BVA, BSAVA, VPHA AND AGV RESPONSE TO THE EUROPEAN COMMISSION CONSULTATION ON DELEGATED REGULATION WITH REGARD TO PREVENTIVE HEALTH MEASURES FOR THE CONTROL OF ECHINOCOCCUS MULTILOCULARIS INFECTION IN DOGS

1) BVA is the national representative body for the veterinary profession in the United Kingdom and has over 16,000 members. Our primary aim is to represent, support and champion the interests of the veterinary profession in this country, and we therefore take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters.

2) The British Small Animal Veterinary Association (BSAVA) exists to promote excellence in small animal practice through education and science and is the largest specialist division of BVA representing over 10,000 members.

3) The Veterinary Public Health Association (VPHA) is a specialist division of BVA and is committed to the protection of the consumer and the environment as well as to the promotion of animal welfare.

4) The Association of Government Veterinarians is a specialist division of BVA representing the views of veterinarians working in UK Government Departments and Executive.


6) In advance of the changes to the pet travel rules in 2012, BVA and BSAVA lobbied successfully for additional UK controls to be maintained for tapeworms. The UK retained the derogation on tapeworm treatment in 2012 on the basis that incidences of Echinococcus multilocularis were increasing across continental Europe and it was assumed that tapeworm was likely to become permanently established if it were to enter the UK.

7) Since then we have continued to call for those controls to be maintained, and as such welcome the draft Delegated Regulation which reflects EFSA’s scientific opinion that Delegated Regulation (EU) No 1152/2011 overall provides an adequate framework for the effective protection of Finland, Ireland, Malta and the UK against Echinococcus multilocularis infection and therefore the main provisions should be taken into account in the new Delegated Act.

8) We also support the EFSA recommendation that consideration should be given to shortening the treatment window from 24-120 hours to 24-48 hours before entry into the UK on the basis that the increased treatment window as a result of the 2011 harmonisation has led to an increased risk of infection.

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9) We note the EFSA scientific opinion that whilst current knowledge suggests that the contribution of cats to the *Echinococcus multilocularis* lifecycle is low, additional assessment of the risk posed by infection in cats is warranted. Given the serious zoonotic implications of infection, we support strongly further risk assessment.

10) Although outside the scope of this Regulation, we believe that the removal of the requirement for tick treatment has increased the risk of tick-borne diseases entering the UK, which has been demonstrated by recent *canine babesiosis* cases in Essex, including one report of an autochthonous case. Leishmaniosis, ehrlichiosis and babesiosis are zoonotic and so present a risk to public health as well as posing a significant welfare impact on an immunologically naïve population of animals. This must be considered alongside the financial and emotional impact of dealing with potential treatment for these infections. We support the re-introduction of tick treatment before entering the UK as a measure to mitigate the risk from tick-borne disease.

11) We would also like to take this opportunity to ask what action the Commission intends to take to address covert commercial movements of companion animals which are taking place as non-commercial movements.

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