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National biosecurity: Bluetongue Virus must be our Wake-up Call

An open letter from the British Cattle Veterinary Association

The British Cattle Veterinary Association (BCVA) has repeatedly raised concerns about the resilience of the UK's national biosecurity arrangements. Those concerns are becoming increasingly difficult to view in isolation.

We currently have a major outbreak of bluetongue virus serotype 3 (BTV-3) placing considerable pressure on APHA and diagnostic capacity; changes have consequently been introduced which place greater responsibility for clinical confirmation on private veterinary surgeons; persistent workforce and specialist-capacity pressures affect both government veterinary services and rural practice; serious human Salmonella infections are being investigated with evidence pointing towards imported eggs; another previously unfamiliar vector-borne virus is spreading rapidly through continental Europe; and significant questions remain about the robustness and consistency of our border controls.

Individually, each of these issues can be managed as a separate incident. Collectively, however, they should be regarded as a warning.

We need to ask whether the United Kingdom's animal-health and agri-food biosecurity system has the resilience, infrastructure and surge capacity required for the disease threats we now face.

1. Our borders are our first line of defence

BCVA strongly supports efficient trade with our European neighbours and welcomes efforts to remove unnecessary bureaucracy through a future UK-EU Sanitary and Phytosanitary (SPS) agreement.

But facilitating trade and protecting national biosecurity are not mutually exclusive.

The UK currently has a complicated mixture of Border Control Posts (BCPs), inland facilities, transitional arrangements, derogations and easements.

The West Coast is a particular concern. It would be inaccurate to suggest that there are no BCPs on the western side of Great Britain: Liverpool, for example, has designated BCP facilities for specified categories of products.

However, major Irish Sea gateways including Holyhead, Fishguard, Pembroke Dock, Heysham and Cairnryan do not provide an equivalent comprehensive network of SPS BCP facilities.

Most strikingly, live animals from the EU are categorised as high risk under the Border Target Operating Model, yet current Government guidance states that they can enter Great Britain through any point of entry and do not routinely have to report to a BCP for physical inspection. Checks may instead take place at destination. Germinal products arriving directly from Ireland are also subject to specific arrangements which include entry through Heysham or, in Wales, through any named point of entry.

Holyhead's current inland facility remains principally a customs facility, with Government planning to transition those functions back to infrastructure within the port from 2027. In contrast, Sevington remains an SPS Border Control Post despite being approximately 22 miles inland from Dover.

BCVA is not arguing that every animal or animal product entering Britain should undergo physical inspection. Modern biosecurity must be proportionate, intelligence-led and risk-based.

But a risk-based system is only effective if we can be confident that potentially high-risk consignments are identified, that goods which should be presented for controls actually are presented, and that there is adequate surveillance and enforcement to detect those which are not.

A porous border coupled with limited surveillance capacity is not a risk-based system. It is simply a risk.

2. There is a striking imbalance in the way we trade with Europe

Those involved in exporting livestock and animal products from Great Britain understand very well how exacting the European system can be.

Exports routinely require commodity-specific Export Health Certificates, signed by appropriately authorised certifiers, demonstrating compliance with the health requirements of the destination. Goods arriving at the EU border can be subject to documentary, identity and physical checks, and consignments can be delayed or rejected where certification or other requirements are not met.

We recognise Europe's right to protect its animal-health, public-health and food-production systems in this way. But therein lies the uncomfortable contrast.

We accept an extremely exacting regime when exporting into Europe while operating arrangements at some of our own borders which are transparently much more permissive.

This is not an argument for retaliatory bureaucracy. It is an argument for applying the same seriousness to protecting our own national biosecurity that our trading partners apply to protecting theirs.

3. BTV-3 is exposing the limits of our current capacity

BTV-3 is now providing a real-time stress test of our national animal-health infrastructure.

As of 15 September 2026, 1,227 premises had been confirmed with BTV-3 or unspecified-serotype BTV during the 2026-2027 UK season. More concerning from a system-capacity perspective, a further 1,652 potential cases remained under investigation where livestock keepers had not yet received their test results.

This represents exceptional pressure on APHA and the wider diagnostic system.

BCVA recognises that APHA staff and colleagues at the Pirbright Institute have been working extremely hard under very difficult circumstances. This is not a criticism of the individuals involved.

It is, however, legitimate to question the resilience of the system within which they are being asked to work.

On 11 September Government introduced a new vet-led system in England under which, where clinical signs are sufficiently clear, private veterinary surgeons can report a clinical diagnosis and APHA can formally confirm BTV without the previous requirement for laboratory confirmation of every straightforward case.

BCVA understands why this change has been made and supports the principle of using the expertise of veterinary surgeons in practice to improve the speed of the response.

But it also raises important questions.

4. We must not create diagnostic blind spots

Under the new system, veterinary surgeons reporting a clinical BTV case in England are specifically asked to confirm that they do not suspect foot and mouth disease (FMD), to declare that the clinical signs are consistent with BTV and to confirm that they have sufficient knowledge to make that clinical diagnosis.

That is an important safeguard, but it also highlights the risk.

Private veterinary surgeons are highly skilled clinicians and are fundamental to the UK's national disease-surveillance network. They should be trusted to exercise professional judgement.

However, when hundreds or thousands of animals are presenting with a disease which everyone expects to see, there is an inevitable danger of diagnostic anchoring.

The question can rapidly change from:

“What disease is causing these signs?”

to:

“Is this another case of BTV-3?”

That is a subtle but potentially important difference.

It matters because other BTV serotypes remain a possibility. BTV-8 and BTV-12 have both been detected in Great Britain in recent outbreak seasons, and identification of another serotype could materially change disease-control decisions and may necessitate new or additional restriction zones. Several clinical signs associated with BTV - including fever, lameness, salivation and oral lesions - can also overlap with those of other diseases.

Most importantly, they can overlap with FMD.

This is not a theoretical concern. During the January 2025 FMD outbreak in a herd of water buffalo in Brandenburg, Germany, bluetongue was initially suspected before FMD serotype O was confirmed by laboratory testing.

We therefore need to ensure that veterinary surgeons do not feel under operational pressure - real or perceived - to “make the call on BTV” simply because this allows the case to move rapidly through an overloaded system.

If the clinical picture is atypical, if there is any doubt about the serotype involved, or if FMD or another notifiable disease enters the differential diagnosis, there must be immediate access to appropriate investigation and diagnostic testing.

The private veterinary surgeon must remain a sentinel for exotic disease, not simply become an extension of an overloaded BTV confirmation system.

5. Surveillance capacity, specialist expertise and containment capability must be protected

The present pressure on BTV diagnostics should not obscure a longer-term concern: the resilience of the surveillance system depends on retaining the people, expertise and facilities that make early warning possible.

APHA itself describes scanning surveillance as depending on information and voluntary submissions from private veterinary surgeons, supported by Veterinary Investigation Centres, surveillance pathology partners and Veterinary Investigation Officers with access to wider scientific expertise. Effective surveillance therefore starts on farm: there must be enough experienced veterinary surgeons in rural practice to notice the unusual, investigate it appropriately and have rapid access to specialist support when something does not fit the expected pattern.

Recent Parliamentary scrutiny reinforces this concern. In November 2025, the House of Commons Public Accounts Committee concluded that APHA was not adequately prepared for the most severe, or more serious concurrent, animal-disease outbreaks and reported that responding to recent outbreaks had resulted in less focus on surveillance activities. In June 2026, the Environment, Food and Rural Affairs Committee found persistent gaps in public-sector, rural and large-animal veterinary roles, with repeated recruitment and retention problems contributing to a loss of expertise.

This matters because expertise cannot simply be “surged” into existence during an emergency. Experienced Veterinary Investigation Officers, field epidemiologists, diagnostic pathologists and virologists, and farm veterinary surgeons with strong population-medicine and exotic-disease awareness take years to develop. National resilience is therefore about retention, succession and maintaining professional networks as much as it is about headline staff numbers.

The same principle applies to laboratory regulation. One very specific constraint exposed by the current BTV response is the continued classification of bluetongue virus under the Specified Animal Pathogens Order (SAPO). HSE’s current guidance lists BTV as SAPO Hazard Group 3. That guidance also makes clear that the categorisation itself is a Defra policy classification: Group 3 is used for specified animal pathogens considered to have a moderate risk of spread from the laboratory, whereas Group 2 is for those considered to have a low risk of spread. Defra and the devolved governments retain the policy lead, while HSE administers licensing, inspection and enforcement under agency agreements.

BCVA believes the continued SAPO3 classification of BTV now requires urgent review and is disproportionate to the present epidemiological situation. BTV is not zoonotic and Government guidance states that it does not affect people or food safety; its principal route of spread is via *Culicoides* biting midges. Zoonoticity is not itself the basis of SAPO categorisation - the relevant question is the risk of spread from the laboratory - but the combination of the virus’s transmission biology and its now widespread circulation in Great Britain makes a current, evidence-based reassessment essential.

The practical consequence of SAPO3 is substantial. Work involving live or potentially infectious BTV material is confined to SAPO3-licensed containment unless the material has been appropriately inactivated or a different

route is specifically authorised. SAPO3 requires specialist infrastructure and operating procedures well beyond those available in routine diagnostic laboratories. APHA's own response in August 2026 illustrates the capacity problem: BTV testing had to be expanded from the Pirbright Institute to APHA's high-containment laboratories at Weybridge because of the unprecedented testing demand. The classification therefore materially limits the number of laboratories able to contribute to BTV diagnosis and wider differential investigation.

BCVA has argued that Defra should have reviewed this position much earlier as BTV became widespread and testing demand increased. We believe there should now be an urgent move either to reclassify BTV to SAPO2 for appropriate diagnostic work, or to establish a clearly authorised, risk-assessed pathway allowing defined non-amplifying diagnostic procedures to be undertaken at Containment Level 2. The objective is not to weaken biosafety. It is to ensure that containment requirements are proportionate to the actual risk and do not themselves become a bottleneck in national surveillance and diagnostic capacity.

6. Vaccines and medicines are part of national preparedness

The BTV experience has also highlighted another important component of resilience: access to vaccines and veterinary medicines before and during an outbreak.

Vaccination remains the most effective long-term tool for protecting susceptible livestock against BTV. Preparedness therefore has to begin before disease pressure becomes overwhelming. As a profession and an industry, we need to encourage timely preventative vaccination when a credible threat is identified, improve demand forecasting, and ensure that manufacturers and distributors receive sufficiently early signals to plan supply.

At the same time, when a threat develops rapidly and appropriate vaccine is available elsewhere but not immediately available in a UK-labelled presentation or in sufficient quantity, the regulatory system must be capable of responding at outbreak speed. During the present BTV-3 outbreak, Defra and the Veterinary Medicines Directorate have taken steps to expedite imports of authorised Northern Ireland and EU BTV-3 vaccines, with several million additional doses made available through August and into the autumn. BCVA welcomes that action.

The lesson is therefore twofold: we need better early uptake and demand planning for foreseeable threats, and pre-agreed, proportionate emergency routes that allow safe and appropriate vaccines and medicines to be accessed quickly when an unexpected disease threat emerges or normal UK supply is exhausted.

National disease preparedness is not only about laboratories, border posts and contingency plans. It also depends on a resilient veterinary medicines supply chain and regulation that can remain rigorous while responding with appropriate urgency.

7. If BTV can stretch our laboratory system, what happens with FMD?

This is perhaps the most important lesson from the current outbreak.

BTV is a serious animal-health and welfare problem. However, it is now a recurrent and increasingly predictable disease challenge. It does not require the same immediate national apparatus that would follow confirmation of FMD.

The current Great Britain FMD control strategy is explicit that FMD can only be confirmed following laboratory testing. If a Veterinary Inspector cannot rule disease out following an on-farm investigation, samples are

submitted to the National Reference Laboratory at the Pirbright Institute. Initial laboratory results can be available within four to six hours of samples arriving at the laboratory. The system is therefore fundamentally dependent on rapid diagnostic throughput.

Yet the BTV response has accumulated a substantial backlog of suspect investigations and Government has had to change the mechanism by which straightforward BTV cases can be formally confirmed in order to reduce that pressure.

The current BTV experience therefore raises an urgent question: has our national diagnostic system genuinely been stress-tested against the volume and speed of investigations that a major FMD epidemic would generate?

FMD could create hundreds and potentially thousands of urgent investigations within a very short period. It would simultaneously require laboratory diagnostics, field investigations, epidemiology, tracing, movement controls, licensing, communications, slaughter and disposal capacity and a very substantial veterinary workforce.

And speed would be critical.

There is an additional concern during the present BTV outbreak. If FMD entered the UK now, early cases could potentially be misinterpreted as further BTV-3 cases. Even a relatively short delay in recognising FMD could allow significant onward transmission before the disease was identified.

Twenty-five years after the 2001 epidemic, that possibility should concern all of us.

The current BTV situation must therefore be treated as a wake-up call and as a real-world stress test of our national exotic-disease preparedness.

We should identify and correct the weaknesses it is revealing now, rather than discover them during the first days of the next FMD outbreak.

8. Biosecurity is also public health and food security

The importance of national biosecurity extends well beyond exotic livestock diseases.

UKHSA is currently investigating three clusters of *Salmonella Enteritidis* which genetic, epidemiological and food-exposure evidence suggests could all be associated with imported eggs. The definitive source has not yet been established, and there is currently no identified link to UK-produced eggs or poultry.

As of 7 September there were 322 cases in one cluster, 186 in another and 41 in a third - 549 confirmed cases in England in total. Hospitalisation has been required in a significant proportion of cases where this information is available, and two deaths have been associated with the outbreak clusters.

This is primarily a food-safety and public-health incident rather than a livestock-disease outbreak. But it illustrates exactly why national biosecurity needs to be considered as a single system. Animal health, public health, food safety, food security, trade and border controls are interconnected.

The concept of One Health should apply not only to academic discussion but also to the practical design of our border, surveillance and response infrastructure.

9. Another vector-borne disease is already moving across Europe

At the same time, another unfamiliar group of livestock viruses is spreading across continental Europe.

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Shamonda virus (SHAV) and closely related orthobunyaviruses of the Simbu serogroup are transmitted by biting midges. During 2026, the Friedrich-Loeffler-Institut (FLI) identified a newly introduced European SHAV variant circulating in southern Germany, Switzerland and France and subsequently identified a second, distinct SHAV-related variant in north-western and eastern Germany. These are now designated SHAV-EU1 and SHAV-EU2.

SHAV has been detected in cattle and has also been confirmed in a horse, an alpaca, sheep and goats in Germany. FLI has emphasised that important questions remain, including whether infection of pregnant animals may cause fetal damage comparable with Schmallenberg virus.

We do not yet know what impact these viruses will ultimately have or whether they will reach the UK.

That uncertainty should not reassure us.

We have already seen with Schmallenberg and BTV how rapidly *Culicoides*-borne viruses can spread across Europe.

Increasing temperatures and changing vector ecology mean that geographical distance provides progressively less protection.

Effective horizon scanning is therefore essential - but horizon scanning has value only if the surveillance, diagnostic and operational capacity exists to respond when the warning becomes reality.

10. The UK needs a national biosecurity strategy

BCVA has raised concerns over national disease resilience repeatedly.

The issues described above cannot be solved by APHA alone, nor simply by adding another laboratory instrument, building another Border Control Post or asking private veterinary surgeons to undertake more work. A resilient system requires sufficient people, retained specialist expertise, viable rural veterinary coverage, sustainable diagnostic networks and high-containment capability, all maintained before an emergency occurs.

They require a strategic approach across Government and the devolved administrations.

BCVA believes the UK should now:

- establish a clear, cross-government and four-nation National Biosecurity Strategy encompassing animal health, plant health, food safety and associated public-health threats;
- undertake an urgent review of what the current BTV outbreak tells us about national diagnostic and operational surge capacity, specifically stress-testing the demands of a major FMD epidemic;
- maintain strong national laboratory capability with sufficient reserve capacity to investigate an emerging exotic disease even while another major incident is already under way;
- develop and fund a long-term veterinary surveillance workforce plan spanning APHA and private rural practice, with explicit attention to retention, succession and the preservation of specialist expertise in Veterinary Investigation Officers, pathology, epidemiology and diagnostic disciplines;
- urgently review the continued SAPO3 classification of BTV, with a view either to reclassification to SAPO2 for appropriate diagnostic work or to an explicitly authorised, risk-assessed Containment Level 2 pathway for defined non-amplifying diagnostic procedures, while maintaining proportionate biosafety safeguards;

- ensure that regulation of strategically important animal-health laboratories supports, rather than inadvertently constrains, national diagnostic resilience and the maintenance of sufficient geographically distributed laboratory capacity;
- ensure that veterinary surgeons in practice remain fully supported as the front line of passive disease surveillance, with sufficient rural veterinary capacity, strong working relationships with APHA and rapid access to Veterinary Investigation Officer expertise and laboratory investigation whenever a diagnosis is uncertain;
- develop a national vaccine and veterinary-medicines preparedness plan, including better demand forecasting, earlier preventive uptake where appropriate, and pre-agreed emergency pathways for rapid access to suitable products during an outbreak;
- provide a clear long-term strategy for SPS infrastructure at our borders, particularly major West Coast and Irish Sea routes, and transparently explain the risk assessment underpinning continued easements or derogations;
- ensure the future UK-EU SPS agreement does not compromise the UK's ability to impose additional proportionate safeguards rapidly when disease or food-safety risks change;
- strengthen surveillance and enforcement sufficiently to ensure that consignments which should be presented for border controls actually are presented;
- improve the operational relationship and information flow between Government veterinary services, private veterinary surgeons, laboratories, livestock sectors, the veterinary medicines supply chain and public-health agencies; and
- regularly test the complete national disease-response system through realistic exercises which challenge laboratory, veterinary, tracing, logistical, medicines-supply and decision-making capacity simultaneously.

A warning we must heed

Britain remains fortunate to be free of many of the world's most damaging livestock diseases.

We should not mistake that good fortune for evidence that our defences are adequate.

BTV-3 is stretching our diagnostic capacity. A new clinical confirmation system has had to be introduced to reduce the resulting backlog. The same outbreak has tested vaccine uptake, forecasting and supply. A significant *Salmonella* outbreak potentially linked to imported eggs has caused serious human illness and deaths. Newly introduced SHAV-related viruses are spreading in Europe. Meanwhile, significant gaps and inconsistencies remain in our border infrastructure.

These are not unrelated events.

Together they tell us something important about the changing environment in which we are trying to protect UK livestock, food production and public health.

BCVA supports proportionate, frictionless trade wherever that can safely be achieved. We support a strong SPS relationship with the EU. And we strongly support the staff within APHA and other agencies who are working exceptionally hard to protect animal and public health.

But support for those objectives should not prevent us from asking difficult questions about whether the system itself is sufficiently resilient.

The BTV outbreak is giving us an opportunity to identify those weaknesses without facing the catastrophic consequences of an FMD epidemic. We must use it.

We should not wait until an exotic disease is spreading rapidly through the national herd or flock before asking whether we have enough diagnostic capacity, enough veterinary resource, retained specialist expertise, viable high-containment facilities, timely access to vaccines and medicines, effective enough border controls and sufficiently robust contingency plans.

National biosecurity is not an administrative inconvenience, and it is not a barrier to trade. It is critical national infrastructure. We believe it should now be treated as such.



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