



STANDARD OPERATING PROCEDURE ON THE MANAGEMENT OF CASES AND CONTACTS OF BOVINE TUBERCULOSIS

Printed copies must not be considered the definitive version

DOCUMENT CONTROL		SOP No	SOP
SOP Group	Infection Control Committee		
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SOP for Bovine for TB

Notification of TB disease received by HPT from AHVLA (routine electronic or direct call)

Beef herd:
Screening is not usually undertaken unless there is evidence of highly infectious disease in any animal, such as lung lesions, intense or unusual transmission.
Is there evidence of highly infectious disease?

Yes

Make contact with the farmer to establish the following:

- Has any child under 16 yrs had close contact?
- Is anyone with close contact immunocompromised or in a risk group defined by NICF (Box 2)

Yes

A member of the HPT will make contact with the identified close contacts and:

- Send "Inform and Advise" letter (**Appendix 2**) to at risk person(s) letting them know they are being referred
- Refer to local Respiratory/TB Nurse for screening
- Copy letter to GP

Dairy herd:

- Is there evidence of udder lesions in any animal, or evidence of milk-borne spread in the herd? **AND**
- Was unpasteurised milk (or milk products) consumed? **OR**
- Is there evidence of highly infectious disease in any animal, such as lung lesions, intense or unusual transmission?

Yes

Make contact with the farmer to establish the following:

- Has any child under 16 yrs been exposed?
- Is anyone with close contact, immunocompromised or in a risk group defined by NICE (Box 2)

Yes

A member of the HPT will make contact with the identified close contacts and:

- Send "Inform and Advise" letter (**Appendix 2**) to at risk person(s) letting them know they are being referred
- Refer to local Respiratory/TB Nurse for screening
- Copy letter to GP

No

Send standard "Inform and Advise" letter to the farmer (If not sent in the last 12 months) (**Appendix 1**)

Disease in both dairy and beef cattle will be notified

- see algorithm (Page 1) for a summary of actions
- NICE guidance (see Box 1) should be followed unless there are extenuating circumstances relating to the animal incident such as intense or unusual transmission between animals, or the exposed person is known to be in a risk group as defined by NICE (see Box 2). The precautionary principle should be applied

Box 1. NICE guidance regarding follow-up of cattle TB incidents

The risk assessment, contact tracing and management of persons in contact with bovine TB should be informed by the current Tuberculosis guideline from the National Institute of Care and Clinical Excellence (NICE).

The NICE guideline development group (GDG) considered the evidence from the national *M. bovis* surveillance system and from investigations of human contacts of infected herds. There has been no increase in reported human cases of *M. bovis* despite a greater than five-fold increase in animal disease (PHE data). Based on this evidence, the NICE GDG concluded that the risk to human health from bovine TB in cattle is very low.

Since there is little evidence of cattle–human or human–human transmission of *M. bovis* from national epidemiology or the limited UK data, NICE considers that tuberculin skin testing and interferon-gamma testing should be limited to previously unvaccinated children and adolescents (age <16) who have regularly drunk unpasteurised milk from animals with udder lesions, with treatment for latent TB infection being offered to those with a positive result.

“Inform and advise” information should be given to people in contact with TB-diseased animals. Symptomatic individuals identified during follow-up should be referred to the TB Clinic for further investigations.

- an “Inform and advise” letter is required even if no formal screening is arranged. (Appendix 1).
- follow-up should be limited to close contacts* who are likely to have had significant exposure.

Box 2. NICE guidance: groups of people at increased risk of developing active TB

This includes people who:

- are HIV positive
- have had solid organ transplantation
- have a haematological malignancy
- have chronic renal failure or receive haemodialysis
- are receiving anti-tumour necrosis factor (TNF)-alpha treatment
- are injecting drug users
- have had an jejunioileal bypass
- have had a gastrectomy
- have silicosis

*Close contact is defined as those who are likely to have had significant exposure, consumed raw milk or unpasteurised dairy products from a cow with mammary gland lesions, or from cows in a herd with strong evidence of milk-borne spread of *M. bovis* infection, or highly infectious disease.

If unvaccinated and under the age of 16 years, or in a risk group defined by NICE (Box 2), such contacts should be referred for assessment and screening.

Close contacts 16 years and over should be provided with information as above.

The optimum time for screening to take place is 8 weeks after the last exposure

This document should be read in conjunction with Public Health England guidance document "Bovine tuberculosis: Guidance on the management of the Public Health consequences of tuberculosis in cattle and other animals"

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/359464/Bovine_TB_Guidance_090814_FINAL.pdf



Ryan South
Crichton Hall
Bankend Road
Dumfries
DG1 4TG

Date:
Ref: NC/KW
Enquiries to: Nigel Calvert
Ext No: 32724
Direct No: 01387 272724
Email: nigel.calvert@nhs.net

Dear

Re: Address of Farm

I am writing to you as I understand that your farm was found to have cattle with TB. AHVLA always informs the Health Protection Team of such instances because of the potential public health implications. The Health Protection Team will be contacting you to find out if there is anyone who has been in contact with the animals, anyone under the age of 16, or who may be unusually susceptible to infection.

Tuberculosis in cattle is very rarely passed on to humans, even when they are working very closely with the animals. The risk is therefore very low. However, it is important that you and others who may have been in close proximity with the affected animals are aware of the possible symptoms of tuberculosis which may be any of the following:

- Persistent cough (more than three weeks)
- Coughing up blood at any time
- Fever
- Night sweats
- Unexplained weight loss
- Loss of appetite
- Swelling of one or more glands in the neck
- Extreme fatigue and tiredness

If you have any immediate concerns about your health, or that of your family or colleagues, then you should consult your GP in the usual way.

You are welcome to discuss any of this with me or one of my colleagues here in the Health Protection Team, at **Ryan South, Public Health dept, Crichton Hall, Dumfries, DG1 4TG, or alternatively by telephoning 01387 272724.**

Yours sincerely,

Dr Nigel Calvert
Consultant in Public Health Medicine

Ryan South
Crichton Hall
Bankend Road
Dumfries
DG1 4TG

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Ref: NC/KW
Enquiries to: Nigel Calvert
Ext No: 32724
Direct No: 01387 272724
Email: nigel.calvert@nhs.net

Dear

Re: Address of Farm

I am writing to you as I understand that your farm was found to have cattle with TB. AHVLA always informs the Health Protection Team of such instances because of the potential public health implications. The Health Protection Team are contacting you as you have been identified as having close contact with the animals, and therefore may require further follow up.

Tuberculosis in cattle is very rarely passed on to humans, even when they are working very closely with the animals. The risk is therefore very low. However, it is important that you and others who may have been in close proximity with the affected animals are aware of the possible symptoms of tuberculosis which may be any of the following:

- Persistent cough (more than three weeks)
- Coughing up blood at any time
- Fever
- Night sweats
- Unexplained weight loss
- Loss of appetite
- Swelling of one or more glands in the neck
- Extreme fatigue and tiredness

We will be contacting you with an appointment for screening and follow up. If you have any immediate concerns about your health, or that of your family or colleagues, then you should consult your GP in the usual way.

You are welcome to discuss any of this with me or one of my colleagues here in the Health Protection Team, at **Ryan South, Public Health dept, Crichton Hall, Dumfries, DG1 4TG, or alternatively by telephoning 01387 272724.**

Yours sincerely,

Dr Nigel Calvert
Consultant in Public Health Medicine