

Research Director
Agriculture and Environment Committee
Parliament House
George Street
Brisbane Qld 4000

Dear Sir,

Inquiry "Hendra virus (HeV) EquiVacc® vaccine and
its use by veterinary surgeons in Queensland"

Background

I don't show or compete but I have kept 1 or 2 horses since 1981 when I was 18 years old. I now keep horses here in suburbia as per my permit from Rockhampton Council. I pride myself on the care I give these horses and I don't cut corners or quibble over costs.

We have had 2 Hendra virus events 5km SE of us at Nerimbera in 2012. The 2009 event at Cawarral (20km NE of our property) killed Alister Rodgers who was our veterinarian at the time.

Our current vet, who was Alister Rodger's offsider at the time of his death, continues to practice as a specialist horse vet around central Qld.

Location

Our property is about 1.5 hectares located in an older suburb of North Rockhampton. It avoided residential development as it is prone to flash floods. It has 17 neighbouring lots, 2 of which are still not built on. It also has frontage to Thozet's Creek which is public land accessible on foot.

There are numerous mango trees in the suburb including many (see Map 1) on the lots immediately abutting our property. These trees fruit for about 8 weeks a year, and numerous flying foxes visit the trees at night, each night for those 8 weeks, eating the fruit. Mangoes are highly palatable to horses, from green through to over-ripe, and horses will readily learn to strip the skin, chew the pulp and then discard the pod.

Since flying foxes can readily travel 30kms from their roost while foraging for fruit, it is highly likely that the flying foxes which were feeding in mango trees adjoining our property at the times of the 2009 and 2012 events were from the same population as those carrying the virus.

Risks vs Management Options

Given the location I believe my horses are in a high risk area for exposure to the virus. Thus I have given consideration to how to minimise the likelihood of the horses contracting the virus, how I might manage if an infection did occur and how best to protect other people.

As the mango trees are not on my property, I don't have the option of removal to minimise the risk.

I have been feeding and watering undercover for several years. I now yard the horses at night but have not yet been able to afford a roofed shelter. In an urban context, any shelter will require council approval and design and engineering to cyclone standards.

Flying foxes will carry away partly eaten mangoes and drop them at various distances from the tree. Mangoes are highly palatable to horses and they will readily eat any dropped half-eaten fruit, which may be carrying fresh saliva.

While yarding the horses at night reduces the risk of them eating dropped fruit carrying fresh saliva, it does not remove the risk entirely because at some point the horses will be released to the paddocks the next morning. One morning I tested to see how likely the horses were to scavenge dropped fruits. I walked the paddocks and collected 5 dropped bat-chewed mangoes, and over the next 10 minutes I observed the horses find and eat another 3 which I had missed.

Please note that fences don't keep strangers away from horses. On several occasions I have found strangers in my paddocks, usually wanting to "pat the pretty horsey". Sometimes these people are children and sometimes they are adults. Sometimes they walk across adjoining lots; sometimes they come from adjoining lots and on at least one occasion they've come from the creek. Some have climbed through barbed wire fences to get to the horses while others have climbed over domestic fences to reach them. Note that these people are not familiar with horses and so are not likely to be aware of the risk of the virus. Consequently I consider that I need to factor into my risk management an unforeseen exposure of strangers to the horses.

Since we know that the Hendra virus can be infective and shedding in pre-symptomatic horses (Beohm infection via nasal levage, Redlands, 2008) and since someone patting a horse is close enough to be sneezed on, there is a chance, *albeit* slight, that one of these strangers could be infected.

My experience of the vaccine

My 2 elderly mares (34 year old and 28 year old) were vaccinated in December 2012, continuing every six months with no adverse reactions until they were put down for unrelated reasons in July 2014. My current gelding also is vaccinated every six months and has been since January 2013, with no adverse reactions.

Comparison of risk of infection with risk of riding horses

Many commenters compare the risks of Hendra infection with the risks inherent in general horse handling or in riding. If you ride, you have the choice of what level you ride at, depending on what you are comfortable with. In a riding school a learner rider is not put on a Thoroughbred in race condition and jumped from the barrier. A learner is given a mount they are comfortable with.

Vets should have that choice when treating a horse. Some vets not may feel comfortable treating horses at all, and stick with small animals. Some may only feel comfortable with treating vaccinated horses and some may be happy to treat unvaccinated horses. This has a corollary in human medicine

Vets

Many people seem to want to dictate that a vet MUST treat their sick horse and that the vet must treat at the level the horse's HANDLER feels comfortable with. There seems to be an underlying attitude that many horse handlers (owners, trainers, etc.) are willing to risk their personal safety when handling horses. This has translated into an attitude that vets too must be willing to risk their personal safety.

As it is now, some vets are being verbally berated and told they must come out and treat a sick horse, and the level of personal risk they must be willing to take. I have spoken with 3 vets who have all relayed stories of incidents where people (not their regular clients) have contacted them and forcefully requested they attend to sick unvaccinated horses. In one case this was accompanied by an insistence that the vet would have sworn an oath at graduation, which the vet advised they did not do.

This behaviour by would-be clients is translating into reluctance by vets to continue treating horses, or to take on treating horses for new clients.

WH&S regulations

If it is true that when a vet agrees to treat a sick horse at a private property, that property becomes the vet's place of work with all the legal liabilities that go with it, then that is another big factor in vets' reluctance to treat unvaccinated horses. If horse owners/handlers are willing to risk their personal safety in handling sick unvaccinated horses, it should be no surprise that vets refuse to take on new cases.

Regional Qld

Vets are sparsely scattered across regional Qld. If the expectation that vets must be willing to risk their personal safety in treating sick unvaccinated horses continues, the horse owning population in regional Queensland will most likely find it harder to obtain veterinary care for our horses. While it is true some interests would be happy to undertake do-it-yourself veterinary treatment on their horses, many of us don't want to be placed in that position. We appreciate the need for professional veterinary attendance and treatment, and we don't wish to have vets displaced by bullying tactics.

Conclusions

1. The vaccine is a valuable tool in managing the risk of infection in horses where exposure can't be prevented and it should remain available.
2. WH&S regulations should be amended to place responsibility for the actions of all persons on the person themselves and not on the attending (overseeing) vet.
3. Vets are valuable members of the community who should be treated with respect; abuse and vilification should be discouraged.

Yours faithfully

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Sunday, 27 March 2016

Map 1: Spatial layout of our property with nearby mango trees.



Map 1: Approximate location of our property outlined in red. Yellow stars = mango trees closest to our boundary. Note that there are many other mango trees in proximity but not as close.