



Animal &
Plant Health
Agency

APHA Briefing Note 27/26

Bluetongue Virus (BTV) Clinical Reporting System Launch in England Restriction Zone

Date issued: 11 September 2026

Update: 08 October 2026, Appendix added; paragraphs 5 and 14 updated (additional text in red)

Purpose

1. To inform Official Veterinarians (OV) and Private Veterinary Surgeons (PVSs) in Great Britain (GB) of the introduction of an online clinical reporting system for bluetongue virus (BTV) in England's Restricted Zone (RZ).

Background

2. **From Friday 11th September 2026**, APHA will introduce an online digital reporting system for BTV within **England's Restricted Zone (RZ)**. This forms part of the ongoing transition to a more proportionate, risk-based approach to BTV and is intended to simplify disease reporting for livestock keepers and their private veterinary surgeons (PVS).
3. **Bluetongue remains a notifiable disease** and anyone suspecting bluetongue is legally obliged to report it immediately to APHA.

England: Private Veterinary Surgeons (PVS) can use the online reporting system as described below, or alternatively call 03000 200 301

Wales: 03003 038 268

Scotland: Contact your local Field Services Office

Action

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.

4. In England, if a PVS has clinically examined animals on a holding and is confident that the observed clinical signs are consistent with bluetongue virus (BTV), they may use the online reporting service on GOV.UK to submit a disease report: [Bluetongue: how to spot and report it - GOV.UK](#)
5. The private veterinary surgeon (PVS) must complete an online reporting form and declare that foot and mouth disease (FMD) or other notifiable disease are not suspected on the holding. **The appendix below includes guidance on the differentiation between BTV and FMD.**
6. Certain fields are mandatory. Where information entered indicates that another notifiable disease may be suspected, the user will be directed to contact APHA immediately on 03000 200 301 and not proceed with online submission.
7. Upon submission, the report will be recorded and reviewed. A submission reference number will be issued.
8. Where concerns are identified following submission of the report, the PVS will receive a follow-up call from APHA to discuss the case.
9. Following submission of the report, the PVS and keeper will receive an email confirming disease on the premises based on the clinical symptoms observed, and submitted by the PVS, using the provided email addresses and providing information for the keeper regarding disease control and responsibilities.
10. Submission of a report through the online reporting service will not routinely result in an APHA visit, disease control restrictions or diagnostic testing being undertaken.
11. If the PVS is uncertain whether the clinical signs are compatible with BTV or not they must call APHA to discuss.
- 12. If any other notifiable disease is suspected, APHA must be contacted immediately using the relevant telephone number above.**
- 13. OVs are encouraged to share the information in this briefing note with colleagues.**

Further information

14. If the clinical picture changes and/or morbidity rapidly increases, which could suggest another notifiable disease, the keeper/PVS must call APHA on the number above **(See additional guidance in the appendix).**
15. This reporting system must only be used by a PVS following a clinical examination of livestock on the farm. It must not be completed or submitted by livestock keepers.

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16. This reporting route must not be used for animals located at livestock markets, slaughterhouses, artificial breeding centres or premises operated by private post-mortem examination providers. Suspicions of disease in the circumstances should be reported through the normal APHA reporting channels.
17. The online reporting service is only available for holdings located within England's Bluetongue Restricted Zone.
18. Suspicion of BTV in any BTV susceptible animals can be reported through this channel.
19. Keepers who choose not to engage a PVS must report any suspicion of BTV directly to APHA by calling the number provided above.
20. Submission of an online report does not prevent further diagnostic testing. Where a PVS or keeper wishes to obtain samples for testing, this may be arranged privately following submission of the online report or through the existing APHA sampling route by contacting APHA and obtaining an ERZ number where APHA consider this necessary.
21. When completing the online form, the PVS must confirm they have sufficient knowledge of BTV, which include practical clinical experience of the disease or completing training such as the AHDB webinar: [Bluetongue virus webinars | AHDB](#)
22. The following information should be available to complete the online reporting form:
 - RCVS number (this link will be provided to look this up: [Find a Vet | Royal College of Veterinary Surgeons](#))
 - CPH number and holding address
 - Keepers name and contact details
 - Species and numbers on the holding
 - Species and numbers affected
 - Date signs first observed
 - Clinical signs observed
23. If a report is submitted in error, or information requires correction, the PVS should contact APHA using the number above and quote the submission number provided.
24. If one or more animals have died suddenly and anthrax is suspected, APHA must be contacted immediately by telephone.
25. All cattle abortions and premature calvings must continue to be reported to APHA by telephone. This is a statutory requirement and supports surveillance activities necessary to maintain the United Kingdom's official brucellosis-free status.
26. Animal keepers must continue to comply with England RZ controls and any licensing requirements in place at the time the animals are proposed to be moved.

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Submission of a clinical online report does not constitute a movement licence or authorisation.

27. The animal keeper has a duty of care for their animals, providing symptomatic treatment and veterinary care as required.

28. For the latest information on BTV, visit: [Bluetongue: latest situation - GOV.UK](#)

Contacts

Telephone contacts for APHA:

England: 03000 200 301

Wales: 03003 038 268

Scotland: Contact your local Field Services Office.

Appendix

Differentiating Bluetongue and Foot and mouth disease

Why are we issuing this communication?

From September 2026, APHA introduced an online reporting option for Bluetongue Virus (BTV) infection in England's Restricted Zone, allowing Private Veterinary Surgeons (PVSs) to report disease online following their clinical diagnosis of BTV, without first contacting APHA.

As BTV becomes more widespread, there is a risk that clinical signs could be incorrectly attributed automatically to BTV, potentially delaying recognition of another notifiable disease. APHA are aware of concerns among private veterinary surgeons and keepers that Foot and mouth disease (FMD) could be missed as a result.

The introduction of this reporting route does not alter the requirement to remain vigilant for FMD and other notifiable diseases. **FMD must continue to be actively considered as a differential diagnosis.**

Key Messages

- The [BTV eForm](#) should only be completed following examination of affected animals by a PVS.
- **The presence of BTV on a holding does not rule out other notifiable diseases.**
- FMD and BTV remain statutory notifiable diseases.
- **If FMD cannot confidently be excluded, the eForm should not be used and APHA must be contacted immediately.**
- Any unusual clinical picture, uncertainty regarding diagnosis, or signs inconsistent with BTV should trigger escalation by calling APHA.

Report a notifiable disease in England:

- **England: 03000 200 301.**

Phone lines are open 24/7, 365 days a year.

Guidance

This guidance supports PVSs in assessing suspected bluetongue (BT) cases, with a focus on FMD as an important differential diagnosis. It provides key considerations to support informed clinical decision making and appropriate disease reporting.

Important: This guidance is intended to support clinical decision-making and is not

intended to be prescriptive or exhaustive. Professional veterinary judgement should always be applied when assessing the full clinical picture, history, epidemiology and risk factors for each individual case. Clinical signs should not be considered in isolation and must be interpreted within the wider context of the holding, herd/ flock history, and disease situation.

Decision making

Key considerations

- **Rapid spread:** Consider whether numbers of affected animals are increasing rapidly over a short period, which may increase concern regarding FMD.
- **Presence of pigs:** Where pigs are present on a holding, they should also be examined. Pigs are not clinically affected by BT; therefore, the presence of compatible clinical signs in pigs should raise suspicion of FMD.
- **Are any cattle more clinically affected than sheep?** Clinical BT disease is generally more severe in sheep, whereas cattle are often subclinical. Prominent disease in cattle should prompt further consideration of differential diagnoses.
- **Clinical signs not typical of BT:** If lesions do not fit the expected BT presentation, particularly if vesicles are present, alternative diagnoses should be considered, including FMD.
- **Epidemiological risk factors:**
 - Recent movements of susceptible livestock, contact with imported animals or germplasm
 - Other relevant risk factors prompting increased vigilance e.g. recent travel of keeper to FMD affected area.
 - Whether disease occurrence is consistent with the seasonal vector-active period.
 - Whether BT cases have been reported and/or confirmed in the area.
- **Have the affected stock been vaccinated for BTV-3:**
 - If so, also consider when the vaccination administered?

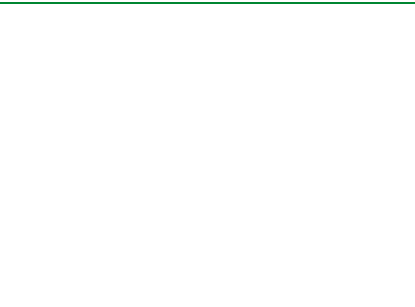
Comparison of clinical signs of BTV and FMD

The table below compares the clinical signs and disease presentation of BTV and FMD. These similarities and differences should be considered by a PVS when assessing suspicion of BTV with a keeper. **Clinical signs shown in bold highlight some of the key features that may help differentiate the two diseases.**

Pictures of FMD: [EuFMD - Lesion Library I \(FMD\) | Flickr](#)

Pictures of BT: [Clinical signs of bluetongue | AHDB](#)

	Bluetongue	FMD
Transmission	Mainly vector borne (also via germinal products and blood).	Direct or indirect (including airborne) contact with FMD virus. Virus found in all excretions and secretions from infected animals.
Species affected	All ruminants and camelids. Pigs are not susceptible to clinical bluetongue.	All cloven-hoofed animals (including pigs).
Clinical signs (Highlighted in bold are the specific clinical signs which differ between the two diseases)	General Depression, pyrexia, inappetence/anorexia, milk drop, weight loss.	General Depression, pyrexia, inappetence/anorexia, milk drop, weight loss.
	Head/Neck/Feet/Udder	Head/Neck/Feet/Udder
	Ocular lesion / conjunctivitis; ocular discharge; tongue swelling or cyanosis; head or neck oedema; nasal discharge; hyperaemia of the nasal or oral mucosa; erosive lesions on the nasal or oral mucosa; hyperaemia of the nasal planum or muzzle skin; crusting of the nasal planum or muzzle skin.	Fluid filled vesicles or blisters , which rupture after 24 hrs leaving epithelial flaps and erosions, on the tongue, dental pad, gums, cheeks, hard and soft palate, lips, nostrils, muzzle, coronary bands, teats, udder, corium of dewclaws and interdigital spaces. Early vesicle formation may be associated with blanching of the coronary band.
		

Bluetongue	FMD
	
	
	
	
	Lameness/reluctance to move, hyperaemia of coronary band, lower limb oedema, salivation, reddening and erosions on the teats.
	
	
	Presence of these lesions can cause smacking of the lips, salivation, grinding of the teeth, stamping or kicking of the feet, lameness, recumbency.

Bluetongue		FMD
		
	Fertility	Fertility
	Poor fertility, abortions, increased perinatal mortality, congenital defects, including brain abnormalities and associated neurological signs, blindness.	Poor fertility, abortions can occur, perinatal mortality.
Differences between sheep and cattle	Generally milder clinical signs in cattle compared to small ruminants and many cases in cattle are sub-clinical. Mild malaise and milk drop may be the predominant signs in dairy cattle.	Cattle are indicator species. Highly productive dairy breeds show the most severe clinical signs. Milder clinical signs in small ruminants when compared to cattle but clinical signs (e.g. recumbency and reluctance to move) may be severe if sheep are under stress/subject to concomitant metabolic disease e.g. around lambing time. Many cases in small ruminants can be sub-clinical. In small ruminants, lameness can be the most predominant sign, and when present, oral lesions are typically found on the dental pad and occasionally the gums and tongue. Vesicles at any site may be transient and heal rapidly. Vesicles occur on the feet, which are usually small and on the coronary band, but they may rupture and be hidden by hair or foot lesions from other causes.
Proportion of herd/flock	Typically, only a small proportion of animals display acute clinical signs , with	Highly infectious, resulting in rapid spread and high morbidity , with many animals

	Bluetongue	FMD
affected and mortality	additional cases identified gradually over time. Mortality averages between 2-30%.	affected over a short period. However, FMD should not be discounted if only a small number of animals are affected, as this may reflect the early stages of infection or infection in less clinically expressive species e.g. small ruminants. Mortality generally low in adult animals (1-5%) but higher in young animals (20% or higher) due to multifocal myocarditis or starvation.
Other possible differential diagnoses include	Notifiable FMD, Epizootic Haemorrhagic disease virus (EHDV), lumpy skin disease virus, PPR (Peste des petits ruminants), Sheep pox, Goat pox, vesicular stomatitis. Plus, bovine viral diarrhoea (BVD)/mucosal disease (notifiable in Scotland).	Notifiable BTV, EHDV, PPR, Sheep Pox, Goat Pox, vesicular stomatitis, BVD (notifiable in Scotland).
	Not notifiable Malignant catarrhal fever (MCF), Orf, infectious bovine rhinotracheitis (IBR), Schmallenberg, photosensitisation, haemonchosis, lumpy jaw, bovine papular stomatitis, bovine herpes mammillitis, bacterial septicaemias.	Not Notifiable Trauma and caustic agents, bovine papular stomatitis, MCF, IBR, photosensitisation, severe summer scour syndrome, necrotic enteritis of suckler calves, calf diphtheria, wooden tongue, lumpy jaw, Orf, idiopathic oral ulceration/ovine mouth and gum obscure disease ("OMAGOD") lesions, other causes of lameness (scald, foot rot, CODD).

Additional FMD training available

- [EuFMD vLearning: FMD courses page | EuFMD vLearning](#)
- Gov.uk posters: [Foot and mouth disease posters - GOV.UK](#)

- [Differential diagnosis of oral lesions and FMD in sheep - Watson - 2004 - In Practice - Wiley Online Library](#)
- [Differential diagnosis of bluetongue in cattle and sheep - Williamson - 2008 - In Practice - Wiley Online Library](#)
- [Differential diagnosis of diseases causing oral lesions in cattle - Holliman - 2005 - In Practice - Wiley Online Library](#).

Using the BTV eForm

Before submitting a BTV eForm, PVSs should:

1. Examine affected animals.
2. Consider FMD and other notifiable diseases as differentials e.g. Brucellosis, Anthrax.
3. Be satisfied that the clinical picture is consistent with BT.
4. Complete the declaration confirming that FMD is not suspected.
5. Contact APHA immediately if there is any uncertainty.

Where concerns are identified following submission of the report, the PVS will receive a follow-up call from APHA to discuss the case.

When Should APHA Be Contacted Instead?

Contact APHA immediately rather than submitting an eForm if:

- FMD or another notifiable disease cannot be confidently excluded.
- The clinical picture is unusual or inconsistent with BT.
- You require further advice regarding differential diagnosis.

Any suspicion of FMD must be reported immediately and in line with statutory reporting requirements. Do not delay notification while awaiting a BTV outcome or seeking additional advice. BTV samples submitted by a PVS are not tested for FMD unless FMD suspicion had been reported.

Pictures credited to:

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