



Animal &
Plant Health
Agency

APHA Briefing Note 06/20

Advice for OVs in the Event of Reduction of VDP/OV Capacity for TB Testing due to COVID-19 Pandemic.

Date issued: 19 March 2020

Purpose

1. To inform Official Veterinarians (OV) of procedures to follow if they are unable to complete statutory TB testing as a result of the coronavirus (COVID-19) pandemic.

Background

2. Given the current COVID19 response, we can reasonably expect some disruption to TB testing.
3. APHA has prepared guidance to contractors in England and Wales, and OVs in Scotland in order to ensure a consistent approach to the prioritisation of TB testing.
4. The prioritisation of TB testing in this scenario is based on guidance already agreed by all CVOs and published in the event an outbreak response in order to mitigate the risk of potential spread of disease and minimise disruption to the delivery of the statutory UK TB testing policy. Further information is available on GOV.UK <https://www.gov.uk/environment/bovine-tuberculosis> and the TB Hub <https://tbhub.co.uk/>.
5. Implementation of prioritisation will initially be managed by APHA on a reactive basis in consideration of any alert from the VDPs/OVs. Any response will seek to be proportionate and may potentially vary on a local/regional basis, particularly taking account of the testing priorities for England, Wales and Scotland respectively. However this will be reviewed as the situation develops and a more blanket approach may be required.

6. **There are no current plans to cancel any statutory requirements for TB testing (government or private funded). Risked based adjustments to TB testing instructions will be made by APHA as appropriate.**

Prioritisation of TB Tests

7. Priority work to be maintained. NOTE: This list is in no particular order and prioritisation will be applied by APHA veterinary leads, or nationally as the situation worsens.

England and Wales

- a) All routine surveillance TB testing and check testing in response to slaughterhouse cases.
- b) Short interval testing (SIT) to manage TB breakdowns, although SIT intervals could be extended to 90-120 days to ease pressure on manpower.
- c) ENGLAND - Targeted tests, source and spread tracings, 3km radial testing in the Low Risk Area (LRA) and in the annual testing parts of the Edge Area.
- d) WALES - Contiguous testing in the Low and Intermediate North TB Areas and source and spread tracings. (NB - Where applicable, pre-movement testing and post-movement testing continues to be required, before and after movements of cattle).

Scotland

The aim of the prioritisation measures is to maintain OTF status for Scotland. 56% of cattle herds are currently exempt from routine surveillance testing. The TB priorities are:

- a) The completion of forward tracings from TB breakdown farms to farms in Scotland
 - b) Any outstanding post-movement TB tests
 - c) The continuation of all APHA/OV disease TB control activity on Officially TB Free Status Suspended (OTFS) and Officially TB Free Status Withdrawn (OTFW) farms in Scotland. This expectation derives from an anticipated annual incidence of approximately a dozen OTFW cases.
8. If completion of a TB test is not possible during the defined testing window then the farm in question will be placed under restriction (and the OTF status of the herd suspended) in line with established procedures. The overdue test process already has a built in check to see if there are any exceptional circumstances that prevented the test being completed on time. To facilitate this check, VDPs must share information with APHA on what holdings and tests are being delayed (see below).

9. If APHA agrees that all reasonable endeavours have been made to complete the test within the window and that there are genuine mitigating circumstances as a result of the impact of COVID-19 then APHA may use its discretion to not enact cross compliance with relevant paying agency and not apply reduction to compensation for any reactors that may be found when the overdue test is eventually completed.

Work that could be put on hold for three months after which APHA will re-evaluate if any extension is needed:

10. Contiguous and trace testing
 - a) Contiguous testing in the HRA of ENGLAND and outside the Low and Intermediate (North) TB Areas in WALES;
 - b) Roll out of new bTB control policies impacting veterinary resource such as implementation of default six-monthly surveillance testing in the HRA counties of Shropshire and Staffordshire from April 2020.
11. There is no provision within these contingency plans for APHA field staff to take on additional TB testing as a results of reduced VDP/OV capacity.

Review of prioritisation

12. If and when the situation progresses, AHPA will also take a view on whether there is scope to handle risk areas within countries differently. APHA will review the situation as needed, but no later than 3 weeks after introduction and no longer than twice weekly thereafter.

Trigger for prioritisation

13. Initially APHA will take a reactive approach to prioritisation of TB testing in the event of reduced VDP/OV capacity using a three-stage business continuity approach:
 - Phase 1 - (low level impact of absence): APHA expect the VDPs/OVs and their subcontractors to manage this themselves, with no / minimal impact on service delivery, by cover from within the practice, locum vet support, or their neighbouring practices to ensure continuity of service delivery. It is acknowledged that the impact for smaller practices may be more acute, whereas larger practices may have greater resilience before needing to move to Phase 2.
 - Phase 2 - (medium impact): The VDPs/OVs would approach APHA concerning local/regional specific issues where absence is leading to impacts on normal service provision, with a view to them requesting the agreed prioritisation of testing is applied as detailed above. APHA will also review options to re-allocate

tests to other practices where there is lower impact, (working with VDPs in England and Wales).

- Phase 3 - (high impact) The VDPs/OVs would approach the APHA for more significant service impacts where general prioritisation is not sufficient. APHA will then advise on what further steps should be taken, or whether a national approach is required.

VDPs/OVs experiencing issues with insufficient capacity to fully deliver TB testing

14. APHA should be contacted if a VDP/OV practice identifies difficulties and requires consideration for moving to Phase 2 or 3 of this protocol.

15. Those OV practices that are VDP subcontracted report difficulties through the VDP, who will then report these to APHA.

16. Only those OVs operating outside the VDP contract & OVs in Scotland should contact APHA directly.

England	Contact the APHA TB advice team on 0300 020 0301 and advise the call is regarding the COVID-19 prioritisation protocol. TB.Advice@apha.gov.uk
Wales	Contact the APHA TB advice team on 0300 303 8268 and advise the call is regarding the COVID-19 prioritisation protocol.
Scotland	Contact the APHA TB advice team 0300 060 0704 or email ScotlandEndemics@apha.gov.uk

Notification by Keepers, or their staff, that they are unable to TB test due to self-isolation

17. In these circumstances, the VDP/OV Practice should advise the keeper to report this to APHA. Separate guidance will be released on this in due course.

Action to be taken by APHA

18. With the information provided by the VDPs/OVs, APHA will determine the extent & level of prioritisation required on a local / regional basis. This decision will be taken by Field Delivery teams using the criteria for prioritisation stated in this document with guidance from APHA Veterinary Advice Services.

19. The situation will be kept under dynamic review (and no longer than every 2 weeks) with amendment made as and when required.

Further information

20. More information on the UK government response to COVID-19 is available on <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

21. **Contact APHA (see #16 above)**