



17 April 2016

Mrs Donna Anderson
[REDACTED]

Redland Bay Q 4165
[REDACTED]

To: Research Director
The Queensland Parliament - Agriculture & Environment Committee
George St
Brisbane Q 4000

Inquiry: Hendra Virus Vaccine & Its Use by Veterinary Surgeons in Queensland

Topic: The HeV Vaccination: "Blanket" Coverage in the Equine Population is Unacceptable & Will Only be Harmful to Our Aged/Immune Compromised Horses

Dear Research Director & Committee Members,

No population is ever 100% healthy!!! I own two older horses with pre-existing health issues.

In the past, my local vet has agreed that it would be unwise to vaccinate my 16yo (recurringly infected Ross River Virus) horse and also my 27yo aged horse (who has documented pulp exposures & low grade tooth infections as a result). Neither of these horses are ready to "put to sleep."

In March 2016, the same veterinarian has said that she cannot attend my horses UNLESS she vaccinates prior to or at the same time as a medical callout. I reminded my veterinarian of their pre-existing health conditions. This year, apparently, prior health issues are not taken into consideration. The popular mantra is "vaccinate or we cannot come out and treat your horse."

1. Who is responsible for making the HeV vaccination compulsory for ALL horses regardless of aging & other pre-existing health related matters? Item 1 shows that it is the AVA who has recommended that all horses be vaccinated. Is this the case?

1.1 This "blanket vaccination for all horses" approach is in direct contradiction to the APVMA guidelines for the vaccine's use (Item 2) & the product label leaflet for the

HeV Vaccine: Blanket Coverage in the Equine Population is Unacceptable

17 April 2016

Page 2

vaccine itself manufactured by Zoetis. (Item 3).

1.2 Furthermore, if either of my sick horses have a reaction to the “forced” vaccination, the APVMA will ONLY accept the cases as “UNLIKELY” reactions because they had pre-existing health issues and the vaccine was used off label! (Item 4) I presume this means that both the APVMA and Zoetis are off the hook legally if things go wrong for my ‘sick’ horses.

1.3 The vet in attendance seems to be the real scapegoat here in terms of legal ramifications as the APVMA & Zoetis already have warned that the product is not for use on sick and immune-compromised horses. How did our hard working, dedicated “out in the field” local vet get caught “holding the hot potato”? On one hand they feel obliged to make vaccination compulsory (presumably for personal safety &/or litigious reasons) and on the other hand, they ought to know that you can never roll out a vaccination programme over 100% of a population.

2. I am a retired equine hoof care practitioner, but I would like the committee to consider the following research articles cautioning the use of vaccines with horses with medically related hoof health issues.

- Horses with laminitis are known to be hyper-reactive to vaccine administration. (Item 5 & 6).
- In the US, laminitis is prevalent in 15% of the equine population & I would suggest that the Australian equine population would not be much different (that is 225 000 Australian horses are potentially “off label” candidates & that’s only the laminitic numbers!!).
- Other underlying medical conditions affecting hoof health are Cushing’s syndrome & Insulin Resistance. These horses may also “... not respond appropriately to vaccinations.” (Item 7) Dr Mark DePaolo in fact states that “**No horse should ever be vaccinated that has any of the following:**
...Cushings, EPSM.” (Item 8

Right now we have people being told that their “Cushing’s horse MUST be vaccinated if they want medical treatment from their vet.

From a member of Say No to Hendra Vaccination / Yes to ProChoice...

“Even with Cushing vet still wants them vaccinated so wrong”

HeV Vaccine: Blanket Coverage in the Equine Population is Unacceptable

17 April 2016

Page 3

- I doubt whether EPSM (or PSSM) horse owners have been warned either.

With a forced vaccination programme for all horses regardless of their age and pre-existing health issues, the welfare of all Australian horses is under threat.

3. Perhaps, one of the outcomes from this enquiry, could be a definitive list of equine diseases that can be excluded (no questions asked) from the compulsory enforcement of the vaccine, as a supplement to the clause that sick & immune-compromised horses are contraindicated in the use of the vaccine.

4. Can the Inquiry look into:

- **how the AVA can choose to ignore the APVMA recommended guidelines in the use of the vaccine & Zoetis' product label? And the legal ramifications for our local veterinarians in following the AVA's recommendations regarding mandatory vaccination of ALL horses?**
- **what legal rights exist for the owner of the horse who has suffered these sometimes irreversible negative side effects (excluding long & lengthy court battles)?**
- **What are the horse owner's avenues for financial compensation (excluding long & lengthy court battles)?**

Sincerely,

A solid black rectangular box redacting the signature of Donna Anderson.

Donna Anderson

LETTER 1 ITEM 1

[Home \(/\)](#) [FAQ \(/faq.html\)](#) [The Vaccine \(/the-vaccine.html\)](#) [Statistics \(/statistics.html\)](#) [Bats \(/bats.html\)](#)
[Precautions \(/precautions.html\)](#) [Resources \(/resources.html\)](#) [Contact Us \(/contact-us.html\)](#)

Hendra Virus Vaccine

On November 1 2012 the CSIRO announced a vaccine against Hendra Virus. Equivac® HeV, the world's first commercially available Hendra vaccine for horses.

In an article in "The Conversation" (<https://theconversation.edu.au/how-we-developed-the-hendra-virus-vaccine-for-horses-10429/>) Deborah Middleton, Senior Veterinary Pathologist at the CSIRO said "The Equivac® HeV vaccine is an important step towards breaking the transmission cycle of this disease, and reducing its impact on the horse-owning community. But it's important to ensure that we continue to protect the health of our animals and people. And to do this, we need to maintain and continue undertaking research and adding to the tools in our armoury of weapons against the deadly Hendra virus".



Scientists worked with Hendra virus at the highest level of biosafety within CSIRO's Australian Animal Health Laboratory CSIRO

The vaccine release has been staged with vaccine being made available in higher risk areas first. The first release was to veterinary practices within a coastal strip from Cairns to Kempsey. On November 14 the vaccine was released to the whole of NSW and Queensland. From 1 December 2012 vaccine started to become available in other states.

The vaccination is given to healthy horses. It allows the horse to build Hendra virus antibodies; has little impact other than local needle-spot swelling on the horse, but interrupts the disease's development and stops it being transferred to humans.

Dr Middleton noted that during the research, one protein in particular caught their attention - the G-protein. "We realised it was protection against the G-protein that was really critical in clearing the virus from the system," Dr Middleton said.

This protein is the active ingredient in the vaccine. Once injected, animals generate antibodies to the G-protein and can eliminate infection much faster when it happens.

"It gives the animal a head start," Dr Middleton said. "If you have an animal vaccinated with the G-protein, its immune system is tricked into thinking it has seen the virus before, so it already has antibodies and it can react quickly."

The G-protein can be man-made in commercial quantities, intriguingly using a cell line derived from the ovary cells of a Chinese hamster. "It's amazing, really," Dr Middleton said. "This cell line has been going for about 60 years."

The cells keep regenerating and the gene for the Hendra G-protein is put into the cell's DNA. It then produces Hendra G-protein, which is harvested.

The Australian Veterinary Association has recommended all horses be vaccinated, with a national vaccination register to be established. The vaccine, a course of two injections, does not cause any side effects.

This vaccine is for horses. At this stage there is still no vaccine against Hendra available for humans. However, with at-risk horses being vaccinated, the risk to humans will be vastly reduced.

"The vaccine is a major win for people working in veterinary practice, who are at great risk of Hendra infection"

*- Dr Ben Gardiner, President,
Australian Veterinary Association*

The technical stuff

- The Hendra vaccine is a G protein vaccine
- G proteins are not the infective parts of the virus, but one of the proteins that allow the virus to invade the body
- Without this important protein the virus can't infect.
- When this protein is combined with an adjuvant (something that stimulates the immune system) the body builds antibodies that kill Hendra Virus
- The G protein can be produced synthetically
- The vaccine is produced **without any live virus**
- **Vaccinated Horses produce antibodies that can be differentiated from natural infection**
- The vaccine can be produced safely and economically - high security labs aren't required.
- Proven to stop horses getting sick and to stop horses from shedding the virus

More Sources of Information on the Vaccine

(All links are to external sites and will open in a new tab)

- Breakthrough Hendra virus vaccine released for horses (<http://www.abc.net.au/news/2012-11-01/breakthrough-hendra-virus-vaccine-released-for-horses/4345200>) (ABC News)
- Vaccine arrives to boost the frontline fight against Hendra virus (<http://csiro.au/en/Organisation-Structure/Divisions/Animal-Food-and-Health-Sciences/Hendra-vaccine-arrives.aspx>) (CSIRO)
- Hendra vaccine comes at a price (<http://www.brisbanetimes.com.au/sport/horseracing/hendra-vaccine-comes-at-a-price-20121101-28m5r.html>) (Brisbane Times)





This content is current only at the time of printing. This document was printed on **16 April 2016**. A current copy is located at <http://apvma.gov.au/node/12881>

Home ▶ Chemicals and Products ▶ Using chemicals ▶ Chemicals in the news ▶ Hendra virus vaccine ▶ Safety, health and side effects

Safety, health and side effects

Safety considerations

Before granting registration of the product the APVMA was satisfied that the vaccine—used in accordance with the approved instructions—would:

- not be an undue hazard to the safety of people exposed to it during its handling or people using anything containing its residues; and
- not be likely to have an effect that is harmful to human beings; and
- not be likely to have an unintended effect that is harmful to animals, plants or things or to the environment

The instructions included in the approved label for the product include specific directions for use, advice to people administering the vaccine, as well as precautions and health warnings.

Animal safety warnings

The approved instructions include specific safety warnings such as:

- the product should not be used in sick or immunocompromised horses
- the potential for interactions when administered with other vaccines and veterinary medicines is not known.

Horse owners considering having the vaccine administered to a horse in any of these circumstances should seek the advice of their veterinarian.

Effectiveness of the vaccine

Before granting registration of the product the APVMA was satisfied that the product—when used as instructed—would be effective as an aid in the prevention of disease cause by Hendra virus. That is when it is administered with a booster dose every 6 months after the primary vaccination course.

The potential for a vaccinated horse to pass on the Hendra virus cannot be ruled out. As a precaution, it is recommended people take the same steps to protect vaccinated horses from exposure to infection—and to prevent humans being infected by horses—as are recommended for unvaccinated horses. Personal protective equipment should be worn whenever infection is suspected even in vaccinated horses.

Detailed practical advice on the appropriate precautions to take is available from:

- [Queensland Government Department of Agriculture, Fisheries and Forestry](#) and

Statement of claims:	An aid in the prevention of clinical symptoms of the disease caused by Hendra virus in horses 4 months of age and older.
Net contents:	1 mL glass syringe, 10 mL glass vial
Directions for Use Heading:	Read the enclosed leaflet for full instructions DIRECTIONS FOR USE
Restrains:	Not Applicable
Contraindications:	The Product should not be used in sick or immunocompromised horses.

LETTER 1:
ITEM 4

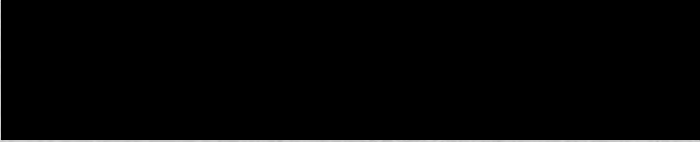
One issue that has been brought to our attention is that at the time of vaccination the horse was described as being "unwell", exhibiting clinical signs representative of Equine Cushing's disease. While the conditions of the permit do not prohibit the use of the vaccine in sick horses, there is a clear statement on the permit under DIRECTIONS FOR USE, Contraindications and Precautions that:

"There is there is no data to support the use of this vaccine in sick horses".

On this basis, the decision to vaccinate (or not) a horse with this particular product resides with the risk-benefit judgement of the persons authorised to use the product under the permit, which are registered veterinary surgeons who are accredited through the completion of the Equivac HeV Vaccine e-learning module.

Please do not hesitate to contact me if you have further questions.

Yours sincerely



Dr Kenneth Loh BVSc(Hons) BSc(Vet)(Hons)
Dartmouth - Adverse Experience Reporting Program

LETTER 1 ITEMS



Defining
Excellence in
Horsemanship
While Taking
You to the
Next Level



WELCOME! ABOUT GWEN SERVICES INSIGHTS PROGRESSIVE PARTNERSHIP TRAINING (PPT) EQUINATION®
TIPS Q & A ARTICLES NATURAL HOOFCARE EDUCATIONAL CENTER VIDEOS CONTACT

Laminitis & Vaccines

August 31, 2014 - Uncategorized - no comments



Picture courtesy of Dr. C. von Horst
- <http://www.plastinate.com>

Vaccination may exacerbate the signs in horses with chronic laminitis warn scientists in America. Dr David M Hood DVM PhD and his research team at the Texas A & M University have demonstrated an increased reactivity of the immune system in horses with chronic laminitis.

Intradermal (skin) testing (IDT) is a common procedure for investigating allergic disease. It is used to identify which substances, or allergens, produce an inflammatory reaction when a small amount is injected into the skin. A panel of allergens is used and those that produce a marked reaction are identified.

The researchers carried out intra-dermal skin tests on seven normal horses and on seven with chronic laminitis. All of the laminitic horses had rotation or sinking of the pedal bone and had been affected for at least a year or more. Only one laminitic mare had previously shown any signs of allergic skin disease. It had a bout of urticaria (hives) 6 months after contracting laminitis, but had shown no further signs for 7 months before the investigation began.

Each horse was sedated for the procedure. The allergens were injected at separate sites on the side of the neck. The panel of 70 antigens included moulds and dust, weeds, insects, grasses and trees. The response was assessed at 15 and 20 minutes, and 4 and 24 hours after injection.

The scientists noticed a significant difference in reactivity between the two groups. We found that horses with chronic laminitis have a significantly increased response to intradermal skin test when compared with normal horses reports Dr Hood. The difference was apparent at all time intervals tested except 24 hours, when only one of the chronic laminitic horses showed any reaction

As only one of the chronic laminitic horses had any history of previous allergic disease, the researchers suggest that it is more likely that the hyperreactivity develops as a result of the laminitis rather than being the original cause of the laminitis.

In the second part of the investigation, the researchers examined the cellular changes that occurred at the injection site. They injected three normal horses and three of the chronic laminitics with an antigen that had produced a maximal response in the first experiment. Then they took small samples of skin 30 minutes, 6, 24 and 48 hours afterwards. Horses with chronic laminitis had a more severe inflammatory response than the normal horses, and the response tended to last longer, although the differences were not statistically significant.

Our results show that, at some stage after developing laminitis, horses develop a hyperreactivity to certain antigenic stimuli. Dr Hood concludes. He points out that there is a small but ever present risk of horses with chronic laminitis suffering an exacerbation of signs following antigenic challenge. He advises that the risk should be discussed with owners before administering vaccines to chronic laminitic. He also suggests that the possibility of pre-existing laminitic changes should be considered when horses develop laminitis shortly after vaccination.

Defining Excellence in Horsemanship



Gwen & Bub

Search

Supporting Member

IAABC
INTERNATIONAL ASSOCIATION OF
ANIMAL BEHAVIOR CONSULTANTS

Categories

Beginnings
Breeds
Diet & Nutrition
Equine Asst. Personal Development
Equine Behavior
Equine Healthcare
General Equine Care
Graphics-1
Heart to Heart Horsemanship
Homeopathy
Hoofcare
Positive Reinforcement
Q & A
Rescue Horses

WJ Fall 1

LETTER 1: ITEM 6

Equine Science Update

Reports from the world of equine science

[home](#) [archives](#) [e-news](#) [in print](#) [store](#) [contact us](#)

Can vaccines aggravate chronic laminitis?

Vaccination may exacerbate the signs in horses with chronic laminitis warn scientists in America. Dr David M Hood DVM PhD and his research team at the Texas A & M University have demonstrated an increased reactivity of the immune system in horses with chronic laminitis.

Intradermal (skin) testing (IDT) is a common procedure for investigating allergic disease. It is used to identify which substances, or allergens, produce an inflammatory reaction when a small amount is injected into the skin. A panel of allergens is used and those that produce a marked reaction are identified.

Like 100

Join our FREE Email Mailing List

Amazon.co.uk



Bluetooth Stereo Headphones: Mp3, Swt Bluetooth 4.0

Mp3
New £14.99
Best £14.99

Privacy Information

Have your say on the Equine Science Update Blog

The researchers carried out intra-dermal skin tests on seven normal horses and on seven with chronic laminitis. All of the laminitic horses had rotation or sinking of the pedal bone and had been affected for at least a year or more. Only one laminitic mare had previously shown any signs of allergic skin disease. It had a bout of urticaria (hives) 6 months after contracting laminitis, but had shown no further signs for 7 months before the investigation began.

Each horse was sedated for the procedure. The allergens were injected at separate sites on the side of the neck. The panel of 70 antigens included moulds and dust, weeds, insects, grasses and trees. The response was assessed at 15 and 20 minutes, and 4 and 24 hours after injection.

The scientists noticed a significant difference in reactivity between the two groups. We found that horses with chronic laminitis have a significantly increased response to intradermal skin test when compared with normal horses reports Dr Hood. The difference was apparent at all time intervals tested except 24 hours, when only one of the chronic laminitic horses showed any reaction

As only one of the chronic laminitic horses had any history of previous allergic disease, the researchers suggest that it is more likely that the hyperreactivity develops as a result of the laminitis rather than being the original cause of the laminitis.

In the second part of the investigation, the researchers examined the cellular changes that occurred at the injection site. They injected three normal horses and three of the chronic laminitics with an antigen that had produced a maximal response in the first experiment. Then they took small samples of skin 30 minutes, 6, 24 and 48 hours afterwards. Horses with chronic laminitis had a more severe inflammatory response than the normal horses, and the response tended to last longer, although the differences were not statistically significant.

Our results show that, at some stage after developing laminitis, horses develop a hyperreactivity to certain antigenic stimuli. Dr Hood concludes. He points out that there is a small but ever present risk of horses with chronic laminitis suffering an exacerbation of signs following antigenic challenge. He advises that the risk should be discussed with owners before administering vaccines to chronic laminitic. He also suggests that the possibility of pre-existing laminitic changes should be considered when horses develop laminitis shortly after vaccination.

For more details see: Evaluation of systemic immunological hyperreactivity after intradermal testing in horses with chronic laminitis.

Iika P Wagner, Christine A Rees, Robert W Dunstan, Kelly M Credile, David M Hood. Am J Vet Res (2003) 64, 279 - 283

Like 100

Related topics

[Laminitis awareness](#)

[Neuropathic pain in laminitis](#)

[Oxidative stress in chronic laminitis](#)

[Laminitis latest](#)

[Treatment of the acute founder and sinker cases](#)



[Privacy policy](#)

[Disclaimer](#)

© Equine Science Update 2001 -2016

LETTER 1: ITEM 7

HORSE

Vaccine Reactions

By [Tom Schell, DVM, DIPL. ABVP CVCH](#)

Aug 19, 2014

Basic

Topics:

[Vaccinations](#), [Working With a Veterinarian](#), [Rabies](#), [Tetanus](#)

- Inappropriate vaccine administration.

Vaccination is a vital part of caring for horses and, while most vaccines do not cause problems, side effects can occur. The most common include general malaise, body aches, and a slight fever 24-48 hours after administration.

In small-animal clinics, practitioners perform a basic physical exam before administering vaccines to detect fever or pinpoint other health concerns. In equine practice we usually perform an abbreviated physical exam, especially on large farms, due to time constraints and cost. Often, we administer vaccines a horse at a time while working down a barn aisle, giving the animals a quick once-over, but sometimes overlooking details.

Remember, a vaccine's purpose is to stimulate an immune response to a specific antigen. If a horse isn't feeling well, his immune system might not respond appropriately and we might actually do harm. So, never vaccinate a sick animal. Wait until they recover and then vaccinate.

Other reasons horses might not respond appropriately include concurrent diseases that could impact immune response, including insulin resistance and Cushing's

