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Agency

Zoonoses and Veterinary Public Health

Annual report 2025

Project FZ2100

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APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

Contents

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 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. 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: January to December 2025

Table 1 (collated 28 May 2026) 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 each quarter of 2025. The data for the first 3 quarters, Q1 (January to March), Q2 (April to June) and Q3 (July to September), has been updated because the technical issue with availability of SRUC data at the time of production of the previous quarterly reports has now been resolved.

The table 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, January to December 2025 – all species

Table notes:

- Q1 2025 comprises months January to March
- Q2 2025 comprises months April to June
- Q3 2025 comprises months July to September
- Q4 2025 comprises months October to December

VIDA codes	Diagnosis	Q1 2025	Q2 2025	Q3 2025	Q4 2025
311	Babesiasis	0	10	18	3
258, 659	*Brachyspira pilosicoli* (intestinal spirochaetosis)	28	40	66	36
013	*Campylobacter* fetopathy	109	7	0	4
282	Chlamydiosis (*C. psittaci*)	0	1	0	0
014	*Chlamydia abortus* fetopathy	123	29	0	3
732	*Corynebacterium pseudotuberculosis*	2	5	8	7
318	Cryptosporidiosis	77	67	38	59
362	Cysticercosis	1	1	0	0
193	*Dermatophilus* infection	0	0	0	0
022, 133, 615	Erysipelas	4	1	6	7
371, 372, 373	Fasciolosis	69	30	25	40
363	Hydatidosis	0	0	0	0
015, 136, 139	Leptospirosis (all categories)	2	5	4	2
016, 140, 150, 189, 711	Listeriosis (all categories)	87	43	15	22
217	Louping ill	2	15	15	6

VIDA codes	Diagnosis	Q1 2025	Q2 2025	Q3 2025	Q4 2025
225	Orf (parapox virus)	8	7	6	10
152,153, 157,	*Pasteurella multocida* pneumonia	92	74	62	107
223	Pseudocowpox (parapox virus)	1	0	0	0
027, 262	Q Fever (*Coxiella burnetii)*	0	3	1	0
374	Red Mite *(Dermanyssus gallinae)*	0	0	1	0
195	Ringworm	2	0	4	1
379, 392	*Sarcoptes scabei* infection	1	1	1	1
024, 171, 172, 644	Streptococcal infection (excluding bovine	32	32	26	19
745	Swine influenza	7	3	5	12
026, 315	Toxoplasmosis, including fetopathy	58	31	0	2
142	Tuberculosis, excluding bovine *M. bovis*	2	7	8	3
034, 154	Yersiniasis (including fetopathy)	15	6	4	11

Some diagnoses are more common during specific times of the year, for example *Campylobacter* fetopathy, *Chlamydia abortus* fetopathy, and Toxoplasmosis are more commonly diagnosed during Q1 as this is the peak time of year for ovine abortion submissions. Further information on scanning surveillance activities (covering avian, cattle, small ruminant, pigs, miscellaneous and exotic farmed species, and wildlife) is available at Animal disease scanning surveillance at APHA - GOV.UK. Additional information on surveillance diagnoses is provided in the monthly surveillance reports and in the disease surveillance dashboards, 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.

England and Wales

In 2025 there were a total of 103 *Campylobacter* isolates identified by the APHA Starcross laboratory, which were mainly from ruminant abortions and comprised:

- Bovine – a total of 14 isolates: 1 *C. fetus venerealis*, 2 *C. fetus venerealis intermedius*, 1 *C. jejuni*, 4 *C. hyointestinalis*, 2 *C. coli*. and 4 *C. sputorum. Arcobacter* sp. (which is a *Campylobacter*-like bacterium and an emerging food-borne and water-borne zoonotic pathogen) was detected in 2 bovine samples.
- Ovine – a total of 85 isolates: 79 *C. fetus fetus*, 3 *C. jejuni*, 2 *C. coli*, and 1 *C. lari.*
- Quail – a total of 3 isolates: 2 *C. jejuni*, and 1 *C. coli.*
- Wallaby – one isolate which was *C. jejuni*.

Scotland

Due to technical issues, full data is currently unavailable. The data will be updated when these technical issues are resolved.

2.2 Leptospirosis

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

1. Real-time polymerase chain reaction (RT-PCR) for pathogenic leptospires on appropriate diagnostic samples.

2. 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).

3. 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 January and December 2025, a total of 304 kidney specimens (kidneys from 41 cattle, 241 pigs, 2 sheep, 1 goat, 3 dogs and 16 foxes) were submitted for testing by RT-PCR for pathogenic leptospires. There were 15 positive kidney test results from 1 cattle, 9

pig and 5 fox samples. Eleven of the submitted samples (all porcine) were unsuitable for testing because they were too autolysed.

Serology for *Leptospira* serovars

During 2025, a total of 1,721 serum samples from a range of species were tested for *Leptospira* antibodies. Of these, 378 canine sera were tested for export purposes, and 99 canine sera were tested for diagnostic purposes. There were 293 porcine samples which were tested for *L.* Bratislava, and 842 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 26.2% of 378 canine export samples tested were positive for *L.* Canicola antibodies

Species	Serovar	Total tested: 2025	% positive	Total tested: 2024	% positive
Canine E.	*L.* Canicola	378	26.2	427	17.6
Canine E.	*L.* Icterohaemorrhagiae	39	0	47	0
Canine D.	*L.* Australis	7	100	31	58.1
Canine D.	*L.* Autumnalis	5	0	31	22.6
Canine D.	*L.* Bratislava	88	2.3	128	10.9
Canine D.	*L.* Canicola	99	14.1	137	19.7
Canine D.	*L.* Copenhagenii	90	20	144	35.4
Canine D.	*L.* Grippotyphosa	2	0	20	55
Canine D.	*L.* Icterohaemorrhagiae	92	3.3	141	7.1
Canine D.	*L.* Pomona	2	0	20	30
Canine D.	*L.* Sejroe	3	33.3	15	26.7
Porcine	*L.* Bratislava	293	34.8	511	12.3
Bovine	*L.* Hardjo bovis	842	12.0	693	12.1

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 January and December 2025 there were 34 bulk milk *L.* Hardjo antibody tests for monitoring purposes, which gave the following results: 10 (29.4%) were negative, 1 (2.9%) was low positive, 6 (17.7%) were mid positive, and 17 (50.0%) were high positive.

For comparison, between January and December 2024 there were 37 bulk milk *L.* Hardjo antibody tests for monitoring purposes, which gave the following results: 14 (37.8%) were negative, 5 (13.5%) were low positive, 3 (8.1%) were mid positive, and 15 (40.6%) 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. TB (*M. bovis*) in non-bovine animals' data is published at Data on TB in Non-Bovine Species - GOV.UK

Note: A deviation in procedures was put in place PCR test for detection of M. bovis in post-mortem tissue samples - Bovine TB | TB Hub. Whilst monitoring of the PCR test is ongoing, some of the samples reaching the laboratory will be tested by bacteriological culture in parallel with the PCR test. This temporary measure applies to any bovine and non-bovine sample with visible TB lesions for which the PCR test *for M. bovis* has produced negative results.

During 2025 samples from a range of non-bovine mammalian species were examined by APHA. This data was accessed on 13 April 2026 and may change as some cultures were still ongoing from Q4 2025:

- alpaca: 5 *M. bovis*, 3 *M. microti*, 1 *M. tuberculosis* complex, 1 unclassified *Mycobacterium* sp.
- deer: 55 *M. bovis*, 1 *M. kansasii*,1 *M. tuberculosis* complex,
- pig: 19 *M. bovis*, 24 *M. microti*, 1 *M. fortuitum*, 1 *M. terrae*, 3 *M. tuberculosis* complex, 36 unclassified *Mycobacterium* sp.
- sheep: 7 *M. bovis*, 1 *M. tuberculosis* complex
- goat: 3 *M. bovis*
- cat: 6 *M. bovis*, 9 *M. microti,* 1 *M. tuberculosis* complex, 2 unclassified *Mycobacterium* sp.
- zoo mammal: 1 *M. bovis*, 1 unclassified *Mycobacterium* sp.

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 by APHA 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 January to December 2025 a total of 147 (133 bovine, 12 ovine and 2 caprine) samples were tested for the presence of *C. burnetii* by PCR. Of these, *C. burnetii* was detected in 35 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 January to December 2025

Table notes:

- Species tested comprised cattle, sheep and goat
- Negative – *C. burnetii* was not detected; Positive – *C. burnetii* was detected
- Sample types this year 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	133	98	35	30	27	21	7	0	7
Sheep	12	12	0	0	0	0	0	0	0
Goat	2	2	0	0	0	0	0	0	0

Twenty-six of the positive farms were dairy farms, 19 in England, 6 in Wales and one in Scotland. There was also a positive English beef farm.

In addition, during 2025 the detection of *C. burnetii* in 33 bovine bulk milk samples by PCR at an overseas laboratory (23 from English dairy farms, 9 from Welsh dairy farms, and 1 from a Scottish dairy farm) were reported to APHA. During 2025, 2 private veterinary laboratories reported the detection of *C. burnetii* with one laboratory reporting a total of 10 cases comprising bovine abortion investigations from 8 English dairy farms and 2 ovine abortion/stillbirth investigations from 2 English sheep farms. The other laboratory reported positive vaginal swabs from 2 Scottish dairy herds.

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 2025 are shown below, with data for the previous 2 years (2024 and 2023) for comparison.

Serotype 2 was the most common serotype for all 3 years, 2023, 2024 and 2025. The second most common serotype was 7 in 2023, both 1 and 7 in 2024, and 7 in 2025.

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, 10	11, 12	13, 14	17, 19, 21	23, 25	28, 29, 34	UT	Total
2023	1	7	36	5	5	-	2	10	2	-	-	3 (13) 3 (14)	1 (19)	-	2 (34)	9	**86**
2024	4	11	30	1	1	3	-	11	3	2 (9) 1 (10)	1 (11) 1 (12)	1 (13) 5 (14)	1 (19) 1 (21)	1 (23) 1 (25)	1 (29)	17	**97**
2025	11	7	25	4	-	2	-	9	3	3 (9)	-	1 (13) 1 (14)	1 (17)	-	1 (28)	14	**82**

2.6 Toxoplasmosis

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 2025, 15 ovine samples and no goat samples were submitted for Toxoplasma serology. There were 8 positive titres.

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. Information for Q1 (January to March), Q2 (April to June) and Q3 (July to September) is in the quarterly reports: Zoonoses and veterinary public health: disease surveillance reports - GOV.UK

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.

2025 summary

During 2025 APHA assisted with 4 cryptosporidium outbreaks, which were epidemiologically linked to open farms. APHA visited each open farm and advised on mitigating zoonotic risks.

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.

2025 summary

During 2025, APHA provided advice within an Incident Management Team to assist with the epidemiological investigation of a human haemolytic uraemic syndrome case. The affected patient was reported to have consumed unpasteurised milk, however there was inadequate evidence to support this as being the source of infection. APHA provided advice within another IMT 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 prior to the event. During Q4 APHA assisted with the investigation of a STEC O157 cluster which was tentatively epidemiologically linked to a farm which sold raw milk. Raw milk sales had ceased. The source of infection was not established. There was no common food item consumed by all cases. APHA also provided advice to a private veterinary surgeon who was assisting a dairy client following a STEC detection from a routine monitoring milk sample. This was not linked to any human illnesses or outbreaks.

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.

2025 summary

During 2025 APHA assisted with a total of 100 cases (36 feline, 46 canine, 6 equine, 11 human, and 1 non-human primate).

Table 5. Count of animal index and human index cases of toxigenic *C. ulcerans* during January to December 2025

Month	Cat index cases	Dog index cases	Equine* index cases	Macaque index cases	Human index cases	Total index cases
January	3	6	2	0	1	12
February	0	5	0	0	1	6
March	4	4	0	0	0	8
April	3	0	1	0	1	5
May	1	6	1	0	1	9
June	1	2	1	1	2	7
July	2	3	0	0	1	6
August	5	8	0	0	0	13
September	6	3	0	0	3	12
October	3	2	1	0	0	6
November	4	5	0	0	1	10
December	4	2	0	0	0	6
Total	36	46	6	1	11	100

Equine* - Two of these cases were *Corynebacterium diphtheriae* infections.

Table 6. Animal and human index cases of toxigenic *C. ulcerans* during 2025

Table notes:

- Index case – Animal index cases (cat or dog) and human index cases
- No. of = number of
- One of the 36 cats in table 5 re-presented in 2025, and one cat owner did not engage with follow up, thus 34 cats are represented in table 6

Index case	Number of index cases	No. of index cases with contact pets	No. of index cases with swabbed contact pets	Index cases with one positive contact pet	Index cases with > 1 positive contact pet
Cat	34	25	12	4	0
Dog	46	28*	14	1	1
Human	11	10	5	2	0

*6 of these were other close contacts not living in the same household; swabs were taken from 4 of these, all 4 were negative

For the cat and dog index cases, the commonest presentations for cats were skin lesions or integument wounds (15 out of 34) and upper respiratory tract infections (14 out of 34). For dogs, skin lesions or integument wounds (36 out of 46) were the commonest presentations.

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.

2025 investigations summary

During 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 asymptomatically 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.

2025 summary

The detection of *C. psittaci* in psittacine birds is statutorily reportable to APHA. During 2025, there were 3 reports of the detection of *C. psittaci* in psittacine birds. All involved the same premises, which was a park that opened to the public. All the birds in the affected aviary were treated with antibiotics, and the premises biosecurity measures were in place (including single keeper, separate personal protective equipment, and disinfectant protocols). There was no public access to the aviary. No human cases of psittacosis were reported. In addition to the statutory reportable cases, there was one case involving the detection of *C. psittaci* in a dunnock.

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) has 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.

2025 summary

During 2025, there were 421 epidemiologically separate incidents where there was strong evidence of infection with *B. canis*. The breakdown by quarter is: Q1 – 89 incidents; Q2 – 94 incidents; Q3 – 130 incidents; Q4 – 108 incidents. All 421 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. Most incidents identified involved the testing of a single dog, although this year there has been 6 incidents that have involved 2 or more dogs. This may be subject to change if further information about significant contacts becomes available.

Investigation into an incident that commenced in the last quarter of this year, involving a dog breeder, is continuing with the co-operation and joint management of several different government departments. Currently over 20 dogs involved in this incident have been identified as serologically positive.

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.