

Defining the voice of experience.

Published 11th June 2001

The clinical detection of Foot & Mouth is Easy, Not Easy, Difficult, Very Difficult? Your answer to this multiple choice question will depend on your knowledge, your skill, the species and the importance of the outcome. Clinical judgement under pressure can be different to calm, reflective observations.

Clinical detection since February has resulted in animals being slaughtered. It is reported that the subsequent analysis of samples has not confirmed the diagnosis in 40% of sheep and 10% of cattle. Discussions and argument have followed and there appears to be at least two views a) that the disease is difficult to be confirmed by sampling particularly in sheep and b) that other clinical signs are being mistaken for FMD.

With consideration of controlling the current outbreak the animals are killed whether there is laboratory confirmation, or not, so inaccuracies are unfortunate but are not extending the disease period. But, in terms of veterinary confidence it appears very important to gather as much knowledge about clinical accuracy as possible. This knowledge is with the vets in the field and needs to be captured.

Are there local differences in the appearance of FMD particularly in sheep? There may be age, breed or management considerations that make foot lesions and mouth lesions from FMD virus difficult to distinguish from other diseases. However, when several cases have been experienced, many vets are likely to be able to identify minor signs which give confidence to their judgement. These need to be shared now. This is not a job for theoretical assessments of differential diagnoses. It is the on the spot vet who needs to engage in clinical assessment, possibly with the help of a camera. Are two vets necessary to confirm diagnosis in some situations?

Are there cases of FMD that are being falsely diagnosed? Do you have the experience of diagnosing something else only to have FMD occur later which has led you to re-examine your observations and approach? Veterinary discussion sessions are littered with folk who stand up and say 'I thought this was widgets disease but it didn't respond and so we looked again and lo and behold it was scudgetts that looked liked widgets'. Admitting difficulties with diagnosis has always been the way to improve from others experience and FMD can be no different. It has been stated that 'the lawyers are circling' and that the 'vets may become scapegoats' because the disease is not declining according to plan or whatever. These considerations cannot restrict exchange of clinical knowledge.

The MAFF database on the web does not openly disclose which farms have had confirmatory laboratory diagnosis and which have not. Although individual practices may have the information for their clients it may be helpful to add this to the database to pick up any local differences. It could be that batches of samples from an area gave consistently poor clinico laboratory confirmation. This office is available to receive and collate information on a confidential basis if this would support future diagnosis, provided someone will cover the cost of labour. If practice clinical findings can be combined with MAFF records this would help to develop confidence in diagnosis.

When the dust has settled and the overseas helpers and students have gone home it is the farmer and his vet who will form the backbone of FMD detection for the next few years. Unless an immediate animal side test becomes available, detection and elimination will be dependent on first class clinical judgement. When on farm talk is of biosecurity there is also a need for excellent security from misdiagnosis. Anyone who undertakes examination of animals at lairage before slaughter will need to be as experienced as the vet in the field and post mortem examination may require different skills. Locally it was reported that a large abattoir was closed for part of a day, with several hundred workers idle, because of a suspicious foot lesion. This may not have been an unusual occurrence in recent times.

An unacceptable future is repeated alarums in the countryside. If a vet says 'this could be FMD' all involved need to be confident that they are listening to the voice of experience.

Richard Gard

24th May 2001

AGMED Study Centre, Crediton, Devon, EX17 4AR

Tel: 01363 866353

E mail: rga@agmed.freemove.co.uk