

Submission to the Queensland Parliament Hendra Vaccine Inquiry

I am writing this submission on behalf of the Australian Endurance Riders Association as a veterinarian and Vice President of AERA. We have read the following terms of reference:

- The development, trials and approval processes;
- The incidence and impact of adverse reactions by horses following vaccination and the reporting of adverse reactions and economic impacts of the Hendra vaccine;
- Who bears the risks of HeV infection and who incurs the costs and receives the benefits from each risk mitigation option;
- Whether the guidelines/procedures required for veterinarians attending horses that are not vaccinated against HeV are proportionate to the consequences;
- Impacts on the equine industry and the economy arising from veterinarians applying a policy not to treat unvaccinated horses

and

- The impact of Workplace Health and Safety actions on the decision by veterinarians not to attend unvaccinated horses and results of previous Workplace Health and Safety HeV investigations where there have been human infections.

Because this submission is not written from a veterinary practice perspective it will not address the second term of reference but after discussing the general situation with regards to Hendra vaccination and the sport of endurance riding this submission will put that into the perspective of 5 of the terms of reference towards the end of this submission.

Of Australia's equestrian sports endurance undoubtedly has the largest hands on veterinary involvement. In a 160 km endurance ride horses that complete the ride are subject to seven veterinary examinations. In the relatively common 80 km competitive distance each horse completing is subject to three veterinary examinations. In Australia in 2015 there were 473 endurance rides with a total of 10,242 entries. 169 vets are currently involved in endurance Australia wide. Each ride requires at least one veterinarian to be equipped to act as the treatment veterinarian in the event of metabolic or other problems of veterinary significance. Generally speaking treatment of metabolic disorders requires the administration of fluids by intravenous or stomach tube administration with the veterinarian exposed to blood, aerosols and respiratory exudates. Treatment vets are therefore at greater risk re Hendra infection and some have stated that there is a strong possibility that non-vaccinated horses will be refused treatment in a Hendra risk zone. Hendra virus infection has never occurred at an endurance ride in Australia but never the less the possibility currently exists in Queensland and Northern NSW. AERA has recent released its Biosecurity Statement. Early in the document the statement is made: "***While this document is not specifically related to Hendra virus and associated outbreaks, it is important to note that the vaccination of horses in relation to the Hendra virus is recognised as the single most effective means of controlling the spread of this virus.***" The document requires the connections of each

horse entering an endurance ride to complete a Horse Health Declaration. Within each HHD is included a temperature log. For non-vaccinated horses coming from Hendra Risk Zones temperatures need to be recorded over a ten day period. It is recognised that a horse may be replicating Hendra virus in the upper respiratory tract before a temperature rise occurs, but the ten day temperature log requirement is an incentive to have horse connections vaccinate their horses. Horses in the rest of the country and vaccinated horses in Hendra Risk zones require a three day temperature log.

Veterinarians in Queensland have been reluctant to attend endurance rides this year unless all horses attending the ride are vaccinated against Hendra. Given the zoonotic potential of Hendra this is understandable, but the situation has been exacerbated by the Queensland WH&S decision to prosecute three veterinarians re their management of Hendra cases. Without vets we don't have a sport! The Queensland Endurance Riders Association has offered some assistance to ride clubs who have found themselves unable to secure vets because of vaccination issues. This has encouraged at this point in time four clubs to take the leap and run vaccinated only rides. The "test event" period is from April 16 to June 26. All clubs with rides in this period will have access to some financial assistance from QERA in the form of head vet and treatment vet payments should they choose to run a vaccinated only ride and find their ride in a financially difficult position. Also of note, a number of QERA Chief Stewards have refused to officiate at rides where vaccination is not mandatory. Chief Stewards are in effect the general managers of an endurance ride. The QERA President has asked riders to support these clubs (many with a thirty year history running rides) and the veterinary team. Anecdotally there appears to be an increased vaccination rate as a result but we won't really know until these rides are run whether or not Hendra vaccination rates have significantly increased.

Addressing five of the terms of reference:

- **The development, trials and approval processes:**

There are 2 things worthy of comment here. The first involves apparent mystery around the APVMA approval processes. The second concerns the duration of immunity. There appear to have been questionable delays in immunity duration testing decisions. Zoetis appear to be suggesting that a 12 month immunity should occur following the initial two vaccinations. Without a doubt the clear establishment of 12 month immunity would result in increased vaccine uptake and make easier the promotion of the necessity of vaccination to a membership like ours.

- **In this situation who bears the risks of HeV infection and who incurs the costs and receives the benefits from each risk mitigation option;**

In the endurance riding situation the risks of HeV infection are borne by the horse connections, the Ride Organisers and veterinarians, particularly treatment vets. The cost of vaccination is borne by the riders/connections and they would also bear indirect costs (eg loss of income in a Hendra lock down situation). Ride organisers could well be out of pocket in a lock down situation. Veterinarians are at risk of zoonotic infection in a Hendra risk area with non-vaccinated horses and they also face possible WH&S prosecution if it is deemed that they managed a Hendra situation incorrectly. In so much as vaccine protects against Hendra infection, horse connections, ride organisers and veterinarians all benefit from the Hendra risk mitigation that vaccination provides.

- **Whether the guidelines/procedures required for veterinarians attending horses that are not vaccinated against HeV are proportionate to the consequences:**

The WH&S prosecution consequences are considerable and it is apparent that a number of veterinarians are not prepared to take the risk. This is understandable. The consequences appear to be disproportionate to the situation. There are no pathognomonic signs that define HeV infection in horses and horses infected with HeV have shown variable and often vague clinical signs, thereby rendering accurate diagnosis difficult. A major problem has been that HeV is often diagnosed retrospectively in horses (i.e. after human exposure has occurred).

- **Impacts on the equine industry and the economy arising from veterinarians applying a policy not to treat unvaccinated horses:**

A horse dying at an endurance ride has significant potential to attract unfavourable public attention. Were a horse with a relatively readily treated metabolic problem to die because it was unvaccinated and treatment was withheld then this potentially avoidable situation could impact badly on endurance riding and horse sports in general.

- **The impact of Workplace Health and Safety actions on the decision by veterinarians not to attend unvaccinated horses and results of previous Workplace Health and Safety HeV investigations where there have been human infections.**

There is an email discussion list specifically used by endurance veterinarians and it is apparent from relevant high quantity discussion that the Queensland Workplace, Health, and Safety actions have had a significant effect on the decision by endurance veterinarians not to attend unvaccinated horses in Hendra risk areas. Two of the three vets currently being investigated/charged have very strong links to the endurance community.

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