

CORONAVIRUS

Could vets manage Covid-19 better?

FURTHER to the two most interesting articles by Joe Brownlie and Dick Sibley (VR, 18/25 April 2020, vol 186, pp 446-448, 462-463), the second article in particular created an interesting debate between myself, my daughter and her partner – both medical doctors, each with some seven years' experience.

We all agreed with Brownlie and Sibley's remark about under-resourcing of the NHS.

We also all agreed on the basic application of the 'four pillars' of disease management described; namely biosecurity, biocontainment, surveillance and resilience. Like the authors, one worries that some of the models being used by the epidemiologists are inaccurate, especially when based on quite difficult data. As commented, similar projections were used in the 2001 UK foot-and-mouth disease outbreak to underpin government policy that was subsequently shown to be mistaken. No doubt in time we will see if this was also the case here.

However, on the matter of biosecurity and biocontainment, while Brownlie and Sibley do have a point, our medical colleagues have a much greater problem in dealing with the general population than we veterinarians have in dealing with farmed livestock. Our biggest issue is often the people farming the animals that we wish to control, and generally they are well-educated and compliant and the farmed animals are almost totally controlled. But, with bovine TB as an example, there can be difficulties with wildlife reservoirs and disruptive people. Our medical colleagues point out the length of time it took them to persuade people of the dangers of cigarette smoking. They would be delighted if the general population would take more exercise and eat properly, but it can be difficult to get people to change their behaviour.

With regard to biosecurity, we have the same problem of individual freedom in our western democracies



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potentially hampering control efforts, and to some degree this applies even in countries with a greater control of their population. Admittedly, we were just too slow to grapple with the Covid-19 outbreak and limit movement, but trying to control people is not quite as easy as it is to control livestock.

However, countries such as New Zealand have shown what can be done to limit SARS-CoV-2 if you have the nerve. New Zealand has some advantages in terms of disease arrival and population size but that does not apply to Germany where there was a more planned approach. Contrast this with the UK government, which failed to enter into a united European approach to personal protective equipment (PPE) and, in my opinion, ignored the oncoming disaster for too long.

One has sympathy for our young vets who are being saddled with an enormous economic burden just to protect us older, 'vulnerable' people who may already be well on the road to death with various other ailments. Brownlie and Sibley are not alone in questioning just how we deal with this dilemma.

There must now be data to show what the major risk factors for the severity of Covid-19 are. They must be properly recorded, examined dispassionately and acted upon.

Finally, 'we are where we are', so we must muddle on for now, but another pandemic will come along in due course. We need to learn the lessons and apply them broadly and, in my opinion, that requires an independent review.

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