Surveillance matters

VETERINARY surveillance is important. It is important for the protection of animal health and welfare, the protection of public health and food safety, and the protection of trade in animals and animal products. Sixteen years ago this month saw the start of the foot-and-mouth disease outbreak, which resulted in the culling of millions of animals and had huge impacts on the farming community and global trade. The current outbreaks of highly pathogenic avian influenza (HPAI) and the recent re-emergence of Schmallenberg virus in early lambing sheep flocks are just two contemporary reminders of why a robust system of surveillance is vital to the health of the UK’s livestock.

Therefore, findings from a recent BVA ‘Voice of the Veterinary Profession’ survey, carried out in the autumn last year, might cause some anxiety. Among other things, the survey sought to find out how changes made to the surveillance system in England and Wales in 2014 have impacted on veterinary practitioners. Vets were asked if their access to postmortem examination facilities had changed since the roll-out of the ‘Surveillance 2014’ programme by the Animal and Plant Health Agency (APHA) – which resulted in the closure of more than half of the APHA’s postmortem examination facilities.

Although some 64 per cent of respondents said they had not seen a change in access to postmortem examination facilities, 30 per cent of those responding said that their access had got worse; only 7 per cent reported that their access had improved. Seventy-seven per cent of those respondents who reported that their access had changed said that their carcass submission rates had gone down.

Back in 2013, when responding to a consultation on proposals to change the arrangements for veterinary scanning surveillance in England and Wales, the BVA recognised the need to cut costs and for the surveillance system to be made more efficient. However, it warned that submissions of carcasses could fall following the closure of postmortem examination facilities, and expressed concern about the effect this could have on surveillance capability (VR, March 2, 2013, vol 172, p 220).

The profession is not naive to the costs of providing good surveillance, but is also keen to highlight the added value that a robust system can bring and the need to be alert for the threats that disease incursions pose to livestock, the food chain and agricultural businesses. As Gudrun Ravetz, the BVA President, commented: ‘While we understand the need to update and, in places, consolidate laboratory services, our survey figures show how the closure of laboratories and the cutting of resource to APHA services affect vets’ and farmers’ access to laboratories. Vets’ front line roles must be recognised and supported, backed up by an effective, coordinated system of data capture that will enable us to make the necessary links to detect and control new disease threats, protect food safety and safeguard animal and human health.’

Also in the recent BVA survey, veterinary surgeons were asked to select their top priorities in relation to Brexit: disease control was ranked highly by at least half of the vets responding to the survey, with zoonotic disease and a ‘breakdown in surveillance communication’ being among the issues they were most concerned about. It is therefore encouraging to see the BVA calling on the UK Government to ensure that resources for existing disease control and eradication programmes and surveillance systems are maintained as Brexit progresses. It is also calling on the Government to ensure that arrangements for the reciprocal sharing of surveillance data with the Europe and more widely continue.

While HPAI and Schmallenberg virus are current disease challenges in the UK, it is inevitable that new challenges will continue to emerge and that European and international collaboration on surveillance will be important. It is often said that disease does not respect borders, and looking beyond the UK, cases of serotype 8 of the bluetongue virus (BTV-8) continue to be reported in France. The UK may have escaped an incursion of BTV-8 in 2016, but the ongoing detection of the virus in France means that the threat of infected midges being blown across the Channel is likely to return later this year. Added to this, diseases such as foot-and-mouth disease, African swine fever and lumpy skin disease continue to pose threats to Europe.

While disease surveillance tends to focus on livestock, surveillance in companion animals should not be ignored. Earlier this month, Veterinary Record highlighted the importance of surveillance for importations of the brown dog tick (Rhipicephalus sanguineus) to the UK (VR, February 4, 2017, vol 180, pp 117-118, 119). There has been no indication of what might happen with arrangements for the Pet Travel Scheme following the UK’s exit from the EU, but surveillance will be key to providing an evidence base to inform any decisions that might be made.

Over the years, there has been continual encroachment of emerging disease to the UK of both veterinary and public health importance, and there is no reason to expect this to end. The veterinary profession is undoubtedly on the front line when it comes to detecting disease and dealing with it, and, whatever disease emerges next, there must be robust systems in place to ensure that it is spotted quickly, reported rapidly and dealt with effectively.

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