Contingency planning

Unless you have been living in a bunker for the past several weeks, with no contact with the outside world and particularly no access to any news, you will be aware that a coronavirus outbreak originating in China is spreading globally. The virus, dubbed COVID-19, causes respiratory infection with an as-yet-uncertain death rate in humans. It appears probable that most infected people will develop a mild-to-moderate self-limiting illness, with some not developing any clinical signs. However, some people, mainly those with underlying health issues, will develop complications such as pneumonia, sufficient to need hospital care. At the time of writing, the outbreak has not been designated as an official pandemic, but that might change. There have been only a few hundred cases in the UK, and fewer than 10 deaths. However, the effects are being felt globally and locally: quarantine of thousands of people on board cruise ships; cancellation of international mass-participation events (including the Tokyo, Paris and Barcelona marathons); and panic buying of hand sanitisers and toilet rolls in UK supermarkets!

Because of the contagious nature of this disease, there are official messages to cough or sneeze into a tissue, bin it, then wash your hands; and in general to shake hands less often, and wash or sanitise your hands more. Additionally, anyone who has come from a highly infected area is being asked to self-quarantine for 2 weeks, as is anyone with signs suggestive of infection. Presently it is unclear what percentage of the UK population will be infected. However, it is possible that say 20% of people in one workplace could be affected at the same time — possibly more, if one employee passes the virus on to others.

To date there is limited evidence of infection of pets and no evidence of spread from pets (dogs/cats) to humans.

The RCVS has issued guidance to UK veterinary professionals, acknowledging that there is a potential for conflict between self-protection and 'continuing to provide the best care you can to your patients'. The importance of documenting your decision-making process if there is such a conflict is emphasised. On the WSAVA website there is a new resource (http://bit.ly/WSAVA_COVID-19) including FAQs that can be used in answering not only your own questions but those you may be asked by clients.

It is difficult to plan precisely when you do not know exactly what you are preparing for. However, this is an excellent reminder for all veterinary practices to dust off, read and possibly revise their contingency plans regarding, for example, multiple staff members off sick at the same time. It could also be a good time to check your general cleaning and disinfection protocols, and remind everyone to follow them.

While COVID-19 grabs the headlines, we must remember the other diseases, affecting our patients, that are becoming more widely known or established in the UK. Ian Wright (p59) describes the situation with tick-borne encephalitis, now known to be endemic in some areas. Following that (p64), we have the findings from an excellent roundtable on lungworm — particularly *Angiostrongylus vasorum*, but also remembering *Aelurostrongylus abstrusus* in cats and other respiratory tract parasites in both species — with up-to-date information on diagnosis and treatment.

Finally, a partial proceedings from the 2019 'The Art of StreetVet-ing' conference (p93) provides useful reminders on what is possible in tackling skin disease, musculoskeletal problems and basic cytology in a back-to-basics situation with limited resources. CA

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