Submission No. 93

17 April 2016

The Agriculture and Environment Committee Hendra Vaccine Inquiry
C/- Mr Rob Hansen
Parliament House
Brisbane
Queensland 4000
Phone: 07 3553 6660

By email: robert.hansen@parliament.qld.gov.au

Dear Mr Hansen,

RE: Veterinarian Submission to Hendra virus Vaccine Inquiry

My name is Dr Cristy Secombe, and I am a senior lecturer and a registered specialist in equine medicine at Murdoch University, Western Australia. I have been an equine veterinarian for 22 years. I wish to address the following Terms of Reference in the Qld Parliament's Hendra virus Vaccine Inquiry:

- whether the guidelines/procedures required for veterinarians attending horses that are not vaccinated against HeV are proportionate to the consequences;
- 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.

Although in south Western Australia there are no flying foxes that carry Hendra virus (HeV) and the majority of the equine population are not at risk of contracting the disease, the transportation of horses from endemic areas places both horses and people at risk. It is entirely plausible that a horse incubating the disease could arrive from an HeV endemic area into Western Australia shedding the virus, with either a subclinical or clinical infection. Murdoch University Veterinary Hospital has instituted policy that if a horse from a HeV endemic area is presented within a specific time frame then defined protocols are instituted that are consistent with those commonly undertaken in Queensland. Entry into the university hospital is prohibited if a horse arriving from a Hendra endemic area is unwell with clinical signs that could be consistent with HeV and is unvaccinated until an exclusion test has been performed, by either the referring veterinarian or ourselves at the horse's residence. Guidelines as outlined by Biosecurity Queensland and Work Health and Safety Queensland are followed until the exclusion test is returned.

In our circumstances we acknowledge that the risk of HeV is very low, however as well as staff, general public and patients the university also has a duty of care to undergraduate veterinary students and it is essential that risk is mitigated as far as reasonably possible. We often do not have information of exactly where in Queensland of Northern NSW the horse has come from, the presence of bats or the horse's housing circumstances, therefore we have to assume that all of the HeV risk factors are present and act accordingly. If the horse is from an endemic area and not vaccinated then the decision to institute level 4 PPE or not admit them to the university hospital if they are unwell is the only method available to effectively mitigate the risk to our staff, students, other patients and business.

Vaccination is the most effective risk mitigation technique and confidence in the vaccination to prevent the disease affords the vaccinated sick horse rapid aggressive therapy for their presenting clinical signs. The national database and the fact that the vaccine administration is "vet only" allows us to determine which

horses are vaccinated and to have confidence that the vaccine will be effective even if the person presenting the horse is unaware of the horses vaccination status. If the data base was not available or the vaccine had been administered by a lay person in our situation we would assume the horse is not vaccinated and an exclusion test would be required.

The impact of the WHS actions in Queensland is being closely watched around the country with the assumption that a precedent would allow for similar prosecutions elsewhere. From a Western Australian perspective equine veterinarians need to undergo cultural change in regards to their attitude to biosecurity and infection control. Although the WHS actions appear heavy handed it is my opinion that this approach may be required to commence the change required, similar to that seen in human medicine, the mining and building industries. With realistic accountability and continued conversation between the WHS, veterinary and equine lay sector it is highly probable an outcome that best serves horses and both the veterinary and general community can be achieved. Similar to the human medical sector this will likely involve vaccination as the primary risk mitigation technique.

The human anti-vaccination sector has placed population health at risk as evidenced with the unprecedented recent increase in whooping cough and measles in affluent countries due to the insidious negative vaccination message that is propagated through the media, especially social media. The 'collective action' nature of the human anti vaccination sector has been mirrored by the HeV anti vaccination sector and it is my opinion that although they represent a very small number of horse owners and the misinformation disseminated is anecdotal rather than from scientific sources their collective minority voice has the potential to cause unfounded fear and potential vaccine hesitancy within the majority. This places the greater community at risk, as seen in the human health sector when vaccination rates have declined. Given that the vaccine is not mandatory it is each owners right to make decision about their horses welfare and that includes not vaccinating against HeV, however if the choice not to vaccinate is made the consequences of these decisions must be acknowledged and accepted.

Yours sincerely,

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