FURTHER to my recent letter concerning a cluster of cases of *Mycobacterium bovis* infection in cats (VR, March 29, 2014, vol 174, pp 331-332), the short communication describing the clinical and epidemiological features of this cluster (Roberts and others 2014) and the accompanying editorial by Gunn-Moore (2014) raise a concern that a small number of nosocomial cases may occur, with transmission of *M bovis* infection occurring between cats via contamination within veterinary practices. There is a risk of environmental contamination with *M bovis* following clinical examination (many cases in the recently described cluster had non-healing or discharging infected wounds), surgical intervention, housing in kennels and postmortem examination of infected cats. This represents a risk, not only to other animals examined at the same premises, but also to people who come into contact with the contaminated environment.

I would therefore like to advise that appropriate environmental disinfection should be carried out at veterinary clinics following the examination of cats that are suspected of being infected with *M bovis*. It has been brought to my attention that the disinfectants that are effective against *M bovis* may differ from those routinely used in veterinary practices that examine companion animals. Veterinary practitioners who examine companion animals should therefore familiarise themselves with the appropriate disinfectants against *M bovis* and ensure that effective disinfection is carried out after patients with suspected *M bovis* infection are handled in the practice. A list of disinfectants, including dilution rates, approved for the control of tuberculosis in England, Scotland and Wales is provided at the following website:


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**References**


doi: 10.1136/vr.g3006
Disinfection procedures and TB in cats

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Veterinary Record 2014 174: 455-456
doi: 10.1136/vr.g3006

Updated information and services can be found at:
http://veterinaryrecord.bmj.com/content/174/18/455.4

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