

Deer Branch

TB in deer

Mark Elliott, vet and member of the NGO Deer Branch, explains the dangers of this disease in deer.



TUBERCULOSIS (TB) IS NOT ONLY A TOPICAL but emotive subject, and creates plenty of questions that come into NGO Deer Branch from members. So how serious is the problem in deer, and should deer managers be that worried?

The Deer Initiative (of which NGO is a partner organisation) has a Guide freely available on the internet which sets out the position quite clearly – see www.deerinitiative.co.uk. TB in deer is a notifiable disease, which means you *must* notify any suspicion of it to the appropriate Government Department – in this case the Animal & Plant Health Agency.

Deer are not regarded as a significant risk to cattle and, in fact, where there are cases in deer they are most likely “spill-over hosts” of the infective organism – *Mycobacterium bovis* – ie. they are affected by contact with the overall prevalence in an area/cattle. Deer are therefore not viewed as a cause of the problem in an area, but they are regarded as having the potential to act as maintenance hosts without the need for input from other species.

For those managing a deer park it is worth noting there is no statutory TB testing programme for herds in Great Britain. Testing might only be required if there was suspicion of an infection to ascertain freedom from disease. That is practically difficult (not impossible), so it is worth considering that any animals imported into a healthy herd are tested as clear before doing so.

The DI document considers the position, as do most government documents it seems, in relation to cattle, but mentions little of risk to humans from deer as it is clearly quantified as very low. However, if in contact with an infected carcass there is logically some risk, as TB is a zoonosis (a disease that can infect humans from animals), so sensible hygiene precautions should be taken at all times. (But then they should always anyway, as we learn on training that now exists, such as DSC.)

There are clusters of infection, mostly

it seems in fallow deer, and these are thought to be mostly the result of high densities of deer. Artificial density increases also occur in areas where deer gather as a result of supplementary feed put out for them. This is logical as the disease is spread primarily through the air through respiratory discharges, and therefore from animals in close contact. Research indicates it can also be spread through saliva contaminating feed.

Local knowledge will therefore be important in considering the likely risk of an animal being found to be infected once culled. Currently the majority of wild infected deer populations are in the south-west of England and Wales.

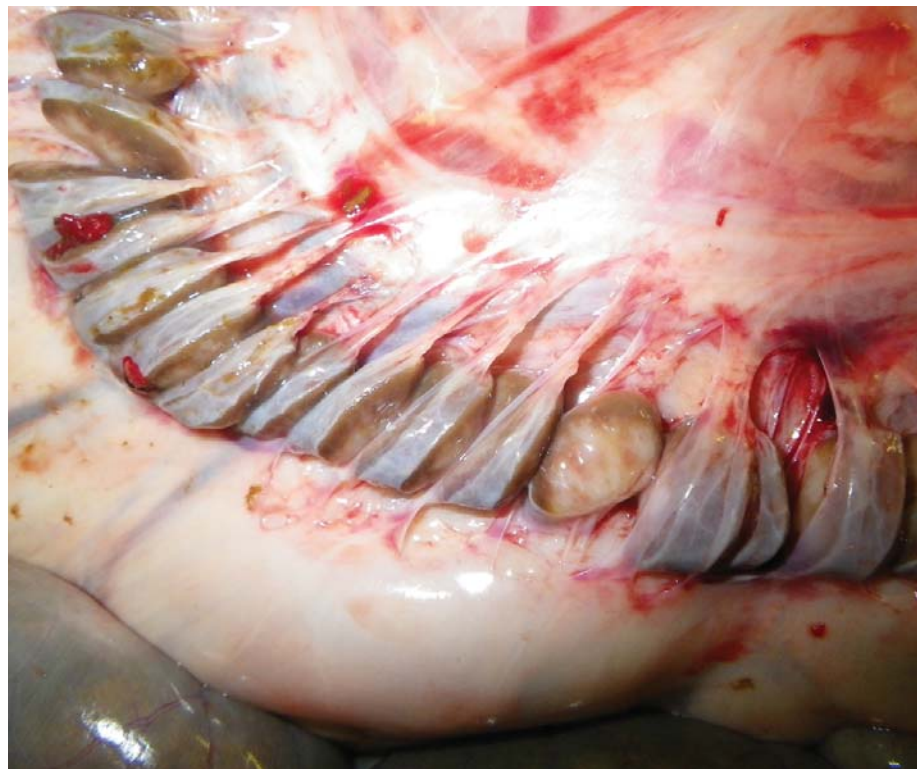
It is important for deer managers to be aware of the signs and symptoms of the disease, even if not in those areas, as sensible hygiene precautions need to be taken to protect both the deer manager

and the samples that are needed if a carcass is suspected of being infected, and odd cases can occur outside the usual areas from time to time. As already mentioned, there is a requirement to notify the Animal & Plant Health Agency which will arrange for collection of samples and such must be absolutely free of contamination when taken. The DI document has yet to be updated as regards the links it gives – the new web details are at www.gov.uk/bovine-tb and this gives you all the contacts you need to source help and advice.

Bovine TB is a chronic disease that can take years to develop. Live deer may show no obvious outward signs of infection or illness until the disease is quite advanced, so suspicion of infection will mostly only happen when performing the gralloch.

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A very slightly enlarged mesenteric chain of lymph glands of a red deer which has been sectioned at approximately every quarter of an inch to show the collected matter within indicating a suspected case of TB. This was later confirmed as Avian TB.



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Even then, surveys have shown that only 40% of TB-positive deer have the typical lesions in the chest cavity or lungs that would be recognised by most hunters.

Typical lesions are reported as tan or yellow lumps on the inside of the surface of the rib cage and in the lung tissue. The lymph nodes of the head and neck

can be swollen, white or pale yellow and gritty when cut into, and may be filled with pus. The standard gralloch as taught in the DSC programme teaches examination of these tissues as routine. It is an important role of deer managers to engage in that examination as part of TB surveillance. Additionally, confirmation of health (or at least no problems noted) is part of the declaration made when selling carcasses to the game dealer.

There are some good pictures of TB at www.michigan.gov/emerging_diseases/0,1607,7-186-25804_26524-76392--,00.html which may help in identification.

The British Deer Society's *Field Guide to Disease and Conditions of Deer* written by Peter Green MRCVS is well worth having to hand for whenever a question over an issue with a carcass arises. TB is on page 42.

Abscesses in the chest wall of a red deer. Some have been incised to show the pockets of puss within.

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