

From: [REDACTED]
To: [Agriculture and Environment Committee](#)
Subject: Hendra virus (HeV) EquiVacc® vaccine and its use by veterinary surgeons in Queensland
Date: Tuesday, 12 April 2016 6:05:15 PM

To Whom it may concern please find below my thoughts on the whole Hendra debacle .

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I am a veterinarian , graduating from U of Q in 1985 , I am a practicing veterinarian, horse owner of over 30 year , competitor in equestrian activities for 30 years and an past president of North Coast Active Riders Group (a dressage focus riding club based at Maroochydore Showgrounds , Nambour.

This can be made public

Kind regards Dorothea Hofman

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1/ The vaccine is causing far too many reactions. As a veterinarian and past president of the North Coast Active Riders Group, a horse owner and rider myself I have seen far too many problems and know far too many people with problems to believe that the level of reactions is well and truly above what the drug company claims. Initially the reporting of the reactions was set up so the vets would then report a problem to Zoetis, this self form of regulation saw many reactions never reaching the APVMA. Only once social media started to become involved were horse owners given direct access to a portal to report reactions when the vaccine was under permit. Now that the product is licensed, reporting from owners to vets will go no further even though they still should go to the APVMA as well.

2/ The vaccine is most likely causing more problems than it is preventing since the disease is very rare with only a limited number of Hendra cases over 20 years. Since I have been involved in this issue I have come across 4 horses with immune mediated thrombocytopenia which is a rare disease at best and in 30 years of practice I had not clinically heard of the disease but I now know of 4 cases all of which occurred roughly 7 to 10 days post Hendra Vaccination. This I do not believe is a coincidence and when one researches vaccination it is listed as a well know side effect.

3/ The vaccine was only ever intended for horses in high risk areas (Researcher Deb Middleton's own words and this was the initial directive of the vaccine production). Pushing the vaccine into every horse in Australia as desired by the Drug Company and the

AVA/EVA is only a ploy to create a market for a product that was not being very well up taken voluntarily by the horse owner. It is also very worthy to note that Zoetis is a sponsor of the AVA in various forms and was also involved in sponsoring Equestrian Australia. EA tried to instigate mandatory vaccination for events in 2015 and received much member backlash. One does question a conflict of interest in these administrative decisions.

4/ The no vaccination / no see policy is killing horses in many areas. Horses are not receiving veterinary attention for a variety of illnesses and injuries and in some cases are dying or being put to sleep by lay people due to lack of veterinary attention. There are horses that can not be vaccinated (those with preexisting conditions as mentioned on the Hendra vaccine insert) and then there are those that have confirmed reactions from the APVMA who probably would be at high risk of having a more severe reaction should they be vaccinated again. What are these people suppose to do? Use a product off label which is actually a legal issue? Also no work has been done and will not be getting done in regards to testing the vaccines in stallions. Again if owners vaccinate their stallions for the sole purpose of obtaining veterinary care they are using the product off label and will receive no compensation should damage from the vaccine occur to that horse. Also many horses live in areas where the risk of Hendra infection is negligible due to geographic regions so why should these horses be put through a vaccine protocol that is not necessary. Racehorses are still being openly seen by veterinarians and since the racing industry is reluctant to take up the vaccine due to export losses and loss of performance why is it that the pleasure/competitive horse industry is being targeted. Also titre testing needs to be an accepted form of recognizing that a horse is immune from Hendra. Proof is not coming out that even though a horse may not be currently up to date with the vaccine schedule, blood titre testing unequivocally shows us that these horses are still immune to the disease so why should these horses be denied treatment. Only treating vaccinated horses can also be flawed in that unless horses are actually given a titre test it assumed that the horse has zero-converted and is actually immune to the disease. There will be rare cases where a vaccinated horse does not zero-convert and could still potentially get the disease. Hence the manufactures statement that " no vaccine is 100 % ". Even if it is possible from the research that a Hendra vaccinated horse could still shed Hendra virus and since all vaccinated horses were euthanised at day 9 in the research when the incubation period is up to 28 days, does the vaccine actually spot these animals getting sick or does it only delay disease. We will never know due to the premature euthanasia's of the test horses.

The other consideration in the No Vaccination /No see policy is that there will potentially be cases of Hendra that will not get diagnosed by a veterinarian and may not get passed on to the DPI. This would then potentially become a public health risk since owner/ helpers etc may inadvertently become involved in this horses welfare in an attempt to assist/ relieve pain and suffering to that animal. Surely veterinarians are then neglecting their duty of care and obligations to see that a notifiable disease is recorded and proper quarantine is put in place. I doubt very much that those veterinarians refusing to see a horse because it is not Hendra vaccinated are passing this information on to the DPI

for them to intervene. So a stale mate can then exist . The vet wont see the horse because it is not vaccinated but unless they see the horse they see/ test the horse they won't know it has Hendra and hence be refereed to the DPI but without seeing the horse and a positive PRC test confirmed the DPI will not get involved . A totally unworkable situation in my mind .

Interestingly many veterinarians that refuse to see a horse because it is not vaccinated will come and see the horse if they can vaccinate the horse at the time of visiting. NO vaccine works instantly so giving a vaccine at that time DOES NOT provide any immunity at all and just puts the profession in a very bad light. Also is any vet administered a vaccine to a sick/injured horse for the sole purpose of then supposedly having a safe working environment the horse would most likely at that time not meet the normal and healthy category and as such they are then using the product " off label" and against manufacturers recommendations .

5/ Work Place Health and Safety has further complicated the entire issue with their protocols and their attempts to audit and prosecute Veterinarians for breaches of these protocols. The work place health and safety guidelines need to be workable and easier to understand/manage and adhere to since I think now the no vaccination no/ no see policy is now also being driven by fear of prosecution by work place health and safety for any breaches. The only way out of this I feel is the development of the Rapid Detection test which Joanne MacDonald is developing at the University of the Sunshine Coast. This test will ultimately be able to give a result within a couple of hours and is showing good results to date with no false negative results being recorded. A test that can rapidly determine negative horses be they vaccinated or un-vaccinated would allow veterinarians to begin treatment of all horses showing any of the symptoms that are listed under Hendra (since work place health and safety demands that any horse be it vaccinated or un-vaccinated showing any symptoms on the Hendra list be treated with the same level of caution and requires a PCR test). If a case tests positive the DPI could be called in immediately and then quarantine of the area is taken out of the veterinarians control and becomes a lock down situation in the hands of the government at least until a second PCR test is confirmed or denied. This would remove the complete onus on the attending veterinarian to secure the sight until a PCR test comes back at a later date which could take anywhere between 2 - 4 days (Or much longer during any holiday period).