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Re: Tb lumps

I have attended a number of tests with different vets. It is likely that the majority of vets follow very high standards. It is also quite likely that my experience has been with one or two vets whose standards are lower than average. This should be borne in mind when reading the following account.

When I have attended tests, I started to notice that all vets, apart from one, were not refilling their syringes after injecting 20 cattle. They seemed to be refilling their syringes about every 40 shots (i.e. at about half the recommended frequency). During our tests we are well staffed so I am able to closely monitor what the vets are doing. After I started to realize what the vets may be doing, in the last 2 tests I have really concentrated on how often the vet refilled. In fact during the last 2 tests the vet was not only failing to refill his syringes but when his syringes were discharging there were occasions when he was inadvertently squirting the tuberculin over the animal's coat. During the last test I not only asked how often vets have to refill their syringes (in the hope that this would prompt the vet to start refilling his syringes more often) but later in the test I asked if air locks in syringes are a problem. At this point the vet showed me his syringes. I was appalled by their dilapidated state.

All this makes me wonder what proportion of animals are getting through tests in England without having any tuberculin injected into them at all. I understand that cattle do not have to have the full dose to react but obviously they need to have something injected into them. In fact in the last test which I attended one cow was diagnosed as inconclusive which due to severe interpretation went away to be slaughtered and postmortemed. Even though the cow was only diagnosed as inconclusive, lesions were reported in the PM.

This may be cause for concern for farmers on 2 counts. Firstly if infectious cows are being left in the herd these cows may be infecting other animals. Secondly the vast majority of dairy farmers drink the unpasteurised milk which their herd produces.

Regarding infection to other herd mates, although the following may be an overestimate, a report published in New Zealand in 2010 said the following.

"Bovine Tb is an ancient disease that used to be endemic in cattle and dairy herds. It causes a wasting condition which results in a 5% production loss and it is infectious, with approximately one affected animal infecting five others over a year, in a typical dairy herd."

I am not sure which period in time that account was taken. I know that today cattle sheds are a lot better ventilated than they use to be and this will reduce the

risk of cattle-to-cattle transmission.

Regarding transfer to the farmer's family this perhaps should be more of a concern to dairy farmers because I suspect the vast majority of dairy farmers drink the milk straight from their bulk tanks and this includes during periods when their herds are diagnosed with TB. Although the chances of TB spreading to the udder are quite small if this was to occur in a missed cow then the farmer and his family drinking this infected milk would be at high risk.

Regarding the monitoring carried out by Public Health England, I understand that PHE only screen farmers who are at particularly high risk. These tests may involve a skin test which tests for a lump a few days later (as in cattle but no avian) and may involve a more specific blood (IGRA) test. I understand that PHE do not collect the results of these tests for latent TB (not even the more specific blood test) so it follows that they have very limited awareness of whether or not the incidence of tests which come back positive are increasing. I question whether this is wise particularly if animals in tests are getting through the test without any tuberculin being injected into them. Not only this, in 2012 the number of herds restricted for TB was the worst year on record so this is increasing the risk of cattle-to-human transmission occurring.

Regarding the monitoring of vets, England only audits vets after 6 months of being trained. In fact according to AHVLA it has only been since April 2012 that a process has been put in place to ensure that all vets have a supervised visit within six months of their training. Obviously this auditing does not address experienced vets whose standards may be slipping and who may be using equipment which needs to be replaced.

Last edited by ssimples; 14-07-13 at 10:53 PM.