

15 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

I am an equine clinician with 30 years of experience and currently live and work in rural NSW. I also work for Racing Victoria. I have a fellowship in Equine surgery and post graduate qualifications in equine medicine. I wish to address the following Terms of Reference in the Qld Parliament's Hendra virus Vaccine Inquiry:

- The incidence and impact of adverse reactions by horses following vaccination and the reporting of adverse reactions and economic impacts of the Hendra vaccine.
- The development, trials and approval processes of the vaccine
- Who bears the risks of HeV infection and who incurs the costs and receives the benefits from each risk mitigation option.

We have had no local cases of Hendra as we are located on the Vic/NSW border. We actively encourage vaccination. We do not expect horses residing in the region to acquire Hendra Virus but the bats in our region do carry the virus. Like everyone we do not understand the mode of transmission and why cases have been geographically isolated thus far to QLD and northern NSW.

I cannot give you statistics on adverse events but can tell you that the only adverse events have been minor to moderate neck pain due to local inflammation at the injection site which resolved uneventfully. I would consider this a response that is within normal limits for a vaccination. No cases have required antibiotics suggesting that they are immune mediated rather than due to bacterial infection. I have not been alerted to any fever associated with vaccination.

I have followed the development of the vaccination and attended a number of presentations by Dr's Debra Middleton and James Gilkerson regarding the vaccines development and trials. I am convinced the vaccine is both safe and efficacious. I look forward to the studies which will prove to the scientific community that the vaccination period can be greatly extended which will significantly reduce the cost to the equine community whilst ensuring optimal protection.

We believe the major threat to humans in our region including to ourselves and co- workers or owners is from horses which travel from QLD/nth NSW during the time that they are infected and shedding virus but not yet showing any of the wide range of clinical signs. We believe there is a risk of human infection through attending to a horse which is asymptomatic but shedding virus or actually clinically ill from the virus and shedding or perhaps even dead from Hendra which we investigate. In our area it is difficult to be alert to all of these circumstances all of the time. We do

not routinely ask every client to document the horses travel itinerary at every consult and indeed many answers would be inaccurate anyway, particularly if they grasped the potential cost and inconvenience if not failure to receive treatment that an honest answer may provoke.

No doubt this is not new to you, most equine vets just hope it won't ever occur this far south but I carry a PPE box with me always, especially to big events where travelling horses are frequent, such as a recent three day event (3DE) where 400 horses arrived from all over Australia or the polocrosse national event in two weeks where a similar number will camp on site for up to 10 days, ample time to arrive in the prodromal phase where the virus has been acquired in qld/nth NSW , travelled seemingly well to Albury and now showing colic.

Briefly our response is: if the horse is not microchipped we treat it as a suspect, if the horse is chipped and vaccinated according to the Zoetis registry we treat it as non - Hendra and if the horse is microchipped but not vaccinated appropriately according to the Zoetis registry we treat it as suspect

If the horse is suspect, and we have never had this occur but no doubt it will because the presenting clinical signs of Hendra are very broad, we would instigate a Hendra investigation. We would lock down the entire event until the case was proven to be Hendra negative. This might be 48 hours especially for a weekend event. Only fully vaccinated horses could leave the event. The owner would be responsible for the cost of the PPE. I'm unsure who would be responsible for the cost of the lock down especially if it were negative but my liability insurance I'm certain would not cover it. The ill horse would not be fully treated and certainly not be referred off site for treatment, as per workplace health and safety and biosecurity requirements. In the case of colic this may result in the death of the horse. Again my insurance would not cover a claim if the Hendra status was negative.

The Australian Vet Association produced documents that organizers of such events could sign to ensure the vet was not liable under such circumstances. In my experience no club that I have worked with will sign the forms so we send them to the committee and cross our fingers that we don't ever get a case but I'm sure we will. You can ask for these documents from the AVA or EVA

By the way we have a significant number of cases of Patterson's Curse (a common weed in Albury) toxicity cases in Albury some years due to weather conditions and feed conditions and prevalence of the weed. I would not be able to distinguish between a case of acute Patterson's curse toxicity and the neurological form of Hendra. I have treated literally thousands of colic cases. The most basic treatment is pain relief and oral therapy via a nasally inserted stomach tube. Oral therapy early can alleviate many medical colics (eg impaction /constipation due to dehydration especially after a long float trip in hot weather). Untreated these can progress to death or at least surgical intervention. I would not stomach tube an unvaccinated horse with colic that had been in QLD/Nth NSW within the previous 5 days.

I am asked possibly weekly by young students about my career in veterinary science. I interview prospective students at CSU Wagga Wagga. I would actively advise students not to work in equine practice in QLD or NthNSW. In fact I would advise they never do any equine work ie not even the 10% that a mixed practice may treat as was mentioned in the inquiry terms of reference that I just read. I would never consider doing a locum in those regions.

I do not look forward to the aggression I will no doubt encounter when I do instigate an investigation locally and disrupt many peoples plans and create extra costs and possibly endanger the welfare of a an ill horse that does not have Hendra but I am duty bound to do so and consider my own and fellow humans health to be very important.

The solution is vaccination. It comes at a cost. No vaccination could cost another human life. There are no possible or probable adverse events recorded after 430,000 vaccinations that would convince me that vaccination is the not the safest and surest response to the known risk.

If there was a human vaccination I would ask to be vaccinated, I hope it becomes available but at present the best prevention is horse vaccination

Regards

Dr Jennette O'Rielly

BVSc MVS FANZVS (Equine Surgery)

[REDACTED]

[REDACTED]

Table Top NSW 2640