



AGRICULTURE AND ENVIRONMENT COMMITTEE

Members present:

Mr GJ Butcher MP (Chair)
Mr AJ Perrett MP
Mr JE Madden MP
Mr EJ Sorensen MP
Mr J Pearce MP

Staff present:

Mr R Hansen (Research Director)

PUBLIC HEARING—INQUIRY INTO THE HENDRA VIRUS EQUIVACC VACCINE AND ITS USE BY VETERINARY SURGEONS IN QUEENSLAND

TRANSCRIPT OF PROCEEDINGS

MONDAY, 4 JULY 2016

Cairns

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Committee met at 4.31 pm

CHAIR: Good afternoon and welcome. I start by acknowledging the traditional owners of the land on which we gather this afternoon. I declare open the Agriculture and Environment Committee's public hearing in relation to its inquiry into the Hendra virus EquiVacc vaccine and its use by veterinary surgeons in Queensland. I am Glenn Butcher MP. I am the chair of this committee and the member for Gladstone. With me today are Mr Tony Perrett, the member for Gympie and the deputy chair of the committee, and Mr Jim Madden, the member for Ipswich West. Robbie Katter is unavailable today for the hearing. Also with me today are Mr Ted Sorensen, the member for Hervey Bay, and Mr Jim Pearce, the member for Mirani. Jim has been appointed to this committee for the hearings this week due to the inability of the member for Mackay, Mrs Julieanne Gilbert, to attend.

The inquiry was referred to the committee on 25 February this year and the committee is required to report to the parliament by 22 August 2016. Submissions accepted by the committee are published on the committee's website. Witnesses are not required to give evidence under oath, but I do remind witnesses that intentionally misleading the committee is a very serious offence. I remind those present that these proceedings are similar to parliament and are subject to the Legislative Assembly's standing orders and rules. In this regard, I remind members of the public that, under the standing orders, the public may be admitted to or excluded from the hearing at the discretion of the committee. Please ensure that mobile phones and other electronic devices are either switched to silent or turned off. Hansard is recording the proceedings today in order to make a transcript. The committee intends to publish the transcript of today's hearing.

Those here today should note that the media may be present—it does not appear that they are at this stage—and that you may be filmed or photographed. Finally, before we start I want to remind witnesses to respect the rights of others in terms of your evidence. We are not considering the conduct of individuals, individual vets and others. These hearings are not the place for venting personal disputes and grievances over the treatment of horses. While we are happy for you to raise matters, these hearings are not about Hendra veterinary surgeons and clients. Our inquiry is considering the Hendra virus vaccine and its use by veterinary surgeons. We do not have to consider individual disputes or deal with the private issues between them. I understand that there are very strong views on all sides about these issues we are considering. We are not here to debate the issues; we are here to hear your comments which the committee will consider.

WEARN, Dr Jamie, Equine Clinical Studies Coordinator, Senior Lecturer and Specialist in Large Animal Internal Medicine, James Cook University

CHAIR: Good afternoon, Doctor. I invite you to make an opening statement of between three and five minutes if possible.

Dr Wearn: I thank the committee very much for the opportunity to speak before you. Today I would like to present the importance and significance of this vaccine to our teaching program at James Cook University. I also worked as a veterinarian in Queensland, Australia, for over two years in a private practice before my appointment at James Cook University, so I have private practice experience as well as at the university. James Cook University states that our strategic intent involves teaching and research focused on tropical health medicine and biosecurity. Hendra virus obviously poses an immediate and material risk to daily life of humans and horses in the tropics. JCU also runs a teaching herd of approximately 50 horses housed on the Douglas campus. Each horse has been vaccinated with the Hendra virus vaccine EquiVacc since the vaccine was released.

Each one of our 454 registered students works with horses throughout the five years of their degree and is intimately in contact with bodily fluids as part of the routine training of our vet students. Students undertake practical learning sessions on live horses. Some of them include exposure to potentially contagious fluids. The most important of these is the dentistry practicals where we teach them preventative health associated with dentistry and also reproductive practicals where they perform rectal palpations and are exposed to bodily fluids. Without the vaccine, these practicals could not be run and the quality of the veterinary students' education would therefore be severely compromised.

The Hendra virus vaccine plays a crucial role in the biosecurity program and occupational health and safety of the discipline of veterinary clinical sciences for staff and students alike. Occupational health and safety regulations require us to, after identifying a risk of which Hendra virus is obviously an immediate and real risk, implement the most effective control measures that are reasonably practicable in the circumstances. According to the Australian Veterinary Association, Hendra virus vaccination is the single most effective way of breaking transmission of the virus from horses to people.

There is an argument that potentially veterinarians should just wear personal protective equipment. Personal protective equipment has a pivotal role in the management of Hendra virus control measures. However, it is only a first aid and is not intended for daily routine use. We have already demonstrated today in the field setting how rain or water can compromise the integrity of personal protective equipment. When performing invasive procedures such as dentistry or rectal palpations, the personal protective equipment can easily be compromised, putting a veterinarian or a veterinary student's life at risk.

It is not veterinarians nor any committee's position to require owners or to force owners to vaccinate their horses. It should be of their own free will. However, if an owner decides not to vaccinate their horse, we as veterinarians I believe have an obligation to advise them of the risk to human health and strongly suggest that they contact their medical health professional to get their own personal health advice for themselves, because we are not trained in human health; we are veterinary or animal health professionals. We need to be advising them to seek personal medical health advice.

There is also a question about the biggest problem with the vaccine in terms of uptake—that is, the concern about adverse reactions. I can speak from personal experience of vaccinating 499 horses, but I would also urge the committee to get the data from the over 400,000 doses that have been administered. This vaccine can cause a local reaction. It is an expected reaction. It is an immune response to that vaccine. However, as the data before the APVMA advised, there has been no strong association of this vaccine or probable association of this vaccine with any deaths. Let us compare it to some human data for tetanus and diphtheria vaccination. According to the Therapeutic Goods Administration of Australia, in the last 10 years since 2000 there have been 783 reported adverse associations with the human tetanus vaccination and 250 associated injection site reactions such as pyrexia, crying, seizing, vomiting, headache, rash, nausea. These are drugs we are administering to animals. They are going to have some degree of adverse effects. Has there been any association between human vaccines and death? There have been five reported outcomes where there was a direct association with the human tetanus vaccine and human death. That has not happened in the equine world. This vaccine is saving lives and is going to remain a key component of our biosecurity program.

CHAIR: Thank you. Obviously we went through the process today. When a veterinarian goes to a property with a sick horse that has not been immunised against Hendra, is there an advice letter or an actual piece of information or is it just a verbal discussion such as, 'These are the potential effects on humans and horses'? Is there a standard?

Dr Wearn: There is. There is a government body that provides us with a letter that is titled 'Your horse has been subject to an exclusion test', and I believe it is either Biosecurity Queensland or Queensland Health. I am pretty sure it is Biosecurity Queensland that provides us with that documentation after we have performed an exclusion test. As you are well aware, we are under the obligation that if we cannot definitively exclude it—and based upon its very vague clinical signs, that involves a very large case definition—we have to rule it in because of its human health implications. Therefore, we are duty-bound to run an exclusion test and, yes, there is a government provided form that we provide to all owners in that circumstance.

Mr PERRETT: Thank you, Jamie, for your time today with respect to demonstrating the practical application of potentially dealing with cases of Hendra. In your view, are the guidelines provided to veterinary surgeons by Biosecurity Queensland and the Office of Industrial Relations reasonable and adequate for dealing safely with horses that may be infected with Hendra virus? If not, do you have any suggestions for how guidelines could be improved?

Dr Wearn: I think the guidelines are adequate and well written.

Mr MADDEN: Jamie, I want to thank you and Steph and Mick for showing us how you deal with horses today. It was very enlightening to see you actually at work. Obviously with animal welfare, particularly with horses, we need a certain number of vets in the industry. Have you seen any evidence that students might be shying away from dealing with horses as a result of the potential threat of the Hendra virus?

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Dr Wearn: It is a daily concern, yes, and, yes, it is a cause of people considering other aspects of practice. Yes, it is a barrier to entry of practice because it is a daily stress for veterinarians that engage in equine work.

Mr MADDEN: Are you then saying that if something is not done about making the vaccine more widely available, whether mandatory or through some subsidy program, that may ultimately mean that we have insufficient vets in the future for the horse industry?

Dr Wearn: That is a potential.

Mr SORENSEN: I have a couple of questions. In your experience, the impact or the fear of contracting Hendra virus having on your students and your own profession generally—there is that side of it—and also when you go out to some of the properties and you get a horse that has Hendra virus, you cannot really recommend that those people go and see the doctor, or something like that, to make sure that they are okay as well.

Dr Wearn: We are not trained as human health professionals but, because we are medical professionals, we know that, but we are not trained to provide the advice. But we have to give strong recommendations that they need to seek their own personal professional advice from a human health specialist.

Mr SORENSEN: Just on the fear of contracting Hendra virus yourself when you go out to those places, what is it like? Can you explain what fear it is?

Dr Wearn: It is a real, apparent fear of death. There are not many viruses out there that we can get from a horse to a human that will cause you to die. When you know someone who has died of this condition, it is a real risk and it is a real fear. Your heart rate always rises when you are dealing with one of these. It is a stressful situation and, as we saw today, we demonstrated how easy it is to have a breach of your personal protective equipment that we use in a field situation. If it is used appropriately, it will protect you, but it is so easy to be breached and it is only a second-line safety mechanism.

As you said, with the biosecurity, occupational health and safety regulations, we have to implement the most control strategy and that is vaccination. It is just night-and-day difference if you are going out to a sick horse that is vaccinated versus non-vaccinated. I have to take responsibility for my students. Not only now do I have a responsibility to my family but I am now their coordinator. I have four or five other students under my control. I have to control them and be concerned with their welfare. So it limits the cases. I do not let them go out to cases unless they are Hendra vaccinated—if there is any possible risk—because they are in the training program.

Mr SORENSEN: And you could have court action taken against you if one of your students accidentally caught this for not doing the appropriate—

Dr Wearn: I tell you, we have very strong control measures. I believe that I do everything that is reasonably practical and some—that I go beyond that, because the consequences of this disease are so devastating and catastrophic.

Mr SORENSEN: Thank you.

Mr PEARCE: I am going to say thank you, too, Jamie.

Dr Wearn: My greatest pleasure.

Mr PEARCE: We had a little exercise out there this afternoon. Vets are more scared of workplace health and safety prosecutions than they are of HeV. That is what we have been told. This is causing animal welfare issues, as sick or injured horses are going untreated with an additional cost to owners for performing a HeV exclusion test and owners attempting to treat animals themselves rather than contacting a vet. Why are people more scared of WH&S?

Dr Wearn: Let us take that a couple of steps. Firstly, as we practised today, until you have been out and done it for real, vets are terrified of Hendra virus. Until you have been out and done it for real numerous times and have a positive case in your practice, money pales into insignificance. Personally, I am much less afraid of getting fined than getting dead. You can make money again; you cannot make life again. So as far as being more scared of occupational health and safety, I think we felt underprepared in the initial phases when it was a very recent occurrence—it has only come up in the last 10 years. I think, now, vets are in a strong position and we have appropriate guidelines out there and we are all up to speed with it. I do not think that any vets are now afraid of the guidelines. We have good guidelines in place. The AVO is very supportive of us and they have done outstanding work in educating veterinarians.

As far as welfare and not attending cases, veterinarians treat 17 different species of animals. We are expected to know everything from dogs and cats to birds, to everything else. Personally, I am a horse specialist. I will not refuse to go to see a case. I will go out to see them, because I am trained and I have the equipment to do that. What concerns me is a welfare issue—the limits that I am placed under in that circumstance to what I can do for the horse if it is not Hendra vaccinated. Workplace Health and Safety are doing the right thing. They are trying to protect us. They are trying to keep us, our workers and our co-workers alive. I applaud them for that, because they are doing good work to keep us alive. We are under financial constraints from owners of having to pass on the costs. Unlike the human health system, where we have Medicare and Medicare pays for any PPE and any costs, we have to make enough money and make a living for our families.

What concerns me more is the limits that are placed on me—that I cannot do surgery on a horse that potentially could infect everybody, because we do not have facilities to support that and do it in effective control measures. It is the constraints that are placed upon me. That is what concerns me about the animal welfare benefit. There are horses that cannot get the treatment they need, because we physically cannot do it in a safe way.

Mr PEARCE: I picked up there that you have not refused to treat a horse caught up in a fence or with some illness because they have not been vaccinated.

Dr Wearn: Personally, I have not refused to attend a case. The treatments that I may be able to provide to that animal may be tremendously limited to first-aid treatment. No, I have not refused to go and attend a horse due to its vaccination status.

Mr PEARCE: Are you aware of vets in the area who have?

Dr Wearn: It would be—I am not, no.

Mr PEARCE: Fair enough.

Dr Wearn: I can only speak to my own personal experience, but if they do not have the facilities and training to do so, then they are going to put their own lives at risk and not be able to abide by the occupational health and safety guidelines to be able to do that. If they do not have the skills, training or equipment to do that, then they should not do something that is going to get themselves exposed. They could always refer them to the RSPCA, or some other body that is available to provide first-aid care.

Mr PEARCE: What about a vet's code of ethics? Would it not be covered under that as well—that they must—

Dr Wearn: Do everything to uphold animal welfare? I guarantee that all vets do that—that we stand up and we will do everything in our power to support animal welfare.

Mr PEARCE: I am sure you cannot speak on behalf of anybody else—and I appreciate that—but if you have watched that whole event unfold, there are plenty of accusations that many vets are refusing to go and treat a horse unless it has been vaccinated.

Dr Wearn: I cannot speak on behalf of somebody else. I can only tell you what I have done and I have put on those blue suits so many times I have forgotten about it. That is what concerns me, though—the constraints that are placed on me diagnostically and therapeutically for the horses that I have had to treat and wait for those turnaround times. That is the other major limitation here in northern Queensland. I worked in Townsville for two years. As we said, the turnaround time to be able to get samples back from the laboratory to get an exclusion test, that is great when you are an hour away and you can drive to Coopers Plains and you can have results in three hours but, if it is up here, it is five days to get a turnaround. That is what compromises animal welfare.

Mr MADDEN: That exercise that we did today with Mick, Stef and yourself where you demonstrated how onerous the PPE program is and the requirements of Biosecurity Queensland and the Office of Industrial Relations, you were trying to explain to us that, if all horses were vaccinated, you would not need to go through that laborious and dangerous exercise of wearing that gear.

Dr Wearn: Correct.

Mr MADDEN: Thanks very much.

CHAIR: Thank you very much, doctor. I will now call our next witness.

RUPPIN, Dr Mick, Veterinarian, Tablelands Veterinary Service, Malanda

Dr Rupp**in:** Good afternoon. Firstly, I thank the committee for making the time for the public hearings and for travelling this way. I would think that from our viewpoint—every area would think that they are unique, but we think we are unique, too, in that we have had lots of cases diagnosed in this region. It is very useful for us to be able to talk about working as equine vets day by day, literally travelling past properties where cases have been diagnosed and having Hendra virus as a possibility is always on your mind. I would like to briefly speak to my submission and then take any questions.

By way of introduction, I have been graduated for 10 years and I have spent most of that time in Far North Queensland after graduating from Sydney university. I have worked in private practice, I have worked as part of the government response to equine influenza in Sydney, I have worked for Racing New South Wales as a race day official veterinarian, I have worked in specialist practices, in university practice and I have worked in New South Wales, in Queensland, in the United Kingdom and visited multiple practices and university practices in the United States and Canada. I speak today as a practising equine veterinarian, as a practice owner and employer, as a horse owner and as a husband and father of two.

Briefly, going through the submission and the terms of the committee's inquiry, point one was the development and the trials and the approval process. I would just say briefly that my understanding is that the vaccine was developed by scientists from the CSIRO under an arrangement with the vaccine manufacturer, Zoetis. Perhaps in another time there would have been a body that could have been seen as being more independent. There was once the Commonwealth Serum Laboratories, a strong and proud scientific organisation which, to my knowledge, is now more of a private body. If this vaccine were going to come from anywhere, there would have been private money funding this, which leads on to all sorts of accusations no matter what. We need to examine that carefully, but the fact that this has come from a company, or a large company, should not of itself be a bad thing. We drive cars every day made by private corporations. We eat food every day, eaten, grown and transported by private companies. That in itself is not a bad thing, but we need to examine all of those different interests carefully.

It has also been approved by the Australian Pesticides and Veterinary Medicines Authority—the APVMA. I think any question about either the development or the approval should be really strongly focused on both the CSIRO and the APVMA. In terms of a vet in practice, I have seen data shared by the CSIRO and by a vaccine manufacturer on the testing methods and horses vaccinated and then exposed to the virus and things like that. I have seen more of that data for this vaccine than for a lot of other registered products that we use. I am comfortable in my professional opinion that the vaccine does work.

The second point was the incidence and impact of adverse reactions following vaccination and the reporting of adverse reactions and the economic impacts of the EquiVacc vaccine. When I think about this, I think about expected reactions that, hopefully, a well-informed vet with a good conversation with their client can talk about and then adverse reactions which, I would say, are things that you were not expecting and no-one expected. Across Australia, over 400,000 doses of the EquiVacc vaccine have been given. In our practice, we have given over 8,300. I personally have given close to 1,400 doses of the vaccine.

We see a small number of expected reactions. Again, I would urge you to see what the published rates are, but my recollection is that they are a fraction of a per cent and, when I think about cases that I have vaccinated, that would correlate to less than one per cent of horses experience one of these expected reactions, such as a lump at the site, or a sore muscle at that site, a fever, or lethargy for a day or two. In my experience, when I have had cases of my own do that, I found they have all responded well to pain relief and also trying to give that injection at a different muscle body the next time we do it.

I think the trade-off between having to maybe give pain relief the day of giving a vaccination versus having a horse that is not vaccinated and all the limitations that come up for treatment when that horse is sick, to me the vaccination is still greatly ahead. In terms of the adverse reactions, they are unexpected reactions, things that might be hard to explain. I know there are allegations that horses get colic, or they get lameness problems, or laminitis where their feet swell and have foot trouble, long periods of not eating or not being able to be ridden or loss of function. I have not seen that in the 1,400 doses I have given. I would like to think that we are a professional, high-standard practice and we are certainly very attune to those sort of complaints. When they are my clients, I go into a conversation with those clients about it. I can think of a few examples where I have vaccinated

a horse, and then that day or the next day it has had colic or done something funny. Those horses have all been treated successfully and they have all gone on to have subsequent vaccinations with no reaction. I personally just do not see those adverse, unexpected reactions happening.

The second part of that point I took to be the economic impacts of vaccine reactions, and I guess having not seen them I cannot make any comment on the economic impact of the adverse reactions.

The third point was who bears the risk of Hendra virus infection and who incurs the cost and receives the benefit from each of the risk mitigation options? Certainly out of the seven people who have contracted Hendra virus and the four people who have died, most of those have been vets or veterinary assistants. It seems to be true from the science that you need a large amount of contamination, usually of bodily fluids, to catch the virus and usually it is vets that do that. As we shared today, horse vets do a lot of invasive procedures, so they probably more than any other group would be exposed to these substances. That is not to say that horse owners could not, and one of the first two people who died was Vic Rail, the racehorse trainer, who probably, being an experienced horse owner, would get more involved and do more invasive things than what maybe the average owner, who might have one or two recreational horses, would do. It is not impossible that anyone could do it. There are non-veterinarians out there practising dentistry and there are horse owners who would get heavily involved, so it is not impossible that a non-vet could do it. But certainly vets would be most at risk.

In terms of the different mitigation options, the one I am most aware of, of course, is the vaccination. The Hendra vaccination is purported to be the greatest step that can be taken to reduce the chance of infection by multiple bodies: Biosecurity Queensland, Queensland Health, Queensland workplace health and safety, the Australian Veterinary Association and Equine Veterinarians Australia. There are a range of bodies saying this is the ideal or the biggest step that can be taken. Certainly the cost of that is borne by the horse owner. The benefits of that are for all people who have contact with that horse. I cannot think of other equally strong risk mitigation options.

One that is proposed is wearing PPE, personal protective equipment, for sick horses or potentially all horses. Who bears the cost of that? If I am doing that as a vet for a client, then my client will still bear the cost of that. Who benefits from that? Really only me. Anyone else that has contact with that horse—casual contact, feeding it, whatever—is unlikely to be in PPE. Really aside from all the practical limitations and all the other arguments, it is not even protecting all the other people who might have contact with that horse. Before the days of the vaccine the message was to try and stable horses away from where bats are, feed them under covers and not having food and water getting contaminated by bat droppings and things. Again the horse owner would bear the cost of that, but the horse owners would also benefit from those steps.

Just briefly, the remaining points were whether the guidelines and procedures required for vets attending horses that are not vaccinated against Hendra virus are proportionate to the consequences. I can only speak to our practice. When the vaccine first became available we certainly promoted it one on one with all our clients as well as holding meetings, in the media and pony club meetings. We did as much as we could to get the message out there that we thought it was safe and effective. After two years we wrote to all our clients and said that we would have a written policy where we would basically request that their horses are vaccinated if they wanted invasive high-level procedures done. Essentially for good veterinary care to occur the horse would have to be vaccinated. We made it quite clear, and we have always stuck by the fact, that we will always attend any horse. We have never refused to visit a horse based on Hendra vaccination status, and I cannot think of a horse we have refused to attend for any reason. We treat all species in our practice and we cover a wide range, but as Jamie Wearn said the options that we might be able to explore with those owners might be limited. If it is not a vaccinated horse we, for example, would be reluctant to bring it into our hospital, bring in a team of half a dozen people, perform surgery, open up its abdomen, have its intestines out on the table, have bodily fluids running across the floor and all those sorts of things, so options may be limited. I find it hard to speak to that point and the idea of vets refusing to treat horses because it is not in my experience and it is also, not that I am aware of, a strong point for the vet practices in our region. Sure, there have always been vet practices that do not attend horses if they are small animal practices, and perhaps that decision has been made easier in the days of Hendra virus. In our region, to my knowledge the practices that treat horses continue to do so and have ways to deal with this vaccination issue. To my knowledge they do not refuse based on that alone.

CHAIR: If I could just get you to wrap up.

Dr Ruppin: In summary, I would say that as an equine veterinarian with my training and also with my knowledge I believe the vaccine is a safe and effective vaccine. While people can argue about the probability of infection, I think what is more important is the risk of infection, where risk is Cairns

both the probability of it happening and the outcome if it happens when the outcome can be death. You have a mortality rate of nearly 60 per cent. It is higher than the Ebola virus. It is named as one of the most dangerous pathogens by scientific bodies like the World Health Organisation and Centres for Disease Control and Prevention in America. They rate it as one of the highest level pathogens which has killed four people.

I am pleased to see this vaccine and use it on a daily basis. I think it is safe and effective. I think that we all need to have this open and serious discussion about it. If this were a motor vehicle or a children's toy or some other issue like this that had killed four people, I think it could potentially be handled in a different way. It leaves it in this unusual grey zone where it is a biological agent. It is an animal that is mostly owned by recreational people. It is not a production animal, so it puts the debate in a very public domain which I think has also been very skewed by social media. I think a vocal minority would have the potential to overrule the very happy silent majority who are vaccinating their horses.

CHAIR: In one of your first statements you said that there have been lots of cases diagnosed, particularly here in tropical Cairns.

Dr Ruppin: Yes.

CHAIR: What is the survival rate of these horses who have been diagnosed?

Dr Ruppin: I have never seen any personally myself or attended those cases. In our practice we have only been asked to attend one horse that the owners had shot and euthanised themselves. When that horse was sampled after death it turned out to be positive, and that was not me either. To my knowledge most of those horses diagnosed in our local area have died from the illness or been extremely unwell, unable to stand, highly likely to die and have been euthanised. Overall to my knowledge while there might be a small number of horses that recover, say something like one in five, it is not well-known how much or how long they shed the Hendra virus for, so they are still a potential source of infection to other animals or to humans.

Mr PERRETT: Just one very quick question, and it relates to your client base. You touched on the process of engaging and raising awareness with not only your client base but also pony clubs and others. Of your client base that own horses—presumably you have an idea of how many that would be—what has been the uptake of vaccinated horses from the clients that you service? Is it 50 per cent, is it three-quarters, is it less than that? With respect to everything that you did to raise awareness, how successful were you in getting your clients to take it up?

Dr Ruppin: It would be difficult to put a number on it. I am not trying to evade the question, but in our practice too we service very different areas. On the Atherton Tablelands on small farms often the horses are like a hobby type interest, versus down here on the coast where there might be some more valuable competition horses. One of our employed vets who will speak later, Steph, will do more racetrack work here where it is the trainer's living, and then further west from the Tablelands we have people on cattle stations where they might have 100 horses that are just used as part of their job, so they are all very different people. I would say on the Tablelands we would have had perhaps a 50 per cent uptake rate when it was voluntary. Without any advertising, any promotion or anything, as soon as the vaccine was released we had people who wanted the horse vaccinated. They would sleep better at night, they would travel more widely with the horse, they were happier for their kids to have contact with the horse and there were people that wanted it without any prompting. That would have been the first two years while it was still optional for our clients. When we brought in our policy where we asked for it to be done if they wanted that high-level care with invasive procedures, almost all of our clients accepted without any pushback or any major pushback.

A pretty common reaction we would get would be, 'What is it going to cost? How often? Why do you have to do it?' It would be a pretty civilised conversation that would end with, 'Well, I guess we have to. If the disease is here to stay and this is the world we live in and there are these other considerations, like how difficult it is to test and get a timely result and workplace health and safety considerations coming in, I guess we have to do it.' Only a very small number of clients said they would not do it for whatever reason.

Mr SORENSEN: Talking about the vaccine itself, it is not a virus: it is actually a protein.

Dr Ruppin: Correct.

Mr SORENSEN: Can you explain that a bit better for us?

Dr Ruppin: I would direct you to one of the scientists that was involved in the development of it. Briefly I would say that a virus is just a very small particle with an envelope or capsule around it, and sticking out from that are various markers that the body will identify as foreign and use to fight

that. This is just one of those markers that is sticking out from it. To my knowledge that marker is made in a lab from scratch. It is not virus that is killed and then mashed up and put in a syringe, so to my knowledge there are no virus particles, dead or alive, in this vaccine: it is just the marker. But, like all good vaccines, it has been established that if a horse's body makes enough antibodies to attack that marker it will attack it just as well, whether it is a vaccine or whether it is a marker attached to live Hendra virus.

Mr MADDEN: Doctor, you said that your practice has issued over 8,000 doses of the vaccine, you personally have issued over 1,400, and that the reactions to that are occasionally various but they are not severe. Some submitters to our committee claim to have had severe reactions to the vaccine. Are there other explanations for why these horses may have suffered severe reactions?

Dr Ruppin: I would find it difficult. I have not read all of the submissions. I started at the top of the list and read maybe half a dozen. What I found in the submissions was often the details of the reaction were not explained well, and hopefully that will come out in public hearings. As a vet that is my first question: what reactions are we talking about? Over 400,000 doses have been given. If you go out and do that, some of those horses were going to get sick the next day or run through a fence or something, so I think there is just sort of bad timing which has been attributed to that.

The other comment and in reading the few submissions that I have—and it was touched on in the opening comments—is that I think there is sometimes other baggage that comes into the argument about communication breaking down or not being happy with the horse's treatment or a vet's conduct or things like that. Although it is valid and important, it actually has no bearing on whether the vaccine caused something. Sometimes the reactions that are reported are also very common. Some of the ones that I hear on social media are colic or laminitis, which is where the blood flow to the feet increase and they get really sore feet. They are both very common conditions. They can be recurrent as well. They can be quite long term. For example, if a horse had laminitis after the vaccine, I would want to know that horse's history and its age. There are a range of diseases that make it more common.

You can take an X-ray of its feet really quickly and establish if there are any chronic changes. If there are chronic changes inside the feet that show up on X-ray, it has nothing to do with the vaccine you gave yesterday. I have been involved in RSPCA court cases over laminitis in ponies where the owners swear that it had never had a sore day in its life, yet I had X-rays to prove that it had been going on for some time. I think the devil is in the detail. I think there would be confounding factors where it was just bad luck. I think there would be other confounding factors where perhaps even veterinary attention was sought because the horse was sick in the first place. It has been given a vaccine somewhere along the line to keep a practice policy happy or to be seen to be within the rules, yet that underlying illness has still rumbled on. They would be my suggestions.

Mr PEARCE: I have one question. It should only take a couple of seconds for the answer. You referred to deaths as a result of the Hendra virus—seven or four, did you say?

Dr Ruppin: Four human deaths out of seven people in total who have been infected.

Mr PEARCE: Of the persons who have lost their lives, how many of them were wearing PPE?

Dr Ruppin: I could not tell you those details off the top of my head.

Mr PEARCE: In your paper here, you have said—

I have been intimately acquainted with the development, trials, approval and release of the Hendra Virus Vaccine.

Dr Ruppin: Can you tell me where that is?

Mr PEARCE: It is on page 2 I think—about halfway down.

Dr Ruppin: I can't find that context but is there a question?

Mr PEARCE: Halfway through '*The development, trials and approval processes of the vaccine*' you say—

I have been intimately acquainted with the development, trials, approval and release of the Hendra Virus Vaccine.

Dr Ruppin: In which point—1.1, 1.2, 1.3, 1.4?

CHAIR: Six lines down from '*The development, trials and approval processes of the vaccine*'.

Mr PEARCE: Can you claim what I have just read out to be a true statement? It is in your statement.

Dr Ruppin: I am sorry. I am looking for the context of it. That is not my submission.

Mr MADDEN: That is Dr Francis Condon.

Dr Ruppin: Yes, that is our practice.

Mr PEARCE: So you did not write that?

Dr Ruppin: No. That is a different veterinarian. It is signed Frank Condon, who is one of the other veterinarians in the practice on our practice letterhead. So I did not write that submission. That is Frank Condon's.

Mr PEARCE: You didn't write it?

Dr Ruppin: No. That is Frank Condon's submission.

Mr PEARCE: It is on your letterhead though.

Dr Ruppin: Yes. One of the other veterinarians in our practice—one of the other practice owners—wrote that submission. So it is on our practice letterhead, written by one of our practice owners, but I personally did not write that.

Mr PEARCE: I apologise to you.

Dr Ruppin: That is all right.

CHAIR: Will you withdraw the question, Jim?

Mr PEARCE: I will withdraw that question.

CHAIR: When you give a vaccine for the virus, the first one—I think we talked today that you have to give one in three to six weeks. As part of your clinic, do you send reminders to the owners about their injections—the second lot or when the six-monthly and then the 12-monthly are due?

Dr Ruppin: We do for all of them apart from the three- to six-week booster. The reason for that is that our computer system currently does not easily allow for instantaneous SMS or text messages. It is more based around a monthly mail-out system. By the time that gets done and processed and mailed, sometimes we are pretty close to the window. What we do do though is that, when we do our first visit for a vaccination, on that invoice in writing is 'Please ensure a booster is booked between three and six weeks from today.' That is automatically generated on the invoice.

CHAIR: Thank you very much for your time today. I now call Mr Dennis Richardson.

RICHARDSON, Mr Dennis, Private capacity

Mr Richardson: My name is Dennis Richardson. I am a 66-year-old pensioner from Mareeba. I have three horses up there that are in our care. I cannot say I own them because they are living and breathing things. We do not own any of them. They are what they are. Over the last couple of weeks I have been sitting down at home at night-time writing notes—in a drunken stupor sometimes—that are really difficult to decipher the following day. Please excuse me. I do not have a single plan to show you or to follow, but I do want to comment on some things that veterinary practices do that may seem a little bit odd. If they happened in personal or human terms, we would be asking the question. These people would be liable for all sorts of things. Please let me go to my case and grab something to show you.

Here are some tablets prescribed by a veterinary surgeon for one of my animals. You can clearly see on there that there are absolutely no instructions whatsoever—simply a dosage rate and the name of the product. That was about 80 bucks or something like that. Here is a \$16 packet of heartworm tablets from the chemist. Look at all these dosage rates, contraindications, all sorts of instructions—how to feed them, what signs to look out for if there is an issue. I got nothing with Hendra—nothing at all. The one thing that us horse owners have that veterinary people do not have for our animals is love. They do not feel for them. They are just a number. They do not care about the outcome of our horses, but we do. We are the owners. They might be brumbies but, by golly, they are pretty good looking animals, don't you think? They are just about as fat as me too. To us they are very, very special things and we need to protect them with all of our might and do the right thing.

Here is a story from the *Cairns Post* a couple of years ago about a little rescue brumby. Lin and I hired a horse float, drove up to Wujal Wujal via the coast track on a rainy day and rescued this brumby from beside the river and brought it back. That is how much we feel about our animals and the vets do not. That is the same little brumby a couple of weeks later. He looks pretty damn good. We have love and affection for them. The vets do not. They are a number.

I wrote two submissions to the inquiry—submission No. 22, and I am sure you all have that in front of you. Again, I did that at home one night in probably not anger but I was just concerned with the treatment that we received from the veterinary professionals because we were not given any information about the Hendra vaccine whatsoever—nothing, no documentation, no contraindications, no signs of what may happen, what signs to look out for. Then I wrote submission No. 245 some time later after I sent our vet a letter and asked the question: why were our horses given three boosters in one year when the period nominated by Zoetis is six-monthly?

I wrote in submission No. 22 basically the response of our veterinary professional. I have a copy of it here somewhere. Without naming names or showing you headlines or anything like that, here is the letter that I sent. You will see that it is dated. It is addressed properly. On the copy I sent to them I actually signed it. But here is the letter I got from the veterinary surgeon. It has no date on it. It has no signature on it. It has nothing. It does not even have a reference to the date of my letter, so it is very, very unprofessional. There are some spelling errors in it and it is not factual. This is the sort of thing that we as horse owners and horse lovers are having to deal with—unprofessionalism, no information with Hendra, telling us lies in documentation that is unsigned and undated.

I respect the submissions by a couple of the other veterinary people here. This is Zoetis document. It says, 'Helps prevent horses contracting Hendra virus and therefore helps prevent—' It does not say that it does stop it. For the last submitter, I suggest that perhaps the use of PPE is absolutely important and should never, ever be disregarded at any time. Zoetis says that PPE is not going to protect unclothed or unprotected people at all. It is just an aid. How AM I doing?

CHAIR: You are going well.

Mr Richardson: We worked in Wujal Wujal. That was my last job before I retired. I was the shop manager up there for the Aboriginal council. The place was absolutely full of brumbies. Some time after we left—this is on 28 November last year—this story appeared in the *Cairns Post* about the brumby population and Hendra fears. Which vet is going to go up to Wujal Wujal and service a whole heap of brumbies up there? Who is going to pay the cost of doing such a thing? Guess what? If this Hendra vaccination is designed to protect people, people live in Wujal Wujal too. What is happening there? We are being very selective as to who we protect from this virus. Should it be just the people who are in the service area of a veterinary surgeon or should we be looking after the entire population who potentially come into contact with horses like our Aboriginal people up there?

Here is a story I wrote. I rang the *Cairns Post* and said, 'This is absolute scaremongering. This is rubbish.' I wrote a post on social media. Yes, I agree with you that not everything that you see there is accurate and truthful and fair. But in this particular case where there are people up there who are Cairns

not protected I found it necessary to write, so I did. I will make a copy of that available for you so you can have a look at it. That just says that people up there live and breathe the same as we do and they should be protected from this virus if in fact it is such an important virus to protect ourselves from whether there is a vet up there or not. Let's get a vet up there and inject all of these horses. I do not know who pays for it. Somebody has to. Let's protect all of these people. That is what it is for.

How coincidental is it that so many horses have suffered laminitis within two or three weeks of being vaccinated? Is this coincidental? What numbers do we have from the APVMA in their report? It is an issue that has caused me absolutely massive concern.

The reporting system—if there is an adverse reaction, there is a report from APVMA. Somewhere here it says, 'After discussion with the vet and with Zoetis'—so APVMA contacted both of the medical people involved, namely, our vet and also Dr L'Estrange from Zoetis before they made this acceptance to an adverse reaction report. If that is not collusion, I do not know what is. That to me is just not right. If I say to these people, 'This is what has happened,' that is what they write down. It is not up to them that APVMA confirms with anybody else unless one of those health professionals comes to my property to prove that what I am saying is not right. I am experiencing it. My pocket is about eight grand lighter over the last year from dealing with this Hendra vaccine and this issue with my horses. I am a pensioner. I cannot afford to, but I can afford to fight. It just reeks of collusion. Once again, I will make copies of this available too, if you wish. Laminitis was mentioned in the first report, but it was not accepted. How many other horse owners have issues with their horses, where, A, they have not reported them, or, B, the issues as described have not been accepted by APVMA after they have had discussion with vets and with Dr L'Estrange from Zoetis?

CHAIR: Thank you very much.

Mr Richardson: I have said enough.

CHAIR: Can you just explain to me what laminitis is?

Mr Richardson: Laminitis is an issue with the hoofs. I am not a horse expert. I am not a veterinary surgeon. I have never been skilled in horses. I worked up in Wujal Wujal where I saw the way they got treated by the locals up there. It was just disgraceful. So my wife, Lyn, and I befriended all of these horses that what running wild through the place and we had no issues with them at all. We saw whole heaps of things, especially what was laminitis.

That is laminitis. That is a front hoof just eaten away. That is laminitis, where the hoof wall is detaching from the pedal bone, I think they call it, which is attached to the hoof or via some other mechanism—I do not know what it is. The hoof wall separates from the hoof and the horse can barely move, let alone walk. It is corrected by putting high-heeled shoes on the horse for a period of time, depending on how the horse reacts, initially with some painkilling stuff and then we keep the hoofs clean and remove all sugars from their diet, which we never fed. There are a few care things that need to be done, but the cost of the farrier is the big one.

CHAIR: You are associating that disease with vaccination?

Mr Richardson: I am saying that, because they cannot prove that the HeV vaccine did not cause that and I am saying that there are so many of us and it seems to be coincidental that it happened within a period of time directly after vaccination—

CHAIR: And so it happened to your horses?

Mr Richardson: Yes. That is my horse, yes.

CHAIR: I just have a question.

Mr Richardson: We are just about due again for another booster in a couple of months time. The decision to do it is just gut wrenching. We feel so badly about it. Regardless of what the medical profession, or the veterinary profession, say, they do not feel the pressure that we do and they do not feel the same way about it, having to re-vaccinate. We have to make that decision. If our first little horse gets crook again—there is the neck site after the last vaccination. It is like a big lump. But it is not just the lump, it is not just the injection site; it is how they were two weeks later—just walking down in the paddock and just collapsing and lying there in the sun for three hours. You ring the vet and the vet is not available for three hours, or four hours, or whatever. What do you do? It is just absolutely heartbreaking.

CHAIR: Just as a supplementary, the brumbies you were talking about that you say need care just as much as horses like yours, are they wild brumbies that just run around?

Mr Richardson: Yes, wild. They were generally horses that were working on Aboriginal cattle stations up in the Daintree. Like most things in the Indigenous world, when they are of no further use they just let them go. That is what happened to them.

CHAIR: Human contact with those brumbies would be reasonably restricted?

Mr Richardson: The locals used to—the young fellows used to—grab them and rope them, ride them, just belt the hell out of them. Everybody else was terrified of them.

CHAIR: Can I get you to table those documents that you wanted to give to us?

Mr Richardson: Yes.

CHAIR: We will need to seek permission from the group to do that. So can we have those?

Mr Richardson: Yes.

CHAIR: You have copies of all of that, do you?

Mr Richardson: No, I do not, no.

CHAIR: You do not have copies of those?

Mr Richardson: No.

CHAIR: Can we send you back the originals?

Mr Richardson: Yes, that is fine.

CHAIR: Permission? Carried. Thank you. We will pass on to Tony Perrett.

Mr PERRETT: Thank you for coming in, Mr Richardson. Obviously, in your words you have had some bad experiences with respect to the Hendra vaccination of your horses. Just going back to before these bad experiences that you have provided to the committee today, why did you consider in the first instance vaccinating your horses for Hendra? What brought you to that decision? Ultimately, what made you jump on the phone and ring a vet, because you do not sound like you are very happy with the veterinary profession in respect of your experiences?

Mr Richardson: Does it show?

Mr PERRETT: Obviously, you made a conscious decision. The vet, obviously, did not come and knock on your door and tell you that you had to get your horses vaccinated.

Mr Richardson: Yes.

Mr PERRETT: You made a conscious decision. Is that because of the ramifications and some of the publicity around that of humans contracting the disease and potentially dying?

Mr Richardson: Absolutely in no circumstance whatsoever. The reason we got our horses vaccinated in the first place was that we always had dogs. We lived at Palm Cove and we used to use a veterinary surgery close to where we lived. We got friendly with a couple of the staff there and we told one of the staff people there that we were going to Wujal Wujal to bring back a couple of brumbies from up there. One of the elders up there rang me and asked me to come and get them. That is what we did. She said—I did not mean to say ‘she’—the vet nurse at that veterinary practice said that, because we were going to take our horses to such and such a location, ‘They should be Hendra vaccinated.’ On her advice, we called a vet and we had them vaccinated. We knew nothing about horses—nothing whatsoever. We had never had horses. We were 60 years old, for heaven’s sake. We had had nothing to do with them. We had no knowledge of Hendra. That is the story that I wrote in that social media thing. That will, hopefully, describe to you that we had no idea what Hendra was.

Mr PERRETT: Just with that, before you engaged the services of a vet, did you not have a discussion with the vet about the benefits, or the potential benefits?

Mr Richardson: No.

Mr PERRETT: You just rang up the vet and said, ‘Come and do my horses.’

Mr Richardson: Yes.

Mr PERRETT: Without considering—

Mr Richardson: On the advice of the—

Mr PERRETT: The vet nurse.

Mr Richardson: The nurse, yes.

CHAIR: Can I just add a supplementary question? We heard from the previous speaker that part of their practice gives you an information sheet all about what Hendra is and what some of the side effects are. Did you not receive anything like that from your vet?

Mr Richardson: No, nothing whatsoever. The only documentation that we got—I think it is in that list over there—is a certificate from the Royal Agricultural Society of New South Wales saying that our horse was microchipped and a certificate of vaccination from a vet. I have kept all the documents from day one. Everything that I have said I can prove. There are documents in that pile of paperwork there.

CHAIR: No worries.

Mr MADDEN: Thanks for coming in today, Mr Richardson. I am interested in what you have had to say about the lack of information that you were given.

Mr Richardson: Yes.

Mr MADDEN: Do you think that the government should play a bigger role with regard to educating people about the Hendra virus and what is required to properly vaccinate a horse?

Mr Richardson: I think that there should be a document given to people so that they can make a conscious decision whether they do it or whether they do not. To be perfectly honest, why we are sitting here in this little group today I just do not figure. One of the previous submitters said that the primary purpose of this vaccine was to protect people. Why do we not have someone here from the medical profession? I am allergic to penicillin. The next time I get a penicillin injection, there is a good chance that I am going to die. One of my horses has had two adverse reactions to the Hendra vaccine the last two times that she has been injected. Why are we calling it an adverse reaction and not an allergy? I just do not understand why we do not have people involved. We call these things names that really do not reflect the importance of them. 'Allergy', to me, is more important.

Mr MADDEN: Do you think that the government should take a more active role in educating people about that?

Mr Richardson: Absolutely. If it is to do with the welfare of people and to stop our people from dying, then absolutely. Everybody should be involved in it—from a federal level and not just a state decision; everybody. There are horses all over the country. There are people all over the country.

Mr MADDEN: Thanks, Mr Richardson.

Mr PEARCE: I just have a couple of quick questions. In your submission you wrote, 'We were advised of the possibility of an adverse reaction. We were never offered any advice to label information. We were never advised that the vaccine was at permit stage and was not compulsory.'

Mr Richardson: Yes.

Mr PEARCE: And your recollection of when the vet came out to your place is that they definitely did not have them?

Mr Richardson: Definitely not, absolutely not. By social media we found out a few other things, too—Zoetis's personal contact with them, that the vaccine should be transported at no more than 8 degrees Celsius. Gee whiz, did they all come out with an Engel refrigerator on the back of their ute? Has anybody tested the temperature to see that this product is being delivered correctly? I know I have not. I did not know that until just recently, but it is a requirement. Nobody ever said a thing.

Mr PEARCE: When the vet came out to vaccinate your horses, was there any risk assessment done with regard to your horses and any other horses that were in the area, or did the vet just go in and give the vaccine?

Mr Richardson: Just came and gave the vaccination.

Mr PEARCE: And that is a good recollection?

Mr Richardson: Absolutely, yes.

Mr PEARCE: Thank you.

CHAIR: I just want to ask one more question. Obviously, you have had issues with a particular vet in relation to the Hendra vaccination. Have you changed vets to see if there has been any difference?

Mr Richardson: I was going to call one particular vet, who is the next nearest one to us, but after my little outburst today they will probably not want to talk to us. Anyway, we will cross that bridge when we come to it. Let us hope that we do not need any major work done on our animals for some time.

CHAIR: That comment is relating—

Mr Richardson: Am I changing vets.

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CHAIR: Maybe it might be a bad apple. If you go to a doctor and they are a bad doctor and they tell you that you have the flu when you have full pneumonia, obviously, you go to the next one.

Mr Richardson: That is true.

CHAIR: I am just saying that this vet could be doing everything wrong—not that we have heard about that. Professionals should be doing the right thing. It might be just one that needs to fix his practice of giving this injection.

Mr Richardson: I live in Mareeba and vets are not exactly thick on the ground up there. We have a choice of four equine vets within 65 kilometres of where we live. It is a fair drive. Two of them are relatively close; two of them are not. It is just going to be difficult.

Mr PEARCE: Do you fear repercussions because you have had the courage to come here today and tell us?

Mr Richardson: Yes, I think that that probably will be the case, but I cannot confirm that until after I have had a discussion with those other veterinary practitioners.

Mr PEARCE: I just wanted to put that on the record. Thank you.

CHAIR: Thank you very much, Mr Richardson, for coming in today and speaking to us.

WILLIAMS, Dr Stephanie, Veterinarian, Tableland Veterinary Service, Malanda

CHAIR: Welcome. I invite you to make an opening statement.

Dr Williams: I am an equine veterinarian currently based in Cairns. I became a vet because I love animals and I think it is pretty unfair to say that we do not love animals because we are vets. My mum told me that I said I wanted to be a vet when I was about six years old when I figured out I could not be a mermaid. I graduated in 2010 and last year obtained my memberships in horse medicine. I work in the Tableland Veterinary Service branch clinic of the North Queensland Equine Clinic. To date, I have administered over 2,500 Hendra vaccinations to horses from the Daintree down to Townsville. I am a horse owner and have been since I was a kid. In fact, I grew up in Cairns and now many of my clients are my old riding instructors, school peers, pony club friends and friends of my parents. I love being a part of this community and I appreciate that many of my clients know me on a personal level, and with that comes trust. I think that, obviously along with communication with my clients, has enabled me to employ a Hendra policy that has been for the most part well received by my clients.

Contrary to many rumours, our clinic would never leave an unvaccinated horse to suffer and we would never refuse basic first aid or humane euthanasia to a suspect unvaccinated horse. There is a huge misconception by the public that veterinarians make a lot of money, so I can appreciate why they would interpret the Hendra vaccination policies within many different clinics in Australia as a money-making exercise. At the end of the day veterinary clinics are businesses and, yes, we must pay staff wages, purchase equipment and support ongoing education for our staff, and this can only be achieved by charging our clients. We are not a charity and we are not, as you all know, assisted financially by any government system like Medicare so, yes, we do charge for our services, as do builders, plumbers, supermarkets, gardeners and so on.

What a lot of the horse-owning population forgets is that owning a horse is a privilege and I know full well that, for the average family, the financial burden of owning a horse often results in you sacrificing other luxuries in life. I make no apology for providing a service and charging people for this service who have horses. When it comes to the Hendra vaccination, we have not had profit as our main objective. We pay over \$55 per vaccination and we charge approximately \$90. This must account for staff ordering the stock, keeping it refrigerated, the loss of stock when it is not kept cool, the time it takes to examine the horse and look at that 'oh while you're here problem', record it in the Hendra registry, record it in our own computer system, mail out reminders, pay staff to phone people to remind them that their Hendra vaccination is due and so on. I believe that the argument that vets are implementing policies to make money is foolish.

Veterinarians are, as are any human medical practitioners, on a case-by-case basis faced with the situation where we must weigh the risk versus the benefit of administering any pharmacological substance or even supplement or even topical chemical to a living, breathing animal. When you put any chemical into or on an animal, there is always going to be a physiological response and this response is varied between individuals. We accept with some of the most commonly used drugs—for example, phenylbutazone, which is a non-steroidal anti-inflammatory drug—that we can have potentially fatal adverse events, yet we use this daily and our clients are happy to administer it to their horses.

It only makes sense that each individual horse could respond in a multitude of different ways to the Hendra vaccination. Speaking from my own experience and having administered over 2,500 vaccines, I have seen very few reactions and of those reactions they have been limited to mild swellings at the injection site, lethargy or inappetence. All have responded well to non-steroidal anti-inflammatory drugs or no treatment at all and some of these horses have been vaccinated again and shown no signs after the vaccination. I am not claiming that there is no way other horses have had adverse events, but based on my experience administering the vaccine that many times I feel it is a very safe vaccination.

We need to remember that horses have succumbed to illness in all of history. Frequently due to owner financial constraints and availability of diagnostics, a diagnosis is occasionally never made. In grief and with loss, it is human nature to want answers and to blame someone or something. It appears that when we have people encountering these terrible situations with horses succumbing to illness they want to blame the vaccination when in actual fact there is very little evidence or science tells us that it is extremely unlikely. It frustrates me that when there have been cases where clients have taken to social media and even news stations to spread stories of adverse Hendra vaccination reactions and these have actually turned out to be another viral infection like Ross River virus or, in

one case, a neoplastic condition of the spinal canal there was no effort by the owners of these horses or the media that played a part in spreading the gossip to retract the story or make it known that it was in fact nothing to do with the vaccination.

I am very well aware that no vaccine is ever 100 per cent. There is no such thing as a vaccine that is 100 per cent, but this one seems pretty close to it and it sure as hell reduces the risk of the virus, along with PPE and good hygiene. Even in vaccinated horses with routine procedures I wear basic PPE. This includes gloves and, with any invasive procedure, mask and goggles. Full body PPE is recommended for the protection against this zoonotic biosafety level 4 virus and it is cumbersome, extremely hot and open to failure, as you have all seen. Horses simply do not appreciate a blue alien walking towards them. It limits our ability to do our job properly and in my eyes it is nowhere near 100 per cent effective when being used in the field to treat horses. I still use it and will continue to do so, even in vaccinated horses that are unwell, but I do not think it should be our only means of protection.

Had this vaccine been a fully registered product when it was released and had a 12-months duration of immunity and maybe even subsidised by the government, I feel we would not be in this situation. In saying that, I believe that horse owners are responsible for the care and the costs associated with owning a horse, not the tax-paying population of Australia, and I am glad that we have a vaccine that was made available when it was. It has certainly made me feel safer in my chosen career over the last few years and I have no doubt that its early release has saved countless lives. I am happy with our policy. I genuinely think that recommending the vaccine as a part of any horse's preventative health measure is best practice. Thank you for letting me touch on only a few of the issues associated with this very complex topic.

CHAIR: Thank you very much. That was great. Today we heard about some of the issues that we have when sending tested blood samples away to see whether or not they have the virus. Obviously as part of this committee we have to make some recommendations. Do you believe that having a second sample testing facility in North Queensland or regional or Central Queensland would be of benefit for the industry here in North Queensland?

Dr Williams: Yes, that would be amazing. I think that would help us out a great deal.

CHAIR: We heard from the previous speaker about the information surrounding the vaccination. With regard to your procedure when someone rings up and asks you to come and give their horse a vaccination, what information is given from you to the owner?

Dr Williams: I think I just need to clarify that I think when the question was raised before—I think it was Mick up here, or it might have been Jamie—and you asked if there was a document handed out with the Hendra case, I think the question was answered, 'Yes, with a suspect Hendra case when we do an exclusion test we leave documentation for the client.' I am pretty sure that that question was answered with the assumption that that was the scenario. When we do a Hendra vaccination we provide them with a little Hendra vaccination book which does have a little bit of a note in there about adverse events. I cannot speak for everybody else, but I do have a conversation with my clients about what to watch for as well and I ask them that they let me know, because I do genuinely want to know which horses, if any, have reacted and how we are going to manage that in the future. I think that you guys might think that there is a product or information thing that we hand out with each vaccine stating the adverse events, but that is not the case.

CHAIR: There is a booklet though?

Dr Williams: We have just a generic horse passbook booklet.

CHAIR: Is that from your practice?

Dr Williams: No, it is provided by the vaccine company. All our vaccines in Australia are manufactured by the same company unfortunately.

Mr PERRETT: I had a question, but it has already been asked. You have been very thorough with respect to what you have provided.

Mr PEARCE: I take you to your submission.

Dr Williams: Sure, but I do not have it with me.

Mr PEARCE: In one particular paragraph you say—

In some ways I believe it would have been a lot easier for the whole registration process to have been completed before Zoetis had released it—

that is, the vaccine. It continues—

I'm damn sure I wouldn't be writing this letter if that were the case.

What has motivated you to make those comments?

Cairns

Dr Williams: I think I sort of touched on it there. I think the way it has been managed in some ways has been okay. I am glad the vaccine came out when it came out and I think the only way that was ever going to happen, with my limited knowledge on registering a product, was that they had to release it on a minor use permit. It was a huge relief when that vaccine became available and I know it was a huge relief for a lot of my clients as well. My frustration comes from the fact that this is the only product that I am aware of that has been released and administered to animals where it has been under public scrutiny and the registration process has been in the public eye. If a vaccine came out as a registered product, that would have made our job a lot easier. Because it is a registered product, it has been and done. One of the limitations with having a product released on a minor use permit was that the vaccine company had limited ability to come out publicly and dispute some of those claims that were being made, so there were a lot of gaps. There were a huge number of gaps in that information and people fill those gaps, so that frustrated me. It felt like we were the ones as individual vets trying to explain to people and trying to deal with all of those suspect adverse events and negativity that was all on Facebook. It was all left up to us to deal with.

I think now that it is a registered product they have been a bit more proactive in trying to deal with that as a vaccine company, but there was a long period of time there when we were battling that on our own and I hated that. I hated not being able to just be a vet. All of a sudden it became about the Hendra vaccine and, I should not say it with my boss in the room, I did think about moving to an area where I did not have to deal with that.

Mr PEARCE: Under the minor use, there are instructions on the label.

Dr Williams: Yes.

Mr PEARCE: With regard to those instructions, do you speak to your clients and make them aware of that?

Dr Williams: Yes. Again, I know a lot of my clients on a personal level and we had a lot of information nights. I spent a lot of time having lengthy conversations with groups of clients and at pony clubs in my own time and on the phone after-hours and things like that. I think all of my clients were extremely aware of what the product was and the limitations of a minor use permit and I do not feel that I have had any situations that have been horrendous to deal with in that time.

Mr PEARCE: With regard to adverse reactions, let us say you vaccinated a horse of mine. I ring up and I am concerned about an adverse reaction. What is the process for you to take to ensure that it goes into a system, that it is recognised, that it is looked at and reported back?

Dr Williams: All the ones that I have reported, even when they have been insignificant, I have pushed for the Zoetis veterinarian to call the owner because I feel that it is important that the owner receives some communication back from them, so I have hassled Richard L'Estrange from Zoetis to call the client and in every case he has. I do not think that this is necessarily the right thing to do, but it just comes back to the sort of practice that we run here in that for a lot of those cases I will go out and not charge to do a revisit and have a conversation with the client and put their mind at ease. As I said, I have not had any horrendous things happen after a vaccination, so I have been lucky in that respect.

Mr PEARCE: You go to Zoetis. I really cannot understand why you do that, because that is like the police investigating the police.

Dr Williams: When it was a minor use permit, I was reporting it to the APVMA as well.

Mr PEARCE: They were involved in the process of releasing—

Dr Williams: They are involved in the process of releasing every product or medication. They have to be. They are the ones that do it.

Mr PEARCE: Probably more closely on this one. You go back and see the clients yourself?

Dr Williams: Yes.

Mr PEARCE: Is there any independent feedback?

Dr Williams: From myself?

Mr PEARCE: No, above you?

Dr Williams: Who should be providing some feedback? Who are you suggesting?

Mr PEARCE: People with the right accreditations who are not working with the company.

Dr Williams: Who would fund that? Are you saying that I should get an independent vet to come in and review the situation?

Mr PEARCE: No, I am not saying you should be. I just cannot understand why you would have to go back to the company.

Dr Williams: Who should I be reporting it to?

Mr PEARCE: That is what I am asking. Is there anybody that you do?

Dr Williams: I have just told you who I report it to.

Mr PEARCE: Yes, nobody. It sounds to me that you are doing a good job with it, but I just have a feeling—

Dr Williams: Do you think there is a hole in the system?

Mr PEARCE: I do as far as integrity and—

CHAIR: Just be careful. You are asking for an opinion, Jim.

Mr PEARCE: No problem. Thank you.

CHAIR: Just to finish off, can you tell the committee how long a batch of vaccine lasts?

Dr Williams: In terms of expiry?

CHAIR: Yes.

Dr Williams: They kind of depend on when you get them within the batch numbers. They come out in batch numbers. I think the ones that we have now started 2018, I think, so with most of them you would have about a year expiry period on it.

CHAIR: If they were to go out of date—

Dr Williams: We would chuck them. We would lose that stock.

CHAIR: You are a good vet. If someone does not deal with a lot of horses because of the climate where they are or if they are a long way from horses, if it were to expire is there any information on what could happen if—

Dr Williams: I guess it all comes down to honesty and stuff as well, which there is a huge component to that. When we enter all of our vaccinations into the Hendra registry, there is a section there where we have to put the batch number in and it will not accept it if that batch number is expired. It will not stop them putting in a false batch number.

Mr PEARCE: Do you just write that off or does the company—

Dr Williams: We have had some go out of date and we have just had to accept that cost.

Mr PEARCE: You accept the cost?

Dr Williams: Yes.

Mr PERRETT: As a veterinarian you obviously vaccinate all sorts of animals for various things; I know I do. I am a property owner and I have cattle. I think I use six different vaccinations that I can administer myself and I make a choice to do that. Yes, there are some adverse reactions. I know we are focusing here on Hendra, but broadly in respect of the pharmaceutical companies that you deal with and the vaccinations that you administer to other animals, be it cats or dogs, whatever they might be, they are not immune to having reactions either.

Dr Williams: Not at all. I deal with a limited number of other species, but only last week I had a dog come back in after having a leptospirosis vaccination. There was painful swelling at the injection site which we then gave anti-inflammatories to. I do not do a great deal, but I think that happens fairly frequently. I know my dog every year with a leptospirosis vaccination gets a painful swelling on the back of her neck, but I still do it.

Mr PERRETT: It does happen to other animals too?

Dr Williams: Absolutely.

Mr PERRETT: It is not just isolated to horses with respect to this?

Dr Williams: No. To be honest, again it is horses, but with the tetanus and strangles vaccination when I have administered those products and seen some reactions, in my experience they have been worse than when I have administered the Hendra vaccination.

Mr PERRETT: I am mindful of tick fever vaccine in respect of loss, but I cannot afford not to do it.

Dr Williams: That is right.

Mr PERRETT: That is why I just want some general comment about other animals.

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Dr Williams: And us as another species as well. The Q fever that you were talking about, when I got vaccinated for that at uni I was in bed for three days after that, so it rolled me.

Mr PERRETT: It does happen to humans too?

Dr Williams: Yes.

CHAIR: Thank you very much. That was very insightful. We appreciate your time.

LYNCH, Dr Peter, Veterinarian, Livestock Veterinary Service, Toowoomba

Dr Lynch: I am a full-time locum veterinarian so I practise all over Queensland. My home base is Toowoomba, but I practise from one end of the state to the other. Firstly I would like to thank the committee for the opportunity to address you this evening. I made my submission to the committee, as I believe that as a practising veterinarian I have a duty to the health and welfare of not only the horses that I deal with but also to their owners and others involved in the horse industry. The best way to achieve this with respect to Hendra virus infection is to encourage vaccination for every horse in the potentially epidemically infected areas.

I read most of the submissions to the inquiry, and many of them are from far better scientists than me. In particular I would like to commend the submission of Dr Deb Middleton, who developed the vaccine. I believe Dr Middleton is a brilliant scientist whose work in developing the vaccine is seriously undervalued. Deb's submission detailed all her work, the vaccine and the discovery of the virus. The science behind the vaccine is well-documented and has been clearly presented to the committee. I do not wish to waste committee's time and it is of no value for me to reiterate this information. I simply ask the committee to take note of the science behind the vaccine.

I agree with the evidence presented by these veterinary scientists on adverse reactions. Any adverse reactions I have seen have been very transient in nature. I and many other veterinarians will still treat unvaccinated horses; however, I always assess the situation and always wear PPE. PPE is not user-friendly and it spooks many horses. The veterinary profession cannot afford to subsidise PPE for those horse owners who do not vaccinate their horses and gamble with their horses' welfare and their own health. In addition, it is well recognised that PPE does not confer 100 per cent protection. I believe that the actions of Queensland workplace health and safety have been a major stimulus to many veterinarians to stop their horse practices. Many of these are practices do not do a lot of horse work, and it is easier not to worry about five per cent of their clientele, and just look after dogs and cats.

The price of Hendra vaccine is, in most practices that I have worked in, subsidised to about 50 per cent on what should be the correct cost for a Hendra vaccination.

There is one issue that I would like to bring to the committee's attention. ABC television news last week presented a story about human trials of Hendra vaccine in Queensland. The story is a misrepresentation of the facts. The trials concern the safety of a monoclonal antibody that can be used for the prevention of Hendra disease in exposed patients. Monoclonal antibody is harvested from vaccinated horses and purified, and when administered to humans and animals it gives temporary protection. This has been used on some patients who have had a high risk exposure to a sick horse. Fortunately most have survived; however, this is not an option for general use. Monoclonal antibody is expensive and difficult to produce. Its administration is not without risk. It is not guaranteed to prevent infection in accidentally exposed patients. Some of the animals and humans that have been treated with the monoclonal antibody have died. It is trying to shut an open gate before the bolting horse gets to it.

In conclusion, the only way to prevent Hendra virus infection in horses and subsequently in humans is to vaccinate the horses.

CHAIR: Do you think that the vaccination of horses should be compulsory?

Dr Lynch: Many people have a genuine belief that any vaccination is a problem. Many people are not vaccinating their children against diphtheria and tetanus. We cannot force anybody to vaccinate. If that is their belief, we have to respect their belief. The government now puts vaccination requirements on children going to preschool. I believe that event organisers for pony clubs, shows—any riding event—do have the right to conduct vaccination-only events. It gives the organising committee a lot of safety and security against potential problems if a horse turns up at an event incubating Hendra virus.

Mr PEARCE: Did I hear you say that the vaccine cost is subsidised by up to 50 per cent?

Dr Lynch: Correct.

Mr PEARCE: Who subsidises it?

Dr Lynch: The vets. The price that most vet practices charge for Hendra vaccination is far less. If you work out the price of a Hendra vaccination for a horse and compare it to the cost of a dog vaccination with the same mark-ups, it is about 50 per cent what we could charge if we charged it out like a dog vaccination. Every practice has said that they do it at that price because they want people to do it. It gives me confidence that I can go and treat their horses.

Mr PEARCE: Is that for the first vaccination or every vaccination after that?

Dr Lynch: Every one.

Mr PEARCE: In your submission in the last line you say, 'I urge your committee to back the excellent science.' How much science is actually behind the process of the production of the vaccine and the risk assessment process?

Dr Lynch: It is my opinion that the work done by Dr Middleton and her group and other parties as well—who I cannot name because I do not know them—in the time taken from the untimely death of Vic Rail through to when they identified the virus that caused the horses' and Vic Rail's death was brilliant science. It was only two or three years to get that level of knowledge, and then we had a vaccine that was released without full registration. It was released without full registration because of the public pressure to get a vaccine. Everybody kept asking the question, 'What's happening? We believe there is a vaccine coming.' The pressure was on them to release the vaccine, and that is why it was released with all the caveats about it only being a temporary vaccine. We got the vaccine.

With most products passing through APVMA, we have no knowledge as veterinarians. In most cases we do not know what is going through APVMA for any one company. You pick up rumours occasionally, but they will not tell us until they get to the stage where they can come around and say, 'In six months' time we will have something.' They will not say, 'In three years' time we might have something.' They will say, 'It has been approved. All we have to do now is get the label approved.' The scientists working on the Hendra vaccine were really open compared to what we see with most drugs that are registered through APVMA. Deb used to come to the Australian Veterinary Association meetings and the equine veterinary association meetings and update us every year on what she had done and where she was going. We have been fully informed all the way through. It had all us really excited about the potential for the vaccine.

Mr MADDEN: In summary, Doctor, is it true to say that what you are saying is that it is in the best interests of the horse, the owner and anyone who may come into contact with that horse like farriers, jockeys, stablehands or a young child who walks up to the horse and just pats the horse for that horse to be vaccinated?

Dr Lynch: Yes. To the best of my knowledge the only way a human can get Hendra is to get it from a horse. The horse has a very low immunity to Hendra virus. The Hendra virus multiplies a hundredfold and a horse will excrete—100 may be the wrong number, but a lot of virus—active virus particles that have the potential to infect humans associated with them. A human is really very unlikely to get Hendra virus from bats because they do not excrete enough virus particles, but the number that comes from a horse is really high. The only way humans will get Hendra is from a horse.

Mr PEARCE: What if they are wearing PPE? What are their chances?

Dr Lynch: When we get to see a horse, it is usually because the horse is sick, showing some signs—whether it is a colic or whether it is even a horse that goes through a barbed wire fence. One of the common signs of Hendra virus is neurological. Why did the horse decide to run through the barbed wire fence? It knew the fence was there. It has been there for the last six months, 12 months, five years. Why did it go through the fence? So even in looking at a horse that has gone through a barbed wire fence you have to say, 'Does that horse have a neurological abnormality that has caused it to go through the fence?' You do not go and look at the horse and then say, 'No, he is neurologically normal.' You are exposed by that stage. As soon as you get out of the car you look over the fence and survey the situation. Here is a horse, that, yes, probably he could be carrying Hendra virus. Bear in mind that horses can excrete sufficient virus particles through three days before they become sick to make a human sick, the owners of unvaccinated horses are potentially at risk every day when they go down to feed them.

Mr PEARCE: Again, what is the risk of a person being infected if they are wearing PPE?

Dr Lynch: It is not zero because, as you saw today, you get breaks in PPE when you are taking the gear off, or when the horse kicks you and rips your overalls with his muddy foot, or sneezes on you and things like that. It is always a risk. Even if you are wearing PPE, with a potential Hendra case you are still very cautious. You are more cautious about how you protect yourself and your overalls than you would be normally.

Mr PEARCE: Thank you.

CHAIR: Thank you very much for that.

Mr SORENSEN: Just before you go, what is the worst time of the year for Hendra virus and the environment around that? Is it because the fruit are on the trees and they drop down into the water troughs and that sort of stuff?

Dr Lynch: I am not an epidemiologist, but my understanding is winter-spring. Why? I cannot answer that question. The suggestion I have heard is that bats become stressed in winter. When there is less fruit to feed on, they are stressed. I have also heard that coming into spring they start to give birth and there seems to be a lot of Hendra virus particles in their birth fluids. Winter-spring in North Queensland seems to be more common, but the last few cases, especially those in northern New South Wales, have been through summer. It can occur at any time of the year. It is not winter-spring. Probably five out of 10 are in winter/spring and the rest are spread through the year. I cannot give you a number, sorry.

CHAIR: Thank you very much, doctor.

TAIT, Ms Sheila, Private capacity.

Ms Tait: I live on the Atherton Tablelands. I have a horseriding, a trail riding business. I have 15 horses on the property, 14 of which are mine. None of them have been vaccinated against Hendra. When the vaccine was first released, I went to the introductory presentation in Atherton and listened to how it had been researched, shall we say. Apparently, there were two horses which had been kept in isolation. They were given the first vaccine—whatever. They were given the next vaccine, I think it was three weeks later. They were tested to see if they had the antibodies and then they were euthanised. I really do not understand on what grounds the vaccine was expected to be administered to other horses six months later and again six months and that has recently been changed to 12 monthly intervals. I asked the question of the presenters, 'What if my horses, which are in three big paddocks in a bat migratory area, have a natural immunity, which they have had from birth, or as they have grown?' As a recently retired former professional in a health related profession, I know that some people can have an in-built immunity. I questioned this and the presenter said, well, if they came and tested all of my horses and that they found antibodies, they would be euthanised. I really cannot understand where that thinking came from.

You may look at me as a very interested observer of this whole process. One little part of the issue of this vaccine looks to me like a very unscientific presentation. My reason for being here is simply to state that I have had very good treatment from all the vets around the Tablelands area who I have come in contact with, even some who are out of my area when I have had a horse go sick on a trail ride several hundred kilometres from my usual area. I would be absolutely appalled to think that I could not get the same treatment if I had a horse with an injury, colic and, of course, the little problem of equine dentistry. I would be appalled to think that a vet would not come to me in any of those circumstances. I think that is about all I have to say.

CHAIR: Thank you very much for that. It is good to see you speak off the cuff. Obviously, you understand and you know that people have died from Hendra virus before?

Ms Tait: Yes.

CHAIR: Does that play on your mind—that there may be the chance that your horses may contract this disease and you may be susceptible to contracting the virus?

Ms Tait: I do not think that I should quote the history of the people who have died but, obviously, my contact with my horses in any situation where they have been injured would be extremely cautious and filled with great common sense. I could not do better than that.

CHAIR: Thank you.

Mr PERRETT: Following on from that, you obviously run a business.

Ms Tait: Yes.

Mr PERRETT: Presumably, you have public liability. Have you discussed with your insurer about the public liability should someone contract Hendra—one of your clients—and you have made a conscious decision not to vaccinate your animals?

Ms Tait: You have put me in a bit of a spot now, have you not? No, I have not discussed that with my insurer. As far as I know, that type of situation should not concern the insurance policy. Obviously, common sense and duty of care comes in on my part here. If I have a horse that even is slightly sick, it would not be anywhere near a client. Obviously, I would have to take great care myself. I am not in a situation to discuss the means by which these people who have died have contracted the disease and I do not think that it is my part to do that.

Mr PERRETT: No, I did not ask that question—

Ms Tait: No, I know you did not and I do not want to answer it.

Mr PERRETT: No, I did not ask that question.

Ms Tait: No.

Mr PERRETT: But there are some jobs, some employment opportunities, where it is mandatory that you have certain vaccinations to be able to work in that field because of the potential risk to the employer. That is why I just asked about that public liability issue—whether you have concern with respect to running or conducting a business where it may be, as slim as it may seem to you, that your clients could contract a disease that you could prevent.

Ms Tait: All right. You have put me on the spot of saying, 'Well, I will now have to contact my insurance company.'

Mr PERRETT: No, no, I just asked that question as to whether it is something that you have considered.

Ms Tait: I have not contacted my insurance company.

Mr PERRETT: That is fine. You have answered the question. I am happy with that.

Mr PEARCE: I just wanted to ask one question. You are saying to us that none of your horses have been vaccinated.

Ms Tait: That is right.

Mr PEARCE: I think you also said that you would be amazed and disappointed if you rang a vet and they do not come out and have a look at your horse if it were injured.

Ms Tait: I feel that there needs to be some progress made in the effects of this vaccine. I do not want to quote statistics. I have not familiarised myself with statistics, figures, numbers of any kind. I believe that there is still some time that needs to go by before the full effects, the knowledge of how widespread this Hendra disease could be, is known. I feel that is not known. I understand that people feel that we are in an area where it could be endemic, if you like, but I have also heard that this disease has been around for a long time. A now retired vet of mine said that many years ago when he was first out of vet college a horse died in mysterious circumstances and, in hindsight, he felt that it could have been Hendra. Now, I know we are not here to talk about what might have been.

Mr PEARCE: Okay. Your horses are not vaccinated.

Ms Tait: No.

Mr PEARCE: If you have something go wrong with a horse—injured or something like that—you have no fear that a vet will visit your property and attend to the horse?

Ms Tait: I would hope that they would not refuse to come. That is what I am saying.

Mr PEARCE: You have not gone through the experience of having asked a vet to come out?

Ms Tait: Since this started—hang on, I am telling a lie. There was a vet there one day and she treated an open wound. She was there on other matters. I was giving a training day. Apart from that, I have not, fortunately, had the circumstance arise where I have needed to call on a vet since this started. I realise that I am lucky.

Mr PEARCE: Where is the nearest infection of the Hendra virus to your place that you have heard of?

Ms Tait: I think it was about 30 kilometres away. I am not sure.

Mr PEARCE: Thank you.

CHAIR: You own 14 horses. Is the cost of the vaccination a concern for you and may be a reason—

Ms Tait: I thought you might ask that. It would not be a concern at all. I spend more money on accreditation, insurance of various kinds—not only the public liability—the whole farm machinery and things like that and horse feed. It would not be a concern.

CHAIR: Okay. It is just more about what is in the vaccine and what it does to your horses?

Ms Tait: That is right.

CHAIR: Thank you very much. Time has expired. We have gone a little bit over. I thank all the witnesses who have presented today before the committee. I now declare the hearing of the Agriculture and Environment Committee closed. Thank you very much.

Committee adjourned at 6.29 pm