpin that system. Effective communication with keepers regarding any form of testing will be key. Poor communication around testing regimes can lead to frustration from all stakeholders, at farm and government/ veterinary levels. This has been a weakness for the current testing regime, where the value of the SICCT as a herd-level test has not been effectively communicated.

We support research into the best use of current diagnostic techniques and the development of new diagnostic techniques. An improved herd screening diagnostic tool could offer enhanced performance, regarding test sensitivity as well as easier applicability such as being less labour intensive in the field.

### **Proposal 6: Ensuring evidence-based communication and advice**

*That all stakeholders be aware of the importance of giving accurate advice and of correctly prioritising prevention and control measures with particular emphasis on managing environmental risks rather than wildlife. The Biosecurity Five Point Plan should have cattle measures first, rather than wildlife ones, since cattle-cattle transmission is the greatest cause of bTB incidence on farm; Government statements indicating badger culls are achieving results should be evidence-based and informed by properly analysed data and not be based on preliminary data as this cannot confirm such correlations.*

We support the provision of evidence-based communications. Private veterinary surgeons are ideally placed to provide advice to farmers across the package of measures necessary to address bTB control and eradication. Vets possess the insights to assess evidence and facilitate the application of that evidence to the traits of a particular sector, farm and farmer. Vets understand that farms are complex systems with many actors who will have a role in decision making. We are keen to support our members further to access those decision makers on farm provide advice.

### **Proposal 7: moving to badger vaccination**

*To move from a badger culling policy aimed at controlling the possible spread of disease from wildlife to a badger vaccination policy, with the other cattle-focused proposals included (e.g. improved efforts on biosecurity and biocontainment, better testing, etc.).*

We believe badger culling in a targeted, effective and humane manner is necessary in carefully selected areas where badgers are a significant contributor to the presence of bTB in cattle.

The results from the second year of pilot badger culls did not demonstrate conclusively that controlled shooting could be carried out effectively and humanely based on the criteria set for the pilots. We have therefore supported the wider roll-out of badger culling using cage trapping and shooting only, but not the continued use of controlled shooting.

Longer-term the vaccination of badgers can play a central role in any bTB eradication policy. However, at present there is no evidence confirming what effect badger vaccination has on cattle TB incidence.

### **Proposal 8: Suggestions and the need for targeted research**

*That further research should be conducted to investigate and review:*

- *Survival of bTB in the environment grazed by cows, especially under cow pats (earthworms (Barbier et al. 2016))*
- *Progress of the disease through a cattle herd*
- *Analysis of cattle movements and the relationship with bTB in Britain (for example a repeat of the work done by Gilbert et al. 2005), along with new badger survey data*
- *Risk factors at individual farm level – why do some farms never get TB despite being in HRA hot-spot areas?*
- *The role of endemic disease and how that has evolved.*

We agree that measures taken to achieve eradication must be based on the application of both sound scientific research and veterinary epidemiology. Commissioning new research is important. Equally as important, is the dissemination of research and new learning from researchers to vets and ultimately to farmers and the public. Our current working group is considering priority research areas and we will report these to you when they are available.