



AGRICULTURE AND ENVIRONMENT COMMITTEE

Members present:

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

Staff present:

Mr R Hansen (Research Director)
Mr P Douglas (Principal Research Officer)

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

TRANSCRIPT OF PROCEEDINGS

TUESDAY, 5 JULY 2016

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Committee met at 2.00 pm

ANDERSON, Mr Dale, Private capacity

CHAIR: Good afternoon and welcome everybody. Can 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. My name is Glenn Butcher. I am the chair of the Agriculture and Environment Committee and I am the member for Gladstone. Today with me are Mr Tony Perrett to my left, the member for Gympie and our deputy chair; to my right is Mr Jim Madden, the member for Ipswich West; Robbie Katter is not available today; Ted Sorensen, the member for Hervey Bay is to my far left; and Mr Jim Pearce, the member for Mirani, is on my far right. I just let everybody know that Jim has been appointed to the committee for today's hearings and during this week during our travels because of the inability of the member for Mackay, Julieanne Gilbert, to attend this round of meetings. We have apologies today from Mr Jon Krause, the member for Beaudesert, who cannot be here with us today.

The inquiry we are working on today was referred to this committee on 25 February 2016. The committee is required to report to the parliament by 22 August 2016. Submissions accepted by the committee are published on our committee's inquiry web page. Witnesses are not required to give evidence under oath today, but I remind any witness that intentionally misleading the committee is a very serious offence. I remind those present that these proceedings are similar to those of parliament and are subject to the Legislative Assembly's standing rules and orders. In this regard, I remind members of the public that, under standing orders, the public may be admitted to or excluded from the hearing at the discretion of this committee. Mobile phones or other electronic devices should now be turned off or switched to silent.

Hansard is making a transcript of proceedings today, which we intend to make available on our website as well. Those here today should note that the media may be present, so it is possible that you might be filmed or photographed. I ask witnesses to please identify themselves when they first speak and to speak clearly into the microphone provided.

Finally, I remind witnesses of the importance of being relevant today. Our inquiry has specific terms of reference and they dictate what the committee can examine and report on. They include the incidence and economic impacts of adverse reactions by horses following vaccination and the reporting of those adverse reactions and economic impacts. We do not have scope today to hear personal complaints, disputes or other grievances against vets, horse owners or others over the treatment of horses. If you wish to raise such matters in your evidence that you believe to be relevant to the inquiry, I ask that you do so without naming any individuals involved.

I would now like to call upon Mr Dale Anderson as our first witness today. Mr Anderson, I invite you to make a brief opening statement of approximately three to five minutes if you can, please.

Mr Anderson: I will try to keep it to five. My name is Dale Anderson. I have a horse stud out in Beaudesert. I have about 100 horses. We breed and race and sell a lot of people's horses. I have been involved with the Racehorse Owners' Association and I have contributed to Thoroughbred Breeders. I was a lecturer in horse management at Melbourne university and I have about 30 years experience with racehorses.

The first thing I want to talk about is in regard to the research associated with Hendra. It is important to make this point, because most of the research, in my opinion—not in my opinion—that I have looked at and studied is basically on flying foxes, a large amount of research on flying foxes. In fact, I also contributed to a paper that was published, on flying foxes, because they are pretty interesting. The fact of the matter is that I cannot stop a flying fox from flying over my property, but I can manage my horses. The majority of the research so far has been quite unprofessional when it comes to horse management research. I firmly believe that there are links between horse management and Hendra spillovers, but they have not been properly researched. This evidence that I give is supported by Professor Wayne Bryden of UQ. His opening statement to the most recent Hendra review on research was, 'All you people have forgotten that there's a horse involved here.' Facts are really nice and interesting research, but they have not researched the horse and the relationship between the horse and the bat.

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Even if we had 100 per cent vaccination, the research to the horse side is very important, because there are two sectors of the horse population that will be unvaccinated. They are foals up to four months of age—we do not vaccinate until four months of age—and the 11,000 horses or more that move from Victoria up into Queensland every year. In fact, I reviewed the last six weeks of racehorse starts in North Queensland and, of those last six weeks, 1,500 horses had their previous few starts in either southern New South Wales or Victoria. They have had a race start and then they have come up and had another race start and now they are in Queensland, and in North Queensland. They will not be vaccinated, regardless of how you manage the system, that group of horses.

The DPI tells us that the movement across the border are in the order of tens of thousands. If the committee wants that email from the DPI to me back in 2013, I would be happy to supply that information.

CHAIR: Can you supply that for us, please?

Mr Anderson: Yes, I can. In fact, I think one of my colleagues might supply it at the parliamentary inquiry. I have given it to him, Mr Ken Wells. Our industry is pretty big. In my submission I tried to—I rang a lot of people who were presidents of associations—put together a scope for the industry so that you guys could have a look at the size and the numbers of horses. I am pretty sure it was during your public hearing that a question was asked of the DPI about horse numbers and they could not answer it. They do not know, but they could tell you how many bats there are in Australia. They cannot tell us how many horses there are in Queensland, which is just a fundamental. It is a failure of the system.

At the moment, the horse industry relies on social media and vets for advice. The majority of my owners who agist horses with me, or who have them on their own properties, will ring me for advice before they ring their vet. There is no DPI personnel for the size of the industry. We do not have any support. For example, the dairy industry has three livestock officers and I estimate the horse industry to be at least four times the size of the dairy industry. We are undersupported as an industry.

I have just a comment on vaccinations. I did five vaccinations before I came to this meeting. We do about 300 to 400 vaccinations a year. A number of vaccinations are required three times a year. A while back—I am not sure of the time frame, but it was when it was Pfizer, not Zoetis; so when the company was Pfizer—we were discussing the level of vaccination for EHV, tetanus, strangles. They said, 'In our estimations, the level of vaccination in the general horse population is about 10 per cent vaccinated and that the majority of those vaccinations go to the thoroughbred industry,' which would indicate that not many people vaccinate their horses. As a consequence, they probably have not seen a normal reaction to vaccination. The Hendra vaccinations that we have done, we have seen reactions. They are normal. They are just normal. But if someone has not seen that reaction before, they would think that it is an adverse reaction. It is actually normal. If you are given EHV, you will get the same reaction. During EI, we had spike in temperatures. We followed the vaccinations of mares and we saw normal reactions to EI—the same as Hendra. That is my opinion. Vets might back me up. They do a few more vaccinations than I do.

I have a big concern about the public good aspect to do with this whole vaccination. Currently, it is controlled by a multinational company. There is every chance that there will be in the future a human-to-human transfer of Hendra. It is exactly the same virus as Nipah—or almost exactly the same; it is only a minor gene alleles difference. Nipah has been transferred from humans to humans, pigs to humans, bats to pigs, bats to humans. There is very little difference between the two virus uses and, because there is a chance that it could be transferred from human to human, I think that governments should have a bigger role in how things are done because there is a risk. As time goes by, if vets are refusing to visit farms, which they can, there is a chance that people are going to have to deal with sick horses themselves without veterinarian advice. It may be that that may increase the chance that a human is infected and they pass that on to other humans.

I think Hendra is a national issue. I am glad that Queensland is looking at it but, with the thousands and thousands of horses that move across and up and down the east coast, I think that it is bigger than just Queensland. The research shows that, whilst evidence given to you guys in the public hearing stated that the majority of Hendra is in particularly one species of flying foxes, it is present in all species. Drop sheets at a flying fox colony in Geelong in Victoria yielded 29 per cent positive Hendra samples. There is every chance that at some stage there will be a Hendra case somewhere on the east coast.

In regard to the cost of vaccine, I think that is a big impediment to me. It affected my business quite a bit when it was six monthly. The 12 monthly, there is a chance that you may be able to push it out to three years. I have heard that on the grapevine. Anything that you guys can do to expedite

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that can be fantastic, because it would reduce the cost. My vet charges me \$77, of which \$66 is the vaccine and \$11 is their time to give the vaccine—drive out, give the vaccine, enter it into the database. They are losing money. During EI, when I was on the committee for that, the cost of vaccine for that program was \$4.50 to \$6. It may have gone up to \$10 now since EI. But the fact of the matter is that this multinational is making a hell of a lot of money on something that has a high public good component and it concerns me.

The way they have operated in the vaccine market, they purchased tetanus strangles off CSL. It was \$11 and in no time it was at \$38. They purchased EHV off Fort Dodge and, when they purchased it, it was \$27 and it is now at \$72. They have done no research. They have put no effort into marketing, because the market is already there. All they have done is bought the product and ripped the guts out of our market and they have no competition. The ACCC has had a look at them. It was in regard to vaccines, but it was cat and dog vaccines. In my view, they are causing as much hassle to do with the uptake of Hendra as the supply of vaccine. I do not need to say any more. Thank you.

CHAIR: Thank you very much for that. I am interested in your comments there about government representation, particularly with the Hendra vaccine. What would you like to see happen in this space in relation to how the government can be more involved with the Hendra side of things and the Hendra vaccine to what they already are?

Mr Anderson: I feel that if it was the beef industry, or the sheep industry, or the wheat industry, or dairy, you would have a section called 'horse industry advisory group'. You would have a professional standard. You would employ people who have qualifications and experience and they would start to do some work with the horse industry. They may be people who we can go to say, 'Can you give us a hand to understand the situation?' Biosecurity has done a reasonable job. You cannot knock that. The Queensland Horse Industry Council and Biosecurity did a great job during Hendra. They did a great lot of workshops, but there was limited funding and they are biosecurity people; they are not horse industry people.

CHAIR: Thank you.

Mr MADDEN: Thanks very much for coming in today, Dale. That was a very good submission by you. It covered a lot of territory. You talked about research and how maybe research could be better targeted. You used the example of the flying foxes and that we know more about the number of flying foxes than we do about the number of horses. If we were to focus on research with regard to Hendra, what do you see as the priority items that we need to investigate?

Mr Anderson: During the 2011 Hendra outbreak, I was lucky enough—or unlucky enough—to be on the horse industry biosecurity liaison group. During that time a lot of information came through. There were some members on the biosecurity group who were quite experienced horse managers. Four members of that group prepared a list of possible things that need to be further researched. One of them was nutrition. There were a lot of other aspects. We were virtually told that we do not know what we are talking about. In fact, one of the lead researchers came up to me when I presented a paper at a conference and said, 'You think I don't know anything about horses. I own a horse' and I turned around and said to him, 'Every 18-year-old kid has a driver's licence and they think they can drive a car.' There is a vast difference between some of the people who I know and the general population who own horses. I think there could be some detailed horse management aspects of that.

Mr MADDEN: Thanks very much.

Mr PEARCE: Thanks, Dale. In your submission you made some comment that there has already been one person absolutely confirmed by government investigation as being affected during a preclinical phase.

Mr Anderson: No, that is not my submission, sorry.

Mr PEARCE: Sorry. My mistake.

Mr Anderson: I know who that is.

CHAIR: Can you discuss your views on the dry season and its impacts regarding the Hendra virus infection and the different seasons. We heard a little bit about it yesterday, but it seems to be that there is no real answer of when it is more prevalent.

Mr Anderson: It is interesting. In 2011, during the public inquiry, one of your—I think they are not present here—committee members asked the DPI and they were talking about bats. The comment was, '2011 was a wet year.' Yes, it was a wet year in summer but, in 2011, we had our first

frosts on 19 April and they continued through basically the whole of winter. It was a really dry winter and a cold winter. That may have had an impact on bats, but I know that it had an impact on horses. Basically, once a frost hits and you are on unimproved pastures, do you not have growing feed. It dies. The only green pick that you might find would be underneath trees that have been protected by the frost, or where invasive species like bromus unioloides, which are introduced species that grow in cool climates, grow. That point was discussed in detail at an equine science conference in 2013. So, yes, we think that there is probably a seasonal impact, but it has more impact on the horses than it would on bats. Let us forget the bats. We just have to live with them. We have to look at what we can manage and we can manage the horses. We cannot manage the bats.

Mr PEARCE: With your experience, do you feel strongly about people who are managing horses that potentially may have the Hendra virus? I have heard a lot about people not wearing their PPE. Is it essential for people to be wearing their PPE at all stages?

Mr Anderson: I can only speak from my experience. With the initial contact with a horse, in some cases you do not have your PPE on. Most of the commercial farms would do a feed run early in the morning. Their staff would check every horse every day. Three of my neighbours who have horses do not live with their horses; they only go there on the weekends. They rely on me just to have a check. If I ring them up and say, 'Look, you have a crook horse,' which is pretty regularly, they will come out. They will not put on PPE. They will come and check the horse straightaway. We carry it in the feed vehicles. Our staff are instructed. They are told what to do if a horse shows these signs, but it is so hard to pick. From my understanding, Hendra is not defined. We would have to wear PPE the whole time we are doing the feed run.

In saying that, there are some characteristics about Hendra that indicate that it is a very rare occurrence. We were lucky to have a look at infected properties. There some aspects to do with affected properties that would indicate that you can minimise the chance of Hendra.

Most of my horses are vaccinated—it is not all of them, because horses come and go every day I hope someone makes a point about the database and the way it is managed. It is atrocious. In saying that, PPE is not practical.

Mr PEARCE: Okay. We could go on about that. I just have one question. There is a lot of comment around with regard to racehorses not being vaccinated. Why should everybody have their horse vaccinated, but we have horses in the racing industry, which are on the move more than most horses. Why should they not be vaccinated?

Mr Anderson: You guys probably know that there is a big push in the racing industry to vaccinate racehorses. I think it will become mandatory. I spoke with the chief veterinarian steward last week. I went to the barriers with him and had a chat about it. I am pretty sure they are going to go that way. Whether they help us out with the cost of doing it, I do not know. From a political perspective, we are going to say 'No,' because we want them to pay. Does that make sense? You just play the game, but we all accept that all racehorses—nearly all of my racehorses are vaccinated. They are worth too much money not to vaccinate.

Mr SORENSEN: You were talking about the movement of horses and the number of horses, surely the DPI would have some sort of idea of how many horse movements there are?

Mr Anderson: From 1 July you do not need a permit anymore, because the new biosecurity bill was enacted. From 1 July, the only record you need to keep is a diary entry at home and the transport operator carries a record of movement of some sort. It can be just written in their diary. The DPI, yes, they knew. When I asked them, they gave me 7,300-odd movements through the tick gate at Kirra and Mount Lindesay and 5,556 movements through the tick gates at Helidon and Aratula. The number of permits were 650, or 700 permits issued to eventers to be able to move their horses to events and back on a five-day permit—so they have to go there and back in five days—and thousands and thousands of others. The DPI basically said, 'Our estimate of the movements across the Queensland border are in the tens of thousands per annum.' Does that answer the question?

CHAIR: Thank you very much, Mr Anderson for your time today.

KERSLAKE, Mr Rob, President, Queensland Horse Council

Mr Kerslake: Thank you for the opportunity to come to speak with you today. I am the president of the Queensland Horse Council. I am also the chairperson of the industry advisory committee of the Australian Horse Industry Council. In a former life, I was a plant physiologist working with CSIRO in Brisbane doing research on crops and pasture species for the agricultural industries in Northern Australia.

The Queensland Horse Council has been in existence since 1986 and is made up of individuals, horse associations and equine businesses such as veterinarians, farriers, riding instructors and horse trainers. The role of the Queensland Horse Council is to support the long-term viability and health of the Queensland horse industry. We strive to be effective in providing representation across the entire horse community and are respected by, and influential with, governments, the horse industry and the general community. The Queensland Horse Council is a non-profit association run by Queensland's horse industry for the Queensland horse industry.

After the Redlands outbreak of Hendra in July 2008, our executive members conducted research into preventative measures and practices that could be used by horse owners in Queensland. Between 2009 and 2012 Queensland Horse Council members teamed up with Biosecurity Queensland staff to conduct 65 information and/or education seminars across Queensland. These ranged from the Atherton Tablelands in the north, west to Roma and south to the Queensland border. We also were involved in an education program at Glen Innes in New South Wales. At the time the suggested use of a vaccine was for high-care horses. If people wanted to protect themselves, their horses and their vet, then the vaccine was an obvious option. For horses that were low care, that is, their owners were unlikely to opt for high-expense vet care or in situations where they received little daily contact, the owners would probably not vaccinate but would more than likely euthanise a suffering animal.

The seminars continued through 2010 to 2012 with the conclusion that funding had been secured for vaccine trials and that a vaccine was going to be available. The cry for the vaccine to be fast-tracked was overwhelming by nearly every participant in those education programs. However, once research showed that horses could excrete the virus three to five days before symptoms were evident, then this fact changed the goalposts. This showed that anyone who has contact with a horse is at risk, including children. Horse owners in general love their horses and usually have close contact with their animals on a daily basis. CSIRO research has stated that no landowner can assume that their location gives them immunity to Hendra infection, and horse owners in peri-urban settings should maintain recommended property management to minimise the risk of Hendra infection. The probability of contacting the Hendra virus is low, but the risk is high because the consequences of infection are catastrophic to everyone exposed to the virus.

There is anecdotal evidence that there have been some severe reactions to the vaccine, but little or no direct credible evidence has been presented to the APVMA. Again there have been unsupported claims of economic loss due to the effects of the vaccine which, however, pales into insignificance when compared to the economic loss and emotional distress caused by Hendra virus infection. Many of the claims are born on social media. They quote mythical people and horses and, when investigated, have no substance. The tactics used are very similar to the human anti-vaccine movement.

The Queensland Horse Council believes that because the vaccination database is such an important document which has an impact on DAF staff, workplace health and safety members, Queensland Health, sport and recreation, tourism and entertainment activities that this should be in the hands of government. There should also be measures to ensure the accuracy of information stored, and Dale did mention that point about the database. Biosecurity Queensland and the New South Wales Department of Primary Industries have stated that the vaccine is the single most effective way of preventing Hendra virus infection. Bodies such as Queensland Health, WorkSafe Queensland and others recognise the public health benefits that the vaccine provides. The vaccine is considered safe and effective by leading scientific, veterinary and regulatory bodies. The product has passed through safety and efficacy reviews by the APVMA and has also been through an ACCC review regarding the issue of Hendra vaccine policies at equine events. The vaccine is unreservedly supported by the Queensland Horse Council.

I would just like to make a comment about horse numbers in Queensland. I have been a board member of the Australian Horse Industry Council, and it has been on the program to try to do a count of horse numbers throughout Australia. This has been on the program for many, many years. They now have some funding to do an initial survey. The problem is that we get the information from horse

associations, but we have an issue because some people might have horses registered in two, three or maybe even four or five different associations so we have difficulty in getting an actual number in that situation. The other problem we have is that there are many estimates of the number of unaligned horses—horses that are in the paddock but doing nothing, or which are owned by people who like to trail ride or just grass eaters—and that can be somewhere in the order of maybe 60 per cent more than those members of an association. It is a very, very difficult thing to estimate. The Australian Horse Industry Council and I believe it is a very important piece of data that we need to get, but no-one yet has ever been able to figure out how to do it accurately. That is the issue with horse numbers.

The other comment that I would like to make about horse health and the time of year and pasture quality and so forth, is that in the early stages at Vic Rail's at Hendra the horses were in excellent condition—even though Vic Rail probably was not, but that is beside the point—the horses were well-groomed and well-nutritioned. A lot of the horses that have contracted the disease have also been noted to be in good condition and not hungry, as some people might have suggested. That is my take on nutrition. I do not think it has been proven that nutrition is an issue with the infection rate.

I would like to conclude now and I am happy to take any questions you might have.

CHAIR: Thank you very much. We heard yesterday in Cairns that quite a few people are not vaccinating their horses. There are also issues with some vets coming out to treat horses, particularly when they have an injury. Do you believe that the vaccination of all horses for Hendra virus should be mandatory?

Mr Kerslake: No, I do not. I think, as I have stated before, that high-value horses that have a lot of contact with people and whose owners would want vets to come and look at should be vaccinated. Horses that maybe are out in the back paddock and never see a human week upon week, or low-value horses that are maybe aged or have very little human contact, then I do not believe that anyone should be saying that those horses need to be vaccinated on the understanding that owners may not be able to get veterinary care immediately. I think people need to be aware that that is an issue.

Mr PERRETT: Thank you for coming along here today and advocating on behalf of the council. You are quite strong in your opinion around the government's role. Have you as an association either advocated or written to government seeking a stronger role in ongoing horse management, whether that be through a database or horse health, prior to this hearing today?

Mr Kerslake: I think that we work really closely with Biosecurity Queensland and have a very good relationship with all the staff there. The chief veterinary officer in particular has been very supportive of all the work that is being done. I think it is very difficult to have a government role in such a diverse industry. Various parts of the industry, particularly the racing industry and some of the major supporting activities like campdrafting and rodeo and so on, have quite a large turnover of money and probably could support some research. As I said before, probably 60 per cent of horse numbers are unaligned and probably a lot of them do not have a lot of value, and people that have them do not have the resources to spend a lot of money on them. I do not believe it is government's role to be involved in the industry in particular other than just the fact sheets that they provide and the support that they have given the Queensland Horse Council and other organisations in disseminating the information.

Mr MADDEN: Thanks for coming in today. I just wanted to ask if your association supports vets who may choose not to treat a horse on the basis that it is not vaccinated.

Mr Kerslake: That is a difficult question. Personally, I do support vets in that regard. The Horse Council does not believe that it is their role to comment about that because it is up to the vets to make that decision because it is their lives that are potentially at risk. Workplace health and safety have made it increasingly difficult for vets, and I think maybe there needs to be some discussion with government workplace health and safety and the equine veterinary association how to resolve some of the issues that have come up. At the end of the day, the best solution is to vaccinate horses.

Mr SORENSEN: We have seen in Cairns where the vets microchip the horse and then they send that through to have it identified so they have a record. Do you think that should be mandatory across the whole spectrum?

Mr Kerslake: Yes, I would like to see that. There are a lot of issues. I think a lot of horse owners are wary and distrustful of government, and they might have personal reasons for that. It would be good if we could have a better idea of where horses were. From a biosecurity point of view, if there

is an issue with an outbreak of disease we really have no idea where horses are. We have no idea of the numbers of horses, and I think horse owners are really resistant to providing that information. Up until recently we had a property identification code. Anyone who has a horse is required by law to apply for an identification code. Depending on who you talk to, there is 60 or 70 per cent compliance with that. There are a lot of people who do not comply. Under the new Biosecurity Act we now have a registrable biosecurity entity, RBE, and anyone who has a horse is supposed to register that. The problem with that is going to be that any new registrations are going to incur a fee, and that is going to put more and more people off being open with their activities. It is a really difficult problem and I do not see an easy solution.

Mr PEARCE: Rob, I have just a couple of quick questions. I want to go to that part of your submission that says—

Many of the claims are born on Social Media, quote mythical people and horses, and when investigated have no substance. The tactics used are very similar to the human Anti-vaccine movement.

The APVMA has a website which lists a number of adverse reactions—I think it is around about 80—and there are high numbers of those reports of adverse reactions. Do you think the APVMA is a credible source of evidence of these adverse reactions?

Mr Kerslake: It should be. It is required under the permit that any vets that administer the vaccine are supposed to report back any adverse reactions to the APVMA and to Zoetis. I have no reason to suggest that vets do not do that. I do not know whether horse owners are actually reporting back to their vets all the information that is required. There is nothing much we can do about that, but I think the APVMA only can report on the information that is given to them. They do not go out and make inquiries on their own behalf.

Mr PEARCE: Given the need for integrity and transparency of the process, does the APVMA have a system in place where they actually go back to the horse owner and talk about it? I am not talking about Zoetis going back; I am talking about the APVMA. Do they actually go back to the horse owner and discuss it further with them so we can get a good handle on whether these are adverse reactions or not?

Mr Kerslake: No. The APVMA are just a regulatory body, a Commonwealth funded body. I believe that is a role of the vet, who should be discussing any reactions with their client.

Mr PEARCE: Who investigates, who makes inquiries or who looks into it further when a horse owner reports what they believe is an adverse reaction? Where does it go?

Mr Kerslake: It goes to Zoetis and it also goes to the AVPMA.

Mr PEARCE: Zoetis is the supplier.

Mr Kerslake: Zoetis is the manufacturer of the vaccine. I have had quite a bit to do with a number of people from Zoetis. I cannot comment on the company and the company's attitude to profit making, but I can comment that the people involved in the rollout of the vaccine have been very open and honest to me about the number of adverse reactions and are really interested in trying to nut out what the issues are. As I said, unfortunately there are some horse owners in the marketplace that will not be honest with what is going on with their horses and I had a comment from a trainer saying that he would never again get a vet involved and he certainly would not tell anyone about any reactions and that if he had a sick horse he would put it in the ground and not tell anyone.

Mr PEARCE: Nobody goes back to the horse owner?

Mr Kerslake: Only the vet.

Mr PEARCE: Really, we do not have a system in place where we thoroughly investigate these reactions and go back to the APVMA. I am aware of a lot of horse owners who have never heard anything once they have reported their adverse reactions, so there is a breakdown in the system. How are we going to keep the rubbish out of it if we do not have a proper system in place where people can report and get feedback on what they are reporting?

Mr Kerslake: That really comes down to their personal vet. If they have not heard back, they really need to be going back to their vet and questioning that.

Mr MADDEN: Rob, I just want to clarify something you just said about horse owners not calling a vet and putting a horse in the ground. Are you talking about a horse displaying symptoms of Hendra or are you talking about a horse having an adverse reaction to the vaccination?

Mr Kerslake: A horse that is sick, and a horse that is sick could be suffering from any range of—

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Mr MADDEN: But you are not talking about putting a horse in the ground because they are displaying an adverse reaction to the vaccine?

Mr Kerlake: No.

Mr MADDEN: Thank you.

CHAIR: Thank you very much for your time today, Mr Kerlake.

ENGLISH, Dr Doug, Private capacity

CHAIR: Welcome, Dr English. I invite you to make an opening statement of approximately three to five minutes if possible please.

Dr English: Thank you very much for allowing me to talk. I want to talk about my experience as a veterinarian being involved in about five actual cases of Hendra with colleagues and myself. The biggest problem that I have is the recent involvement of Workplace Health and Safety trying to define how we vets handle cases. I believe the vaccine is a very good vaccine and I would like in the best case scenario that all horses were vaccinated. The basic problem is that you do not have defined symptoms, and I have seen the symptoms of Hendra change from blatant pneumonia and now we have the encephalitis type central nervous system symptoms. I have not seen any of the recent cases of HeV pneumonia at all. The good thing about the virus is that it does not seem to be that contagious to humans, because I have had two colleagues who have been really exposed to body fluids and pus and that that have not seroconverted. One is actually a medical doctor now and it frightened him quite a bit when he realised down the track—a day later—that the horse actually put out Hendra and then it came back with a positive test three days later. He was quite worried about that, but he got over it all right. With regard to my biggest worry for myself, I am not concerned about my own health. I think I am careful enough not to get infected. I am worried about being sued by Workplace Health and Safety for neglecting or missing a diagnosis.

Last Saturday afternoon someone rang me up and they said, 'Would you see a colic horse that hasn't been vaccinated?' I said, 'How bad is it?' They said, 'Pretty bad.' I said, 'Yeah, okay.' It was referred by another vet and it was floated down to Tallebudgera, where I live, and I dragged it off the float. It was pretty sick and I thought, 'Okay, this might be Hendra.' It ended up not being Hendra. I put on my gear and had a look. I told everybody who was involved with it—in floating it down they got covered in urine from the horse because it was down in the floats—'Go home and have a bath. Everyone who handled this horse, go home and have a bath.' I treated it, because what can you do? I am not going to walk away from something like that. I could not live with myself, so I treated it. It laid down all night. I had to go back to that horse about nine or 10 times in the 30 hours it got right. It survived. During the night the owner said to me, 'Do you think we should put it to sleep?' I said, 'I can't see any indication to put it to sleep.' Its heart rate was all right. It never had a temperature, so I did not think it was Hendra. It might have been. You cannot gear up each time you visit that horse. It puts a horrible expense on the whole thing and I had to wing it and be careful, and I did not use PPE in the end. The horse recovered. I did an exclusion test straightaway, as I was supposed to. I consulted with the department of agriculture and it ended up not having Hendra and it ended up being right. That was a valuable horse and it could have been euthanased quite easily just on the suspicion that it could have had Hendra. The lady who was on the agistment place had to go to a show the next day. She was going to float her horse out. I said to the DPI, 'You better get in contact with her.' Luckily that particular horse was vaccinated for Hendra and they allowed her to go, which is fine. If it had not been vaccinated for Hendra, she would have been stopped.

I have not seen any issues with any vaccine reactions that I have done. I was very glad to get permission to be able to give them into the pectoral muscle in the chest, which is a self-massaging area, rather than the neck. I do not particularly like giving a potentially reactive vaccine into the neck. Since I have been doing that, I have been fairly happy. I have never been called back to see any of the horses that I have vaccinated, and I have probably done more than 1,000 or 1,500 shots by now. I have heard of a few people who have rung up and said, 'There's a bit of swelling there.' I have said, 'Are you worried about it?' They have said, 'No, not really,' and that is the most I have had. I do think that we need to look very closely at figuring out how long a vaccine protects a horse. I think it has to be longer than a year. The rabies vaccine is a viral vaccine. It does not seem to be as good as the Hendra vaccine and a rabies vaccination is good for three years. You have yellow fever viral vaccine in humans. One shot is good for life. There has to be a way to extend the period. Doing it every year gets expensive for horse owners and I am fairly confident that I think we will find in five or 10 years that one or two shots lasts several years. Distemper hepatitis vaccines in dogs is pretty good for three years and probably lasts five years. I think we need to look very closely at that.

The other issue is that Zoetis just gets blamed for trying to make money out of it. I firmly believe that Zoetis is looking at the prestige of having the vaccine rather than making money. The amount of money they make out of the vaccine is buggar all compared to what their general turnover is, and it is only down the east coast of Australia. Zoetis is a worldwide company and I think they should be applauded for supporting the vaccine and producing it, and I think that they are probably going to produce it cheaper than most other companies who probably would like to make money out of it.

The main thrust of me coming here is I think it is pretty unfair for Workplace Health and Safety to prosecute a vet who is trying to do his best trying to help the client and trying to help the patient and then making a mistake and misdiagnosing a Hendra case, which is pretty easy to do. With regard to the case I had on Saturday, two vets were involved—the vet that put it on the float and myself. If that had of turned out to be Hendra, we would probably be up before the courts. I think that is all I need to say.

CHAIR: Thank you, Dr English. My question relates to the testing of the blood as we heard yesterday in Cairns, and obviously Cairns is a fair way away from Brisbane where the testing gets done of the blood samples. Can you give us a bit of a picture of some of those issues? Do you believe that there is a better or quicker way? We have heard in a couple of submissions that there is a potential test kit that is now being developed so it can be diagnosed within 10 minutes if it is Hendra or not. Do you think there is a better way or should there be more sampling units or better staffed facilities so that we can give these results a lot quicker straight to the vet?

Dr English: Being from Cairns, freighting is a big problem. The scenario I had when I had the case at Koah was I out—I do triathletes—training. I was on a bike up the mountain and I got a phone call and it sounded odd, and the owner is a very good horseman; he knows his horses. He said to me, 'This horse is funny. It's walking around in circles. It's disoriented and yet when I hold a bit of bread in front of it it wants to eat the bread. It's not sick, but it can't see it. It's sort of blind.' I thought, 'That might be Hendra.' It occurred to me straightaway, so I had to ride down the hill, get in my car, go up and have a look at it and I was convinced that it was Hendra. That was a riding establishment and they had, I think, 100 or 90 Japanese tourists coming for a ride that afternoon. I said, 'You can't do it. That's just too bloody dangerous,' so they canned that. I took the samples of the horse. It actually got sick about nine or 10 o'clock on a Sunday morning and it was dead by about 4.30. It happened that quickly. When it died I was convinced it was Hendra and still I was worried because I had to close them down. We did not get the results back until Wednesday and I closed them down all that time. It cost them thousands. Of course when it was confirmed Hendra, they really were closed down. It cost them tens and tens of thousands of dollars and I was pretty concerned that I might have been mistaken and closed them down for nothing. They could have sued me. I doubt if they would have, but they could have sued me. As it turned out, I was right; it was Hendra. It is fairly hard to get a freight sample away on a Sunday afternoon up in the bush. Everyone is at football or doing something. It did not go until lunchtime on the Monday. It went through Toll or one of the normal carriers and it got down there on the Tuesday and was tested on the Wednesday.

I think that we should utilise the pathology carriers, QML. They have carriers all over the place. I discussed that with them. They are actually willing to take my samples, but they do not want it to be spread around that other vets can do that because they have courier services up to seven or eight times a day collecting at all the depots all over the place. They stick samples on air freight to Brisbane all the time. It is a mechanism—and they are used to carting biological materials. They are not fazed by it. If you ring up a Toll driver and say, 'I have this sample,' if he knows anything about horses, he will say, 'What do you think? Is it for Hendra?' and they poop their pants, even if it is packed properly. There is a fair bit of paranoia about that.

CHAIR: Thank you. That is a good answer.

Mr PERRETT: Thank you for coming along, Dr English. You are obviously a very experienced vet and have vaccinated over a thousand horses. I just want to get your perception on the reaction of property owners around what they consider to be an adverse reaction compared to what could be considered to be a mild reaction. We heard from a vet in Cairns yesterday that some property owners link all sorts of things back to the fact that that horse has been vaccinated for Hendra when he was able to provide some suggestions to the committee that that is simply not the case. How would you report an adverse reaction if a horse did have an adverse reaction opposed to some mild swelling?

Dr English: In actual fact, I have never had to report one, but I think that there is a lot of paranoia around there. A vaccine is produced to produce a reaction. Otherwise it would not have any effect. I vaccinate a lot of dogs and sometimes some of those create a reaction too and the dog gets a bit sick. The old story about looking as sick as a dog is quite true because when a dog gets sick it does look sick—it looks like it might die. Some of these owners think their dog has had a near-death experience when it reacts to a vaccine. They bring them in. It might have a bit of a temperature. I say to them, 'You're supposed to have a vaccine. I don't think the dog is very sick. You want to do something?' Panadol they recommend. I think Panadol is quite poisonous, but I do it because that is doing something, isn't it? It might make the dog feel a bit better. I have never had any dog get sick and die after a vaccine.

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I have never had any horse get sick and die after a vaccine. In actual fact I have had no paranoid horse owners who think their horse is going to die. I do get on the chat lines on the internet and have a look. There are a lot of ridiculous statements because, if a horse gets sick within a week or even two weeks or even later from anything after a Hendra vaccination, it is the Hendra vaccination that has caused it. If you have 300,000 horses, on any one day you would imagine there would be a certain percentage of those horses would be sick from something. With a three per cent death rate in horses, you are going to have lots of them die in one year. That might coincidentally be within a month or a week or perhaps even a day after a vaccination from Hendra, and the Hendra vaccine will get the blame for that.

Mr MADDEN: Thanks for coming in today, Doctor. I just want to clarify something in your report in paragraph 3 where you say—

The technology behind the vaccine I consider to be excellent and the testing procedures and absence of cases in any vaccinated horse proves this. I am willing to use the vaccine on myself.

Dr English: Yes, I am. I volunteered. Jeffrey Wilkinson of Equine Veterinarians Australia said, 'Yes, that is good. We need someone to do a test on. If you do that, we'll get blood tests before et cetera.' I said, 'Okay, I'll do it.' I am very ethical and I never do anything underhand. I have not vaccinated myself yet, but I am still very willing to vaccinate myself. I know of two other vets who have vaccinated themselves. I am not going to say any names and there have been no problems. I believe the vaccine is very good and I am willing to be part of a trial and vaccinate myself. I still am. The thing is when I spoke to Jeffrey he said, 'I'm having dinner with so and so at the Melbourne University and I'll discuss it with him.' He had that dinner and then he rang back and went cold on the idea. I thought, 'All right. I won't do it.' I actually have had a syringe with a quarter dose of the vaccine, because that is all you should use, in my hand ready to give to myself. I still have it in the fridge at home actually, but I have not been able to bring myself to do it, first of all, because I have not got the guts to inject myself and next it is doing the wrong thing.

Mr MADDEN: That is a very noble offer. It was suggested by the previous submitter the possibility that if a horse owner is presented with a horse that is displaying symptoms of Hendra they may make the decision to not call the vet and simply put the horse down and dispose of the horse. Have you seen any evidence of that?

Dr English: No, except myself. I had a horse—luckily it was a small horse—that got sick. I was fairly certain it had a pelvic injury. I ended up euthanasing it and I did an exclusion test which it was again a Sunday. It was on the side of a hill on a small block and they said, 'We'll get the backhoe and take it down to the neighbour's property and bury it.' I said, 'That's not real good. It might be Hendra. What's going to happen then?' I told them to get a truck load of car tyres. We got a truck load of car tyres. We piled them around the horse and we burned it all day and got rid of it. It ended up, with the exclusion tests I got back the next day, negative but it could have been positive. If I had buried it on the next-door neighbour's property, I would have been in a lot of trouble.

Mr PEARCE: I would really love to know what gives you all the confidence to work the way that you do with regard to not wearing PPEs and working closely with horses that may be showing signs or in the early days of getting the virus. With some of the actions you seem to take you are very, very confident in what you are doing. Is that in the best interests of encouraging the public, the horse owners and those other people around you to do the right thing?

Dr English: I do wear PPE. It is only when it becomes a pain in the (word redacted by order of the committee) to keep on changing the PPE and you have a horse that is thrashing around it is a bit useless wearing a PPE because things move and things change. I carry PPE all the time and I use it first up, but when it goes on and on and it depends on how confident I am that the horse does not have Hendra. If I am fairly confident that the horse does not have Hendra, I discard the PPE.

CHAIR: Thank you very much, Dr English. I now call Dr David Ahern from the Scenic Rim Veterinary Service.

AHERN, Dr David, Veterinarian, Scenic Rim Veterinary Service

CHAIR: Thank you, Doctor.

Dr Ahern: I am the Director of Scenic Rim Veterinary Service, which is one of the largest equine practices in Queensland. We regularly attend suspect Hendra virus cases and have had a positive as well. We have vaccinated over 6,000 horses. That includes several hundred of my own that I own personally. The majority of horses that I have vaccinated of my own have been embryo transfer recipients, so they are mares that have received high-value embryos from other mares placed in them.

I will speak briefly to the process with regard to safety. We are certainly convinced that the vaccine is safe. Like the last speaker alone, I have not yet done it but I have certainly made myself available for self-vaccination if a testing protocol becomes available in the future.

I think the APVMA are a very rigorous regulator, often over rigorous I think. If you tried to register a product, you would find yourself so drowned in red tape you would not breathe for a year. They have obviously recorded lots of reactions that have been reported to them, with the vast majority of them being, as discussed, some local site reaction, a little bit of swelling at the site.

Just to speak to the question of benefit in terms of vaccination, I know a lot of people believe that the motives of people relate only to financial gain. I would simply like to point out at the start that we do not make any money from the Hendra vaccination at all. We suffer a small net loss as a business for every Hendra vaccine that we provide. I am happy to provide you with the exact figures of cost and sell price and my cost breakdown on that, if you wish.

CHAIR: Could you take that on notice for us to produce that information?

Dr Ahern: I can give it to you now or I can give it to you in private—whatever you wish.

CHAIR: If you could table it today, that would be great.

Dr Ahern: Sure. I want to talk quickly about the current government approach and strategy to limiting the harm potentially created by Hendra virus which seems mainly centred around education of the community, education of vets and also the pressure of prosecution by OH&S. That seems to be the main approach. Firstly, I think the education side of it has been very admirable. I think they have done a great job as much as is possible. The problem is that education only goes so far. I find in most cases it is not really getting through. Hence, in itself it is not really doing much, and the prosecution of vets I think is counterproductive with what we have seen so far.

The key issue is that the decision-makers in Biosecurity Queensland, OH&S and DAF are not themselves ever faced with testing suspect Hendra cases so they are disassociated from reality by the very nature of the fact that they never actually perform the job, and all the people who tell you that PPE is a sufficient protector of the negative effects of Hendra are people who are not regularly seeing suspect Hendra cases. It is very easy to be confident about these things when you are a spectator.

If you look at the situation a little bit more critically, the problems with PPE for me—the main thing, as the previous speaker discussed, is that horses are excreting the virus while they are preclinical. There has already been one case, a human case, listed by government agencies as having got the virus from preclinical infection. So there is exposure before the horse is even sick—this is in a healthy horse. The other thing is that, when horses are actually clinically sick, I have actually never attended a sick horse and had the owner in PPE prior to arrival. That is a 100 per cent failure rate. I do not know how high the failure rate needs to be for it to be seen as not a sufficient answer. Not one single person has been dressed in sufficient PPE prior to calling the vet.

The other thing is that the PPE system itself on a broader scale has been proven to be unreliable. The example I gave in my submission was the experience of the Ebola outbreak in Africa—the most recent one where over 400 people wearing the exact same PPE contracted Ebola. They were all trained medical staff—nurses and doctors. So there was this big investigation into why the predictions of the bureaucrats did not match the reality on ground. What they found was that—human nature being what human nature was—everyone made errors and almost everyone contaminated themselves. People touched their face frequently afterwards and a lot of those people died, and they were all trained staff. When you extrapolate that to situations that we see in the field, which is often at night, equipment is trying to blow away in the wind, you are in the headlights of a car and you have a 16-year-old girl who can barely handle her horse in an ideal situation, quite obviously these situations can be even worse than it was for all the human cases that ultimately contracted Ebola.

The other thing that, I think it is obvious to OH&S themselves is insufficient, is that in laboratory settings like the AAHL lab down south they have to wear positive pressure ventilation spacesuits, effectively, to test a positive force. If you were to wear the PPE that we are provided with in that

situation, that would be illegal and you would be prosecuted for that, yet under worse and less controlled conditions it seems to be acceptable outside. The same report into the phase-in of PPE in human medicine exposed the same dichotomy. The other problem is with the general statement that Hendra virus is rare, it is not a big problem and people can just put on PPE. We have already talked about PPE and the fact that there are massive holes in that argument.

The other problem is that Hendra virus could potentially be a bigger issue than it is, and they are creating the circumstances for that by creating circumstances of fewer horses being tested. Because of the regulatory investment and the way they have set it up, you now have more sick horses that are untested because of vets that are no longer willing to see unvaccinated horses or, in fact, some of my colleagues have left the equine practice altogether. I know of cases where people have been unable to get a vet, and when they have contacted the DPI, DAF have also been unwilling to go. Which is not surprising, because it is a poisoned chalice. Whether the horse has Hendra virus or not, it is a very unpleasant visit. If the horse has Hendra virus, obviously it is a horrible visit to make; if the horse does not have Hendra virus, you are also not able to treat it effectively. You are undertreating a horse, underdiagnosing it because you cannot perform all of the invasive tests: you cannot do a rectal examine, you cannot do a perineal tap, you cannot scope it—you cannot do most of these things. The client knows you are underdiagnosing it and they know you are undertreating it, and they are obviously upset about that and we are upset about that as well.

You also have the responsibility to make sure that you minimise those things in an unvaccinated horse so that you do not allow human cases to develop, and obviously OH&S are enforcing that, which in the absence of vaccination, they need to. The problem is that there are more horses going undiagnosed. I know of horses where they have been unable to get a vet and they call DPI. The DPI do not go either and they just sort of make a bit of an effort themselves, and then their new neighbour sticks something down their nose and off they go. Despite the fact it is a notifiable disease DAF will not intervene, so in that situation you are going to have people that are exposed without a positive test being made on the horse. The reason that we have not seen human-to-human transmission of Hendra virus is because those people have been isolated. We have always known that their horse died of Hendra before they came ill, and those people were isolated. They are not put into a general ward in hospital. There is certainly evidence that human-to-human transmission is absolutely possible. They excrete the virus in saliva, snot, semen, tears, urine—everything—which is exactly the same virus that infected them in the first place.

With the Nipah virus in south-east Asia, which is almost an exact replica and the vaccine is in fact cross-protected for Nipah, they have had lots of human-to-human transmission of the same virus. One bloke spread it to 22 other individuals on his own, one of which was his doctor, and almost all of them died. They have also shown other forms of infection. Direct contact with date palms from climbing trees containing bats has produced Nipah virus infections in those countries. Having a situation where you have less testing because no-one wants to go and see them is less than ideal, and no-one wants to see them because the people who are using it know that PPE is not sufficient.

My personal view is that the vaccination's safety and efficacy has been well established. I think that the regulatory bodies and OH&S should actually be recommending and admitting the fact that these measures have big holes in them, and I think that they should be recommending mandatory vaccination as well. I would certainly like to see mandatory vaccination across the board, because I think government has a responsibility to protect its innocent civilians from the rest of the civilians. To me it is not too different to the situation of passive smoking. You do not want people to vaccinate just for their own health: you try to do it for innocent bystanders. A lot of the people who are exposed in these cases are not the owner. I think there should also be a concerted effort to resolve the last remaining import restricted country of significance: China. I am happy to take questions.

CHAIR: Thank you very much for that, Doctor. Just touching on what you said, that you would like to see all horses vaccinated, why do you think horse owners are not doing so now?

Dr Ahern: I think it is related to cost. I think that if the vaccine was \$5 a pop we would not be having any of these discussions. None of us would be here. None of these horses would be getting tested; they would all be vaccinated. All of these things disappear with vaccination. If the cost was lower, I think that is the majority of the issue for the majority of people. Like the previous speaker alluded to, if you are vaccinating horses every six months then every sick horse, every death and every abortion is going to be within six months of a vaccination. It is a statistical inevitability: 100 per cent of them are vaccinated horses. The fact is that all horses have to die and between 15 and 20 per cent abort every year. Horse deaths occurred before Hendra vaccination occurred, so did abortions, and none of those stats have changed.

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Mr MADDEN: Thanks very much for coming in today, Doctor. In your practice as a vet, when dealing with other conditions other than Hendra you make the decision as to what safety equipment you wear; that is the case, is not it?

Dr Ahern: We have an internal protocol for defining the degree of risk that we take with different situations, and it closely reflects what is suggested and required of us by OH&S. We also know that we are running the gauntlet from several different positions because we know it is a less than perfect system.

Mr MADDEN: Do you think it should be left to the vet to decide what safety equipment they wear, and do you think maybe we have gone too far with occupational health and safety with regard to PPE?

Dr Ahern: I think it has gone too far in that what OH&S do not understand is the intolerable level of ambiguity that you are dealing with and all of the factors that are involved. The decisions that we make are our best attempt at making the best out of a horrible situation. Like I said, that is why some vets just quit altogether because each time they go out they are trying to make this decision, and it is a very difficult decision to make. Do I think they have gone too far in some areas? Yes. In others, I think in the absence of vaccination they have to go in pretty hard, but I think they also need to have the honesty to step up and say, 'Really, guys, this is not an effective situation, and I recommend to my superiors that these horses should all be vaccinated.' I think they should have the courage to do that.

Mr PEARCE: Just looking at your submission, I think you made some reference to it a few moments ago. It states—

It is an established fact that infected horses excrete virus 2-3 days before they show any clinical signs. During this time, those unprotected humans and other horses are exposed to the virus particles, and there has already been one person absolutely confirmed by government investigation as being infected during a preclinical phase.

Can you make available to us any evidence with regard to that government investigation?

Dr Ahern: Yes.

Mr PEARCE: Do you believe that people in their day-to-day activities with horses, like catching a horse in the morning, releasing it, riding, taking the bit in and out of the mouth, are at risk?

Dr Ahern: Obviously the risk level is low considering the incidence rate, but the consequences obviously are very high. Is it worth considering? Absolutely. The reason I vaccinate my horse is because my kids are putting bits in and out of their mouth. The fact is that the positive cases, when you do get one, if there are people doing those functions they are effectively infective while they are doing it. The number of cases dictates that if you pick a random horse and you go and do that you will probably get away with it, but that is not much comfort to the person who is not the one who gets away with it.

Mr PEARCE: It is pretty important to us as far as information goes, but do you have any information to support that argument?

Dr Ahern: I will make that available to you afterwards.

CHAIR: Thank you very much, Dr Ahern, for your time.

HUPPERT, Ms Jacqueline, Private capacity

Ms Huppert: Thank you for giving me your time today; I appreciate it. I would like to first say that I am not an anti-vaxxer. My partner and I have been involved with horses for all of our lives. I guess you could call us some of the 'little people' involved in this scenario. I believe that there is a situation with Hendra. I think that the public has a right to be assured that they are safe, and I think that vets have a right to be assured that they have safe when they are dealing with horses and in their practice. I am one of thousands of horse owners in Australia, and I do believe there are still some questions to ask and some answers to be obtained by the committee with respect to this entire situation.

We know that Hendra was first clearly identified in 1994. Since that time, obviously, a great deal of information has become available to us about the virus and the best ways to manage the risks to both humans and horses. Research has also shown, as has been acknowledged by the relevant authorities, including the AVA, that Hendra is one of the world's rarest diseases. So whilst there is a risk, it is a small risk.

I know that a lot of horse owners, now that they have been provided with information about how to considerably reduce the risk of contracting the Hendra virus, have implemented those actions. We have. We have cut down trees. We have made sure that there are no flying foxes over our horses. We have taken every action that we can possibly do, because we do not want our horses getting sick. We have no wish to knowingly endanger any other person involved in providing care to our horses or working with our horses.

We all know that the vaccine has been developed to assist in managing the risks to both humans and horses and I think that it is great that this work has been done and it is a very good step in the right direction. However, there have been concerns raised about the safety of the vaccine. Whilst I know I have heard a great deal today from the vets about how they are very happy with the safety and efficacy of the vaccine, there are other parties who have raised concerns who are also equally qualified. I know that you have read their submissions. I am not going to go into the detail, because they are the experts in the field. I believe that it would be reasonable for the committee to consider both sides of this discussion.

I understand that it is normal procedure for an independent review to be commissioned by the APVMA prior to approving the release of a new product. It would also be reasonable to expect that another review would be conducted subsequently to the release of that product to ascertain the efficacy of the product and any concerns that may be associated with its application. Has the committee requested copies of all reviews, any recommendations made in those reviews and the associated documents relating to the review of the vaccine from the APVMA? If not, I think that it would be reasonable for the committee to avail themselves of that information to make sure that they are fully informed. The public, including the people most affected by the situation—the vets and horse owners—have a right to know if all the appropriate actions have been taken by the appropriate authorities in approving and then continuing to approve the vaccine. We, horse owners and vets alike, are relying on the experts to confirm that the product is safe to use and really does reduce the risk to people and their animals.

There is documented evidence on the APVMA website of at least 80 different types of adverse reactions to the vaccine and that nearly 1,000 reactions have been recorded and recognised by the APVMA by June 2015. These are only the reactions that have been reported. It would appear to be a reasonably high level and places the horses that are being vaccinated at a risk potentially of a poor outcome. I know that the vets who I have heard speak today have said that they have not witnessed any adverse reactions, except perhaps some swollen necks. Being on the ground and knowing a lot of people in the horse industry, I can say that I have witnessed adverse reactions. I have people here in the audience today who would be happy to share their experiences with you. One of my colleagues had a horse with a vaccination that had swelling in the neck. The swelling progressed to the other side of the neck all the way down through the chest and then all of its legs swelled from the bottom to the belly—all four legs—and that was within a short space of time of having the vaccination and the swelling commenced at the site of the vaccination.

I believe that there is a considerable amount of testing that has not been adequately approached with respect to the vaccination. It was initially released with a requirement for six-monthly boosters. This has now changed to 12-monthly shots. I am wondering why the vaccine was not originally released with this time frame. Titre testing has been initiated by members of the public and the results are interesting. One horse was found to have immunity three years after a single vaccination. Therefore, questions remain about the duration of immunity, which needs further

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research and study. You have heard the vets say themselves that it would be reasonable to push out the vaccine to three, maybe even five years. I am wondering if this could not have been canvassed prior to the release of the vaccination so that we knew all of the parameters before it was put into use. I do not think that it would be reasonable to mandate the use of a product that has not yet been fully researched, trialled and guaranteed to be as safe as possible with all the available parameters met and studies carried out to guarantee that efficacy and safety to both the people and the horses involved.

With respect to vaccinating all horses, there is always going to be a contingent or a cohort of horses that cannot be vaccinated. I have heard of no contingency plans from any agency or organisation with respect to how we are going to manage those horses. There are various reasons for the fact that they cannot be vaccinated: a previous adverse reaction—a severe one—or owners who will not take the risk of revaccinating because they have had an adverse reaction, where a vet has identified a clinical condition that precludes vaccination, or where a horse has been provided with treatment such as medication, which prevents them from being vaccinated. I believe that this is a big hole in the way that this situation is being managed. Whilst we can say that we need to vaccinate every horse, not every horse can be vaccinated and how do we manage that situation. The only option, currently, that owners are being given is to pray that their horses do not get sick or put them down.

One of our clients had a situation. Her horse was vaccinated. Her normal treating vets were aware of the horse's previous history of having an episode of colic. Her normal treating vets commenced the horse on asthma medication, which precluded it from being vaccinated at the time because it was an immunosuppressant drug. The horse then came outside of its vaccination time frame and it coliced. Her normal treating vets refused to see the horse. By the time she managed to get a vet to see the horse, she had been exposed to that horse for a considerable amount of time—hours and hours—and then the horse could not receive any proactive treatment until after the exemption test came back. The horse died. The exemption test came back negative.

I know that the exemption test is a requirement placed on vets by the government and something that they must adhere to to prevent prosecutions and I understand how vets feel about that prosecution. I think it is unfair. But she was left on her own as a layperson to care for her sick and dying horse. If the horse had been infected with Hendra, she was exposed. The really sad part about the whole case is that the vaccination time has subsequently been pushed out to 12 months. Had that horse still been alive and coliced now, it would have been treated and, if a stall-side test had been available, it could have potentially been a preventable death.

I have a real concern regarding government agencies that put in place unworkable policies or guidelines that result in the prosecution of the only people who are qualified to provide appropriate care and treatment to sick horses. The understanding that I have is that the current prosecutions are for minor infringements that, with any other regulatory agency, would result in a caution or a letter of warning. I find this situation to be quite untenable.

There is a research project underway at the moment with respect to developing stall-side testing. This will provide a result for a Hendra virus test within a very short space of time—10 to 15 minutes, I understand. This project, as I understand again, needs \$500,000 to complete. I am wondering if there is a reason that the government cannot assist in the cost of completing this vital project, which will save lives and a great deal of cost and potential harm to people. I understand that the AVA has \$13 million in its bank account. That is anecdotal. This project has the potential to provide much needed reassurance to vets and horse owners and will assist in rebuilding the relationship between horse owners and the veterinary profession. Can I ask why the AVA might not consider investing in this project, fully or even partially, to enable the timely and appropriate treatment to be provided to horses that might otherwise have to be put down or die due to delays in treatment? This test would allow AVA members to continue in their livelihoods of treating horses and not be forced to leave the profession and provide timely treatment to horses and reassurance to their owners. I think that the government agencies and professional associations involved in this matter need to stop saying what cannot be done and should not be done and start what they can and will do to make this situation better. Thank you for your time.

CHAIR: Can I just ask one question? That horse with the localised swelling that travelled right down through the front legs and then to the back?

Ms Huppert: It was reported.

CHAIR: So that was reported?

Ms Huppert: It was reported.

CHAIR: Was there any other feedback after that incident?

Ms Huppert: There was no feedback.

CHAIR: They were left on their own to see what would happen?

Ms Huppert: Yes.

CHAIR: Did that horse survive? It was okay after all of that?

Ms Huppert: The horse did survive. They thought that it was going to develop a severe laminitis and have to be put down, but they managed to get it through. Obviously, the owner does not wish to revaccinate.

CHAIR: Was there any other treatment done to that horse to alleviate the swelling or pain or anything like that at the time?

Ms Huppert: I understand that the owner was in a bit of a rough spot and they reverted to natural therapies at one stage there because the drugs were having ill effects, but this is anecdotal, I am sorry.

CHAIR: Yes, thank you.

Mr PERRETT: Thank you for coming along and presenting to the committee today. You obviously have very strong opinions and it is good to hear those. Are your horses vaccinated for any other disease?

Ms Huppert: No, they are not. I actually qualify that. When EI came through, my horses were vaccinated for EI, but that was part of a project. We were subsidised to do that and it made the whole thing a lot easier, because we have a lot of horses. One of the issues brought up by vets around the financial impact is quite real. It is very real.

Mr PERRETT: And just in and around vaccination and adverse reactions—whether they are mild or quite severe—we have heard from the vets today that it does not happen that often but there are cases that have been reported. Do you think an adverse reaction is something that is acceptable? I make that comment as a livestock producer, a cattle producer. We vaccinate our cattle for various sorts of things, but the thing that comes to mind is tick fever. I know that, when I vaccinate our weaners, I am going to potentially lose one or have some sort of adverse reaction. But I cannot afford not to do it, because the implications of not having mine vaccinated means that I could lose hundreds of cattle. I just wonder whether your opinion is in and around whether it is a zero tolerance, you either accept it, or whether—

Ms Huppert: No, I do not believe that there should be zero tolerance. I make it very clear that, when I talk about an adverse reaction, I am talking about horses that have been severely affected. One of my other colleagues in the audience here had a horse that had swelling of the neck. It could not lower its head or neck for three days to eat or drink. That has obviously a very considerable deleterious effect on the horse itself. Horses must lower their head; otherwise, they have a risk of developing lung infections and what have you. I am not talking about just a swelling of the neck; I am talking about severe reactions.

Mr PERRETT: Just to follow up on that, obviously, further research—

Ms Huppert: Further research.

Mr PERRETT: More information—

Ms Huppert: More information.

Mr PERRETT:—back to horse owners. That would make you feel more comfortable—

Ms Huppert: Absolutely.

Mr PERRETT:—in making that decision.

Ms Huppert: Yes

CHAIR: That is it. Thank you very much.

Ms Huppert: Thank you very much for your time. I appreciate it.

BEOHM, Ms Natalie Elizabeth, Private capacity

Ms Boehm: In 2008, I was working at Redlands vet clinic at the age of 21 and I got infected. I have just been listening to everyone speak and I have just written a few things down that I wanted to touch on and then I am fine for questions. I am the person who got infected without touching a horse when it was showing signs. I was doing clinical routine stuff on the horse in the incubation period and I had nothing to do with the horse when it became ill. I think one day I was in surgery and a couple were on the weekend. So I never touched the horse when it was showing.

I now work in a vet clinic where the vets have vaccinated the most horses in Australia and we have seen very little reactions. If we do get told about a reaction, we try to work out a way that we can help that horse next time. We had one horse come on our books and we got told that it had a bad reaction last time, so the vet that went out to give it the Hendra vaccine made sure that she could treat it with other drugs that will not interact against the vaccine and the horse was fine. The horses do not show any signs when they are shedding, so if a horse gets sick within 12 to 24 hours it is pretty much dead. It is quick, but then it could be shedding days before that. Often when you get to the horse it is too late to put on PPE gear. Some horses are so off their head. It is a neurological disease. Especially when you have a young thoroughbred, walking in there in a PPE outfit just freaks it out even more. Some horses you cannot even put rubber gloves on to go over them; they will be over the other side of the paddock. That is also hard when you are trying to treat a horse but it cannot stand what you are wearing. If you have to go back to the car and get something, you have to decontaminate, take off all that PPE gear, go back to the car, get whatever you need to get and then when you go back to the horse you have to go through the redressing and that sort of stuff, so that is another kit for the owners.

With regard to DPI testing, if you get a horse sick on a Friday afternoon, your Hendra test will not get tested until Monday afternoon. What do you do until then? Do you think, 'We just hope to God it's not Hendra and we'll treat the horse'? The vets I work with they are much like what others have said earlier. You cannot just let it suffer, so what are you supposed to do? Just wait and go to the client and say, 'We can't do anything that's going to make us more vulnerable if it is Hendra, so we have to wait until Monday afternoon to get the result.' Also with regard to the testing, my urine, my blood and my nasal swabs were tested every day and sometimes my blood and urine would come back positive but not my nasal swab. How good a sample is everyone getting for these tests as well, but that is another issue? With regard to human to human infection, yes, my doctors have said that. I did not see my doctors' faces for six weeks because every time they came in they PPEed up. It was the same with any friends that came up and also my mum and parents. My mum was washing my clothes. Definitely because the virus is changing, it could eventually go from human to human.

With regard to some horses like older horses not getting vaccinated and issues like that, we have been doing it on a case-by-case basis and it is just like a human. Any human can have a reaction to any sort of medication. I also wanted to highlight why vets do not come. It is because they put their lives at risk and all the crap they have to go through with the OH&S after when they are just trying to do the right thing for the owner and the horse. That is it.

CHAIR: Thank you very much for that, Natalie, and it is great to see that you are okay after obviously going through a traumatic time. Yesterday while in Cairns the member for Gympie did don a full suit and went in and out of cleaning zones and also dealt with a horse, so we got a good idea of what vets have to do in that situation. I thank Mr Perrett for his work yesterday getting into the suit, particularly in North Queensland where it was quite a cool day but obviously we saw the sweat coming down on his forehead. I want to get your personal view now that you have been through contracting the Hendra virus and your thoughts now when you work on a horse that is vaccinated compared to the potential of having to work with a horse that is not vaccinated. I ask for your personal thoughts and your mindset of knowing that a horse is vaccinated fully and how you feel about that.

Ms Boehm: It is definitely reassuring. Especially with dentals, the horse is not showing any sick signs and you are doing a dental on it but then a week later it could show signs of something and you have just been exposed with everything coming out of its mouth. With regard to how they think I caught it, a horse had a fungal infection up its nose, so I was lavaging that but I still had gloves and a surgery mask on. Yes, we are trying not to do unvaccinated horses for teeth and high-exposure things, but every now and then we do still come across unvaccinated horses. One we did not that long ago and it was sick and I got goose bumps. I was just waiting for that call to come through that it was negative, because we did take the sample straightaway and get that sent off, but the horse was deteriorating. As soon as we got that call it was such peace of mind, but what if it was positive? You cannot turn your back on Hendra. It takes over every part of your body and just does what it wants.

CHAIR: Thank you.

Mr PERRETT: Thank you for coming in, Natalie. I am interested to hear about your recovery and if you are able to enlighten the committee on that. The reason I ask that is I contracted Q fever many years ago, an animal disease, so I have been through that process too—a different disease but an animal disease. I just wonder about your recovery and how you feel now many years after.

Ms Beohm: I got encephalitis as well, so I have lost hearing in my right ear. I cannot move my right-hand fingers. I still get really tired. I pretty much live on dexamphetamine tablets. I get terrible headaches. Especially when I get tired, I get very disoriented and my balance gets worse. Probably if I was not as strong as what I am and had such a strong net of close people to me, I would not be where I am now. Everything is finally coming back together for the riding. People are like, 'Why are you riding?' That is the only thing where I have my time out. I do not get poked and prodded. I can do what I want to do. All my strength is coming back, but the doctors do not know if I will have a relapse like chicken pox and shingles. If that happens, I cannot have anything and I will not be fighting it again because it is a bastard. I have spent all my energy on this. If I knew it was so hard, I probably would not have been so determined in hospital.

Mr PERRETT: Thank you.

Mr MADDEN: Thanks very much for coming in today, Natalie. It is obviously difficult for you, but the committee very much appreciates your presence here today. In the second last paragraph of your submission you say—

... horse owners should become responsible for their own actions for both horse and treating vet.

What do you think would be an appropriate action against a horse owner in the event that a vet or a farrier or a stablehand or a farm worker was to contract Hendra virus given that they made the decision not to vaccinate that horse?

Ms Beohm: Vets are getting prosecuted when they have only tried to help and then you get clients that just flat out do not want to vaccinate but still want you to put your lives at risk when it is sick. I think they should become responsible for what happens to the vet and what happens to the horse. If you get a positive Hendra back, it is not going to go straight back on the vet and they get prosecuted. I think the owners should be looked into, because the vets are just trying to do their job. You cannot stay there 24/7 with your owners because you have other work to do, so you cannot be responsible for their every action. I do not know what you could do, if you know what I mean. I just think they should be responsible for it as well.

Mr MADDEN: Do you think they should be penalised in some way?

Ms Beohm: Yes, but if somebody got infected it would not change then. How do I say it? If I got a \$10,000 fine or Hendra, I would go with the \$10,000 fine.

Mr MADDEN: Thanks very much, Natalie.

Mr PEARCE: Natalie, we have heard from heaps of vets over the last couple of days and we are going to hear from more over the next few days, but you are the first vet nurse actually working at an equine hospital. Can you give the committee just a bit of an understanding of how much PPE you would wear during a normal day's activities at the hospital? What sort of education do you get with regard to the requirements of actually wearing PPE?

Ms Beohm: I do not work in a hospital anymore; I am out on the road. Every horse we go to it is gloves. Depending what we are doing, it is gloves and then if we are doing dentals and stuff it is masks and goggles. I did a vet nursing course as well, but I did not know anything about Hendra. I was from Victoria and when I moved up I really did not know anything about it, but I quickly learnt. You hear so many people say, 'I heard this from my neighbour,' or 'I heard this from someone else'. They have not had the right information or they have heard something and then it has gone through this person and changed every time. I think teaching them will help. At the end of the day I do not care if people vaccinate or not. I have had Hendra. I cannot get it again, but I could have a relapse. I would hate anybody, especially a kid, to go through what I have been through.

This vaccine is amazing. I have been able to learn a bit about it. If it will protect people from something that kills people, I do not see why people are arguing because at the end of the day, they have a right to go home to their family. I cannot work full time again. Who gives a (word redacted by order of the committee) about me? I have not had any help. I have just done it all on my own with my close friends and family. I think people need to know the facts about this vaccine and also this virus,

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because it is changing. One minute it is more respiratory and the next minute it is neurological. Even the doctors said that Ben and I were worse than the previous cases in humans, Vic Rail and others, so it is changing. It is scary. People say, 'No, I don't have flying bats around my place. No, it can't be Hendra.' How can they know it is not Hendra?

CHAIR: Thank you very much, Natalie. We really appreciate you coming and telling us your story.

McSWEENEY, Dr Donna, Private capacity

Dr McSweeney: I am a practising vet in this area, Logan and the Gold Coast. I do treat horses on a regular basis. I do treat unvaccinated horses. Not that I want to, but I weigh up the risk I take with my life and livelihood as opposed to the emotional issues of leaving a horse untreated. I do fully support any vet, though, who refuses to treat a horse and I think that is within their rights. I think they have a better sense of self-preservation probably than I do. I did have a horse yesterday morning that is still on the ground today awaiting a Hendra test. The owner complained about the vet who would not come out because she said, 'They are supposed to be vets and they don't care about the horse.' I told her that she really had no idea how that affects a vet, because when a vet refuses to come and treat your horse it does not mean that they are doing that with a clear conscious. This has caused major depression and a lot of horse vets in Queensland are actually leaving the industry, so I think that is something that people really do not understand.

I guess the main arguments that people have put forward for not vaccinating is, No.1, fear of reaction. I have seen one that I would consider a severe reaction, a horse that coliced four days post vaccine. It got a swelling a couple of days after the vaccine, and on day 4 it coliced. It was on the ground. The owner actually did not even seek any vet treatment; she just used alternative therapies to get the horse through. It survived and it recovered. It was due for its next vaccine in early June this year. Because the vaccine has now gone to 12 months and there is still a six-month grace period with Zoetis, we have decided to put that vaccine on hold for another six months. Essentially, Zoetis have given vets information that with the six-monthly vaccine they are allowed to be six months overdue. I have not vaccinated any horses six monthly since May 2014 when that information became available. Everything was 12 monthly. All the other vet practices in my area were happy with the 12-month vaccine, so we all let them lapse to 12 months. I would be happy to let them lapse for 18 months now. Regardless, I treat unvaccinated so it does not really matter. I have spoken to a few of the hospitals and due to both insurance and OH&S issues, they still want them done 12 monthly. I have also treated horses that were vaccinated by other vets previously and had quite severe reactions, but given the option of again not being able to afford readily available vet care or revaccinating, these owners have revaccinated and they had no issues whatsoever. Having had a reaction does not necessarily mean that you are going to have another one.

I always like to err on the side of caution and I do not recommend yearly vaccinations in small animals. I do not recommend yearly tetanus vaccinations. I would like the vaccines to be given as infrequently as possible, but in saying that I am really getting jack of treating unvaccinated horses. When I get out of the car to treat an unvaccinated horse I ask every client why they are unvaccinated, and other than one owner who did not vaccinate because it was elderly, there have been no legitimate reasons given. I have statements from five owners here who have all had horses that I have vaccinated this year over the age of 30 or immunosuppressed Cushing's horses, who I had never insisted they had to vaccinate. Because I was away for three weeks this year, my concern was when I was away they would not get vet care. All of those owners decided to vaccinate. None of them had any reactions whatsoever, and they have all written statements for me here. There are eight horses in total. I could have contacted lots of other people but the time frame just did not allow.

A lot of the reactions to vaccines cannot actually be verified, so you cannot say it is and you cannot say it is not unless it happens immediately, so that is an issue. Again I know that vaccines do cause reactions. I would never deny that. I actually discourage small animal owners from vaccinating their dogs or cats, even yearly or three yearly or five yearly. As far as I am concerned, viral vaccines are very effective and they do have a very long duration of immunity. The difficulty with this vaccine is that because of all the legal issues surrounding it the duration of immunity studies can only be done at BSL, and there are major issues with those studies on Class 4 pathogens. As Dr Ahern mentioned earlier, they are in full spacesuits. Yes, it would be great and I would love to see horses vaccinated less often. I would like to not be vaccinating some of these horses, but I would also love not to have to treat unvaccinated horses. I guess we cannot have it both ways. Vets cannot have it both ways and neither can horse owners.

I have noticed a lot of bandying around of statistics. I do not do Facebook, but I did actually read a lot of posts after some of my clients pointed them out. The APVMA interestingly have three possible deaths linked to the Hendra vaccination. Again that cannot be confirmed or denied—they are possible, not probable—so it works out the death rate from contact with the Hendra vaccination is .00068 per cent. If you look at the confirmed deaths from contact with positive Hendra cases, the death rate is 5.5 per cent. There have been 72 confirmed cases of Hendra, and out of those 72 cases four people have died. There have been another 20 that were possible, but they were either surrounding the property or died just before and were not tested, so all up 92, but 72 confirmed cases

have resulted in four human deaths. Look at the statistics of .00068 compared to 5.5 per cent of human deaths. The problem is no-one seems to really care about anything unless they are personally affected. I have been seriously disgusted with some of the Facebook posts. They have been saying, 'Only four people died.' As long as it is not someone you love I guess it really does not matter, does it? Mark Twain said there are three kinds of lies: big lies, little lies and statistics, so statistics are really just that. You can doctor them and you can arrange them in any way to prove anything you want.

Most of the submissions I have read have been of either people I knew or some of the industry ones, but out of interest I did read one that talked about the increased risk of a horse dying from colic rather than Hendra. The reality is that is true. If you want a vet to treat that colic and make it less likely it is going to die, then vaccinating seems like a really good option to me. There was also a submission by another vet who I used to work with. It is interesting that vet does not treat horses. Her attitude towards the Hendra vaccine was quite negative, and I guarantee you that if she was treating horses it would change. She mentioned that she had seen four cases of IMT, or immune-mediated thrombocytopenia, related to the vaccination. I am not sure, considering that she would not have been the treating vet, how she could have come to that conclusion, when thrombocytopenia can be caused by any viruses which we know are circulating all the time anyway, any bacterial infection, pretty much any drug whatsoever. Interestingly, her submission also mentioned that the vaccine should only occur in high-risk areas, but she actually lives six kilometres from two confirmed cases so I am not sure. I know her very well but I really read that submission thinking 'what the?'

As far as vets not reporting reactions, I report every reaction that people have reported to me. There was a submission to this inquiry that was claiming that the horse had become unwell. I vaccinated that horse and that owner did not report that to me. She also states that all her friends' horses all became unwell with rashes, laminitis, and they were sick and could not be ridden for months. I actually vaccinate most of her friends' horses. Out of all those horses I have only had one that I consider to be a severe reaction, which was the colic horse that occurred four days afterwards. I even took one of the horses home from her friend's and most of them have had no reactions at all. My finding is yes, I have had one severe reaction and a few marked reactions with pretty severe neck swelling, but other than that very minor reactions or no reactions at all.

I guess the other thing I have noted bandied about is that horses should not be vaccinated because they are immunosuppressed or sick. The vaccine pamphlet does actually state that it should not be used in sick or immunocompromised animals. The situation I was faced with at the beginning of this year was I had a horse who was 34 years old. Three years ago I refused to vaccinate it because it was old and it had an arrhythmia. The owner asked me at the time what would happen if it got Hendra, and my opinion at the time was that we probably needed to take that risk, because given a horse with those kind of symptoms at that age, we are increasing the risk that she is going to have a reaction. This year, given the fact the situation has changed gravely for vets and I was going away, I then had to inform this owner that she needed to consider vaccinating. I did not tell her she had to, but I told her the consequences of what may happen if she did not. I was quite concerned about being prosecuted for not vaccinating or for vaccinating an animal off label. I rang the APVMA, who told me that they could not give me any advice. I explained the situation. They put me on to the Veterinary Surgeons Board of Queensland, who never returned my calls or gave me any advice. I then rang my insurer and their response was, 'Are you still treating unvaccinated horses?' No-one could even offer any assistance in that situation. That owner did decide to vaccinate, and I have her statement here saying that the horse had no reaction whatsoever. In an ideal world I would not have vaccinated that horse, but we do not live in an ideal world any more. The situation has changed when it comes to Hendra.

There have been a lot of other claims of vets overreacting and this disease being so hard to contract but again, as I had said, there is a 5.5 per cent case contact death rate. If you are not a vet and you are not in contact with sick horses it probably does not mean anything to you, but it is kind of scary if you are in contact with sick horses on a daily basis. There have been a lot of claims saying the virus has been around forever. Viruses mutate all the time. We know it was first discovered, if we can use that word, in 1994. People say things like, 'You have more of a chance of being hit by lightning,' but you do not go out in a thunderstorm and play with a metal rod and if you do, you do not hold your friend's hand or someone innocent bystander while you do it. What they are looking at is statistics over a period of time, but what they are not looking at is we had the first case in 1994, then there was nothing until 1999, nothing until 2004, then 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015. We have had cases every year and those cases were increasing in frequency. If people do look at statistics and do anything with statistics, they really need to look at the increased frequency of this disease. As I said, it just seems to be that people have the opinion that they are not going to get Hendra and they are not going to need a vet.

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Unfortunately, in the case that is still on the ground today awaiting tests that is what the owner said, 'But he's never been sick.' Well, he is now. He has a fever and he has an elevated heart rate, so he is potentially a Hendra case. I treated him. I gave him everything I could give to him yesterday. I even offered for the owner to run the samples to the lab yesterday so she would have a result yesterday afternoon and we could be clear to treat him or euthanise him. That did not happen. Basically I was told that she did not want to run the samples up, so you have to wait another 24 hours. That is stressful for the owner, but you make a choice. When you make a choice you pay the consequences, good and bad. I think that is what people need to realise with this situation. If you make the choice to not vaccinate, that is fine. As I said, I am not a fan of over-vaccinating. I tell my clients on a daily basis that we want to stretch this out as much as we can. But to not vaccinate in this area where there have been positive cases I really think is just playing with fire. It makes no sense to me. I have also seen Facebook posts of people encouraging other people to sue vets because they have not treated. This is why we are not treating: it is really that fear of litigation and prosecution.

In early November last year, there was an EVA meeting in Brisbane. The vets were asked at the time are they scared of prosecution or are they scared of getting Hendra and the majority of vets were more scared of prosecution than they were of getting Hendra, which is a sad situation. The unfortunate thing now is that, even if the Queensland government were to drop these prosecutions against the vets, the insurance companies would come on board and deny insurance cover for anything to do with Hendra. This leaves vets in a situation where, if a vet goes out and treats an unvaccinated horse, what do I do? I treat them and I run the test after I have treated them. Then I am at risk of prosecution and litigation. A vet who goes out and tests before they treat is still at risk of litigation from a horse owner, whereas a vet who decides to not treat at all is at risk of nothing. So you can see why vets have a sense of self-preservation and they are saying, 'No.' I completely understand it. As I said, I just do not have the courage to sit back and go, 'Okay, I know this horse is suffering' and this is breaking my heart, because it is what is happening. Again, there have also been incidents of people putting things on Facebook that they have had to wait six hours to get vet care because no-one would come because the horse is unvaccinated. I was personally involved in that case. She waited six hours, because she did not call a vet. I was the vet who came and that was October last year. I still have not been paid. So you can see that this is not a good situation for vets whatsoever.

I understand that people are trying to protect their assets. These are horses that not only are loved about they have monetary value. They are really trying to protect those assets, but that is all we are trying to do, too. There is no other profession that risks both their life and livelihood every single day they go to work. The military, emergency services put their lives at risk every day, but they do not risk their livelihood. They do not risk their livelihood as well as their life. That is what vets are expected to do and I think it is a bit unfair. I have a lot of owners who go, 'Well, you'll come, so it doesn't matter. I don't have to vaccinate. So you'll come.' I find that so insulting. Things like, 'Well, I'm afraid the horse might get a reaction'—the most common reaction is a lump. My attitude tends to be 'Well, thanks. My life and livelihood are way less important than the fact that your horse might get a lump.'

I understand the grief. I have had to revaccinate my horses twice because I let them lapse, because, again, I am not a fan of overvaccinating. I vaccinated them when the vaccine first became available, because I wanted them immune. I wanted them protected. But, again, I did not see the point of six monthly boosters. I was a treating vet. It was not going to be an issue getting vet care. This year, I went away. I was relying on other vets to treat my horses. I had to do them twice again, which I think is stupid because, again, that makes no sense from a scientific point of view, but it is the reality. Sometimes things do not make sense but you just need to do what needs to be done. I think of the serenity prayer, 'God grant me the strength to accept things that I cannot change, the courage to change that which I can, but the wisdom to know the difference,' what is clearly lacking is the wisdom.

The other thing that really gets to me are the comments and that vets need to use PPE. Vets can wear PPE. It does not work in the rain and I have treated many a colic in the rain. It is nice if people have stables, but it is not the reality for most people. If the PPE gets wet and there are large volumes of body fluid, there is no protection. The PPE mask, you cannot breathe through them, but they also affect your diagnostic ability. You cannot smell through them. Double gloves, you cannot palpate. You cannot feel a lot of things that you would ordinarily feel. There are issues just in the diagnostic capability. The other thing—and I will confirm what Dr Ahern mentioned earlier—is I have never gone to an unvaccinated, sick horse and had owners in PPE. There is information readily

available. They are all on Facebook with one another, because they tell me, but they have never been in PPE when I arrive. So I can wear PPE, but I am responsible for that owner. Why are they not in PPE if they are claiming that vets just need to wear PPE?

The other thing that I find happens on just about every horse I have ever treated is that the owners pull their masks off, because these things are stifling and hard to breathe in. You are nodding your head, because you did this yesterday in Cairns, which would have been slightly warm. In winter it is not too bad but, in summer, you cannot breathe through those masks and your goggles basically steam up. You cannot see through them because you have the goggles down over the mask. People often compare what vets are doing and what firefighters are doing, but they have oxygen in their masks that is allowing them to breathe. These things really are stifling. In saying that, I still wear PPE for every horse. I have just become so used to it now that I deal with it. But I am trying to treat the horse, keep an eye on the horse and keep an eye on the owner, because I guarantee that they will be pulling off their mask the first chance they get. As I said, I am relying on them to keep me safe, but I have to watch them constantly to make sure they are safe, which is a bit of an unworkable situation.

The other thing with PPE—and you would have noticed—is how much time it takes to put this stuff on and off. It is probably an hour, up to an hour. That, including the paperwork to treat a horse, I cannot go from an unvaccinated potential Hendra case to another horse without complete disinfection even if I have used PPE. That means that I have to go all the way home before I can go and treat another sick horse. Back in December we had a massive thunderstorm that took the power out for over 24 hours. I had been treating a horse with a massive wound. I was completely covered in the horse's blood over the PPE. I went home, no power, cannot shower. We are on tank water. You need a pump. I could not disinfect. I had to feed my own horses that night without being able to disinfect completely and my horses are important to me.

I listened to Dr English before talk about allowing the horse to come to his property. I have horses. I used to allow people to float sick horses for treatment to my property. I will not anymore. I will not even let my neighbours walk their horses across the road. If they are not vaccinated, they are not coming to my property at all.

CHAIR: Can I just get to you wrap up? We are running out of time.

Dr McSweeney: Okay. The other thing that comes up a lot is the cost. I think that it is probably the least likely cause of people not vaccinating whatsoever. For a lot of my clients, we are four years down the track and they still have not vaccinated. They have had four years to save. It really is minimal compared to the cost of keeping a horse over a year. I just see the cost issue as implausible.

CHAIR: Thank you. I have just a quick question. We have heard in Cairns yesterday, particularly from that guy from the university, about the different techniques they are using now—rather than injections that normally went through at the middle of the neck—to different parts of the body. They are apparently having huge success with that. Is there any movement across the veterinary space where that information is getting spread around and that they now can do that rather than putting it in the neck where there are issues with horses that have to lean down to eat, obviously, and breathe?

Dr McSweeney: There is a forum on the AVA website that vets can talk about all things Hendra, but not a lot of vets are on there. I do not put it there. Generally, where you put the injection, an intramuscular injection into a horse, is into the splenius muscle, which is a massive muscle. We talk about the triangle: stay away from the nuchal ligament, stay away from the spine; there is your splenius muscle. I tend to vaccinate higher. I inject just under the nuchal ligament so if the horse does get swelling, it is not going to affect its performance. As I said, they can bend their neck. This is not a major muscle group. I tend not to do the pectoral muscle, because you still get lameness in horses. You get horses that cannot move—not just from Hendra but from other drugs as well.

An interesting one with the APVMA, as mentioned before, is I report all reactions, but the APVMA do not get back to owners. I had a horse die from a penicillin shot that an owner gave last year, which was reported directly by me to the APVMA and they never got back to the owner at all. Interestingly, of the reactions that are listed as probable reactions on the APVMA website, one was a vomiting horse. I do not know how many of you are horse owners and are aware of the mechanisms of the oesophagus in a horse, but a horse cannot vomit. But that reaction is listed as probable. I am not sure that there are any horse vets on the APVMA either.

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Mr MADDEN: Thanks very much for coming in today, Dr McSweeney. I just have a couple of questions. Is it the case that vaccinating horses is the best way to avoid a death or a vet nurse contracting the Hendra virus from a horse?

Dr McSweeney: I think it needs to be a multipronged approach, but I think it is the best start. I think it is the most effective way. Again, my concern is that it is the most effective way of being able to get a vet to treat your horse.

Mr MADDEN: Is it the case that no-one has ever contracted Hendra virus from a horse that has been properly vaccinated?

Dr McSweeney: That is true. Now, in saying that—and this is another thing that I brought up at the EVA workshop—because the vets are saying, ‘Okay, we’ll treat vaccinated but not unvaccinated,’ all vaccines at some time will fail. It is not because the vaccine fails; it is because you will get a non-responder horse. If a horse cannot respond to a vaccine, it cannot produce a protective immunity. That will happen. Whether it happens in five years or 50 years, you always need to prepare for that contingency. That is why vaccination, I think, is the best start, but we still need to be careful. As I said, the world has changed.

Mr MADDEN: Those two things being the case, is ‘immoral’ too strong a word to describe a person who chooses not to vaccinate a horse and then expects a vet to treat a sick horse?

Dr McSweeney: I am not sure ‘immoral’, but I would say self-centred, or selfish, yes. Yes, I absolutely would. ‘Immoral’, I think, I do not know that I would use that word.

Mr MADDEN: Thank you.

Mr SORENSEN: The pamphlets that come with the vaccine, do you give that to the horse owner to read?

Dr McSweeney: I do. We had to when it was under permit. We had to give them the written information. I have one here with me now, because I still inform people. I always encourage them to read it. The same is for the tetanus vaccine, because, again, the equine advisory disease board recommends yearly vaccination for tetanus. That is the direction that the vets have been given. But if you read the brochure it now says, ‘Re-evaluate response every five years.’ It used to say, ‘at risk animals,’ which meant goats, sheep and horses. I encourage people to always make informed decisions. As I said, you can read it. I have one with me right here if you want it.

Mr SORENSEN: Thanks for that. With veterinarian businesses, if you sent one of your staff or one of your vets out to a property and they contracted Hendra virus, are you insured for that?

Dr McSweeney: No.

Mr SORENSEN: You are not?

Dr McSweeney: No, and I do not have any staff. I work on my own. This is where there seems to be a bit of confusion about insurance with vets. It depends on who you are insured with, but I received a notice from the vet defence association late last year, which clearly states, ‘No coverage for anything to do with Hendra.’ I am not insured with them; I am insured with Guild. I approached Guild and asked them what their policy was and they told me that it had changed—and it was really nice of them to inform me before I rang them. Yes, their policy had changed to have exclusions with highly pathogenic and quarantinable diseases. In my submission I put the exclusion. It has an exclusion that states, ‘Unless you or others acting on your behalf have followed every government and/or professional protocol ever written,’ which means that we have to go through all of that paperwork, and I do. I do this on a daily basis, but it is frustrating. It is just so frustrating.

CHAIR: Thank you very much, Dr McSweeney.

MANUEL Mr David, Private capacity

CHAIR: Thank you. Would you like to make a brief opening statement of two or three minutes, if you can? We are over half an hour behind.

Mr Manuel: Okay. Thank you, yes. I live just near Beaudesert. So I am a fairly local person to here. I am here to speak on behalf of just the general horse owner. What I want to make clear first of all is that I have ever never denied that vaccination is a viable option for horse owners. In my former role as chairman of showjumping Queensland, we did advocate to all of our members that they should use their best investigations with their own vets and decide themselves whether vaccination was a good option for them. Also, in discussion with the board of Equestrian Queensland, we also advocated statewide that vaccination is a very viable option for everybody. But we never did follow the line that mandatory vaccination should be imposed on horse owners because, as far as equestrian competition horses go, we are just one small group of all of the competition horses throughout Queensland and Australia.

There was a great deal of misinformation and lack of education when the vaccine was first released under its first permit. We have a situation where people via social media, and just general chat around the horse floats at shows, were receiving lots of conflicting information. Many people felt that they were being bullied into a situation of vaccinating their horses. It has come to a situation now where horse shows and show organisers have been forced into a situation of only allowing vaccinated horses to compete at their competitions because the vets would they need on the ground on those days for various reasons have basically said to those organising committees, 'We won't be able to attend your competition unless you only have vaccinated horses on the grounds.'

We had our own national organisation put forward very dubious risk assessments that they made available to organisers. These risk assessments brought up some fairly outrageous statements along the lines that the general public attending a horse show was at risk of catching Hendra if they should happen to walk past a horse tied to a float. That created a lot of drama and, as I said, misinformation amongst the competitors, because these are people that are with their horses constantly. They know when their horses are healthy. They know when their horses are well. Most of them all agreed that if we wake up in the morning before a horse show and we feel our horse has not been well for two or three days before the competition, they are not going to put it on the float and take it to a horse show. With regard to the likelihood of someone pushing a pram past a horse at a royal show such as the Ekka, for instance, and that child or that person catching Hendra from an ill horse at the Ekka, they implemented a mandatory vaccination procedure for their entries into their show. This really created a lot of animosity amongst horse owners and competitors.

We then had situations where some vets and family members of vets on social media were chastising people who were not taking up the vaccination process and declaring statements like, 'Why would you put your vet at risk?', and 'Don't you love your vets?' These sorts of comments just snowballed and gave even more fuel for the fire for some people who were very actively advocating nonvaccination of horses. There was also the situation where again on social media people were putting up claims of all sorts of reactions that their horses had had. Of course whether they were substantial, reasonable statements to make or whether the horses had any reactions at all, by the time 13 people had shared that and then put their own little bent on top of it horses were dying of all sorts of insidious reactions to a vaccination. We have had information today from one of the earlier speakers that most of the reactions that people were probably seeing from their horses were nothing more than normal reactions that you would see from every other vaccination. I have been involved with horses for a long time and when I came to Queensland for five years I worked in the thoroughbred industry. I have put thousands of vaccinations into every sort of horse from a four-month-old foal right through to very old broodmares. Right at the end of their gestation period they have had vaccinations, yet the only reaction I ever saw was a little lump on a neck at the injection site.

I have myself seen a serious reaction in a grand prix show jumper at a world cup show. He arrived at the show in perfect order but came out of his stable 12 hours later for the trot up for a world cup competition and was so uncoordinated that he never got five feet out of the stable door. He had been vaccinated in the rump area and he had a very large swelling at the injection site. Like I said, he did not trot up for that competition. That horse's reaction was in front of 300 other competitors at that show. Those competitors came from as far away as South Australia, New South Wales and Victoria. That reaction in front of all of those people just made the vaccination process look terribly risky. Again, that then gave fuel to the fire that vaccination is too risky and people thinking, 'Don't go anywhere near a vaccination for your horse. If you've got a high-level horse, you cannot risk long-term damage.' That horse missed competing at that competition. He did not jump at the Ekka a few weeks

later. He did eventually compete again at a high level, but because that happened in front of so many people and then they go home and talk to all of their friends the whole vaccination process really got a big kick in the face that day.

The other horse that I know has definitely had a reaction that then probably 100 people have spoken about on Facebook was his very first reaction at the injection site in the neck. There were big dramas in that he could not lift his head off the ground for three days. The next time that the vet came out and had to do the follow-up vaccination one month later, they treated the horse prior to injecting the vaccine with, I believe, an antihistamine. There were no problems then with that horse, but of course that also creates the problem where people think, 'Why isn't every vet then giving these prior medications to prevent these vaccine reactions?'

You have a situation out there at the moment where some vets involved in the state association and the national association have been really advocating the nonattendance of vets to treating horses and nonattendance of vets at competitions. Then you have other vets who are genuinely just trying to do the best they can for their own business, for their own family and self and for the horses that they have treated for a long time and they are going out and treating all sorts of horses. The whole situation has not been managed at all well, both from the veterinary point of view and also from the government agency's point of view. You have people talking on Facebook about how their reactions have not been recorded and when they do have a reaction that is recorded why doesn't anybody ever contact them? They have this view that, as far as the government is concerned, they do not care and as far as Zoetis is concerned they do not care and they just want to sell the vaccine.

Then you have people talking on social media saying, 'It's just cost me \$250 to get my pony vaccinated.' Then other people say, 'My vet only charges me \$120,' and David Ahern today tells us his practice charges \$77. Then you have the problem of people saying, 'The vets are just trying to make money out of the whole situation.' That has created a big problem in the whole industry. Then you have people in our equestrian competition field asking, 'Why hasn't racing been put under the same scrutiny that we have?' There are people involved in the racing industry such as David Chester, the former managing director of the Magic Millions, who right back when the vaccine was first released said, 'It's not going to be a problem for racing because Hendra's a pleasure horse disease.' He is on record—you have to go back through enough interviews—saying that Hendra is only a pleasure horse disease. Everyone out in the equestrian community said, 'Hang on a minute. None of Vic Rail's horses were pleasure horses. That was racing.' With regard to the thoroughbred stud up in North Queensland that has had an outbreak of Hendra and a horse died, they were thoroughbred horses. Why isn't the thoroughbred industry being pressured to mandate vaccination?

Then you have the situation where vets are denying their services to competitions but the same vet is working at the races on a Saturday. Anyone that goes to the races and knows anything about racing knows that thoroughbred horses during races regularly bleed from their nostrils. Thoroughbred racehorses regularly suffer catastrophic leg fractures during a race. That vet working on that day will immediately go and treat that horse and do his best to care for that horse, sometimes euthanising them there on the track. They are not wearing any PPE, so the public sees the vet treating the racehorse completely differently to what some vets are saying all other equestrian horses have to be treated. The whole PPE thing is a complete farce. It is a very serious disease and yet some people are saying, 'Just wear PPE,' as if a pair of paper overalls and a paper mask is going to protect you from this disease. I myself have seen vets treat horses with serious injuries and they are not even wearing a pair of gloves. They are stitching up a serious wound on the horse's leg. Their hands are covered in blood. I have been sitting next to them holding their equipment and helping them. I have sat down with vets not just in Queensland but in New South Wales and Victoria for years and years castrating horses. They do not even bother putting a pair of gloves on. If you are lucky, there is a bit of cold water in the tap to wash afterwards and then you get back in the car and they have gone off and treated other horses.

For years we have had the situation where we have been able to trust our vets implicitly to do the very best for our horses, but then you have other people saying, 'No, we're not touching them anymore. You must vaccinate. Vaccinations are the best way to go.' They probably are the best way to go, but because you have these conflicting views and unfair comparisons being made there is a great groundswell still out there against vaccination. Like I said, as a former chairman of show jumping and being involved as the former chairman of Equestrian Queensland, we were absolutely against forcing people to mandate and vaccinate their horses. What we always encouraged them to do was vaccinate their horse as their own choice and we believed that if the right information was put out there by the government agencies and by vets the vaccination rate would eventually become around about 97 per cent, because you are never going to get every horse vaccinated. There are wild horses

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running around up in the forests just past Nambour. If one of those runs out on to the road and gets hit by a car and the poor old copper has to get two of his mates to drag it off to the side of the road, it is not vaccinated. They are not going to leave it lying in the middle of the road, so someone is going to be at risk sooner or later from an unvaccinated horse. We believed that if the right education and information was put out there people would eventually just realise that it was the best option for them.

There are people here today that will go home and still say, 'No, I'm not going anywhere near vaccinations. It's a hideous thing.' We have heard the drama that Natalie has had in her life and will continue to have for the rest of her life. No-one wishes that upon anybody, but we have to come up with a solution and hopefully what this committee and these meetings can come up with is where were the failings in the education and the information that was being put out there and, if the Australian Veterinary Association has failed in the way that they educated their vets to educate horse owners, what are they going to do better next time?

CHAIR: David, if I could just get you to wrap up. This short comment has gone on for 15 minutes.

Mr Manuel: Very quickly, part of my family runs a horse transport business and we transport horses between Brisbane and Melbourne weekly. The DPI would not know if their backside was on fire as far as horse movements in Queensland. With regard to the new system of recording the pick-up point and the destination point of a horse and the pick number of the property, why? What for? Is the DPI going to come and ring me every month and say, 'How many horses have you moved and where have they gone to? Were any of them temperature tested before you took them on board? Did somebody temperature test them for three days after they arrived in Melbourne?' No. All of that is just a complete waste of time and a couple of bureaucrats sitting around thinking, 'Just make them fill in a piece of paper,' so their (word redacted by order of the committee) will be covered. People need to actually realise that we have to get back to the basics and talk to the people out there that own horses with clear, simple language—not stuff that is given to them on a vet's website with language that the average person can barely understand. Use plain, simple language and talk to people honestly and let them know what their options are without trying to bully them into taking up a vaccine. That is all I have to say.

CHAIR: Are there any questions?

Mr PEARCE: He has covered everything I wanted to ask.

CHAIR: Thank you very much, David, for your time. I thank all witnesses, because our time has expired today. We are probably about 45 minutes over, but that is fine. It was good to hear everything. In terms of any witnesses that have taken any questions on notice today, I ask that you ensure that those are provided to the secretariat of our committee by close of business on Tuesday, 12 July. I now declare this hearing of the Agriculture and Environment Committee closed.

Committee adjourned at 4.44 pm