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**Submission: Hendra virus (HeV) EquiVacc® vaccine and its use by veterinary surgeons in Queensland**

This document represents a submission by the School of Veterinary Science, The University of Queensland (UQ) to the inquiry into the Hendra virus vaccine and its use by veterinary surgeons in Queensland.

The School of Veterinary Science (SVS) at UQ plays a vital role in training veterinarians and preparing them for practice as well as providing leadership to the profession in teaching and professional development, clinical services and research.

SVS supports the role of the APVMA in regulating registration and use of agricultural and veterinary chemical products including vaccines in Australia. We understand that APVMA processes were applied to the initial conditional registration and now full registration of the vaccine for HeV.

SVS supports the principles and recommendations as outlined in various guidelines and related material available on the QLD Government website that provide information for veterinarians and other stakeholders concerning HeV[1].

HeV is an endemic disease within Australia. While infections in horses have been limited to date to Queensland and New South Wales, sero-positive bats have been detected across much of the country and HeV risk should be considered where ever there are horses and bats sharing territory.

The consequences of HeV infection for both horses and humans can be catastrophic.

Any person with responsibility for horses should be aware of HeV risk and risk control.

Veterinarians have particular responsibilities under the *Work Health and Safety Act 2011* for managing health and safety of themselves and workers, as well as for clients.

[1] https://www.daf.qld.gov.au/animal-industries/animal-health-and-diseases/a-z-list/hendra-virus

HeV may be contained in biological tissues/fluids and shed by horses that are incubating the disease and not yet showing clinical signs as well as by infected and sick animals and animals that have died of HeV infection.

The 'precautionary principle' approach should be an important part of managing HeV risk when dealing with horses.

Veterinarians who treat horses should review work practices and develop plans for managing both routine horse work in apparently healthy animals as well as for managing sick and dead animals. Plans should incorporate risk control measures for themselves, their workers and others – as outlined in the Guidelines for Veterinarians[2].

SVS supports the recommendation of AVA and EVA that identifies vaccination of horses as the single most effective way of reducing risk of HeV infection in horses and an important part of reducing exposure risk for people interacting with horses.

SVS also recommends that veterinarians and others responsible for horses should consider all available risk reduction measures based on good biosecurity principles as outlined in information available through sites such as AVA/EVA, Queensland Horse Council, QLD DAFF and other reputable sources. Good HeV risk control should not be based solely on vaccination of horses.

SVS supports ongoing review and where appropriate updates of best practice procedures for biosecurity measures including PPE. This suggestion reflects the difficulties for practising veterinarians in providing routine care for horses while applying reasonable precautions to manage HeV exposure and infection risk. Where a risk assessment process indicates that simple biosecurity measures based on barrier protection (coveralls, gloves, clear face shield for example) and hygiene are likely to be protective then these measures should be considered as providing appropriate protection. Where risk is higher then additional biosecurity measures may be considered, including use of impervious disposable materials, particulate respirators and other measures.

It is unlikely that all horses in Australia or in Queensland will be vaccinated against HeV, meaning that even if the vaccine were perfectly protective then there would still be risk from unvaccinated horses. This means that risk control measures other than horse vaccination will continue to be important and necessary.

While the vaccine appears to be highly effective, SVS continues to recommend that veterinarians consider risk-based biosecurity measures as a routine, ie at all times for all horses regardless of apparent vaccine status. This approach ensures that risk has been considered at all times and that exposure and infection risk should be minimised at all times without dependency on having pre-existing and accurate information on an individual horse's HeV vaccine status.

SVS supports measures that ensure timely provision of diagnostic testing services for HeV exclusion testing at all times while accepting that some urgent or after hours testing may potentially attract additional costs.

[2] https://www.business.qld.gov.au/industry/service-industries/veterinary-surgeons/guidelines-hendra

SVS supports the rights of various individuals to make their own decisions in relation to HeV. This includes the rights of horse owners to choose whether to vaccinate their horse(s) and the right of veterinarians to choose whether to attend any particular animal or not.

SVS acknowledges concerns expressed by the broader horse community about the cost of HeV vaccination, need for repeated vaccine boosters and the time intervals between boosters and the risks of vaccination including occurrence and severity of side effects.

Vaccination is one of many costs associated with owning or having responsibility for a horse. SVS supports the value of HeV vaccination and considers the benefits to outweigh the costs.

SVS supports ongoing development and trial work to test whether the time interval between regular vaccine boosters can be extended to one year or possibly longer.

Available data on side effects do not appear to allow unequivocal conclusions about risks of side effects in vaccinated horses. Reports of side effects are voluntary and in some cases it may be very difficult to attribute causation ie did vaccination cause the reported side effect or were the two event unrelated in any causal sense.

SVS supports the initiation of independent longitudinal studies to follow horses from the time of vaccination and assess incidence and severity of side effects. Such studies may be best designed to include one or more control groups (sham and vehicle/adjuvant) to provide effective comparisons to allow assessment of risk of occurrence of adverse effects in animals following vaccination.

Yours sincerely,

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