

20 April 2016

To the Agriculture and Environment Committee Hendra Vaccination Inquiry

I am a year 2000 University of Queensland Veterinary graduate with a membership in Equine internal medicine.

During 2008, I was visiting the Redlands Veterinary clinic and was exposed to the first positive Hendra infected horse during treatment/euthanasia/post-mortem. I subsequently had to have my return trip to the UK (where I was based for work at that time) postponed due to the need to undergo infectious disease testing in Melbourne. This process, and the wait, was obviously very stressful for myself and my family, not an experience I would wish on others.

Subsequent to this event, I stayed overseas until returning in 2015 to work as an equestrian vet in Warwick, Queensland (Qld). If I could have foreseen the ongoing daily stress involved in treating unvaccinated horses, coupled with the associated Hendra vaccination and workplace health and safety issues, I would not have returned to Qld to practice.

Presently, I will examine, test and treat non vaccinated horses. However, as a registered Fédération Equestre Internationale (FEI) treating veterinarian, I will not attend horse competitions which do not have a mandatory Hendra vaccination policy. Without vaccination, I firmly believe there is a risk to not just horses, but also to the general public.

Of my clients who choose not to vaccinate against Hendra virus, they state that the reason is due to cost. Rarely do they cite concerns regarding reactions to the vaccination. In fact, many of my clients will vaccinate part of their horse herd as they try to balance the cost of vaccination against the benefits of protection. These clients will often vaccinate their more valuable horses with the Hendra vaccine. Thus, supporting the thought that economics plays an important factor in the decision to vaccinate.

I do receive calls from clients regarding sick horses that are not vaccinated. The policy for the current practice I am working at is to visit the horse and test as per biosecurity regulations. Unfortunately, the majority of these clients will decline testing as cost is prohibitive for them. This is obviously a stressful situation and leaves horses untreated and owners of the sick horse upset. As a vet, this is truly a terrible situation to be placed in. This situation is further compounded by the fact that vets are being prosecuted if they are found to be treating a horse infected with Hendra.

In regards to equine vaccine reactions, I previously spent 6 years in highly intensive equine management at the Hong Kong Jockey Club where 1,800 horses were vaccinated routinely every 6 months with 3-4 vaccines (equine influenza, herpes, Jap B encephalitis and biannual tetanus). Comparatively, I believe that there are less reactions associated with the Hendra vaccine. Of roughly 200 doses of Hendra vaccine I have administered in the past 12 months, I have not had any severe reactions and have treated three mild transient reactions.

As mentioned above, I was involved in the Redland's Hendra case whereby a colleague succumbed to Hendra virus infection. I have experienced how the virus directly impacts people and the ramifications of infection to people and horses. I have given great consideration as to whether I should continue to practice in equine veterinary medicine in endemic areas such as Qld. Although the risk of infection may be considered low, the consequences of a positive Hendra infection is truly horrendous.

I respectfully ask the Committee to consider the daily pressure that equine veterinarians have to endure in regards to treating unvaccinated horses. I appreciate that the entire issue is complicated with welfare, social and economic factors. Irrespective of these however, if the protection of horses and people against the Hendra virus is truly the goal, then wide spread adoption of the vaccine needs to occur.

Yours sincerely

A black rectangular redaction box covers the signature area. A small, handwritten flourish is visible above the top right corner of the redaction.

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