VET NEWS
Veterinary Board of the Northern Territory

In this edition:

Reminder: Your veterinary renewal is due by 31 December 2020.

Vale Dr Richard Morton

Dr Richard Cameron Morton (Dick)

10 May 1945 – 13 May 2020

It is with deep sadness that the Veterinary Board announces the passing of Dr Richard (Dick) Morton. Dick was employed by the then Department of Business Industry Resource Development (now Department of Industry, Tourism and Trade) on 14 March 2003 as a regional veterinary officer in Darwin.

Dick was appointed by the Minister to the Veterinary Board on 15 April 2009 and represented the Northern Territory on the Australasian Veterinary Boards Council (AVBC) until his retirement from Northern Territory Government in 2015.

Dick was well respected both in the Territory, interstate and internationally, particularly for his equine practice expertise and contribution to the livestock export industry.

African horse sickness update

A widespread outbreak of African horse sickness (AHS) has been reported in Thailand, the first time AHS has occurred outside the African region in 30 years.

- Thailand continues to provide weekly updates to the World Organisation for Animal Health (OIE) on the AHS outbreak, which has now spread to seven provinces and caused the death of almost 400 horses.
- The diagnosis of AHS was confirmed by the Thai National Institute of Animal Health and by the OIE reference laboratory for AHS at Pirbright in the United Kingdom.
- The source of introduction of AHS to Thailand is still under investigation, with media sources implicating imported zebras.
- Thailand has commenced vaccinating horses in affected areas, using an attenuated live polyvalent vaccine from South Africa.
- AHS is the most serious known viral disease of horses, resulting in up to 80-90 per cent mortality in affected horses.
- The AHS virus (AHSV) is spread by midges of the Culicoides species that prefer to feed on horses.
- Berrimah Veterinary Laboratory is currently undertaking research to identify the Culicoides species present in the Northern Territory that may act as potential vectors for AHS.
- Zebras are the natural reservoir hosts of AHSV in Africa and may carry the virus without showing any signs of disease.
- Long distance spread of AHS can occur with the movement of live equids (horses, donkeys, mules, zebras), or infected insect vectors.
- The last major outbreak of AHS outside of Africa occurred in Spain and Portugal in 1987-90, following the importation of wild African zebras.
- The disease does not affect humans.

Australia has strict import conditions on equids to prevent the entry of AHS (and other equine diseases) into Australia.

- Control measures during an incursion are aimed at reducing horse contact with vectors and include:
  - housing horses under midge-proof netting
  - using insect repellants on horses
  - insecticides and other measures to reduce insect populations in the environment
  - preventing vectors feeding on infected horses.
- An attenuated (weakened) live vaccine, available in Africa, will be used in Thailand to protect horses. The vaccine can be associated with severe side effects in some horses.
  - The vaccine is not available for use in Australia.
- Horses with AHS may show:
  - swelling of the face and eyelids, with reddened eyes
  - swelling of the brisket and front half of the horse
  - difficulty breathing, with or without frothy discharge from the nostrils
  - rapid deterioration and death.

For more information, visit Animal Health Australia, African horse sickness in South East Asia.

EMERGENCY ANIMAL DISEASE HOTLINE 1800 675 888

Report suspect exotic, notifiable or emergency animal diseases and pests or biosecurity events to your NT Government Veterinary Officer on 8999 2035 in Darwin, 8973 9716 in Katherine or

8951 8181 in Alice Springs or the 24 hour Emergency Animal Disease Hotline.

Increasing awareness amongst veterinarians of the role of the APVMA

Australian and New Zealand veterinary boards, associations and practitioners play a key role in helping the APVMA ensure the supply of safe and effective veterinary medicines. As everyday users of these products, vets are well placed to report any observed adverse effects or notify the APVMA about non-compliant or unregistered veterinary chemical products.

Practicing veterinarians are also key stakeholders who can benefit from being informed when a veterinary medicine is being recalled from the market.

Adverse Experience Reporting Program (AERP)

The AERP is a program of the APVMA that assesses reports of adverse experiences associated with the use of a registered veterinary medicine or agricultural chemical product.

An adverse experience may involve:

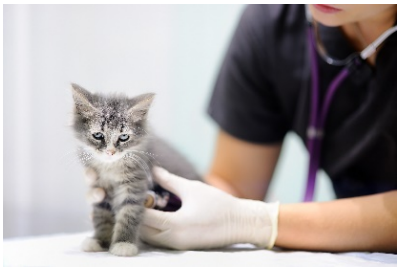
- risks to safety in animals
- risks to safety in humans using or exposed to the product/s
- lack of efficacy, when the correct label dose is used
- other unintended or unexpected side effects.

The APVMA encourages veterinarians to report adverse experiences, including those where a product has been used off-label. Highlighting concerns with products of particular pharmacological significance, such as antimicrobials, is also strongly encouraged.

All adverse experiences reported to the APVMA are assessed to determine causality. Where it is observed that a product or active constituent has an incidence rate that would lead us to question it's safety or efficacy, or in other certain circumstances, the APVMA may pursue regulatory action such as batch testing, label variations or product recalls.

The AERP has an online reporting form and welcomes emails (AERP@apvma.gov.au) or phone calls (1800 700 583) to discuss cases if there are concerns. We are also in the process of updating web content so any feedback on these webpages is welcomed.

Addressing the risk factors of veterinary suicide



In supporting the mental health and wellbeing of veterinarians, the Australian Veterinary Association (AVA) firmly believes that addressing the risk factors should be the primary focus in reducing the high rate of suicide within the veterinary profession.

The AVA has identified long working hours, high workloads, poor work-life balance, the attitude of clients and stress about performing euthanasia as some of the main contributing reasons leading to veterinarian suicide.

"The primary source of vet suicide is adverse psychosocial working conditions. Many in the veterinary profession suffer from high levels of anxiety, depression, stress and burnout, and high personal expectations due to these risk factors", said Dr Warwick Vale, AVA President.

A recent AVA survey of members found that the vast majority of vets are supportive of measures to lock up potentially dangerous drugs used in veterinary procedures. Vets already restrict access to these drugs and keep them securely stored when not in use.

The reporting requirements of the recently proposed Schedule 8 drug classification are viewed as problematic by the profession, due to the volumes of drugs involved and the emergency circumstances under which they are often used.

"The AVA recommends that veterinary practices should limit access to any potentially dangerous substances by non-veterinary staff, but those most at risk - veterinarians - will still need access to these drugs on a regular basis so as not to impact on animal welfare", said Dr Vale.

"The AVA is here to support all members of the veterinary profession, especially those experiencing stress, anxiety and other impacts to their mental health. We've implemented a range of initiatives to support veterinary mental health and wellbeing", said Dr Vale.

The AVA's VetHealth resources aim to address some of the risk factors and assist those responding when vets are identified as being at-risk or in a crisis situation. The AVA also provides access to a confidential counselling service and an HR Advisory service, together with seminars around resilience, wellness and mental health.

The AVA's Mental Health First Aid Training program assists practice staff in identifying employees who may be experiencing mental health issues and helps them know how to offer assistance. The goal is to eventually have a Mental Health First Aid Officer in every veterinary workplace in Australia.

The AVA's Graduate Mentoring Program also pairs newly-graduating vets with an experienced colleague in another practice to provide support, while a new AVA student group has been launched to help prepare upcoming vets for entering practice.

Complementary animal health products

The Agricultural and Veterinary Chemicals Code (AGVET) does not distinguish between naturally derived remedies and synthetic pharmaceutical medicines. Therefore, if a herbal or marine-derived remedy contains pharmacologically active ingredients that may be capable of having an effect that can modify the health, productivity, performance or behaviour of animals, it is considered a pharmaceutical product and must undergo assessment and registration.

To be considered a complementary animal product (CAHP), remedies or medications must contain only natural ingredients as their active constituents, make only general health claims and only be administered orally or topically.

APVMA receives a number of complaints through its compliance team about these products from people concerned they are for sale and are not registered. It is certainly an area of ongoing confusion for those who seek to sell them! Generally speaking, many companies selling these products do not have the desire or dedication to generate the data required for registration. The APVMA still has work to do to educate veterinarians around these products and the work of the APVMA. We can then have thousands more eyes and ears on the ground to identify unregistered products that should be flagged for investigation.

For more information complementary animal health products go to the APVMA website.

Emergency animal disease training

What would you do if you suspect one of your patients has an emergency animal disease?

Would you know who to call? Or how to proceed clinically?

Two newly launched resources aim to help veterinarians and veterinary students to increase their knowledge and confidence around detection, investigation, reporting and response to emergency animal diseases (EADs).

The four modules are freely available online and each takes approximately 30 minutes to complete: Emergency Animal Disease Surveillance

An overview module focuses on private veterinarians' roles in detection, investigation, reporting and response to EAD events and where to source further technical resources on EADs.

The subsequent three modules are case studies based on unusual clinical syndromes that veterinarians may be presented with in practice.

An introductory video on the Emergency Animal Disease Surveillance Online Training modules is available on YouTube.

The Emergency Animal Disease Surveillance Online Training modules have been collaboratively developed by epidemiology teams from all Australian veterinary schools.

Be on the lookout for priority animal diseases

Biosecurity and Animal Welfare Branch is asking veterinarians to be aware of a number of priority animal diseases and to submit samples for testing to support surveillance efforts.

Canine ehrlichiosis

Canine ehrlichiosis has been found in dogs in north Western Australia and the Northern Territory. It is important to be alert to the possibility of cases.

Dogs become infected when they're bitten by an infected brown dog tick. Signs in dogs vary but typically include fever, lethargy, lymphadenopathy, anorexia, ocular or nasal discharge, weight loss, and anaemia and bleeding disorders.

You can help by submitting samples for testing from dogs with clinical signs consistent with ehrlichiosis.

Avian influenza

Avian influenza has been confirmed on six farms in Victoria since the initial outbreak on 31 July 2020. Avian influenza is a highly contagious viral infection of birds, including poultry.

Early detection and reporting is essential to rapidly control the disease. Be aware of the clinical signs, which include sudden death in several birds, ruffled feathers, droopy appearance, respiratory distress, and swollen head, wattle or comb.

Lumpy skin disease

Lumpy skin disease (LSD) was reported for the first time in South and East Asia in 2019 (OIE 2020). This viral disease of cattle and water buffalo is thought to be primarily transmitted mechanically by a range of arthropods, including insects and ticks. Clinical disease is characterized by enlarged lymph nodes and prominent skin nodules.

Movement of infected animals may facilitate longer distance spread of the virus. Since 2012, LSD spread beyond its historical occurrence in Africa, through the Middle East, south-east Europe, the Balkans, Caucasus, Russia and Kazakhstan. LSD was reported for the first time in Bangladesh, China and India in 2019.

In July 2020, it was reported in a territory of Taiwan (Kinmen County) close to China, and in Nepal.

Further spread and detections of this economically significant disease in the region are considered likely.

African horse sickness

African horse sickness has recently been confirmed in Malaysia. This follows earlier confirmation of the disease in Thailand. It has not been reported in Australia.

African horse sickness has a high mortality rate in infected animals. All species of Equidae can be infected, especially horses, donkeys, mules and zebras. African horse sickness is not directly transmitted between animals but is transmitted by biting midges, namely Culicoides species.

There are a number of different forms of the disease. However you should look out for the clinical signs, including swelling of the face, eyelids, chest and front half of the horse, difficulty breathing, with or without frothy discharge from the nostrils, rapid deterioration and death.

African swine fever

African swine fever remains a threat to Australia. It has been spreading globally and was recently detected in Papua New Guinea. If it were to enter Australia, it would significantly impact pork production and pork availability.

African swine fever is an infectious viral disease of domestic and feral pigs. It can result in a very high mortality rate in infected pigs and no vaccine or treatment is available.

Reporting

Early detection of priority and emergency animal disease is vital to protect animal health.

If you suspect any of these diseases in animals in Queensland you must immediately report it to **Biosecurity Emergency Animal Disease Watch Hotline** on 1800 675 888.

The whole story – the importance of continuity of care

Continuity of veterinary care is the process whereby an animal receives connected or continuous care over time to ensure a satisfactory resolution to the presenting problem.

The Board is concerned by the number of complaint cases where inadequate records and poor communication processes, within and across practices, have impacted the quality of treatment and outcomes for the patients.

Community expectations and contemporary practice models, including multi-veterinarian practices, 24/7 service and referrals to specialist services, have heightened the need for veterinary practices to ensure management and service delivery provide quality consistent care for patients. A connected plan of care may involve several veterinarians in a multi-veterinarian practice or veterinarians across unrelated practices and, in some cases, will include emergency and referral services as well. Practices where a sole practitioner manages all cases are in the minority.

Good continuity of care in veterinary practice is fundamental to meeting your professional responsibilities to provide appropriate care for patients. Once an animal comes into your care, whatever the practice model involved, it is essential there is a thorough, well-executed process that ensures an animal receives continuous and coordinated care. This includes post treatment or procedure care plans for clients if the animal returns home with ongoing care needs.

Achieving a suitable outcome depends on complete records and good communication with colleagues and clients. Where relevant, timely sharing of patient records is an important aspect to ensure continuity of care.

While patient records are the property of the attending veterinarian, a veterinarian must, when requested, provide patient records to another veterinarian, with the consent of the person responsible for the care of the animal. They must provide copies or originals of the case history records directly to any registered veterinarian who has taken over treatment of the animal.

Each veterinarian who takes on a patient should have access to the relevant history and complete medical record (as described in the Board guidelines).

It is also each veterinarian's responsibility to reassess a case on presentation and then take responsibility for the patient while it is under their care. It is not acceptable to continue with an existing treatment plan if history and physical examination findings suggest the current treatment plan is not working. All reasonable options need to be discussed with the client, including diagnostics and determining the appropriate treatment plan. Informed consent must be obtained and all information documented in the medical records accordingly.

Warning from the APVMA

The Australian Pesticides and Veterinary Medicines Authority (APVMA) has advised that it has recently become aware of a media report, Black market cat drugs studied as COVID-19 treatment (published 31 August 2020, The Age), in relation to the unregistered compounds known as GS-441524 and GC376. These compounds, which are reportedly being used to treat cases of feline infectious peritonitis, are not approved for use by the APVMA. No manufacturing facilities are licenced by the APVMA to produce these compounds for use in animals.

Cat owners seeking unregistered products to treat their pets may receive unsafe or ineffective veterinary chemical products. This poses a risk to pets.

The APVMA advises that registered veterinarians may apply for consent to import an unregistered veterinary chemical when the treating veterinarian, having examined the animal, considers the use of an unregistered veterinary product is indicated over the use of an available registered product. Veterinarians remain responsible for complying with the relevant laws in the Northern Territory.

Unlawful importation of unregistered veterinary chemicals is an offence that can be subject to fines between $1,998 and $166,500, as well as civil or criminal penalties.

Further information about importing veterinary chemical products and the APVMA's compliance responsibilities is available at the APVMA website.

Pentobarbital – changes

The Therapeutic Goods Administration delegate has made a decision on the controls on pentobarbital to clarify the storage requirements of this Schedule 4 injectable product.

Appendix D, Item 9 - new entry

9. Poisons which must be stored in a locked container to prevent unauthorised access.
   Pentobarbitol in injectable preparations.

Further details are available online under Section 3.3.3 Pentobarbital at Public notice of final decisions - ACMS#29, ACCS#27, Joint ACMS-ACCS#24, March 2020

This decision means that the Medicines and Poisons branch of the Northern Territory Government Department of Health will add this rule onto the list for their legislative updates program.

Melioidosis update – September 2020

There have been multiple melioidosis infections in small animals in recent months, which is unusual in the dry season.

- Cases have included a dog and cat with severe neurological disease. In both cases, lesions were mainly in the brainstem. In experimentally infected mice, it has been demonstrated that Burkholderia pseudomallei can rapidly gain access to the brainstem after intranasal inoculation by invading the trigeminal nerve via branches that innervate the nasal cavity.
- Other melioidosis cases this dry season have been two dogs with pyuria in which B. pseudomallei was cultured.

Meliodiosis is a notifiable disease in animals, and suspect or confirmed cases must be reported to the Chief Veterinary Officer. Upon receiving notification, departmental veterinary officers are available to provide case management advice and factsheets to the attending veterinarian.

Diagnostic testing for melioidosis in animals is offered free of charge by the Berrimah Veterinary Laboratories. For sample submission instructions see Berrimah Veterinary Laboratories.

World Organisation for Animal Health statistics

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