Lesley Griffiths AS/MS Y Gweinidog Materion Gwledig a Gogledd Cymru, a'r Trefnydd Minister for Rural Affairs and North Wales, and Trefnydd



Ein cyf/Our ref LG/00779/23

R Medwyn Hughes Chair Cyngor Gwynedd eirianroberts3@gwynedd.llyw.cymru

10 January 2024

Dear Medwyn,

Thank you for your letter of 14 December 2023, asking the Welsh Government to test and control wildlife in relation to TB.

There is a clear commitment in the Programme for Government to ban badger culling to control the spread of bovine TB in Wales. Our approach since 2008, when our Programme began, has always been informed by the latest scientific evidence available. Our long-term statistics show that good progress has been made, and we continue to build on it without culling badgers as in England.

We have commissioned the work of collecting badgers found dead since 2014, and the survey has increased our knowledge of the levels of Mycobacterium bovis (M. bovis) infection in badgers. In all areas across Wales, the Dead Badger Survey allows the Welsh Government to identify areas where badgers may or may not be contributing to the disease. This passive surveillance adds to epidemiological reporting, and is used in stronger control measures to tackle TB outbreaks and helps us develop policy at local and national levels.

Since 2017, badgers have been trapped and tested as part of a series of strengthened measures to deal with ongoing TB outbreaks. During this time, badgers with positive test results have been killed without cruelty and negative badgers microchipped, vaccinated and released. The data following completion of trapping and testing to 2020 showed no evidence of sustained or consistent changes in the incidence of bovine TB or the number of restricted herds in the radial zones, both in terms of time and relative to surrounding areas. Based on this observation and the lack of meaningful results, it was announced that badger trapping and testing would gradually cease in herds with long-term TB outbreaks to focus on badger vaccination along with other measures such as improved biosecurity.

Epidemiological evidence suggests that cattle purchased continue to be the main source of new infection and we know that in some areas, the risk

caused by movement of cattle is significant. With a significantly high incidence of TB mainly attributed to cattle movement, cattle keepers must play their part in our Programme (for example by implementing high standards of biosecurity and purchasing animals from safe sources, understanding their potential risk of disease).

I think it is right and proper to focus on tackling the increased risk of cow-to-cow transmission of disease by using more sensitive tests to prevent the spread of disease, and promoting better biosecurity, informed purchasing and post-movement isolation practices to prevent the introduction of infection.

**Lesley Griffiths AS/MS** 

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