Animal &
Plant Health
Agency

Zoonoses and Veterinary Public Health

Quarterly report Q2 – April to June 2026

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

1. General scanning surveillance 4

1.1 Zoonoses VIDA data for Great Britain: April to June 2026 4

1.2 Highlights from APHA and SRUC disease surveillance centres 7

2. Specific scanning and targeted surveillance and other studies 8

2.1 Campylobacter 8

2.2 Leptospirosis 9

2.3 Mycobacteria (excluding bovine cases of *M. bovis*) 11

2.4 Q fever 11

2.5 *Streptococcus suis* 12

2.6 Toxoplasmosis 13

3. Investigations into zoonotic and potentially zoonotic incidents 13

3.1 Cryptosporidiosis 14

3.2 STEC 15

3.3 *Corynebacterium ulcerans* 16

3.4 Q fever *(Coxiella burnetii)* 16

3.5 Avian chlamydiosis (psittacosis) 18

4. *Brucella canis* 18

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 2 (April to June) 2026.

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: April to June 2026

Table 1 (collated 15 September 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 the 3-month period between April and June 2026. The table also compares the latest findings with the data for Quarter 2 for the preceding 2 years, 2025 and 2024. 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, April to June 2026 – 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	Q2 2024	Q2 2025	Q2 2026	Cattle	Sheep	Goats	Pigs	Birds	Misc.	Wildlife
311	Babesiasis	7	10	6	6	-	-	-	-	-	-
258, 659	*Brachyspira pilosicoli* (intestinal spirochaetosis)	36	41	26	-	-	-	26	0	-	-
013	*Campylobacter* fetopathy	11	7	12	1	11	0	-	-	0	0
282	Chlamydiosis (*C. psittaci*)	0	1	0	-	-	-	-	0	-	-
014	*Chlamydia abortus* fetopathy	27	29	44	1	42	1	-	-	0	0
732	*Corynebacterium pseudotuberculosis* (CLA)	8	5	2	-	0	2	-	-	-	-
318	Cryptosporidiosis	69	67	54	43	11	0	0	0	0	0
362	Cysticercosis	2	1	0	-	0	0	-	-	-	-
193	*Dermatophilus* infection	0	0	1	0	1	0	-	-	0	0
022, 133, 615	Erysipelas	9	1	3	-	2	0	1	0	0	-
371, 372, 373	Fasciolosis	25	30	23	14	7	0	-	-	2	0
363	Hydatidosis	0	0	0	-	0	-	-	-	-	-

VIDA codes	Diagnosis	Q2 2024	Q2 2025	Q2 2026	Cattle	Sheep	Goats	Pigs	Birds	Misc.	Wildlife
015, 136, 139	Leptospirosis (all categories)	6	5	2	0	0	0	1	-	0	1
016, 140, 150, 189, 711	Listeriosis (all categories)	43	44	40	10	27	3	0	0	0	0
217	Louping ill	11	15	11	1	9	-	-	1	0	-
225	Orf (parapox virus)	10	7	9	-	9	0	-	-	0	-
152,153, 157, 158	*Pasteurella multocida* pneumonia (pasteurellosis)	74	74	66	38	25	1	2	0	0	0
223	Pseudocowpox (parapox virus)	1	0	0	0	-	-	-	-	-	-
027, 262	Q Fever (*Coxiella burnetii)*	2	3	2	2	0	0	-	-	0	0
374	Red Mite *(Dermanyssus gallinae)*	0	0	2	-	-	-	-	2	-	-
195	Ringworm	1	0	0	0	0	0	0	0	0	0
379, 392	*Sarcoptes scabei* infection	0	1	0	0	-	0	0	-	0	-
024, 171, 172, 644	Streptococcal infection (excluding bovine mastitis)	34	32	20	0	4	0	15	0	0	1
745	Swine influenza	13	3	11	-	-	-	11	-	-	-
026, 315	Toxoplasmosis (including fetopathy)	29	31	17	-	16	1	-	-	0	0
142	Tuberculosis (excluding bovine *M. bovis*)	3	7	9	-	0	0	1	5	3	0
034, 154	Yersiniasis (including fetopathy*)*	7	6	4	1	1	0	2	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

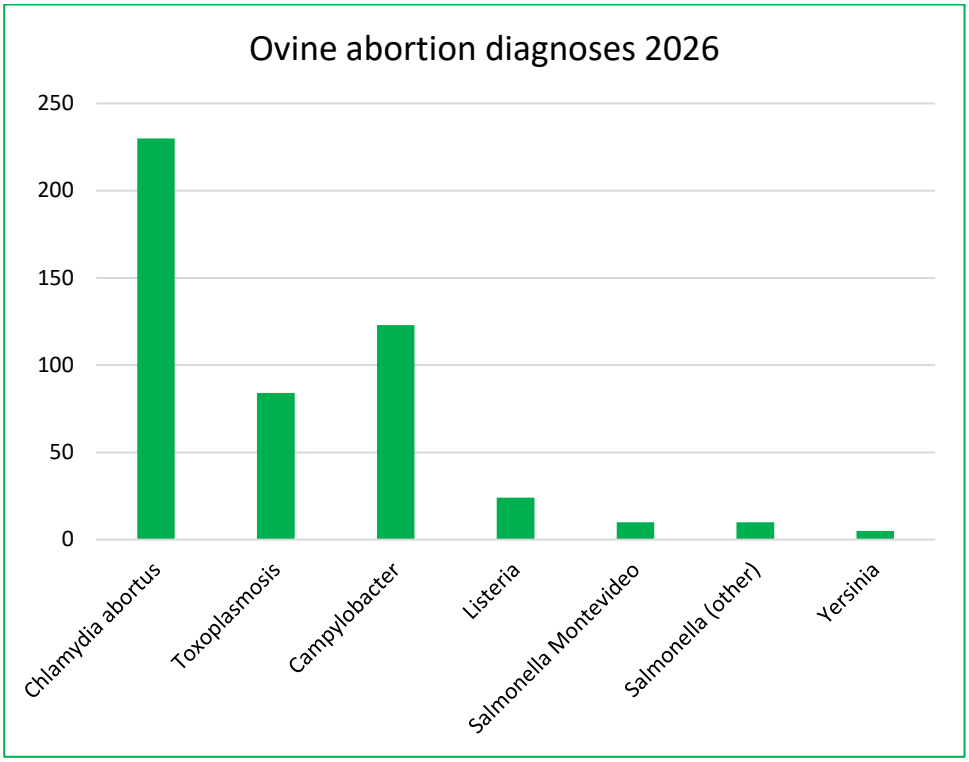
Some diagnoses are more common during specific times of the year, for example *Campylobacter* fetopathy, *Chlamydia abortus* fetopathy, and Toxoplasmosis are more commonly diagnosed during Q1 as this is the peak time of year for ovine abortion submissions. Further information on scanning surveillance 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.

Update of January to June 2026 ovine abortion diagnoses

Ovine abortion investigations for the 2026 lambing season were performed by APHA, APHA partner postmortem providers, and SRUC Veterinary Services between January and June 2026, with March being the busiest month. February and April were the second busiest months. Veterinary Investigation Officers (VIOs) provide zoonoses advice to private veterinary surgeons to pass on to their farm clients when potentially zoonotic organisms are identified. Potentially zoonotic organisms that may be detected during ovine abortion investigations include *Chlamydia abortus*, *Toxoplasma gondii*, *Campylobacter* spp., *Listeria* spp., *Salmonella* spp., *Yersinia* spp. and *Coxiella burnetii.* Spp. refers to more than one bacterial species. Figure 1 comprises a chart which includes the most common ovine abortion diagnoses for 2026.

Figure 1: Number of ovine abortion diagnoses January to June 2026

- The data is for the period January to June 2026
- The majority of the investigations took place in January to April inclusive
- The most common causes of ovine abortion are listed



For the 2026 lambing season, illustrated in the above chart, there were abortion diagnoses as follows: 230 *Chlamydia abortus* (ovine enzootic abortion), 84 Toxoplasmosis, 123 *Campylobacter* spp., 24 *Listeria* spp., 10 *Salmonella* Montevideo, 10 other *Salmonella* spp. and 5 *Yersinia* spp. Most years the three commonest causes of ovine abortion in Great Britain are *C. abortus*, *Toxoplasma gondii*, and *Campylobacter* spp. (predominantly *C. fetus fetus* or *C. jejuni*). In Great Britain there are vaccines available for protection against *C. abortus* and Toxoplasmosis.

In addition to the zoonotic advice provided by VIOs, advice on the risks of infections that may be a risk to pregnant women from parturient or post-parturient animals is available on the GOV.UK website: Pregnancy: advice on contact with animals that are giving birth. Public Health Wales have issued similar guidance: Advice issued to pregnant women during lambing season - Public Health Wales (nhs.wales)

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. There is additional data for England available at: Campylobacter data 2016 to 2025 - GOV.UK

Further information on *Campylobacter* including reducing the spread of zoonotic and veterinary diseases is available at: Campylobacter: a silent risk in our farm animals, wildlife and the wider environment – APHA Science Blog.

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 Q2 2026 there were 12 *Campylobacter* isolates identified by the APHA Starcross laboratory which were mainly from ruminant abortions and comprised:

- Bovine – a total of 3 isolates: 1*C. fetus fetus* and 2 *C. jejuni*.
- Ovine – a total of 9 isolates: 6 *C. fetus fetus*, and 3 *C. jejuni*.

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).

Serology results 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 April and June 2026, a total of 73 kidney specimens (kidneys from 1 alpaca, 17 cattle, 46 pigs, 1 sheep, I polecat and 7 foxes) were submitted for testing by RT-PCR for pathogenic leptospires. There were 4 positive kidney test results, all foxes'samples. Two of the submitted samples (both porcine) were unsuitable for testing because they were too autolysed.

Serology for *Leptospira* serovars

During Q2 2026, a total of 471 serum samples from a range of species were tested for *Leptospira* antibodies. Of these, 76 canine sera were tested for export purposes and 38

canine sera were tested for diagnostic purposes. There were 96 porcine samples which were tested for *L.* Bratislava, and 243 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 10.5% of 76 canine export samples tested were positive for *L.* Canicola antibodies

Species	Serovar	Total tested: Q2 2026	% positive	Total tested: Q2 2025	% positive
Canine E.	*L.* Canicola	76	10.5	62	6.5
Canine E.	*L.* Icterohaemorrhagiae	8	0	11	0
Canine D.	*L.* Australis	3	33.3	1	100
Canine D.	*L.* Autumnalis	3	33.3	0	0
Canine D.	*L.* Bratislava	35	2.9	29	3.4
Canine D.	*L.* Canicola	35	5.7	36	5.6
Canine D.	*L.* Copenhagenii	38	31.6	28	3.6
Canine D.	*L.* Grippotyphosa	0	0	0	0
Canine D.	*L.* Icterohaemorrhagiae	37	5.4	29	0
Canine D.	*L.* Pomona	0	0	1	0
Canine D.	*L.* Sejroe	0	0	0	0
Porcine	*L.* Bratislava	96	26	28	42.9
Bovine	*L.* Hardjo bovis	243	16.5	191	9.4

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

In March 2026 individual milk and bulk milk antibody testing by enzyme-linked immunosorbent assay (ELISA) were discontinued by APHA. This means that data from bulk milk test results of bulk tank samples submitted from dairy herds for monitoring purposes will no longer be reported. There are other veterinary laboratories which offer ELISA tests on bulk milk.

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. TB (*M. bovis*) in non-bovine animals' data is published at Data on TB in Non-Bovine Species - GOV.UK

Table 1 includes animals and samples which have been submitted under the scanning surveillance program and in which a diagnosis of tuberculosis has been reached. The VIDA code criteria includes finding suspicious lesions followed by demonstration of the organism by staining smears and microscopy, culture, PCR and histopathological examination. There were 9 VIDA-coded TB cases between April and June 2026 which were in 5 birds, 1 alpaca, 1 pig and 2 cats. *Mycobacterium microti* was detected in the alpaca and in the two cats. *M. bovis* was detected in the pig. For the bird cases the species of mycobacterium was not stated, although avian TB is usually caused by *Mycobacterium avium* subspecies *avium*, which rarely causes disease in humans. When TB infections are suspected VIOs provide zoonoses advice for private vets to pass on to their clients.

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 April to June 2026 a total of 45 (37 bovine, 2 caprine and 6 ovine) samples were tested for the presence of *C. burnetii* by PCR. For the samples which were submitted from British farms, *C. burnetii* was detected in 12 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. Cattle samples tested by PCR for the detection of *C. burnetii* during April to June 2026

Table notes:

- Negative – *C. burnetii* was not detected; Positive – *C. burnetii* was detected
- The data for the positive samples, positive submissions and positive farms is for samples from British farms (GB Positive).
- Sample types this quarter included placenta, foetal fluid, foetal tissue, and vaginal swabs.

Species	Samples tested	Negative	GB Positive	Positive Submissions	Positive farms	Placenta positive	Foetal fluid positive	Foetal tissue positive	Swab positive
Cattle	37	25	12	12	12	7	2	0	3

All 12 positive cattle submissions were from dairy farms, ten in England, one in Wales and one in Scotland.

In addition, during Quarter 2 2026 the detection of *C. burnetii* in 11 bovine bulk milk samples by PCR at an overseas laboratory (8 from English dairy farms and 3 from Welsh dairy farms) were reported to APHA. During this period a private veterinary laboratory reported the detection of *C. burnetii* in two ovine submissions. Both of these were from English farms, one comprising an ovine abortion investigation, the other an ovine stillbirth investigation.

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 April to June 2026 are shown below, with data for the previous 2 years (Q2 2025 and Q2 2024) 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	7	8	9	12	14	16	17	25	28	UT	Total
Q2 2024	-	1	8	-	-	-	2	1	-	1	2	-	-	1	-	6	**22**
Q2 2025	5	2	12	1	-	1	2	2	2	-	-	-	1	-	1	3	**32**
Q2 2026	4	1	6	2	-	-	2	1	3	-	-	1	-	-	-	1	**21**

Serotype 2 was the most common serotype in Q2 for all three years, 2024, 2025 and 2026.

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 the period April to June 2026 sixteen ovine samples were submitted for Toxoplasma serology. Of these 13 were positive, which were from 3 submissions. There was also one caprine sample which was negative. Toxoplasma fetopathy figures for sheep and goats are included 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. APHA provides advice on measures to control the risk of zoonotic disease transmission that fall within a veterinary remit. During both cryptosporidiosis and STEC human outbreak investigations APHA offers comprehensive veterinary guidance, including advice on any identified deficiencies, to support farm businesses in complying with the Industry Code of Practice for preventing or controlling ill health from animal contact at visitor attractions. Private veterinary surgeons can also support farm businesses that are open to the public by providing advice on zoonotic disease risks and transmission, and by developing and implementing veterinary health plans tailored to the specific needs of the farm.

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. Prolonged close contact with animals, for example cuddling, is also a higher risk activity with potential for extensive clothing contamination. 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 2 2026 summary

During Q2, APHA assisted with ten human cryptosporidiosis outbreaks, including providing continued support for the outbreak that commenced in Q1 2026 which was linked to an agricultural higher education setting. *Cryptosporidium parvum* was identified as the causative pathogen in nine outbreaks. In one outbreak the detected *Cryptosporidium* were not speciated. Shiga toxin-producing *Escherichia coli* (STEC) was also detected in two individuals who had visited one farm. However, one individual had visited the farm several months before the cryptosporidiosis outbreak, and both cases had other potential exposures that may have accounted for their STEC infections.

Of the outbreaks that commenced in Q2, six were in England and three were in Wales. Eight outbreaks were linked to open farms with animal contact activities, and one outbreak was linked to the consumption of unpasteurised milk.

Biosecurity and hygiene advice was provided to the agricultural higher education setting. APHA undertook veterinary advisory visits at the request of the Incident Management Team to five of the open farm settings, to provide advice on zoonotic disease transmission and relevant aspects of the Industry Code of Practice. The Food Standards Agency Dairy Hygiene Inspectors visited the premises producing unpasteurised milk to provide advice on hygiene during milking and processing.

Local Authority Environmental Health Officers collected fresh animal faecal samples from the floor at one of the open farm premises. The samples were tested at APHA Carmarthen, and those that were positive for *Cryptosporidium* were forwarded to the Cryptosporidium Reference Unit, Public Health Wales, for further characterisation including speciation and multi-locus variable-number tandem-repeat analysis (MLVA) typing. This resulted in the detection of *C. parvum* in a faeces sample from a lamb which was found to have the same MLVA profile as that identified in the human cases. This genetic match provided strong evidence of a common source of infection. When considered alongside the epidemiological evidence linking the human cases to the farm, the MLVA findings further strengthened the conclusion that the premises were the most likely source of infection.

All ten outbreaks have been declared over.

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 2 2026 summary

During Q2 2026, APHA assisted with the investigation of two human STEC O26 incidents. The first involved human cases that were epidemiologically linked to the consumption of unpasteurised milk. As a precautionary measure, the farm temporarily suspended sales of unpasteurised milk while multidisciplinary Incident Management Team investigations were ongoing. Sales resumed following the implementation of agreed mitigation measures, including enhanced quality assurance procedures and satisfactory follow-up milk sampling results.

The second incident involved human cases that were epidemiologically linked to an open farm. Recommendations arising from the investigation included ensuring that soap at handwashing facilities was readily accessible for very young children to reach and improving measures to prevent animal contact in areas not designated for public interaction with animals.

In addition, and mentioned under the Cryptosporidiosis section above, in which APHA assisted a cryptosporidium outbreak investigation, STEC was also detected in two individuals who had visited the farm. However, one individual had visited the farm several months before the *C. parvum* outbreak, and both cases had other potential exposures that may have accounted for their STEC infections. The STEC serotypes identified in each individual were different, one being STEC O26 and the other STEC O182.

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 potentially linked 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*. *Corynebacterium ulcerans* infections are neither statutorily reportable nor notifiable in animals, but APHA is involved due to the public health risk these pose.

APHA also assists 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 supports the private veterinary surgeon in recommended next steps. In Q1 2026, APHA published guidance on gov.uk to support private veterinary surgeons in managing cat and dog animal index cases: Information for assistance with toxigenic Corynebacterium ulcerans animal index cases - GOV.UK 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.

Q2 2026 summary

During Q2 2026, APHA assisted with 25 toxigenic *C. ulcerans* companion animal index cases involving 13 cats and 12 dogs (Table 5). This brings the total number of toxigenic *C. ulcerans* companion animal index cases for January to June 2026 to 49 (24 cats and 25 dogs).

For Q2, of the 25 cat and dog cases, 18 had other pets in the household. Eleven of these 18 households elected to undertake surveillance swabbing of the contact pets, which resulted in the detection of *C. ulcerans* in a single contact animal. This was a cat which subsequently cleared infection after an injectable antibiotic course.

All companion animal cases which were clearance swabbed successfully cleared infection following antibiotic treatments. Some owners may choose to not have their animals

clearance swabbed. In these situations, appropriate advice is provided to the pet owners via the local Health Protection Team.

Table 5. Count of pet index and human index cases of toxigenic *C. ulcerans* during April to June 2026

Index cases				
Month	**Cat**	**Dog**	**Human**	**Total**
April	5	4	1	10
May	2	4	1	7
June	6	4	0	10
Total	**13**	**12**	**2**	**27**

During Q2 2026, APHA also assisted with two human cases of toxigenic *C. ulcerans* where both had reported contact with companion animals. In both cases, companion animal surveillance swabbing was not undertaken as the animal contact was either deemed very low risk or the owners chose to not swab their animals.

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 veterinarians 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 2 2026 Investigations summary

During Q2 2026 APHA provided advice to public health colleagues regarding the zoonotic implications of the detection of *C. burnetii* in livestock at specific locations. In most instances, no associated public health concerns were reported. However, in one case, a farmer was reported to have been diagnosed with Q fever. For this farm, *C. burnetii* was detected by PCR in ovine placental and foetal fluid samples submitted as part of an abortion investigation undertaken in February 2026. Lambing had finished by 30 March 2026, although environmental contamination and subsequent human exposure remained a potential source of infection.

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.

Quarter 2 2026 summary

The detection of *C. psittaci* in psittacine birds is statutorily reportable to APHA. During Quarter 2 2026 there was one report of the detection of *C. psittaci* in psittacine birds which comprised a parrot that was in quarantine. There were no reported public health concerns. There was also a report involving a budgerigar; however the species of chlamydia was unknown as the diagnostic test performed by the private veterinary laboratory was not to species level. APHA also assisted an Incident Management Team in the investigation of a human case of psittacosis that may have originated from turkeys within a work environment. The birds the case may have been exposed to were no longer present. Hygiene and infection control practices were discussed. There were no further human cases, thus this appeared to be an isolated case.

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 2 2026 summary

During the second quarter of 2026, there were 164 epidemiologically separate incidents where there was evidence of infection with *B. canis*. All were identified by serology, presented at least one other risk factor for *B. canis* infection and were reported to the relevant public health authorities.

In addition, 16 dogs, which tested serologically positive for *B. canis* but had no other risk factors identified, did not trigger an incident response. Information relating to potential risk factors is requested within the statutory information form. It is a legal obligation for the submitting laboratory of the veterinary practice to provide statutory data for dogs with a positive serology test.

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.

Investigation into an incident that commenced in the last quarter of 2025, involving a dog breeder, is continuing with ongoing collaboration of several different government organisations.

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.