

# Letters & Notices



## BOVINE TB

### New approach needed for control and eradication of bTB

PRESENTATIONS given at the recent British Cattle Veterinary Association congress in Edinburgh and a news piece 'bTB transmission pathways still unknown' (VR, 18/25 October 2025, vol 197, p 312) present a sobering picture of a disease surveillance and control (supposedly eradication) strategy that is failing to deliver. This is not news; it has been appreciated by many within cattle practice (and Defra/the APHA) for a considerable period of time.

The reason for this failure is open to debate, with a wide variety of opinion aired regarding possible causes, stretching from challenge from wildlife vectors and poor test sensitivity to the intransigence of 'policy'.

However, perhaps we are looking at the wrong thing, and a new approach is needed.

Bovine tuberculosis (bTB) refers to disease; the clinical endpoint of *Mycobacterium bovis* infection. If this is our only concern, our task may have been largely completed. But our focus should not be limited to disease; infection and risk is what we should be focused on.

To ensure success we need to move away from the current blanket 'test and cull' policy to a more bespoke risk appraisal and management approach to control. This approach is delivering success at reducing the prevalence of *Mycobacterium avium* subspecies *paratuberculosis* (MAP) infection (Johne's disease) in many herds and is at the heart of the Pembrookshire Project's attempt to reduce bTB.

This will require greater cooperation between Defra/the APHA, private veterinary surgeons and farmers to ensure easier and timely access by the latter to current and historic single intradermal comparative cervical tuberculin (SICCT) test data, to allow a more nuanced interpretation of the results, and permission to use more



sensitive tests and combinations of tests, to define, as best as possible, the risk posed by individuals within endemically infected herds. The information which will then be available will be key to herd and individual animal management to progress towards a reduced prevalence of infection and eventual eradication.

More general biosecurity, particularly when animals are purchased for addition to an established herd, at farm boundaries and with respect to wildlife must, of course, not be ignored or forgotten.

Bovine TB is, after all, just another infectious disease that affects cattle, albeit one that is under statutory control and with an epidemiology and pathogenesis that is a little more complex than some.

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## BOVINE TB

### Has the role of scavenging been overlooked?

BOVINE TB (bTB) (caused by *Mycobacterium bovis*) remains endemic in parts of New Zealand. Since the late 1960s, the introduced brushtail possum (*Trichosurus vulpecula*) has been regarded as the principal wildlife reservoir, implicated in recurrent infections of farmed deer, cattle and among other wild mammals. Broad-scale poisoning of them has been the main countermeasure to reduce bTB transmission risk.

Although the UK focus has revolved around badgers, it has been suggested that wild deer may also be underestimated reservoirs of bTB (VR, 16/23 November 2024, vol 195, pp 402–403). According to the BVA's policy, several deer species can maintain *M bovis* infections and transmit them to other deer or cattle.<sup>1</sup> By the early 1990s, New Zealand epidemiologists had also determined that deer may be more effective than cattle at transmitting *M bovis* to other species, and that deer had infected previously bTB-negative possum populations.<sup>2,3</sup>

New Zealand's bTB policy has consistently attributed most new and persistent herd infections in endemic areas to wild animal vectors, especially possums.<sup>4</sup> While possums are highly susceptible to *M bovis* irrespective of the exposure route, and tuberculosis (TB) in possums is progressive and fatal usually within months, latency and recrudescence infections are not considered features of naturally acquired infections in possums.

Following British colonisation in the 1840s, settlers introduced numerous mammals, including red deer (*Cervus elaphus*) for hunting and possums for the fur trade, and by the mid-20th century wild deer were abundant and widespread. The first confirmed bTB in wild deer preceded discovery in possums by at least a decade<sup>5,6</sup> and

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high prevalences (up to 40 per cent) were recorded in some populations.<sup>7</sup>

From the 1930s to the 1980s, wild deer were heavily harvested for bounty, skins and venison. Shot deer were often eviscerated in remote field locations, leaving offal accessible to scavengers.

Recent Australian studies show that brushtail possums are not just herbivores but opportunistic scavengers of fresh carcasses.<sup>8,9</sup> Early transmission experiments in Australia showed that brushtail possums could develop generalised TB from eating material with tuberculous lesions. Under the conditions outlined, the oral pathway of exposure may explain the early discoveries of TB in possum populations in New Zealand.<sup>10</sup>

It appears that possums first became infected with *M bovis* by scavenging carcasses of infected deer, establishing a persistent sylvatic cycling involving other scavenging animals. Within a decade of the first discovery of bTB in possums in New Zealand, more than 20 separate locations with infected wild possums were recorded.<sup>11</sup>

Possums and badgers are prominent in the bTB narratives of New Zealand and the UK. As natural mesoscavengers and amplifier hosts of bTB, a reassessment of their role is warranted. Managing the wildlife transmission cycle of bTB in the UK and New Zealand requires stricter regulation of hunting practices to minimise possums and badgers accessing discarded viscera and carcasses of high-risk species such as deer. Instructing licensed shooters and landowners on hygiene practices is a practical and inexpensive measure to enhance overall bTB control strategies in both countries.

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## PROFESSION

### What it means to be a GP vet

I READ with interest Nigel Taylor's recent column about veterinary general practice and the breadth and variety of casework it offers.<sup>1</sup>

At the RCVS we agree there is nothing at all basic about general practice, and that general practitioners (GPs) are dealing with diverse and

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complex case loads using their broad knowledge and skill sets to assess and treat their patients and, where needed, responsibly refer them to specialists if a case falls out of their area of knowledge and competence.

The RCVS Veterinary Clinical Careers Pathway (VCCP) project currently underway includes work that is focusing specifically on veterinary general practice. We are developing a curriculum aimed in part to broaden and diversify the clinical career opportunities available to veterinary surgeons. This includes developing new training programmes for vets working in general practice, recognising that general practice is a discipline in its own right, requiring unique skills and attributes. And GPs should have opportunities for formal recognition through expanded career pathways and professional statuses.

Therefore, one of the core workstreams of the project is the development of a comprehensive plan for the delivery of a new training programme for veterinary GPs that will, in turn, lead to a new ‘Specialist in Primary Care’ status.

We are currently in the process of developing a curriculum for this ‘GP specialist’ training and have held a number of events with focus groups and other stakeholders to help us establish the purpose of the training programme, identify appropriate areas of content, identify suitable learning environments, and establish mechanisms of supervision and support. We are also developing teaching and assessment methods for this training and hope to report back on its development in 2026, when we will also put together an implementation plan.

We hope that the training programme will provide recognition of the expertise of GPs, as well as providing viable new career pathways. In turn we hope this will mitigate some of the issues identified in our 2021 Workforce Report and subsequent action plan, which found that there were frustrations among some GPs over lack of clear options for career development and progression.

You can find out more about the work of the VCCP via the RCVS website at <https://bit.ly/3Jwsamb>

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