



Animal &
Plant Health
Agency

Zoonoses and Veterinary Public Health

Quarterly report Q3 – July to September 2025

Project FZ2100

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Background

Monitoring the occurrence of certain animal diseases can highlight the potential for zoonotic transmission and provide an indication of human, environmental, and foodborne health risks. These Zoonoses and Veterinary Public Health reports summarise the surveillance activities of the Animal and Plant Health Agency (APHA), APHA partner postmortem providers and Scotland's Rural College (SRUC) Veterinary Services, for zoonoses and infections shared between humans and animals in Great Britain. Data (which primarily relates to farmed animal species) gathered by the network of Veterinary Investigation Centres are used for the production of the quarterly and annual report summaries. Quantitative diagnostic data for all of Great Britain is provided by the Veterinary Investigation Diagnosis Analysis (VIDA) surveillance system. Summaries of veterinary public health investigations into incidents and outbreaks of zoonotic disease and associated activities are also included. This report covers the relevant VIDA data and zoonoses investigations for quarter 3 (July to September) 2025.

The Zoonoses and Veterinary Public Health project (designated the FZ2100 project) is funded by Defra, the Scottish Government and the Welsh Government through the APHA's Bacterial Diseases and Food Safety portfolio. The FZ2100 project also uses returns from scanning surveillance projects.

This report provides information about non-statutory zoonoses, as well as *Coxiella burnetii* (Q fever), avian chlamydiosis (in psittacines), and brucellosis in dogs, which were made reportable in Great Britain in 2021. The detection of *C. burnetii* and brucellosis in dogs were made reportable through amendments to the Zoonoses Order (2021). The Psittacosis (Ornithosis) Order is the legislation that covers avian chlamydiosis. Non-statutory zoonoses are defined as any zoonoses for which no specific animal-health derived legislation exists and so excludes *Salmonella* and those diseases which are compulsorily notifiable in specified animal species, for example, tuberculosis (TB), which is notifiable in all mammals. Information concerning notifiable and other reportable zoonoses is recorded elsewhere, some under specific projects such as FZ2000 (*Salmonella*).

1. General scanning surveillance

1.1 Zoonoses VIDA data for Great Britain: July to September 2025

Table 1 (collated 25 November 2025) summarises general scanning surveillance VIDA data for clinical diagnoses of potential zoonotic organisms that may be shared between animals and humans from specimens submitted to APHA, APHA partner postmortem providers and SRUC Veterinary Investigation Centres for the 3-month period between July and September 2025. Due to technical issues, not all required data was available for this table. An update will be provided in the 2025 annual report. The table also compares the latest findings with the data for quarter 3 for the preceding 2 years, 2024 and 2023. It includes rare zoonotic infections and those for which zoonotic potential is confined

predominantly to immunocompromised individuals. Diagnoses use strict criteria and are recorded, once per incident, using the VIDA system. The list is subject to selection, submission, and testing bias. It is not definitive and excludes notifiable and most reportable diseases, notably salmonellosis, which is recorded elsewhere.

Table 1. General scanning surveillance: zoonoses VIDA data for Great Britain, July to September 2025 – all species

Table notes:

- species columns are: cattle; sheep; goats; pigs; birds; misc. which includes miscellaneous and exotic farmed species; and wildlife
- '-' in a cell indicates that a diagnosis is not available for that species
- birds: data for birds includes domestic and wild birds
- wildlife: data for wildlife includes mammals only

VIDA codes	Diagnosis	Q3 2023	Q3 2024	Q3 2025	Cattle	Sheep	Goats	Pigs	Birds	Misc.	Wildlife
311	Babesiasis	13	7	15	15	-	-	-	-	-	-
258, 659	<i>Brachyspira pilosicoli</i> (intestinal spirochaetosis)	19	60	46	-	-	-	46	0	-	-
013	<i>Campylobacter</i> fetopathy	0	0	0	0	0	0	-	-	0	0
282	Chlamydiosis (<i>C. psittaci</i>)	0	0	0	-	-	-	-	0	-	-
014	<i>Chlamydia abortus</i> fetopathy	0	0	0	0	0	0	-	-	0	0
732	<i>Corynebacterium pseudotuberculosis</i> (CLA)	8	7	6	-	6	0	-	-	-	-
318	Cryptosporidiosis	42	33	32	32	0	0	0	0	0	0
362	Cysticercosis	0	1	0	-	0	0	-	-	-	-
193	<i>Dermatophilus</i> infection	4	1	0	0	0	0	-	-	0	0
022, 133, 615	Erysipelas	3	7	5	-	4	0	1	0	0	-
371, 372, 373	Fasciolosis	24	24	23	5	17	0	-	-	1	0
363	Hydatidosis	0	0	0	-	0	-	-	-	-	-

VIDA codes	Diagnosis	Q3 2023	Q3 2024	Q3 2025	Cattle	Sheep	Goats	Pigs	Birds	Misc.	Wildlife
015, 136, 139	Leptospirosis (all categories)	0	3	4	1	0	0	2	-	0	1
016, 140, 150, 189, 711	Listeriosis (all categories)	11	16	12	1	10	1	0	0	0	0
217	Louping ill	19	2	11	4	7	-	-	0	0	-
225	Orf (parapox virus)	13	8	6	-	6	0	-	-	0	-
152, 153, 157, 158	<i>Pasteurella multocida</i> pneumonia (pasteurellosis)	48	52	52	30	18	0	3	1	0	0
223	Pseudocowpox (parapox virus)	0	0	0	0	-	-	-	-	-	-
027, 262	Q Fever (<i>Coxiella burnetii</i>)	0	0	1	1	0	0	-	-	0	0
374	Red mite (<i>Dermanyssus gallinae</i>)	0	2	1	-	-	-	-	1	-	-
195	Ringworm	4	1	2	1	0	1	0	0	0	0
379, 392	<i>Sarcoptes scabiei</i> infection	0	2	1	0	-	0	1	-	0	-
024, 171, 172, 644	Streptococcal infection (excluding bovine mastitis)	22	36	15	0	0	1	13	0	1	0
745	Swine influenza	10	14	3	-	-	-	3	-	-	-
026, 315	Toxoplasmosis, including fetopathy	2	1	0	-	0	0	-	-	0	0
142	Tuberculosis, excluding bovine <i>M. bovis</i>	2	8	8	-	0	0	0	3	4	1
034, 154	Yersiniosis (including fetopathy)	2	8	4	4	0	0	0	0	0	0

The table is intended only as a general guide for veterinary and public health professionals to the diagnosed occurrence of animal-associated infections in predominantly farmed animal species in Great Britain.

Common minor diseases of zoonotic importance, such as orf and ringworm, are grossly underestimated by the VIDA recording and reporting system, as it is unusual for practising veterinary surgeons to submit material for diagnosis.

Further information on scanning surveillance activities is available at [Animal disease scanning surveillance at APHA - GOV.UK](#)

1.2 Highlights from APHA and SRUC disease surveillance centres

The species expert group quarterly reports provide comprehensive details on scanning surveillance activities, covering avian, cattle, small ruminant, pigs, miscellaneous and exotic farmed species, and wildlife. Information on scanning surveillance for ruminant species (cattle, sheep and goats) including changes in disease patterns, the most frequent diagnoses and unusual diagnoses are available in the quarterly reports: [Great Britain small ruminant quarterly report, disease surveillance and emerging threats](#) and [GB cattle quarterly report - Disease surveillance and emerging threats](#). Further information on surveillance diagnoses is provided in the monthly surveillance reports in the Vet Record derived from scanning surveillance, which can be found at [View APHA surveillance reports, publications and data - GOV.UK](#).

2. Specific scanning and targeted surveillance and other studies

2.1 *Campylobacter*

Human campylobacteriosis is usually caused by the thermophilic *Campylobacter* species *C. jejuni* and *C. coli*, which can be found in a wide range of livestock, poultry and wildlife species. Poultry and poultry meat products are the main sources for human infection, and campylobacteriosis is the most commonly reported bacterial cause of food poisoning. The United Kingdom Food Security Report 2024 indicated that there were 71,710 laboratory-confirmed human infections in 2023, 66,327 in 2022, and 67,546 in 2021.

This Zoonoses and Veterinary Public Health report does not cover foodborne illness related to *Campylobacter* infection. However, non-thermophilic *Campylobacter* strains (such as *C. fetus*) can also, rarely, cause severe systemic illness in people. Only *Campylobacter* fetopathy numbers are detailed in Table 1 above.

England and Wales

In Q3 2025 there were no *Campylobacter* isolates identified by the APHA Starcross laboratory. *Arcobacter* sp. (which is a *Campylobacter*-like bacterium and an emerging food-borne and water-borne zoonotic pathogen) was detected in one bovine sample.

Scotland

Due to technical issues, data for companion animals and wildlife were unavailable. The data will be updated when these technical issues are resolved. The livestock data for Q2 2025 and Q3 2025 are as follows:

SRUC Veterinary Services had a total of 3 *Campylobacter* isolates during Q2 which were:

- bovine – there were 2 isolates, one *C. jejuni* and one *C. fetus* not-typed
- ovine – there was one isolate which was *C. coli/lari*

In Q3 2025 there were no *Campylobacter* isolates detected in livestock species.

2.2 Leptospirosis

Targeted surveillance by APHA for leptospirosis is variously achieved by analysis of results from:

- real-time polymerase chain reaction (RT-PCR) for pathogenic leptospires on appropriate diagnostic samples
- microscopic agglutination test (MAT) antibody testing on sera submitted for disease diagnosis, or for monitoring and export (mainly dogs) – diagnostic MAT titres are considered seropositive at 1/100 or above (1/50 for *L. Hardjo bovis* in cattle)
- milk antibody testing by enzyme-linked immunosorbent assay (ELISA) of bulk tank samples submitted from dairy herds for monitoring purposes

The last 2 methods are influenced by vaccination (dogs and cattle). MAT results are also very dependent on the range of serology (pools or single serovars) undertaken.

Kidney specimens examined by RT-PCR for pathogenic leptospires

Between July and September 2025, a total of 83 kidney specimens (kidneys from 8 cattle, 73 pigs, and 2 foxes) were submitted for testing by RT-PCR for pathogenic leptospires. There were 3 positive kidney test results, 1 cattle, 1 pig and 1 fox. Four of the submitted samples (all porcine) were unsuitable for testing because they were too autolysed.

Serology for *Leptospira* serovars

During Q3 2025, a total of 386 serum samples from a range of species were tested for *Leptospira* antibodies. Of these, 94 canine sera were tested for export purposes and 23

canine sera were tested for diagnostic purposes. There were 113 porcine samples which were tested for *L. Bratislava*, and 140 bovine samples were tested for *L. Hardjo bovis*.

Table 2. Single *Leptospira* serovars tested in dogs, pigs, and cattle expressed as percentage positive for the number of samples tested for each serovar

Table notes:

- more than one serovar may be detected in a serum sample
- abbreviations used in this table:
 - Canine E. = canine export (dogs tested for export purposes)
 - Canine D. = canine diagnostic (dogs tested for diagnostic purposes)
- the total tested columns are the numbers of samples tested for each serovar
- % positive is the percentage of each tested serovar which gave a positive result, for example 16% of 94 canine export samples tested were positive for *L. Canicola* antibodies

Species	Serovar	Total tested: Q3 2025	% positive	Total tested: Q3 2024	% positive
Canine E.	<i>L. Canicola</i>	94	16	125	20
Canine E.	<i>L. Icterohaemorrhagiae</i>	10	0	13	0
Canine D.	<i>L. Australis</i>	1	100	6	33.3
Canine D.	<i>L. Autumnalis</i>	1	0	6	16.7
Canine D.	<i>L. Bratislava</i>	23	4.3	31	3.2
Canine D.	<i>L. Canicola</i>	11	36.4	27	22.2
Canine D.	<i>L. Copenhagenii</i>	23	21.7	34	17.6
Canine D.	<i>L. Grippotyphosa</i>	0	0	6	66.7
Canine D.	<i>L. Icterohaemorrhagiae</i>	20	0	34	0
Canine D.	<i>L. Pomona</i>	0	0	6	16.7
Canine D.	<i>L. Sejroe</i>	1	0	5	20
Porcine	<i>L. Bratislava</i>	113	32.7	182	4.4
Bovine	<i>L. Hardjo bovis</i>	140	8.6	87	20.7

In addition to single serovars, *Leptospira* pools (multiple serovars) are tested on a significant number of canine, porcine, and bovine samples. Pooled serovars are not included in the above data.

L. Hardjo bulk milk antibody tests

Between July and September 2025 there were 8 bulk milk *L. Hardjo* antibody tests for monitoring purposes, which gave the following results: 1 (12.5%) was negative, 1 (12.5%) was low positive, 1 (12.5%) was mid positive, and 5 (62.5%) were high positive.

For comparison, between July and September 2024 there were 10 bulk milk *L. Hardjo* antibody tests for monitoring purposes, which gave the following results: 3 (30.0%) were negative, 2 (20.0%) were low positive, 2 (20.0%) were mid positive, and 3 (30.0%) were high positive.

The significance of these observations is heavily influenced by vaccination status and selection. Low submission numbers also make comparisons across the 2 years difficult.

2.3 Mycobacteria (excluding bovine cases of *M. bovis*)

Since *Mycobacterium bovis* became notifiable in all species in 2006, the number of samples examined by APHA has increased, particularly from pets and camelids. Samples from pigs are mainly submitted by Official Veterinarians at abattoirs.

The APHA testing protocol changed in March 2022 whereby all new submissions from non-bovine animals have been tested by PCR, which detects the *M. tuberculosis* complex and *M. bovis*. If positive for the *M. tuberculosis* complex and *M. bovis*, the sample is sent for culture to establish the whole genome sequencing (WGS) clade of *M. bovis*.

If positive for the *M. tuberculosis* complex and negative for *M. bovis*, an unvalidated PCR for *M. microti* is carried out. If the PCR is positive for *M. microti*, culture is carried out and the Mycobacterium isolate is confirmed by WGS. If the PCR for *M. microti* is negative, culture is also carried out to establish the Mycobacterium present (possibilities include other members of the *M. tuberculosis* complex such as *M. tuberculosis* or *M. caprae*).

This testing protocol means that we do not receive results for as wide a range of non-statutory *Mycobacterium* sp. as compared to the historic testing protocols. A yearly summary of *Mycobacterium* sp. identified is provided in the annual Zoonoses and Veterinary Public Health reports.

2.4 Q fever

PCR is used to confirm the presence of *Coxiella burnetii*, typically following the identification of suspicious acid-fast bodies in Modified Ziehl-Neelsen (MZN)-stained smears of placentae (or foetal samples). MZN is a screening test performed on all received placental samples. Confirmation of *C. burnetii* as a cause of fetopathy requires histopathology and immunohistochemistry of placental tissue, in addition to a positive PCR result. In each case when *C. burnetii* is detected by PCR, public health colleagues are informed of the incident and the zoonotic potential of this organism is highlighted to the farmer and private veterinary surgeon, with the provision of [an advisory sheet about Q fever](#).

Comparisons of *C. burnetii* data with previous years should be made with caution because from April 2021 Q fever has been a reportable disease. Since 2023 there has been a notable increase in bovine test requests for the APHA *C. burnetii* PCR test. It is important to note that an increase in the detection of *C. burnetii* does not necessarily equate to an increased prevalence.

During the period July to September 2025 a total of 57 (55 bovine, 2 caprine) samples were tested for the presence of *C. burnetii* by PCR. Of these, *C. burnetii* was detected in 8 of the bovine samples. The *C. burnetii* PCR has been validated for placental and foetal fluid samples, although other samples are also tested on agreement with the customer.

Table 3. Samples tested by PCR for the detection of *C. burnetii* during July to September 2025

Table notes:

- species tested comprised cattle and goat
- negative – *C. burnetii* was not detected; positive – *C. burnetii* was detected
- sample types this quarter included placenta, foetal fluid, foetal tissue and vaginal swabs – positive samples are listed in the table

Species	Samples tested	Negative	Positive	Positive Submissions	Positive farms	Placenta positive	Foetal fluid positive	Foetal tissue positive	Swab positive
Cattle	55	47	8	8	7	7	0	0	1
Goat	2	2	0	0	0	0	0	0	0

All 7 positive farms were dairy farms, 6 in England and one in Scotland.

In addition, during quarter 3 2025 the detection of *C. burnetii* in 4 bovine bulk milk samples by PCR at an overseas laboratory (2 from English dairy farms and 2 from Welsh dairy farms) were reported to APHA. During this period a private veterinary laboratory reported the detection of *C. burnetii* in 3 submissions, all comprising bovine abortion investigations from 3 English dairy farms.

2.5 *Streptococcus suis*

Streptococcus suis isolates from diagnostic material submitted to APHA and SRUC Veterinary Investigation Centres are typed further for disease surveillance purposes. The submission numbers and serotypes from porcine diagnostic material submitted during the period July to September 2025 are shown below, with data for the previous 2 years (Q3 2024 and Q3 2023) for comparison.

Table 4. *Streptococcus suis* serotypes from porcine diagnostic material

Table notes:

- UT = untypeable
- 1/2 = is a recognised distinct serotype which reacts with both 1 and 2 antisera

	1/2	1	2	3	4	5/6	7	8	9	12	14	19	21	29	34	UT	Total
Q3 2023	1	1	4	1	-	-	3	-	-	-	-	-	-	-	-	1	11
Q3 2024	-	4	8	-	1	-	-	-	1	-	1	1	1	1	-	4	22
Q3 2025	3	2	5	-	-	-	3	-	1	-	-	-	-	-	-	1	15

Serotype 2 was the most common serotype in Q3 for all 3 years, 2023, 2024 and 2025.

2.6 Toxoplasmosis

The European Food Safety Authority (EFSA Journal 2007, 583, 1 to 64) highlighted the significance of toxoplasmosis as a foodborne zoonosis and the need to improve surveillance in this field. Serological examinations for *Toxoplasma gondii* using the latex agglutination test (LAT) are undertaken by APHA on sera submitted to Veterinary Investigation Centres. The findings presented below provide a summary of the serological status of samples submitted for diagnosis, monitoring and screening purposes but do not constitute a structured survey. Positive samples, as defined here, have LAT titres of 1/64 or greater and indicate a history of exposure to this protozoan parasite. Toxoplasmosis as a cause of fetopathy in sheep and goats is diagnosed through antigen (PCR) testing of placental cotyledon.

During the period July to September 2025 no small ruminant samples were submitted for Toxoplasma serology. Toxoplasma fetopathy figures for sheep and goats are provided in Table 1.

3. Investigations into zoonotic and potentially zoonotic incidents

Protocols for the investigation of zoonotic disease incidents in England and Wales are set out in the [Guidelines for the Investigation of Zoonotic Disease \(England and Wales\)](#).

There is similar [guidance on the investigation and management of zoonotic disease in Scotland](#).

Advice for members of the public planning a trip to animal-associated visitor attractions, and other information, can be found on the [UK Health Security Agency \(UKHSA\) zoonotic disease webpage](#).

The Industry Code of Practice for preventing or controlling ill health from animal contact at visitor attractions is available on the [National Farm Attractions Network website](#).

The APHA-assisted investigations described within sections 3.1 Cryptosporidiosis, 3.2 STEC (Shiga toxin-producing *Escherichia coli*) and 3.3 *Corynebacterium ulcerans* cover England and Wales. During the investigation of cryptosporidiosis and STEC human outbreaks APHA provides comprehensive veterinary advice including advice on identified deficiencies to assist farm businesses to comply with the Industry Code of Practice for preventing or controlling ill health from animal contact at visitor attractions.

3.1 Cryptosporidiosis

Investigations to assist in human outbreaks of cryptosporidiosis where an animal associated source is suspected are undertaken at the request of Consultants in Communicable Disease Control (CsCDC) of the UKHSA and Public Health Wales (PHW) and in collaboration with the National Cryptosporidium Reference Unit, Swansea, and follow jointly agreed guidelines. Consultants in Public Health Medicine (CsPHM) lead on these zoonoses investigations in Scotland.

Quarter 2 (Q2) is traditionally the busiest time for APHA cryptosporidiosis investigations and is related to the frequency of open farm visits undertaken by families or school groups around the Easter holiday and bank holidays. Contact with young ruminants, most commonly lambs, either through bottle-feeding or handling is a high-risk activity for the zoonotic spread of *Cryptosporidium parvum* in these settings. The availability and accessibility of appropriate and suitably located hand-washing facilities including soap, rather than antimicrobial gel (which is not effective for this pathogen) is extremely important.

Quarter 3 2025 summary

There were no cryptosporidium zoonoses outbreaks which required APHA assistance during Q3 2025.

3.2 STEC

Shiga toxin-producing *Escherichia coli* (STEC, formerly known as VTEC) outbreak investigations are undertaken, according to agreed guidelines, at the request of CsCDC of UKHSA and PHW (CsPHM in Scotland) where an animal-associated source is suspected. These investigations often also involve collaboration with other organisations, including the environmental health departments of local authorities and the Health and Safety Executive (HSE). Other STECs or whole genome sequence (WGS) types may be detected incidentally during the investigation of animal premises and advice is offered accordingly.

Quarter 3 2025 summary

APHA provided advice within an Incident Management Team to assist with the investigation of a cluster of STEC O26 human cases epidemiologically linked with

attendance at a music festival. Cattle and sheep had been moved off the site weeks before the event.

3.3 *Corynebacterium ulcerans*

Corynebacterium ulcerans was first isolated from cases of throat infection in humans in 1926, with zoonotic outbreaks initially associated with direct contact with farm animals or consumption of unpasteurised milk. More recently zoonotic incidents have increasingly been associated with contact with companion animals such as dogs and cats. *C. ulcerans* can be asymptomatically carried in the throat of some dogs and cats. *C. ulcerans* has also been isolated from skin lesions, nasal discharge, and other anatomical sites of clinically unwell animals. The organism can produce diphtheria toxin, which can cause human disease with the same clinical signs as cutaneous or respiratory diphtheria caused by *C. diphtheriae*.

APHA and SRUC Veterinary Services in Scotland assist public health colleagues in the investigation of human index cases of *C. ulcerans* where there has been animal contact. Similarly; for animal index cases, APHA/SRUC vets will support the private veterinary surgeon and provide animal related advice. The guidance for the public health management of toxigenic *C. ulcerans* in companion animals in England is available online: [Public health management of toxigenic *C. ulcerans* in companion animals](#).

Toxigenic *C. ulcerans* investigations are multidisciplinary and APHA works closely with public health colleagues to investigate, manage, and provide advice regarding the animals involved. Typically, APHA will also liaise closely with the private veterinary surgeon to facilitate the taking of and testing of swabs, antibiotic treatment, and post-treatment clearance swabs as appropriate. APHA also provides advice on health and safety procedures for private veterinary surgeons and pet owners.

Quarter 3 2025 summary

During Q3 2025 APHA assisted with 27 pet index cases involving cats and dogs and 4 human index cases, Table 5. The pet index cases comprised 13 feline index cases and 14 canine index cases. Some of these households had no other pets. Of the households which elected to have the contact pets swabbed, *C. ulcerans* was detected in 3 cases which were a contact cat of a feline index case, a contact dog of a feline index case, and a contact dog of a canine index case.

Table 5. Count of pet index and human index cases of toxigenic *C. ulcerans* during July to September 2025

Month	Cat	Dog	Human	Total
July	2	3	1	6
August	5	8	0	13
September	6	3	3	12
Total	13	14	4	31

Of the 4 toxigenic *C. ulcerans* human cases, one chose to test the contact pet which was a dog. Toxigenic *C. ulcerans* was detected in the dog although the direction of transmission was not determined. Following a course of antibiotic treatment clearance swabs from the dog resulted in no detection of *C. ulcerans*.

3.4 Q fever (*Coxiella burnetii*)

In each case when *C. burnetii* is detected by PCR, public health colleagues are informed of the incident and the zoonotic potential of this organism is highlighted to the farmer and private veterinary surgeon, with the provision of [an advisory sheet about Q fever](#).

For all ruminant abortion investigations and reports of the detection of *C. burnetii*, APHA provides comprehensive advice to private veterinary surgeons, including information about optimising ruminant abortion investigations, laboratory testing, and zoonoses advice for private vets to pass on to their clients.

Transmission of *C. burnetii* to humans is most frequently due to inhalation of contaminated aerosols or contaminated dusts. Aerosolised bacteria are spread in the environment by infected animals after normal births or abortion. Birth products contain the highest concentration of bacteria, but *C. burnetii* is also found in urine, faeces and milk of infected animals.

Quarter 3 2025 Investigations summary

During Q3 2025 APHA provided advice to public health colleagues regarding the zoonotic implications of the detection of *C. burnetii* in livestock at specific locations. For the majority of cases there were no reported zoonoses concerns, although occasionally there are queries regarding immunocompromised farming family members and / or staff with human health concerns that are passed on to public health colleagues.

3.5 Avian chlamydiosis (psittacosis)

Chlamydia psittaci, the causative agent of avian chlamydiosis (psittacosis), can cause serious human illness. The disease has been described in many species of birds, particularly in parrots, parakeets, budgerigars, and cockatiels. Other commonly affected birds include pigeons and doves. Ducks and turkeys may also be affected, but chickens less frequently. Birds can asymptotically carry the organism without any signs of disease, or they can become mildly to severely ill.

C. psittaci can lead to inapparent subclinical infection or acute, subacute, or chronic disease, characterised by respiratory, digestive, or systemic infection. The clinical signs are generally non-specific and vary greatly in severity, depending on the species and age of the bird and the *Chlamydia* strain involved. Humans are most likely to contract *C. psittaci* infection through inhalation of dust or aerosols contaminated by secretions from infected birds for example faeces, ocular and respiratory secretions. It is therefore important to follow current health and safety measures when in contact with birds. Further

information on psittacosis infection is available online at: [Psittacosis - UKHSA guidance](#) and [Psittacosis - HSE factsheet](#).

Quarter 3 2025 summary

The detection of *C. psittaci* in psittacine birds is statutorily reportable to APHA. During quarter 3 2025 there was one report of the detection of *C. psittaci* in psittacine birds, which involved an aviary where there had been positive reports earlier in the year (APHA Zoonoses and Veterinary Public Health Quarterly Report Q1 2025). The Q3 2025 report was of a sudden death in one bird which was in same aviary as some of the previous cases. *C. psittaci* was detected in a sample of liver by PCR. All of the birds in the aviary were treated with antibiotics, and the premises biosecurity measures were reinstated (including single keeper, separate personal protective equipment, disinfectant protocols). There was no public access to the aviary. No human cases of psittacosis were reported. Following the treatments earlier in the year this aviary did have one pooled faecal test which was Chlamydia PCR negative. Following the latest course of treatment another faecal screen was to be performed.

4. *Brucella canis*

Since July 2020, there has been a large increase in the number of incidents of canine brucellosis due to infection with *Brucella canis*. APHA, in liaison with health protection agencies across Great Britain, has been involved in investigating these incidents. The UK Chief Veterinary Officer advised on this potential zoonotic disease in a letter published in the Vet Record in February 2021. Amendments to the Zoonoses Order in 2021 added dogs to the list of animals for which brucellosis is a reportable disease in Great Britain.

Further information is available in APHA's [Canine brucellosis: general information for veterinary staff - GOV.UK](#) and in our list of [Frequently asked Brucella canis testing questions - GOV.UK](#)

[General information for the public and dog owners is available on the GOV.UK website.](#)

The [Human Animal Infections and Risk Surveillance group \(HAIRS\) Brucella canis risk assessment](#) outlines the current risk to the UK human population from canine brucellosis.

The British Small Animal Veterinary Association (BSAVA) have published a [scientific document on Brucella canis](#)

From 7 October 2025, dogs commercially imported from Romania must have a negative *Brucella canis* test result [Brucella canis: testing dogs before import - GOV.UK](#)

Quarter 3 2025 summary

During the third quarter of 2025, there were 130 epidemiologically separate incidents where there was evidence of infection with *B. canis*. All were identified by serology and presented at least one other risk factor for *B. canis* infection and were reported to the

relevant public health authorities. In this quarter, this was a second positive test for 23 dogs, for one of the dogs this was third positive test and for one dog this was a fourth positive test.

In addition, 32 tested dogs were serologically positive for *B. canis* with no other risk factors identified and have not triggered an incident response.

Most incidents identified during this quarter involved the testing of a single dog, although this may be subject to change if further information about significant contacts becomes available.

There were 2 incidents in this quarter that involved 2 dogs. One of the incidents involved household contact while the other involves a breeder and the investigation into this incident is continuing.

In addition to providing information about *B. canis*, APHA's [Imported disease summaries for dogs and cats - GOV.UK](#) document provides a short summary of some other diseases that could be imported into the UK with the importation of dogs and cats. This list is not exhaustive but provides a useful summary and signposts to further information for some conditions of concern.