15 April 2016

The Agriculture and Environment Committee Hendra Vaccine Inquiry<br>C/- Mr Rob Hansen<br>Parliament House<br>Brisbane<br>Queensland 4000<br>Phone: 0735536660<br>By email: robert.hansen@parliament.gld.gov.au<br>Dear Mr Hansen,

## RE: Veterinarian Submission to Hendra virus Vaccine Inquiry

My name is Dr Glen Laws, and I am an equine veterinarian and Practice co-director of Darling Downs Vets, an eight veterinarian, predominantly equine practice located at Oakey and Westbrook, , Queensland. I have been in veterinary practice for 34 years and a practice director for nineteen years. 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 vaccinated approximately 2,300 horses since the vaccine was released. The worse reaction that has been reported to us was where the horse developed a swollen neck and was reluctant to walk and put its head down to eat. Anti- inflammatory medication was recommended and the horse made a complete recovery in 48 hours. This horse was not examined by any of the veterinarians in our practice.

It is my opinion that a very small number of horses develop a swelling at the injection site that disappears within 24 hours and causes no clinical signs. I believe it is a safe and efficacious vaccine.

We promote vaccination of as many horses as possible, for we believe there is a risk of Hendra virus in Queensland, particularly for horses living for any time east of the Great Dividing Range. The local bat populations possess Hendra antibodies and new infections are possible. There are significant bat colonies in our district.

Darling Downs Vets have a comprehensive WHS policy regarding Hendra virus as staff safety is paramount to us. We regularly review Government guidelines and update our policies. All new

## VETERINARY SURGEONS

GLEN A. LAWS bvSc., manzcvs, Grad Dip An Chiro STEPHEN G. RAYNER bvsc. (Hons) manzcvs AND ASSOCIATES
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veterinary employees receive Hendra training. We have written policies regarding admitting sick horses to our equine clinic at Westbrook.

Hendra virus vaccination status gives security and peace of mind to us that HeV is an unlikely differential diagnosis for a sick horse. It gives us the freedom to admit that horse to the clinic and diagnose and treat it according to best standards. It gives us peace of mind that our staff (vets, nurses and stablehands) and clients are not at risk of exposure to a potentially fatal infection.

The wide range of symptoms of Hendra make it a difficult decision when confronted by any sick horse, whether to treat it on the probability that it will not be HeV or to do HeV exclusion testing unnecessarily, adding costs and delays to patient treatment. It concerns us as employers that one of our employees may have inadvertent exposure to HeV in a horse incubating the disease before showing clinical signs, or that the possibility of HeV will not be considered by them as a differential diagnosis.

HeV has added an immense stress to our lives as equine practitioners and this should not be underestimated by politicians or Government officials. We feel as we are the 'meat in the sandwich' bearing the brunt of horse owner discord, decline in Government veterinary services and a litigious society.

Equestrian events at the Brisbane Exhibition have enforced Hendra vaccination, which I believe is the necessary step to prevent any potential major biosecurity crisis. Vaccination policies also protect the event committees from potential litigation, should a positive case occur.

I believe other major horse events do not have adequate policies or facilities for isolation to manage a positive HeV horse.

The issue of delay in HeV results is a serious one for us. Getting samples to Brisbane can be problematic and the turnaround is too long. This causes a welfare problem in untreated HeV negative horses, such as the delay in colic investigation and surgery.

There is an urgent need for the development of a quick and effective on- the- spot assay for HeV and Government funding should be directed towards this.


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