

21 April 2016

The Agriculture and Environment Committee Hendra Vaccine Inquiry  
Parliament House  
Brisbane  
Queensland 4000  
By email: [aec@parliament.qld.gov.au](mailto:aec@parliament.qld.gov.au)

Dear AEC Committee Members,

**RE: Submission to the Qld Parliament's Hendra virus Vaccine Inquiry**

My name is Alan Guilfoyle and I am a partner/director of the Clermont Veterinary Surgery. I am a 1971 graduate from the University of Queensland and established the Clermont Veterinary Surgery practice in 1976.

Of all the zoonotic diseases encountered during my working life, **Hendra Virus (HeV)** is the most deadly to emerge with recorded human infection being fatal. As a cattle veterinarian, I have encountered *Tuberculosis*, *Brucellosis*, *Leptospirosis* and *Q Fever* to name a few. The impact on human life of these diseases pales when compared to **HeV**.

Eradication of **HeV** is impossible as the primary source is native protected animals. The development and use of **Equivac HeV** vaccine was timely and enabled the chain of infection to humans being broken by the vaccination of the intermediate host, namely the horse.

**Human Health and protection of all horse handlers including owners and their young families** is the **primary** focus the vaccination programme, not the actual horses. This implies a 100% coverage of all horses is warranted and necessary to protect **the exposed human population**.

**The Workplace Healthy Safety issues of HeV** have created a nightmare for any veterinarian attending a sick or injured horse. It is understandable that, due to the actions of WH&S officers and recent court decisions as well as the human health aspect, that many veterinarians have exercised their prerogative and not attended to unvaccinated horses. This is a very sad state of affairs but, again, understandable.

If owners are not compelled to take preventative measures including vaccination of their horses against HeV, then veterinarians should have no compulsion to treat at risk unvaccinated horses. Personal Protection Equipment goes a long way to protecting handlers of sick horses but is not the answer and never will be. Veterinarians in any normal circumstances take personal hygiene and biosecurity measures when treating sick or injured animals. The wearing of suitable anti HeV PPE under Queensland conditions in the normal working day is almost impossible due to heat stress.

**Vaccination of the horse is the prime answer to the human health risk of HeV**

The Clermont Veterinary Surgery has had to establish protocols including the construction of a quarantine area where any sick unvaccinated horses are placed until a negative test clearance is obtained. All employed staff are given the option to refuse to attend the animal until the clearance is obtained. This causes great disruption and angst in the daily operation of the practice.

**The implied responsibilities of attending veterinarians following the recent WH & S prosecutions and court decisions are very heavy. It means any unvaccinated sick horse cannot be released back into owner's care until a HeV clearance obtained. This does not go well towards veterinarian/client relationships in most cases.**

The obvious answer to avoid prosecution for WH & breaches when attending a **potentially positive HeV case** is not to attend the case at all. This, of course, is not a satisfactory approach but has, by necessity, been adopted by many veterinarians

Vaccination will always carry the risk of reaction; this is the case of all vaccines in all species. In horses in this practice, the reactions to *Equivac HeV* vaccine has been not more than that seen with the routine vaccination with *Equivac Tetanus Toxoid* and *Equivac Stangles*. And this has been minimal to negligible.

Yours sincerely,



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