

Annex A – CVO advice

My first consideration in terms of disease control is that option 1 – not licensing the cull to go ahead, will not lose us disease benefits already gained (as stopping a cull within an intensive period could do). However not carrying out a cull in an area where there is a significant level of disease will impact on the time it takes us to eradicate TB from the country and more importantly also enable disease to spread in wildlife to other uninfected wildlife and to uninfected cattle (as this area is in disease level terms comparable to the worst of the HRA). So over all we will be losing ground in our fight against this disease.

A cull will be most effective when it covers as near as possible the whole of the area, that is option 2. I share the CSA's view that the vaccination areas within the cull area are so small that their disease control benefit will be minimal and over a long time. And the evidence of effectiveness on vaccination in even larger areas is still limited.

The proposed buffer of 200m does have an evidence base from RBCT as being a typical ranging distance limit, and in terms of proportional size in relation to the vaccination areas within the cull is substantially bigger than them. The proposed buffer zones as a percentage of the overall cull area are small and not likely to have significant impact on effectiveness of the cull as a disease control tool.

Therefore my conclusion is that option 3 with the proposed buffer zone will maintain our progression in disease control and provide a significant level of protection to the vaccinated badgers.