



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

WEDNESDAY, 6 JULY 2016

Brisbane

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Committee met at 8.32 am

CHAIR: Good morning. I start by acknowledging the traditional owners of the land on which we are meeting here today. I declare open the Agriculture and Environment Committee's public hearing in relation to its inquiry into the Hendra virus EquiVacc vaccine and its use by veterinary surgeons in Queensland. I am Glenn Butcher MP, the committee chair and the member for Gladstone. With me today are Mr Tony Perrett, the member for Gympie and our deputy chair; Jim Madden, the member for Ipswich West; Ted Sorensen, the member for Hervey Bay; and Jim Pearce, the member for Mirani. Jim has been appointed to this committee for the hearings this week due to the inability of the member for Mackay, Julieanne Gilbert, to attend. I must also give apologies for Mr Robbie Katter, the member for Mount Isa, who cannot be here today.

The inquiry we are working on today was referred to the 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 the committee's inquiry web page. Witnesses are not required to give evidence under oath, but I remind witnesses that intentionally misleading the committee is a serious offence. I remind those present that these proceedings are similar to parliament and are subject to the Legislative Assembly's standing rules and orders. In this regard, I remind members of the public that, under the standing orders, the public may be admitted to or excluded from the hearing at the discretion of the committee. Mobile phones or other electronic devices should now be turned off or switched to silent. Hansard is making a transcript of the proceedings which we intend to make available on our website. Those here today should note that the media may be present, so it is possible that you may be filmed or photographed.

I finally 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 of 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 you to do so without naming the individuals involved.

NORDEN, Mr Alan, Executive Director, Registration Management and Evaluation, Australian Pesticides and Veterinary Medicines Authority

CHAIR: I welcome Mr Alan Norden via teleconference. I invite you to make a relatively short opening statement of approximately three to five minutes so we can have some time to ask you some questions.

Mr Norden: As an opening address, I would like to thank the committee for the opportunity for the APVMA to make a submission and present today as well. I also want to apologise that I could not appear in person. We have had some significant work issues on at the moment, so that has prevented me from being able to attend. At the outset I would say that I am the executive director for registration management and evaluation at the APVMA. That is our core program that looks after all our registration and approval activities within the agency. The APVMA is a statutory authority established in the early nineties. In 1993 we took over registration activities from the states and territories which commenced in 1995. We operate what we call a national registration scheme which is in partnership between the federal government and ourselves at the APVMA and then also the states and territories. The APVMA is responsible for approving and regulating agricultural and veterinary chemicals up to the point of retail sale and then states and territories undertake what we call control of use legislation in relation to how those products are then used within each individual state.

We are a science based decision-making body. We are governed by specific legislation and that legislation requires us to be satisfied of certain things before we either register products or approve permits. We also have post-market activities that we undertake in relation to compliance activities—they are set out in our legislation as well—and we also have other post-market activities that we undertake in relation to adverse experience reaction reporting. As part of the registration

process, as I mentioned, it is a science based discipline. We look at data that is submitted in support of applications, particularly around the safety and the efficacy of particular products and what they are claiming to be used for. That goes into not only human health but also environmental safety and also target safety in that, if a product is to be used in cropping situations or on livestock for example, we look at animal safety as well as part of that registration process. That is a fairly short summary of what we do and I am happy to take any further questions about that or any matters that you have in relation to your particular inquiry.

CHAIR: Thank you very much for that. Can you explain to the committee what links, if any, exist between APVMA staff and Zoetis Australia, the Australian Veterinary Association and the equine veterinary association in relation to the testing, approval and marketing of this Hendra virus vaccine?

Mr Norden: I will just repeat my understanding of the question. It was a question around what is the relationship between the staff of the APVMA and Zoetis and the equine industry; was that right?

CHAIR: Yes, that is correct.

Mr Norden: Okay. When an application arrives at the APVMA our staff get involved in assessing that application. They look at the scientific information that is provided. We also externally send information to expert reviewers externally from the agency, so there are a number of different people who are involved in the assessment of an application. In relation to any particular association between individual staff and companies, all I would add to that would be that staff operate in a professional manner. There are a number of people involved in the assessment process of an application. It is not one individual making a decision. There is significant peer review of that information through the process as well. I am happy to elaborate further if you would like me to.

CHAIR: No, that answer is sufficient thank you.

Mr PERRETT: Mr Norden, we have heard some varying opinions in and around adverse reactions that have been experienced by horse owners with regard to the vaccination of their horses. I just wondered whether you could tell the committee from an APVMA perspective what you consider to be an adverse reaction to the Hendra virus vaccination process.

Mr Norden: I will give a little bit of information about the adverse reactions that we have received and what they span and I think that will appropriately, hopefully, cover your question. Up until 31 December 2015—and you would have seen this in our submission—there has to date been 1,155 adverse reactions reported to the APVMA. When we went through the registration process and when we look at animal safety, those studies that we look at do identify adverse reactions as part of that process. There is information included in the registration and the label of the product in relation to potential side effects that can occur. As you will see from our report, the side effects that we have received in those 1,155 are quite extensive. They range from stiffness to swelling, sweating and other site reactions. They are quite expansive in relation to what they cover, so we consider that, yes, all those things are different types of reactions that can happen to a range of different products and veterinary medicines across-the-board. Vaccinations themselves do elicit a response and an immune response in an animal or in a human when they are administered, so we do not necessarily consider that all adverse reactions are unexpected.

In relation to the 1,155, of those—and you will see it in our submission—we go through a process of classification of those reactions and make determinations as to whether they are anywhere from unlikely all the way through to probable. Of the classifications that particularly were related in the probable category, there was 786 out of the 1,155. When we look at adverse reactions we also look at what is a significant reporting rate in relation to what is our benchmark for undertaking investigation into those adverse reactions. That benchmark is one or more per 10,000 doses, so that is 0.01 per cent. If you look at the adverse reactions that have been reported in relation to that 0.01 per cent, the adverse reactions that have occurred are symptoms that we would have otherwise expected to have occurred from this particular vaccination. I will leave it at that at the moment unless you want me to elaborate a little bit further.

Mr PERRETT: No; thank you for that.

Mr MADDEN: Good morning, Mr Norden. I have a question for you with regard to recommendation 1 in the submission by Equestrian Queensland. Have you read that submission?

Mr Norden: No, I have not. You would have to tell me who the submission was from again, sorry.

Mr MADDEN: Equestrian Queensland. That is okay, Mr Norden. I will read the recommendation to you and then just ask for your comment. Recommendation 1 states—

EQ—

Equestrian Queensland—

recommends that the Queensland Parliament formally requests the APVMA withdraw its product approval of the Equivac HeV vaccine until such time as laboratory and clinical tests, supported by longitudinal research, produce sufficient evidence to:

- significantly reduce the risk of adverse reactions causing death and severe disability of horses
- extend the effective vaccination period to a minimum of 12 months.

What I wanted to ask you about that recommendation is does the Queensland parliament have the power to make that recommendation? Secondly, what would be the effect should the APVMA withdraw its product approval for the EquiVacc HeV vaccine?

Mr Norden: One of the last two questions that you had was, did I consider if the committee had the power to request the APVMA; is that correct?

Mr MADDEN: No. Did the Queensland parliament have the power or does anyone have the power to make you withdraw your approval for a registered product? The second part of my question is: should you withdraw your approval for this product, what would be the effect of that?

Mr Norden: There are a number of questions in there and I will flip back to some of the earlier ones first. There was one question in there about an extension to a 12-month period.

Mr MADDEN: Yes. That was the second part of what they were requesting.

Mr Norden: On 13 May this year, the APVMA granted an extension from the otherwise six-monthly booster to 12 months. That has been completed and approved.

Mr MADDEN: Good.

Mr Norden: In relation to whether anyone has the power to instruct the APVMA to cease an approval, not to my knowledge. I would have to follow that up on further advice, but not to my knowledge. The APVMA makes independent decisions and goes through that process. In relation to whether the APVMA would do that, based upon current information that we have available and particularly through our adverse experience reporting program that we are continuing to monitor, at this point in time we still support the registration of the product.

Mr MADDEN: As a supplementary, to your knowledge has any parliament in Australia ever asked the APVMA to withdraw its product approval for a product that has been properly registered?

Mr Norden: That question is in relation to any product?

Mr MADDEN: Any product. Are you aware of any parliament in Australia requesting the APVMA to withdraw product approval for any product that has been properly registered?

Mr Norden: No, I am not.

Mr MADDEN: Thanks very much, Mr Norden.

Mr PEARCE: Mr Norden, can you explain to the committee who maintains the Hendra database that records the details of vaccinated horses? Who has access to that database?

Mr Norden: I cannot categorically say, but it is my understanding that that database is monitored and conducted by Zoetis. I am not 100 per cent certain on that.

Mr PEARCE: You would not have any idea who had access to it, either? I would have to get that from Zoetis?

Mr Norden: No, I am not.

Mr PEARCE: Thank you.

CHAIR: Thank you very much, Mr Norden. Unfortunately, the time we allocated to you has come to an end. I am sure the committee has quite a lot of questions to ask you. The secretariat will send those questions to you. If you could answer those questions on notice and send them back to us, that would be very much appreciated.

Mr Norden: We would be more than happy to do so.

CHAIR: Thank you very much and thank you for your time today. I now call Dr Richard L'Estrange and Dr Phillip Lehrbach.

LEHRBACH, Dr Phillip, Regulatory Affairs Manager, Zoetis Australia Pty Ltd

L'ESTRANGE, Dr Richard, Veterinary Operations Manager, Zoetis Australia Pty Ltd

CHAIR: Good morning, gentlemen. Would you like to make an opening statement?

Dr L'Estrange: I thank the committee for allowing me the opportunity to speak on behalf of Zoetis Australia, the manufacturer of EquiVacc (HeV), the Hendra virus vaccine. My name is Richard L'Estrange. I am a graduate of the University of Queensland veterinary school. I spent most of my 22 years of veterinary practice in the Brisbane area before taking a position as a technical services veterinarian in 2010 with Pfizer Animal Health, now Zoetis. With respect to EquiVacc (HeV), it is my role to communicate the technical aspects of the vaccine to veterinarians and horse owners, and to assist in gathering and examining the details of adverse event reports. I also provide technical assistance to our internal teams, including our regulatory division, for this and a number of other Zoetis products.

Zoetis itself is a global manufacturer of products that are solely directed at improving animal health. It is a world leader in discovering, developing and manufacturing veterinary medicines and vaccines. In fact, we have a singular focus on animal health. We have a rigorous approach to project selection and prioritisation, which helps us develop solutions with speed, flexibility and efficiency. Our research and development efforts worldwide are comprised of more than 400 programs and include more than 300 research alliances with leading universities and research institutes. Building on more than 70 years of experience, we have earned a position as the world leader in the discovery, development and manufacture of veterinary vaccines and medicines. We employ approximately 9,000 people worldwide, including approximately 1,000 veterinary research and development scientists, across a network of 28 manufacturing sites in 12 countries, including Australia.

One of the benefits of having a global animal health company here in Australia is that we can respond to local needs. We partner with the CSIRO, universities and peak industry bodies to develop a diversity of products that benefit Australian primary producers. This provides a competitive advantage for Australian farmers, but each time we have to make the case internally to get those research dollars. Therefore, in a global context we are incredibly lucky to have been granted permission by Pfizer, then the world's largest medicines company, to develop a vaccine for the exclusive benefit of a very small market here in Australia. At the time, the Hendra virus had killed people and horses in Queensland and was a major threat to our equine industries, but was relatively unknown elsewhere in the world. It took some convincing by Australian management for New York to allow resources to be devoted to the Hendra project. For a company that is listed on the New York Stock Exchange and serves more than 70 countries, this is a relatively small product. It has been very closely examined by Australia's very thorough regulators, as we have already heard, and by our scientists internally. If there were any major concerns, we would not offer it to the market. It has passed every test to date. It is safe and effective, and is a priceless asset for the Queensland equine industry and for horse owners.

I would like to provide a further update to our submission. I recently reviewed the reported adverse event rate for the vaccine, as I do regularly. As of 1 July, it sits at 0.28 per cent or approximately one in 350 doses. This is in line with previously published reports. I would like to add that I reviewed some of the previous dates when I had done this calculation. In March 2013, it was 0.24 per cent; in November 2013, it was 0.22 per cent; in May 2014, it was 0.27 per cent; in October 2014, it was 0.28 per cent; and, as just mentioned, as of last week it was still 0.28 per cent. It has remained remarkably constant through a lengthy period, especially if we remember that for most of this time adverse event reporting for the product was mandatory. At this point, I would like to hand over to Phillip Lehrbach, my colleague, to make a short statement and then we would be happy to make your questions.

Dr Lehrbach: Thank you, Richard. My name is Dr Phillip Lehrbach. I am currently the regulatory affairs director for Zoetis Australia. I have at least 25 years experience in the animal health field, being involved in the corporate world in regulatory affairs, research and development, and clinical trials. I have contributed to the registration of many animal vaccines in Australia and selected Asian countries.

In 2010, the regulatory affairs team at Pfizer, now Zoetis, became involved in the development of the Hendra vaccine in association with the CSIRO Animal Health Laboratory at Geelong and US research organisations that also have expertise in the development of vaccines. The regulatory affairs team, under my direction, was responsible for the compilation of the results of clinical trials and presenting documentary evidence to the APVMA, who we have already heard from today, as to the

commercial production of the vaccine and the safety and efficacy of that product in the horses. These documents were provided to the APVMA as the basis of our submission for the granting of a minor use permit under the requirements set out by the APVMA for the granting of such a permit. This permit was issued in August 2012 and renewals of that permit have been undertaken up to January 2016. All submissions associated with those renewals have been compiled by the regulatory affairs team at Zoetis. It should be noted, as I think Alan Norden has already pointed out, that the requirements for the granting of a permit are subject to the same critical review of that of a fully registered product.

On the basis of the clinical data gathered in the period 2012 to 2013, an application was lodged for the full registration of the Hendra vaccine. This application was approved in August 2015. The submission involved over 20 separate efficacy and safety studies, as well as studies concerned with the manufacture of the vaccine to establish a robust commercial process. Since August 2013, we have acted to enhance the properties of the vaccine. In January 2016 we secured a claim for the safe use of the vaccine in pregnant mares and a recommendation on the vaccination of foals born to vaccinated mares. Alan Norden has stolen my thunder here and I take it that it is no secret, but in May 2016 we secured a claim for the annual revaccination of horses that have completed a primary course of vaccination involving three doses. This would be considered of considerable benefit to the horse industry in terms of the overall cost of vaccination and confirmation of the efficacy of the product over an extended period.

In conclusion, I would like to say that for this project it has been a privilege to see this product come from a conceptual idea to a fully registered product in the space of five years. It has been boosted by the ability to work with experts in the field at CSIRO in Geelong and with the understanding and advice of the APVMA over this five-year period. I think the concept that we have been able to achieve this in five years is noteworthy and should be recognised as such. Thank you.

CHAIR: Thank you very much. This question is directed to you, Dr L'Estrange. We have talked to quite a few vets over the last few days. I am a bit concerned about the way these vaccines are transported to and from veterinary clinics in the back of a vet's vehicle to where they are injected into a horse. How sensitive is the vaccine to variations in temperature? With the way that vets transport the vaccine in their cars, for example, which can get hot for a certain time and then cold again, can that variation in temperature change the makeup of the vaccine before it is given to a horse?

Dr L'Estrange: Vaccines all have storage requirements placed upon them, and these are outlined on the label and are subject to regulatory approval. I guess for a practising veterinarian it would be expected that a veterinarian would carry the vaccine in a cooler container—perhaps with ice bricks, perhaps even in a car fridge—between the clinic and the horse and administer it properly without breaking that cold chain. Having said that, there are differences between various vaccines in their ability to withstand temperature fluctuations. This vaccine would be more robust than a live vaccine. This vaccine is a dead vaccine, and those vaccines are considered to be a little more tolerant than a living vaccine would, which may die if it is subject to heat and whatnot. Having said that, we would expect that veterinarians would comply with the cold chain requirements as outlined on the label.

CHAIR: If it was not kept at that temperature what would be the impact? Is it just that it would not work, or would there be other effects?

Dr L'Estrange: Potentially it may not work or potentially there may be some increased risk of side-effects.

Dr Lehrbach: That is correct. Under normal circumstances in an individual case we would recommend that sample of the vaccine be replaced.

Mr PERRETT: Can you advise the committee of the process that is required by companies such as yours to develop a vaccine such as EquiVacc HeV vaccine, including cost, to get a registered vaccine onto the market?

Dr Lehrbach: As we mentioned earlier, the clinical phase of the development of this vaccine was funded by the corporation. As I said, it involved over 20 clinical studies and a similar number of studies within the manufacturing plant. This cost would run to many hundreds of thousands of dollars.

Mr PEARCE: Dr L'Estrange, would you be able to help the committee by giving us some idea of what qualifications you have with regard to being able to assess an adverse reaction and decide if it should be forwarded to the APVMA?

Dr L'Estrange: I should point out at this point that adverse reaction reports can be made by either veterinarians or horse owners. Veterinarians can report directly to us, or they can report directly to APVMA, or both. Horse owners can report to their vet or to us or to APVMA. If they report to their

vet it would be expected that the vet would in turn report to us or to APVMA. Some people report to everybody concerned, so there is some element of potential double-up even in reporting. My role is to gather up all of that information that comes to Zoetis. We form an assessment for Zoetis's purposes, and we forward the information through to APVMA and they make their own independent assessment. It should be pointed out that we do not always agree on some of the assessments.

As far as my particular qualifications, I have a veterinary degree and I also have a postgraduate qualification in veterinary pharmacology which includes an element of vaccinology, so I guess I am as qualified as anybody in the veterinary industry to make those assessments.

Mr SORENSEN: Who has access to the database and who determines who gets access to the database of reactions?

Dr L'Estrange: I think you are referring to the registration database. The database does not record reactions; it just records the administration of vaccines. It was a requirement put in place by the APVMA as part of the original permit process. The APVMA wished to be able to track every vaccine from point of manufacture through to the end horse, if you like, so we were required by the permit to set up an electronic online database that recorded the veterinarian who administered the vaccine, the horse owner, the horse owner's address, the address where the horse is kept and identification of the horse through microchip number all for the purpose of being able to trace vaccinations and know how many were given and which horse has them. That information is accessible to Zoetis of course, it is also accessible to APVMA if they wish to and of course veterinarians.

Horse owners have access as well for the purposes of identifying whether any individual horse is up to date, so all a horse owner has to do is enter the chip number, the identification number of that horse, and they can determine whether that particular horse has a current valid certificate of vaccination. It is there for the purposes of everyone. It is there for certainty, essentially, if people need to know. Veterinarians who are examining sick horses need to know whether the sick horse that is in front of them is vaccinated or not and is up to date, and they can do that promptly through access to the database.

Mr SORENSEN: Would people who are buying horses have access to that?

Dr L'Estrange: If they know the chip number, absolutely, yes. They will not know all the fine details like addresses and people's confidential details, but they will be able to determine the vaccination status of that horse. It is there for the benefit of everybody concerned because if a horse's vaccination status cannot be ascertained, then a veterinarian may deal with that horse as being unvaccinated. As we know, if that horse is unwell it may be subject to a Hendra exclusion test, which it takes time to get a result, and then of course the horse may deteriorate in its clinical condition before it can be properly treated. If the veterinarian is confident that that horse is fully vaccinated then they will treat that horse more promptly.

Mr MADDEN: I would like to begin by thanking you both for coming in today. You may have heard the question that I asked Mr Norden about a recommendation made by Equestrian Queensland in their submission that your product's approval be withdrawn until research was done with regard to two things. One you have already addressed, Dr Lehrbach, with regard to the 12-month vaccination period. The second one is they wanted longitudinal research with regard to significantly reducing the risk of adverse reactions causing death and severe disability of horses. You have spoken at length about the register you are keeping. In that register is there any evidence at all of your vaccine causing the death or severe disability of horses?

Dr L'Estrange: No, there is not. As I have already stated, all adverse event reports that come through us are passed on to APVMA for their own assessment. As Alan Norden pointed out, they categorise reports into four categories from probable; possible; unclassifiable—if you like, or unknown—and unlikely, so they go into four boxes. Probable means it is more likely than not that the product caused the clinical signs or the symptoms in question, including death. Possible means that the product in question is one of a number of potential causes of that symptom. Unlikely, of course, means that it is not likely at all. APVMA has never classified a horse into the probable box concerning death, so they have never considered that the vaccine was the most likely cause of a horse's death. They have classified a small number of horses—I think seven at last count—into the possible box where there were a number of other potential things on the list that could have caused that horse's death.

CHAIR: Thank you very much for your time today, gentlemen. I am sure, as previously, we still have plenty of questions but unfortunately we have run out of time. We will be directing those questions to you to see if we can get some answers on notice.

ANTHONY, Dr Nathan, Australian Veterinary Association, Equine Veterinarians Australia

BALZER, Ms Marcia, Australian Veterinary Association, Equine Veterinarians Australia

REID, Dr Peter, Australian Veterinary Association, Equine Veterinarians Australia

CHAIR: I invite you to make a short opening statement, but please try to keep it to three to five minutes so we have time to ask questions.

Dr Anthony: Thank you very much for the opportunity to give evidence today. The Australian Veterinary Association represents 8,500 members with 1,000 also being members of Equine Veterinarians Australia. Horse health and welfare and work health and safety are shared responsibilities where all stakeholders have an important role to play. We can only address the issues around Hendra virus through better communication and cooperation through all of us involved. In recent years veterinarians have had to consider increasingly complex risks in decisions relating to Hendra virus and this is due to five main reasons: the unpredictable nature of the disease; the death of two veterinarians; debilitating illness in a veterinary nurse; the inability to obtain business interruption insurance against quarantine in our veterinary hospitals; and the legal charges brought against three veterinary practitioners by Workplace Health and Safety Queensland.

Workplace Health and Safety Queensland states that while the likelihood of acquiring Hendra virus is low, this does not mean that the risk is low. The mortality rate in people is 57 per cent. This equates to high risk, and vets are responding.

We are concerned that this concept of assessing risk is still not completely understood by the wider horse industry. For veterinarians the risk is very real. Private veterinary practitioners have diagnosed all of the last 41 outbreaks. Some practices have diagnosed four cases. Some practitioners have personally diagnosed three cases. For vets who are in the business of looking at sick horses, it is not an unlikely event. However, it is misleading to suggest that it is only vets who are at risk. In 2010 a mother and her young daughter, in 2012 a woman and in 2014 a further six people all had high exposure to Hendra virus from a sick horse. All required treatment with monoclonal antibodies and none were associated with the veterinary profession.

Workplace Health and Safety Queensland advise that eliminating the risk is the highest order of control and that PPE is the lowest order of control. Vaccination virtually eliminates the risk, and this is why veterinarians strongly emphasise the need for vaccination. The vaccine is fully registered by the APVMA, and veterinarians who have administered more than 430,000 doses over more than three years are convinced of its safety and of its effectiveness. There are more than 120,000 vaccinated horses with many, many satisfied owners.

The list of recommendations in our submission sets out how we think we can address some of the issues being explored by this inquiry. We also think that it is critical for this inquiry to set the record straight on some of the myths and misunderstandings about Hendra virus and the vaccine before any progress can be made. For example, a few submissions attribute seven horse deaths to adverse reactions to the vaccine. However, the APVMA submission is clear that these seven deaths were classified as 'possibly' due to the vaccine, not 'probably'—that is, acknowledging an association in time, and that is one of several possible causes. There is no definitive evidence.

We are very alarmed by Equestrian Queensland's recommendation to withdraw the vaccine's registration based on a claim that the vaccine is killing more horses than Hendra virus. This could have potentially devastating consequences for public health. It would result in depriving the owners of those 120,000 vaccinated horses the opportunity to continue vaccinating and it could increase the risks to horses and people from this disease.

In other submissions it was interesting to see some information that has not previously gained a high profile. The Department of Agriculture and Fisheries acknowledges that the gathering of horses at shows or events increases biosecurity risks for a multitude of possible disease scenarios. This is something that the Australian Veterinary Association is particularly concerned about, where the risks are generally underestimated in our view.

There are now examples of successful implementation of vaccination requirements at events without any significant detriment to competitor numbers. The Equestrian Queensland State Eventing Championships in 2015 was a vaccinated event and their entry numbers exceeded the numbers of the previous championship, which was an unvaccinated event. If it is appropriate, I have a list of other Equestrian Queensland event organisers that run very successful mandatory vaccinated events. I have their contact numbers if you might be interested in contacting them.

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In conclusion, the Australian Veterinary Association and Equine Veterinarians Australia look forward to the recommendations of this inquiry. We hope that there will be enhanced understanding of the facts, greater confidence in the safety and effectiveness of the vaccine and a more practical and collaborative approach to managing the risks of Hendra virus in Queensland.

CHAIR: Thank you very much for that. We have heard over the last couple of days about a new testing system where a result can potentially be given in 10 minutes or less if the animal has Hendra virus. There was a suggestion yesterday by one of the witnesses who talked to us that, if the Veterinary Association are so concerned about Hendra, why wouldn't they look at helping support the trials and the testing of this new system? Do you have any thoughts or comments on the new system and assisting with the implementation of the trials?

Dr Anthony: Yes. Firstly, the Australian Veterinary Association certainly supports further research into this area and a lot of research would need to be done. The main limitation of such a test is the fact that the test is likely to generate some false negatives. The sophistication of a test like this is nowhere near as superior as the testing regimes that are used by Biosecurity Queensland now in their lab—PCR testing in what we call NATA accredited labs. The bottom line is that a test like this will not be perfect. The issue with this disease is if we respond to a false negative—that is, a horse that actually has Hendra but tests negative—then we are likely to engage in very invasive treatments and procedures, perhaps abdominal surgery. In our mind this will be a serious limitation.

The other point to make is that it is not really a stall side 10-minute test. You would need to take the samples back to your clinic. You would need some equipment in your laboratory. You would need to be accredited. The test would have to be approved by the TGA. It is likely to cost certainly substantially more than vaccinating your horse.

CHAIR: We have also heard concerns about, once the exemption test is done, the timing of getting the results back. There are issues with the test potentially being done on a Friday or, as we have heard from some of the vets, being done on a Sunday and trying to care for that horse during the period until you get the results back. Are there better ways that we can get this testing done in the laboratory, to fast-track it or to have more laboratories open a lot longer—24-hour coverage, seven days a week? Would that assist in seeing these horses that potentially have Hendra?

Dr Anthony: Most definitely. There is no doubt that there is a welfare issue evolving in the non-vaccinated population of horses. Once a veterinarian considers Hendra virus, a differential diagnosis, they are obliged—it is a notifiable disease—then to follow the guidelines, and that limits the treatment that can be provided to that horse. Like we said earlier, if that horse were admitted to a veterinary hospital and were to go positive, we cannot insure against the quarantine of probably 30 days plus. For that reason, treatments are delayed. At the moment, yes, all exclusion testing is run through the Biosecurity Queensland laboratory. The AVA would like to see faster turnaround times, testing seven days a week, 365 days a year and testing opportunities in North Queensland as well.

Mr PERRETT: My question centres around Workplace Health and Safety and the prosecutions brought against three vets—presumably members of your association. Can you tell the committee how this is affecting confidence in your profession and industry?

Dr Anthony: It is understandably causing considerable concern for veterinarians. I suppose the biggest transition in the veterinary profession has been around how we interpret or at least respond to the three sets of government guidelines that exist. They are commonly called recommendations, but it would appear that these guidelines now mandate the way a veterinarian must respond in relation to managing a suspect Hendra case. They are quite onerous responsibilities. We do not want to downplay why these guidelines exist. They are there because this is a lethal disease. The safety of veterinarians and the safety of the owner of the horse is paramount. There are always going to be strict guidelines that need to be followed. The responsibilities for the veterinarians seem to extend to ensuring the health and safety of the owner of that horse. That owner has made a decision. Welfare is a shared responsibility. It is not all on the shoulders of the veterinarian. That owner, if they have made a decision to not vaccinate their horse, has not just put themselves at risk and their horse's life at risk but they inadvertently put us and others at risk and it would appear that there are no ramifications for them in doing this. It certainly has had a serious implication on the way we practise here in Queensland.

Mr MADDEN: You have already mentioned the submission made to the inquiry by Equestrian Queensland. I would like to ask you a question with regard to recommendation 2. I will read that out for your benefit and everyone else present here today. It states—

EQ recommends the Queensland Parliament introduce a legislative requirement for veterinarians to:

- take a veterinary oath as a requirement of registration—

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which I presume is the equivalent of the Hippocratic oath—

- wear appropriate PPE as a standard practice when treating sick and injured horses
- treat sick and injured horses regardless of their vaccination status.

I would like your comment about that recommendation.

Dr Anthony: In relation to a change to the legislation requiring that veterinarians wear PPE, I think veterinarians are certainly aware of the place PPE plays in managing all types of biosecurity risks. Standard precautions are adopted in veterinary practice on a day-to-day basis and we step it all the way up to, as you have probably seen now, the full suit up for high-risk situations.

In relation to changing the Veterinary Surgeons Act to force veterinarians to see unvaccinated sick horses, although we consider the welfare of the horse very, very important—clearly we are veterinarians and that is what we are about; we are the champions of horse welfare—the safety of a person does trump it. The safety of a person does come before the welfare of a horse. The veterinarian has the right to decide whether a situation is safe or not and whether they would like to provide services in a potentially unsafe situation.

There are many examples of veterinarians restricting the types of services they do in their day-to-day practice. You would be aware that some practitioners treat dogs and cats only. I do not know how this would work if they are then forced to go and see a horse. They do not do this now. Some equine practitioners only see racehorses. Some only work between 8 and 10. Some do not do after-hours. Not only is it unreasonable to force veterinarians to put themselves into dangerous situations; it is unrealistic.

In relation to those dangerous situations, I know there is the suggestion there that you just have to put PPE on: 'What's this all about?' But there are limitations around the use of PPE. The first point to make is that it is not the highest in the order of the hierarchy of prevention of disease. Elimination of the risk is the highest. Then we have PPE and, as I said, there are limitations around its use. The first and most significant limitation is that you have to recognise that you are dealing with that hazard to then apply the PPE and be protected. In every situation when we turn up to a sick horse and then we consider that Hendra could be likely, there has already been an exposure risk—people have been unprotected. That is the first thing.

The second thing is that PPE in its own right is an occupational hazard for a veterinarian. I know we get ridiculed about this by certain people, but we are dealing with large animals that are easily spooked. They can be dangerous. We are outdoors. It is hot. It can rain. There is the chance of sticking a needle through your finger. There is the chance of your goggles fogging up. It is not easy to work in this environment. This is not just our opinion. These limitations are listed in the Workplace Health and Safety Queensland submission as well. In fact, in 2008, when the Redlands quarantine was unfolding, a Biosecurity Queensland veterinarian in full PPE dealing with a high-risk quarantine situation accidentally suffered a needle stick injury. These breaches occur.

Mr MADDEN: Do you have any comment about the possibility of a veterinary oath?

Dr Anthony: A veterinary oath?

Dr Reid: As a short introduction, I was involved in the first cases of Hendra in 1994 in two stables in Brisbane, so I have been on this trail for a long time. A veterinarian oath—that is pretty general. It is not specific. I cannot understand that at all.

Mr PEARCE: Throughout this process we have had a number of vets raise the probability of human-to-human Hendra infection. What is your position with regard to that particular matter?

Dr Anthony: I am not aware of any veterinarians raising the probability of human to human.

Mr PEARCE: We are.

Dr Anthony: Sorry, you are?

Mr PEARCE: That is what I have said. Vets have raised the probability.

Dr Anthony: Right. I will hand that over to Peter Reid.

Dr Reid: Thank you again. There has been no evidence of that but, because Hendra virus is closely related to the disease or the virus called Nipah virus, where this has occurred overseas, there is a possibility of that potentially to happen.

Mr PEARCE: Do want to tell us a little bit more about it and how it could possibly happen?

Dr Reid: Human-to-human transmission? By close contact—of respiratory secretions, for instance, or droplets. That is how it has occurred overseas in Nipah virus cases.

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Dr Anthony: Nipah virus is very closely aligned, if you like, with Hendra virus. There is an example in that virus. It has certainly not happened. There is no evidence that human-to-human transmission has occurred at this stage with Hendra virus.

CHAIR: Thank you very much for coming today. We have run out of time. As I said, we are on a strict time line. We still have plenty of questions that we would like to ask you and we will present them to you in the next few days. If you could get those answers to us, that would be fantastic.

HELMERS, Mr Mat, CEO, Equestrian Queensland

CHAIR: Good morning, could you make a brief opening statement for us? That would be much appreciated.

Mr Helmers: Yes, thanks very much. Thank you for the opportunity to present on behalf of Equestrian Queensland. My role is as the CEO of Equestrian Queensland. Equestrian Queensland is a member based organisation. It is a not-for-profit that is a recognised body for the administration of equestrian sports in Queensland and it represents more than 300 affiliates and 15,000 participants. Our mission is to promote, develop and grow equestrian sports in Queensland. We have a framework that has a suite of policies and procedures that provides a quality assurance framework for the provision of a safe environment for our members. We also have a significant volunteer workforce who develops, empowers and provides an immeasurable contribution to our community.

Equestrian Queensland's position is pro choice. Eighty per cent of our membership believes that it should be an owner's choice based on their own personal circumstance on whether to vaccinate their horse against the Hendra virus. We had two separate surveys in January 2015 and August 2015 that produced those same findings. The majority of our event organisers also have a similar position and did not believe that events should require Hendra vaccination as a condition of entry. That survey was also conducted in August 2015. We have a comprehensive events calendar and the overwhelming minority of events currently require Hendra vaccination as a condition of entry. We run more than 300 events on the annual calendar and there is only a handful that require vaccination as a condition of entry.

It is a welfare requirement for vets to attend, or to be on call to treat injured horses. It is becoming increasingly difficult for our event organisers to secure vets for events. The incidence of adverse reactions recorded by the APVMA, the concerns expressed by our members, have been alarming and our submission covers off the numbers that are listed as possible in that scenario. In our submission we included a quote from a social science research study in relation to the concerns around mandating vaccination. The quote said—

... it would be prudent to reconsider blanket measures to mandate or compel horse owners to vaccinate...some veterinary practices to force vaccination are driving a ground swell of mistrust and are alienating horse owners and mobilising collective resistance to undermine the vaccine.

In terms of risk management, horseriding is classified as a dangerous activity. We have identified the highest risk of travelling to and from competition and also falls during competition. They are the two most extreme risks for an equestrian. We encourage vaccination. The strategic vaccination of performance horses is encouraged and horse owners are advised to discuss their individual risk with their private veterinarian. The Hendra virus is extremely rare. There has never been a Hendra incident at an equestrian event, including the 18 years prior to the vaccine being introduced. We have a high voluntary uptake among your members. Seventy-four per cent of EQ's performance horses registered since the vaccine was introduced have now been vaccinated. In April 2016, only 38 per cent of those are current. That was based on a high drop-off because of the concerns around overvaccination. Just to give you an example, there was 41 per cent that were current back in December 2014 and 54 per cent at that time had vaccinated their horses.

EQ continues to be an industry leader in biosecurity practices. We consult our stakeholders and are at the forefront of the development of a comprehensive suite of biosecurity policies, plans and documents adopted by event organisers across Australia. Recently, the national interschool championships in New South Wales adopted all of our biosecurity plans and communication plan.

In terms of the update since the submission, we have had, obviously, an extension to 12 months for the booster, which has been very welcome by Equestrian Queensland and its membership. I believe that was on 13 May, as earlier mentioned. The next step that we would like to see would be to explore options to remove the requirement for boosters to determine acceptable levels of immunity, or titre levels, so that we can determine those that are classified as safe or, alternatively, find exemption options for those unvaccinated horses where there are acceptable titre levels. A quote that we put in our submission says—

For horses which have received the first series of three injections there is no evidence that a further booster (at 12mths) will add significant value in terms of protection.

That was from Deborah Middleton, who was significant in the development of the vaccine.

CHAIR: Thank you very much for your statement. I will just remind the people here today that there may be media present. So it is possible that you may be filmed or photographed today. I am just reminding you as we may have a TV crew coming in shortly. That is all.

Mr PERRETT: Thank you, chair, and thank you for coming in, Mr Helmers. I will just take you to the recommendation in your report that you suggest that the APVMA should withdraw its product approval for EquiVacc HeV. In your opening statement you mentioned that there should be choice and you advocate for choice. Given that you made that statement and that comment and that you are advocating that the product be removed, is that not removing the ability for a horse owner to have choice in vaccinating? If that is the case, what is the alternative view of Equestrian Queensland as to how horse owners should go about protecting their horses?

Mr Helmers: Yes. As mentioned, the extension of the 12 months was part of that recommendation, which has occurred since the submission. At that time, there were big concerns among membership about overvaccination to the point where it was impacting on our survival. The recommendation was to withdraw until there was better clarity around those unresolved issues. In terms of management, we continue to manage, as we did prior to the vaccine being introduced, with biosecurity plans, which have evolved quite significantly since the introduction of the vaccine. We worked very closely with the department in regard to those, which mitigate risks beyond just Hendra.

Mr PERRETT: So just to follow up on that, given that point 2 of your recommendation was that it go to 12 months—and, obviously, the company is now recommending that—your view has now changed and you are happy to see this vaccine remain on the market and not be withdrawn, as per point 1 of your submission?

Mr Helmers: That was certainly a key element of that. Where there were concerns around overvaccination, they have subsided somewhat since the announcement a couple of months ago of the extension. But there are still concerns among our membership around the adverse reactions, but that has certainly subsided somewhat since the extension of the booster shots.

Mr PERRETT: Is there an alternative in respect of the horse owners who want to vaccinate? From your perspective, what is that alternative if that vaccine is not available?

Mr Helmers: We encourage vaccination among our membership. That is why there is a high voluntary uptake. We continue to take that position.

Mr PERRETT: It would be fair to say that there is no alternative?

Mr Helmers: In relation to our responsibility at events, biosecurity practices, which we have continued to do over a long period of time, is how we are managing the risk.

Mr PERRETT: Thank you.

Mr MADDEN: Thanks very much for coming in today. You have mentioned that your association holds up to 300 events per year. Have you had discussions with your insurer about the fact that do you not require horses to be vaccinated when they attend those events?

Mr Helmers: Yes, we have had discussions with our insurer and the coverage does apply in that scenario among our affiliates.

Mr MADDEN: Can you tell me the name of your insurer?

Mr Helmers: Gow-Gates is the broker.

Mr MADDEN: Thanks you.

Mr SORENSEN: Can you just give us an indication of how much competitor numbers have declined since 2012?

Mr Helmers: Yes. We are on a calendar year and, leading into our renewal period when we had a by-law imposed by a national body to make vaccination a requirement as a condition of entry, we had a 25 per cent reduction in membership during that renewal period on the previous period. We had experienced a significant reduction when it was introduced as a by-law policy by our national body. We have evidence of that in our database.

Mr SORENSEN: Were some of those competitors worried about their horses catching this virus?

Mr Helmers: There were a lot of members who expressed concerns about the adverse reactions of the vaccine and, as a result, there was a 25 per cent reduction in our membership. Being a membership based organisation—a not-for-profit—our existence depends on members. When there was a by-law introduced where it was a requirement, we were threatened by a significant reduction. In terms of an event-by-event basis, each event organiser has the decision to create their own conditions of entry and make their discretionary call on it. For those who require it, individual members have expressed concerns about that and there has been a reduction in some nominations for events in those circumstances. But the discretion lies with the event organiser in that particular case.

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Mr PEARCE: What is your opinion of the APVMA and the number of adverse reactions and the reporting process of those adverse reactions?

Mr Helmers: My understanding is that the individual horse owner reports to their vet, who then reports to the APVMA. What we quoted in our submission relates to those APVMA figures that are published in terms of the significant adverse reactions. So I think the percentages were quoted by APVMA but, in terms of the numbers, it was over 700.

CHAIR: Thank you very much, Mr Helmers.

WELLS, Mr Kent, President, Queensland Horse Industry Alliance

CHAIR: Mr Wells, I invite you to make an opening statement. I ask you to be mindful to keep your opening statement relatively short so we have an opportunity for questions please. Thank you.

Mr Wells: Thank you for the opportunity to present here today. I am the President of the Queensland Horse Industry Alliance and Vice-President of the Australian Horse Industry Council. My background is that I am a farrier by trade and have been for 30 years. I have also played polocrosse for 40 years and represented my country and coached my country and have run major events such as the Polocrosse World Cup in 2007 and 2003 where I was the horse coordinator getting 200 horses from around Australia for both of those events.

QHIA and the AHIC believe that, in the absence of government legislation requiring mandatory vaccination, individual horse owners should be free to make their own choices whether or not to Hendra vaccinate their horses based on individual circumstances. QHIA has been in the forefront of developing biosecurity plans and event management plans with the Queensland government, Biosecurity Queensland, Workplace Health and Safety and all of our member organisations to implement them at events across Australia. The push to mandate vaccination at events has divided the industry. It is currently driving a wedge between horse owners, event organisers and our service providers such as equine veterinarians. At the recent Hendra symposium we saw \$12 million spent on research and we have learnt that there are four species of bats, 715 camps, that bats will travel 150 kilometres a night and they are located from Cooktown to Adelaide in South Australia. Therefore, there is a potential risk all the way up the east coast of Australia, not just Queensland and northern New South Wales.

However, no research has been done with regard to the economic impact mandating a Hendra vaccine at equestrian events in Queensland would have on events. For example, at Paradise Lagoons Campdraft in Rockhampton in two weeks time there will be over 1,000 horses attending the four-day competition and in excess of 300 trucks and goosenecks travelling from all over the country. With 30 per cent of competitors coming from interstate, it is estimated that there will be \$2 million in nominations for prize money to run the event and another \$4 million put into the local economy of Rockhampton and those areas where people travel from on the way. Other events like the Warwick rodeo run for seven days with 1,200 to 1,400 horses, with 50 per cent of their competitors coming from every state in Australia. In 2013, 12,000 horses were recorded by DPI crossing the tick line moving into New South Wales. That does not include the unrecorded movements of horses moving from the free zone into New South Wales. Assuming that is vice versa, we could see the same number of horses move to Queensland coming to events. Therefore, any economic impact of mandating a Hendra vaccine at events should be a major contributor to any decision on event management in the future.

QHIA members and veterinarians have expressed concern with regard to Workplace Health and Safety guidelines for veterinarians. It is our belief rightly or wrongly that the real issue now is that most vets believe they can handle a Hendra case, but it is the Workplace Health and Safety obligations that I am hearing concerns about coming back from our members and from veterinarians that I work with. Thank you and I will give you the opportunity to ask questions.

Mr PERRETT: Thank you, Mr Wells, for coming in. I want to take you to that last point that you mentioned—and I think it is referenced as point 5 in the QHIA response to the terms of reference—in and around those Workplace Health and Safety issues. You mentioned earlier in your statement that you support choice for horse owners as to whether they should or should not vaccinate. Do you support veterinarians in their choice not to attend or treat horses that are unvaccinated? I ask you to answer that question and then follow on into the Workplace Health and Safety issues that you are hearing from your members and some of the issues of concern.

Mr Wells: Personally I do, but there is a growing concern from our members. I understand where veterinarians come from. I understand their decision. I believe that the issue is around the OH&S obligations they are faced with now, and that is where the fear is coming from. In the last six months since those three vets have been prosecuted it has really stepped up and that is where the push has come back and now they are identifying the risks now at events as a major risk area for them and they are worried about prosecution should something happen at an event.

Mr PERRETT: Obviously at an event where there could be many hundreds of horses there is a significant risk, I would take it, of maybe a horse turning up and showing no signs initially in that shedding period but three or four days later does at an event—and it is quite common, I think, at a lot of horse events across Queensland that horses are there for an extended period of time—and then

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there is a lockdown of that particular site should there be a horse. I ask for any information that you may be able to provide to the committee on how you would see your member associations dealing with a situation such as that.

Mr Wells: In the event of a sick horse, at the moment we try to get a vet organised to have a biosecurity plan. Should a horse get sick, a vet will isolate that horse and lock it down and keep it away from the rest of the public. Hendra is unlike EI where EI spreads rapidly. It does not spread; the science is there in front of us. That is why we have with the support of Biosecurity Queensland developed some good biosecurity plans to encourage our event organisers to use them. Sure there is a risk, but there is a risk if I walk across the road and I get run over by a car this afternoon. In terms of the risk as opposed to an actual, we have been running events for 50 years here in Australia and Hendra has been around for the last 18 and the risk is no higher today than it was before, I do not believe, but yet there is a massive push. Why is there a push? The push is because of the OH&S obligation. Yes, sure there is a vaccine and that is great, but we promote pro-choice. We promote people that live in those high-risk areas to discuss it with their veterinarian and vaccinate their horses if they require. With our management practices there has never been a horse at an event or come to an event that has had Hendra in history. Most horses are paddocked horses that have had Hendra, apart from the Vic Rail case. Stabled and groomed horses that are looked after and managed properly—horses that attend most of our events—are not the horses we are looking for. Mandating vaccination at an event is not going to fix our problem with Hendra. Hendra will still be there because most of the horses that contract Hendra are paddocked horses and are not looked after the way a competition horse is.

That is where I think we need to be focusing on, but how we do that I do not know. This is not a Queensland issue. This is a national issue. If you mandate vaccination at events, it will have a catastrophic effect on our events in Queensland—maybe not in the equestrian world as much as the likes of your polocrosse, your campdraft, your stock horse and all those western areas. A lot of people come from across the range. For them to come and compete at a major event like Rockhampton, because Rockhampton would be a hot zone, that would require all those horses coming into Rockhampton to be vaccinated. That would decimate the Paradise Lagoons Campdraft—a major economic contributor to the area. It is the same with the Warwick rodeo. Lots of people travel from all over Australia to come to that event over 10 days. It is a massive event.

Mr PEARCE: Kent, I am amazed to see that, after 30 years as a farrier, you are still walking upright.

Mr Wells: Only just!

Mr PEARCE: We have heard from a number of submitters that horse owners are selling off their animals and not replacing them and that the equestrian market is in steady decline, largely as a result of the risk of Hendra virus and the requirement for many competition events that horses are vaccinated. Are you able to give the committee a sense of the level of economic and other impacts this is having on the equestrian industry generally in Queensland? What evidence do you have to provide to the committee to back that up?

Mr Wells: Not any actual evidence, Mr Pearce. We had a recent meeting of the Queensland Horse Industry Alliance last week and some organisations expressed that their membership is dropping off a little bit and a lot of those are in areas where they are pushing to mandate vaccination—there is no doubt about that—whereas other organisations are thriving. I use campdrafting as a prime example. If they have a nomination that starts tomorrow and you do not get in tomorrow, you do not get into the event. That event could be three months away, but they are growing and their biggest trouble is finding venues. It depends on the areas. We are getting a lot of people coming to polocrosse and campdrafting from pony clubs that at one stage were heading down the mandatory route but now that has backed off a bit, so hopefully they are staying with their original organisation. With regard to the endurance industry—and I think you have someone on the agenda speaking about endurance later today—they have just introduced a mandatory policy and I know that a number of their events were much smaller because of that and they are concerned. Their board are concerned about the future of their organisation.

Mr MADDEN: Thanks for coming in today, Mr Wells. You have stated that your association believes that horse owners should have the option whether to vaccinate or not.

Mr Wells: Yes.

Mr MADDEN: It is clear from the evidence we received from other groups like yours that horse owners also require vets to treat horses that are sick or injured. Would you accept that people would regard that as unreasonable?

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Mr Wells: I think we are being reasonable. It is the level of exposure. At events a vet does not have the level of exposure, as the evidence has proven. To contract Hendra, you have to have a high degree of exposure. A vet treating a horse at an event—

Mr MADDEN: I am speaking more about treating a horse at the property, not at an event. Do you think that is unreasonable?

Mr Wells: I do not think it is because it is about managing your horses. I have a biosecurity plan for my horses. I understand vets that do not want to treat some sick horses. If you have a relationship with your vet, I personally do not have any horses vaccinated and my vet is very much pro-vaccination, and I believe he spoke yesterday. He understands my property and we have worked out a biosecurity arrangement with him towards our place, and that is what I encourage all people to do. Whether that would be seen as unreasonable, I am not sure. It is an economic thing as well. Sure, people say that it only costs a couple of hundred dollars a horse, but when you have a number of horses and you have a horse stud it adds up. What do you do? Do you cut your numbers down? To afford it, you either cut your numbers down or you stop spending money somewhere else, don't you, because that is the way we run these days? If you cut your numbers down, all of a sudden there is a decline so we get less numbers going to different sports.

Mr MADDEN: Thank you.

CHAIR: Thank you for your time this morning, Mr Wells.

MACDONALD, Ms Ros, Brookfield Horse and Pony Club

CHAIR: Good morning, Ms Macdonald. I invite you to make a short opening statement.

Ms Macdonald: From November 2012 until November 2015 I was the president of the Brookfield pony club and during that time we made a decision to mandate that all our horses had to be vaccinated against Hendra. When we realised, when we discovered, when we found out that there was a viable vaccine for Hendra, we were all overjoyed and the committee passed a by-law stating that all horses from 25 May 2013 that came to our pony club grounds had to be currently vaccinated against Hendra. I notice in other submissions that I have read that there is an argument about what does currently vaccinated against Hendra mean. As far as we were concerned and are concerned, it is the appearance in the Zoetis register of a horse being vaccinated. If it did not appear in the register, as far as we were concerned it was not vaccinated. That was that particular issue.

Obviously as part of Pca Queensland we are affiliated with that organisation and we have certain objectives, which are basically to encourage young people to ride, to provide instruction in horsemanship and to promote the highest ideals of horsemanship, citizenship and loyalty. The love and care of animals is an essential element of that. Because lots of children do come and start pony club at Brookfield, the health and safety of our children is absolutely paramount, so therefore we mandated Hendra.

All I can talk to this committee about are the two elements that we have personal experience of. That personal experience relates to the incidence and impacts of adverse reactions and who bears the risk of the Hendra vaccination et cetera. There are probably currently about 100 of our horses vaccinated at the moment. I will read from my submission on this particular point, which states—

As a consequence of the number of horses vaccinated (currently about 100) on a continuing basis at our pony club since 2013, this club is well-placed to offer views, not about the efficacy of the vaccine, but about its side-effects. In the years since BHPC required mandatory vaccination of pony club horses, communication with administering veterinarians has shown that there has not been one case of serious effects on a BHPC Pony Club horse caused by vaccine administration. BHPC has a position within its management group designated for a horse welfare officer. Currently this position is held by an equine veterinarian. He is not aware of any reports from any families of possible side-effects that can be attributed to the vaccine. Not one family has lodged a complaint relating to the requirements for vaccination, nor has any family withdrawn from club membership because of fears of adverse effects from vaccination on their horse or horses.

As far as who bears the risk of the infection, firstly, who bears the risk? In 2015 we held an event outside our grounds at a local suburban equestrian centre. The club declared that for this event, to which competitors came from a number of other pony clubs, all horses attending had to be currently vaccinated against Hendra. One reason we did this, as I mentioned earlier in the submission, was about horse welfare and child welfare, but we were also worried about the legal ramifications if we did not mandate Hendra in this particular case. The seriousness of the possibility—remembering that the risk is very small but potentially catastrophic in its consequences—was brought home to our pony club in an email we received from the equestrian centre itself before the event, part of which I have written in the submission. I will repeat it—

We will accept any policy Brookfield Pony Club adopts, however, please be aware that in the event of an outbreak of some description during your event, which may result in the lockdown and quarantine of our grounds, all associated responsibility will be that of Brookfield Pony Club. This will include all financial responsibility of any loss of income relating to the club or associated bookings/events that may be held on our grounds over the quarantine period.

The only way that BHPC could deal with such a requirement was to institute the vaccination policy, which it has done.

The risk to the club regarding Hendra vaccination arises firstly from a lack of a policy. The risk to the club from a lack of policy or rules regarding Hendra vaccination arises firstly from negligence arising from a failure in its duty of care to its members, their families and third parties to maintain a safe environment. Of course the new biosecurity legislation in force from July this year adds to that and emphasises that particular point. Secondly, the risk from a devastating financial cost which could include the cost of quarantine and income replacement if either its home grounds—which is the Brookfield Showground—or external grounds were unable to carry out their normal income-producing activities for any length of time. These costs are not covered, or if covered—and I do not know, I have not done any research on this—it would only be to a very limited extent by insurance.

The risk to the horse owner is also potentially financially catastrophic, and I find it interesting that this does not seem to be emphasised. The horse owner could also find him or herself subject to severe financial losses caused by a potentially infected horse with Hendra virus. Who incurs the cost was another element of the submission. Who incurs the costs and receives the benefits from each risk mitigation option? The risk of Hendra virus, in the pony club's view, is offset by vaccination, the cost of which the horse owner or the horse lessee bears and which we regard as safe and effective,

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as evidenced by our own experience and as set out in the literature from bodies, statutory or otherwise, which have the requisite knowledge in the area. Both the cost of vaccination and the benefit from it are matters for the individual horse owner. A pony club can insist on vaccination and the owner of an unvaccinated horse misses out on membership and its benefits. There is also a social benefit from vaccination in knowing that one's horse cannot become infected and harm others. Additionally, there is an animal welfare benefit in that the owner is doing everything possible for the welfare of his or her horses.

We understand there are risk mitigation possibilities with PPE et cetera, but as stated in our submission—

While it is true that a comprehensive risk of minimisation plan short of vaccination may be effective in mitigating a risk from Hendra virus, any plan containing a cumulative series of steps, or variety of actions for effect, and dependant on the actions of individuals to comply with these steps, is only as effective as its enforcement. Thus, vaccination, a plan without any steps or series of actions, and easily enforced, is the best possible mitigation.

Thank you very much. The pony club is very grateful for the Hendra virus vaccination and it is also very grateful for the opportunity to address the committee.

CHAIR: Thank you very much; that was very thorough. Do the 100-odd owners of horses in your pony club have a really good understanding of the issues surrounding Hendra? Is the communication from Biosecurity Queensland and the Department of Agriculture and Fisheries enough to give them support if someone had an issue with the vaccine? Do you believe that the communication from those bodies is sufficient?

Ms MacDonald: Speaking personally as a member of the club—I am no longer on the committee—I continue a certain role with the committee. I should add that I am actually a lawyer, and so I am the person that basically communicates with the committee and looks at the biosecurity legislation. I had to look at the biosecurity legislation for a grant application that we were making to upgrade our toilets, so I went into it in great detail then. Yes, there have been fact sheets produced by the department about the new biosecurity legislation which I think are extremely comprehensive and very helpful. We do follow biosecurity processes in our club, basically teaching little children to wash hands after playing with animals and all those sorts of things. We do have biosecurity kits, but we rely first and foremost on Hendra vaccination for our care and protection in our pony club.

Mr MADDEN: I am sorry I am directing this at you, but it is with regard to the policy of Pca Queensland. Are you aware that it recommends that its affiliated clubs and the members of those clubs have their horses vaccinated?

Ms MacDonald: Yes. I have had association with Pca Queensland. Originally Pca Queensland mandated a Hendra vaccination policy in its by-laws for all clubs, but then at a subsequent meeting the western clubs managed to garner the numbers to remove the mandatory requirement for Hendra. We do understand that there is tension within Pca Queensland itself, but as far as we are concerned at Brookfield Pony Club mandatory Hendra vaccination is the way to go. I did mention before the event which we held where we made Hendra vaccination mandatory. We had a slight drop-off in numbers, but then across zone 1, which is the metropolitan zone for pony club, there has been significant drop-off in the last 12 months and it has been attributed to lots of factors, not the least of is the economic situation. We did rather better than other events that were held, and we had lots and lots of parents commending us on the fact that we made it a compulsory Hendra vaccination event.

CHAIR: Thank you very much for your time this morning.

PERKINS, Professor Nigel, School of Veterinary Science, University of Queensland

Prof. Perkins: I am a veterinarian by trade. I am currently the academic superintendent at the veterinary teaching hospital for the School of Veterinary Science at the Gatton campus of the University of Queensland. We are one of two veterinary schools in Queensland—the other one is in Townsville at James Cook University—and one of seven in Australia, so therefore we play a role in training tomorrow's veterinary graduates and veterinarians and providing research and support for the profession. I am happy to entertain any questions.

CHAIR: We spoke to someone in Cairns from the university. They have a huge concern particularly around the time frames for the testing of blood samples for exclusion tests, how long it can take and access to having those samples done. Do you see that as a major concern, particularly with the time that it takes for results to come back?

Prof. Perkins: Yes, we do. That has been raised in other submissions and it has been mentioned this morning. The experience for private practitioners in particular is different depending on where you live in Queensland. The laboratory exclusion testing for Hendra, as I understand it, is now located at Coopers Plains. It would be useful to have shorter turn-around times and shorter transport, so shorter turn-around times from time of sampling to time of results for exclusion testing. We would certainly support effective options that would allow that to take place, so we would support testing that might be available seven days a week. There might be additional fees associated with some of those testings in order to get it done. We would support consideration either for more effective transport from isolated areas or the possibility of having laboratory testing available in more than one centre to provide equivalent coverage in the north, for example.

CHAIR: I understand there is a considerable amount of work which goes into training students in relation to Hendra, particularly the PPE that is required. As we have heard from a number of vets in the last few days, some vets have a full-on assessment with the proper PPE and the like, but we have also heard from some vets that it is just too much, it is too cumbersome, and they just get in there and do what they have to do. Is it a concern of the university that potentially when these young vets get to a clinic they be taught the wrong thing and it could impact them in the future?

Prof. Perkins: Yes. We certainly support a full range of biosecurity measures within the profession to address biosecurity risk, and Hendra is a good example of a biosecurity risk but not the only one. We put effort into training our veterinary students both in theoretical principles and in practical training on the use of PPE. We do our best to provide a baseline level of training and prepare our graduates for day 1 skills, if you like. Are we concerned that our graduates might be going into a private practice and then being exposed to a range of practices? Yes, we are. We certainly support measures that improve biosecurity awareness and biosecurity responsibility in line with Queensland legislation. Everyone shares a responsibility and veterinarians arguably more so, because we are technically more knowledgeable in biosecurity matters.

Mr PERRETT: Professor Perkins, from your observations do you have any comments on the usefulness of the Hendra vaccine within the industry? I know you educate vets into their careers. Have you received any feedback in and around that, as well as on the work that is done by Zoetis with respect to the development of this vaccine and ongoing work that could be done to enhance any further expansion of vaccination here in Queensland?

Prof. Perkins: We support vaccination. We certainly agree that vaccination is a primary and perhaps the single best risk-control measure that we have available for Hendra. We support the widespread use of vaccination as a risk-control measure. We support and applaud the role of APVMA and Zoetis in shortening the time frame to develop and make available a vaccine. That is open to debate, I guess. That required some permit and conditional approval to allow the vaccination to be available at relatively short notice and then over time that progressed to full registration. From our perspective, that process appears to have been managed effectively, both in a timely manner to try to get it to market quickly and then from a control perspective to try to impose routine APVMA regulatory control to make sure it is safe and effective.

We accept there are concerns amongst various stakeholders about side effects and whether the vaccine is safe and effective. Some of those might be addressed in information that you gather. We applaud the 12-month interval. I believe that addresses some of the concerns that it seems are being raised amongst stakeholders about the use of the vaccine. I would be interested in whether mechanisms such as antibody titre testing might allow the interval to be further extended, but I raise that very cautiously because we may not yet know whether there is a direct relationship between a particular level of antibody titres resulting from vaccination and whether that confers protective immunity. We would certainly applaud further work in developing vaccines that are as protective as possible and as safe to use.

Mr MADDEN: Professor, before I ask you a question I have to declare that I am a graduate of UQ Gatton. I am also a former president of the Past Students Association and a former member of the UQ Gatton Consultative Committee. Can you confirm that I have had no discussions with you with regard to your submission or the submission by Professor Glen Coleman?

Prof. Perkins: I can confirm that.

Mr MADDEN: You may have heard me mention three recommendations made by the chair of Equestrian Queensland, David Finch. One recommendation was that the Queensland parliament request the APVMA withdraw approval for the EquiVacc (HeV) vaccine. The second recommendation was that the Queensland parliament introduce a legislative requirement that veterinarians take a veterinary oath, that they wear PPE as standard practice to treat sick and injured horses and also that veterinarians 'must' treat sick and injured horses. A third recommendation, which is what I want you to comment on, states that EQ recommends a review and restructure of the Veterinary Surgeons Board of Queensland as the sole statutory body with legislative responsibility for the regulation of veterinary science in Queensland to do two things: first, to administer the two previous recommendations that I just outlined; second, to expand the diversity of the board to increase industry and consumer representation. I know it is probably difficult for you, but could you comment on that recommendation?

Prof. Perkins: With respect to the Veterinary Surgeons Board?

Mr MADDEN: Yes, just that part of it?

Prof. Perkins: In brief, I think we would be happy to entertain the notion that, with the Veterinary Surgeons Board, consideration be given to gender diversity or to stakeholder representation that might include stakeholders other than veterinarians. I am not sure about reconstituting or abolishing and reforming the Veterinary Surgeons Board. I am not sure what the benefit would be.

Mr MADDEN: I think you can read into that that, if it was a sole statutory body with legislative responsibilities, that would mean taking those responsibilities away from Biosecurity Queensland and Workplace Health and Safety Queensland. Do you have any comment about that?

Prof. Perkins: No, I cannot comment in detail. The Veterinary Surgeons Board performs an important function. If there are aspects about the makeup and the functionality of the Veterinary Surgeons Board that could be improved, then those issues are worth revisiting. I have no further comment.

Mr SORENSEN: In your submission you talk about the cost of the vaccination. Do you think that is a deterrent to people, so that they do not vaccinate their horses?

Prof. Perkins: Certainly in the discussions that we have with stakeholders and in reading the submissions to the inquiry, we have the impression that it is an issue that horse owners and stakeholders are raising. People who own lots and lots of horses raise the issue of the cumulative cost of managing regular Hendra vaccines. I think relative to all of the costs associated with purchasing and maintaining a horse, it is probably a marginal cost. We would support the view that the benefits of vaccination outweigh the costs.

Mr PEARCE: Professor, I note your positive comments with regard to the production and release of the vaccine. From your point of view, how important is it that we have an open and transparent process for the reporting of and response to an adverse reaction?

Prof. Perkins: I think the reporting of adverse reactions is a double-edged sword. The APVMA manages a reporting process where it collects, collates and assesses data on adverse reactions. I do not know the detail. My understanding is that APVMA then undergoes some internal screening or independent screening of reported events to try to assess where they rank on the scale. Those events that are perhaps unlikely to be associated with a vaccination or with the product can then be assessed and not necessarily released. I do not know how APVMA manages the internal process. You would have to ask APVMA. In general, we would support open and transparent assessment and release of information, provided that it has been appropriately assessed, reviewed and qualified where required.

CHAIR: Professor, thank you very much for your time this morning. I now call Dr Peter Reid.

REID, Dr Peter, Private capacity

CHAIR: Thank you, Doctor. Could you make a brief opening statement? That would be much appreciated.

Dr Reid: Thanks very much, Mr Chairman and committee, for allowing me to present. There are a few important things that I want to bring before the committee that have not been covered at all. By brief introduction, I am the veterinarian who was involved in the first cases in Brisbane in 1994. Since that time, I have had intimate knowledge and involvement in the development of the processes involved in trying to get the vaccine onto the market. Also, I have been involved in Queensland Health, Biosecurity Queensland and Workplace Health and Safety guidelines. I have been an AVA representative on the government guidelines, which involved producing recommendations for the prevention of disease in humans and in horses. In 1994, the disease virtually wiped out the stable and a neighbouring stable, as well. It transmitted to the neighbour's stable. It caused the shutdown of racing in Brisbane and South-East Queensland for three weeks, millions of dollars of losses, and losses to the government in revenue. It also threatened to prevent horses going to the Melbourne Cup for that year.

Hendra and Nipah virus, its sister virus, are recognised internationally as among the most lethal virus diseases in the world, so much so that the Centres for Disease Control in America categorises them both as group C, which means that they can potentially be used as bioterrorism threats. They are easily accessible from their natural host, the flying foxes. They are highly lethal and there is no registered human vaccine or treatment at the moment.

On that point, you might have seen in the press last week that Queensland Health announced a successful phase 1 clinical trial on a monoclonal antibody. It was reported in the press as being a human vaccine. It is not a vaccine. That was an error in reporting by the press, which was dangerous. It might give some people the expectation that there is a human vaccine out there as well, which there is not.

Because of the recognised threat, the government of the United States invested significant resources and funding to perform the original scientific investigations into both these viruses. Those investigations were established and started following the terrible events of 9/11 in 2001, following a US presidential directive to Congress to make funds available to look at protecting the homeland from threats of bioterrorism. Since then, the scientific endeavour has been cutting edge. It required close collaboration, sharing of information, resources and a spirit of goodwill between Australia and the United States. In the USA, the organisations involved were the Department of Defense's funded Uniformed Services University of the Health Sciences, the Henry M. Jackson Foundation for the Advancement of Military Medicine and the National Institutes of Health, the largest institute of health organisations in the United States. In Australia, as we have heard, our preeminent scientific body was the CSIRO's Australian Animal Health Laboratory. Following the primary research that produced the best tested, safest and most highly effective candidate vaccine, which is the one we have, in 2010 the Queensland government invested \$300,000 towards the conduct of the vaccine challenge trials at CSIRO. It came at a crucial time, after the exposure of a mother and daughter at Tewantin and after successful state and federal government commitments to funding following lobbying.

The Queensland parliament should be aware of the significant intellectual input, resources and funding previously invested by the United States of America to enable a highly effective and safe vaccine to come on to the market in Australia. Our own premier, Premier Anastacia Palaszczuk, recognised the importance and the significance of this continued high-level scientific collaboration when she led a trade mission to the United States 12 months ago. At that time, the Premier met with Dr Dimiter Dimitrov from the National Institutes of Health in Washington DC to acknowledge the scientific and collaborative effort to develop a US based and produced monoclonal antibody as a backup to offer people in Queensland and other parts of Australia who might become heavily exposed to Hendra virus. Professor Christopher Broder from the United States Uniformed Services University, whose laboratory is largely responsible for the scientific investigations and collaborative efforts to develop the vaccine against Hendra and Nipah, and Dr Dimitrov have been key collaborators with Queensland Health and the AIBN at the University of Queensland. All these scientists are recognised as world leaders. The prevention of infection has always been a strategy, particularly with Hendra. Thanks to the efforts I have described, particularly the efforts of Professor Christopher Broder, the Henry M. Jackson Foundation, the CSIRO and Zoetis, we now have this highly effective, safe and fully registered vaccine on the market.

Research documented in peer reviewed, highly reputable international scientific journals clearly demonstrates that this vaccine completely protects against both the Hendra and Nipah viruses in four susceptible animal species, including the horse. This is simply unprecedented. It is the first

vaccine in the world against these BSL-4 pathogens, some of which include Ebola virus and SARS coronavirus. Despite the irrefutable science, misinformation is spread on social media sites about the vaccine. It reminds me of the serious misinformation that was spread about the human measles vaccine, which was falsely claimed to cause autism in children. The doctor who falsified his experimental data was eventually struck off the US and UK medical registers, but not before it caused serious mistrust in the benefits of vaccinating against this lethal disease.

There are claims about Hendra vaccine negatively affecting performance in racehorses. These claims are another case of unsubstantiated misinformation. As leading trainers in this state employ the vaccine, the results of their horses in the best-quality races speak for themselves. Only 10 days ago, seven out of the 10 horses that competed in the winter carnival race at Eagle Farm were vaccinated horses. The Rocky Newmarket winner was a vaccinated horse. The Rocky cup winner was a vaccinated horse. Last weekend at Caloundra, the cup winner at Caloundra was a vaccinated horse and the winner of the main sprint for the Glasshouse Mountains was a vaccinated horse. Thank you.

CHAIR: Thank you very much for that. I have a conflict of interest: I have racehorses and I am hoping that they are vaccinated, too. We have heard over the last couple of days, particularly yesterday in our hearing at Jimboomba, a couple of vets stated that they were willing to use the vaccine on themselves. Is there much of that talk around the veterinary world about the potential use, or vets wanting to trial the vaccine on themselves to see if it builds up their antibodies?

Dr Reid: I have heard the same talk. This particular vaccine has been shown to be so effective. There is partial development towards potentially producing a human vaccine in the United States—more so against Nipah virus, because Nipah virus is at this stage recognised as more of a pandemic threat. As I said before, Hendra and Nipah are very closely related. Overseas, Nipah has gone from bats straight into humans and there is human-to-human transmission. Yes, there is some talk about some vets who think that they might be more protected if they are vaccinated. I do not think that the market in Australia is big enough for the development of a vaccine for humans. It would depend more on the risk presented by the spread of Nipah virus overseas and potentially being used against a bioterrorism threat.

Mr MADDEN: Thanks very much for coming in today. You began by speaking about matters that had not been raised previously. I would like to raise an issue with you that has not been raised previously. I just want to give you a scenario. Imagine there is a race meeting at Eagle Farm. It is the middle of the afternoon. There is a sick horse. A vet is called to that horse and he suspects that the horse has Hendra virus. What happens?

Dr Reid: All hell breaks loose—bottom line. If he suspects that it has Hendra virus, the horse would have to be isolated, everyone who was in association with the horse would have to start putting on PPE and, depending on the contacts of that horse—that would have to be tried to be established, which horses it has had contact with. The race meeting would be shut down.

Mr MADDEN: Would the horses be allowed to leave at the end of the race meeting?

Dr Reid: No, not if they had had contact with that horse.

Mr MADDEN: How long would they have to stay at Eagle Farm?

Dr Reid: There would have to be emergency arrangements made. As I said, there would be all hell breaking loose. They would have to be tested and possibly impounded for up to 30 days.

Mr MADDEN: What about farriers, stablehands and jockeys? Could they leave Eagle Farm?

Dr Reid: They could leave, but they would be cautioned. They would have to be told about the potential exposure risks to them. Queensland Health then would have to trace all humans that may have had contact with that particular horse, or any horse that it may have been in contact with and incubating the disease.

Mr MADDEN: Sorry if it is a big ask, but what would be the dollar cost of something like that happening?

Dr Reid: Massive. It is not only the problem that occurs at that event; it is the lack of public confidence in the safe conduct of race meetings. Public confidence is everything. The integrity of the sport has to be maintained. If there is any loss of public confidence in the fact that potentially there is human exposure at a race meeting, that could have a disastrous effect on turnover and revenue generated for the government.

Mr MADDEN: Thanks very much, doctor.

Dr Reid: Thank you.

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Mr PEARCE: Doctor, you are hearing from an old country boy.

Dr Reid: Good on you.

Mr PEARCE: I have spent most of my life in the bush. Over the last couple of months, I have had people say to me that they are concerned when they hear those people who want to make comment with regard to this particular issue that the Nipah virus has absolutely no relationship or connection with the Hendra virus. If that is true—but I have an understanding from what you have just said that it is not true—why are people trying to connect the two viruses? Is it a scare campaign?

Dr Reid: It is a fact. It is a scientific fact. They are very closely related viruses. They are both harboured by flying foxes. As a matter of fact, there are antibodies to the Nipah virus in flying foxes in New Guinea. It is as close to Australia as that. They are closely related viruses. They belong to the same family. They belong to the same genus. There is not much genetic variability between the two.

Mr PEARCE: Like I said, I am a country boy.

Dr Reid: No, I am pleased to answer that question. This is another piece of misinformation that seems to circulate. Quite frankly, I am amazed that this sort of stuff gets around.

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

Dr Reid: Thank you.

SMITH, Ms Carol, Private capacity

CHAIR: Would you like to make a brief opening statement?

Ms Smith: Thank you for giving me the opportunity to address the committee. My name is Carol Smith and I am a vet and practice manager responsible for workplace health and safety at Equine Veterinary Services. As you know, in 2014 three veterinarians were prosecuted under section 28 of the Workplace Health and Safety Act for failing to follow the guidelines provided by Workplace Health and Safety. I would like to note that these were guidelines when they were sold to us, but overnight they became the law.

Shortly following that event, a regional meeting was held on the Darling Downs, which was attended by over 40 vets, to try to address some concern about this development. At this meeting I was nominated to be the liaison person for the vets to try to receive information of how they were travelling and to disseminate that information. So I became a sort of central point for everyone. The concern just rippled through the whole veterinary community. In the end I was fielding calls from vets as far away as Rockhampton and New South Wales—down to Port Macquarie. So I feel like I speak on behalf of a lot of the vets. The information that I was receiving from point go was that they were concerned about two things: one was how they could safely work in full PPE in the field all the time and, secondly, how they could comprehensively put those guidelines in place all the time and not fear prosecution. They just felt that in the day-to-day environment they could not achieve those two facts.

I would like to say that, as a result of this, we are here today, really. As a committee, you have been tasked with trying to find a solution to the stand-off between the owners who do not want to vaccinate due to either the cost or a possible risk of reaction and the vets who do not want to risk their lives or their livelihoods indefinitely treating unvaccinated horses in full PPE when there is an effective and safe vaccine on the market that is capable of eliminating this risk for everyone.

When considering this matter, I would like to ask the committee to keep at the forefront of their minds what we are really trying to achieve as an equine community. I think that the objective should be something like this: to prevent any more people dying from Hendra virus first and foremost, which is now a preventable disease, and to minimise the risk of injury or fatality for veterinarians forced to work in full PPE so that they can once again offer their full support to the equine community. What has happened is that the vets and the equine community have been completely polarised and we have to find a solution to this.

The current situation has given rise to a number of really unforeseen risks. I would like to touch briefly on some of those so that you can understand what it is like every day in the field both for horse owners, who face increased risk, and now for horse veterinarians, who face increased risk. Starting with the vets, first of all, I think it is important to note that every single case of infection, exposure and even fatality has occurred in a person prior to the diagnosis of Hendra virus. Once we know that the horse has Hendra virus, it is easy to manage. You can stay clear, sort it out, put on your PPE. The real problem is that all of the infections have occurred before anyone knew that the horse had Hendra virus.

Then, when it comes to wearing full PPE, I have put in a submission—I hope that you have all read it—that details the risks that vets face every day working in the field. Of course, wearing full PPE for any horse that could possibly have Hendra virus has just exacerbated these risks. A number of vets have just said, 'I'm not prepared to do it.' They have left the profession. We have lost one out of three vets from our profession as a result of that. They have drawn a line; they have gone. They are working in Victoria now. The risk for vets is very real.

The other problem faced by vets is that horses bite, strike and kick. They get caught up in barbed wire fences. Two of the positive Hendra cases were found in fences. One was found in a dam and in these situations, PPE is completely useless. Horses stand in the pouring rain. What do you do if it is raining? Do you just not attend to a horse that is unvaccinated if it is raining, because PPE will not protect you in the rain?

The other thing that vets are really finding a problem to deal with regard to the prosecutions is that Workplace Health and Safety put in very comprehensive and very effective guidelines, but the onus is on us to really train our staff how to use them. The recommendation is that we run training sessions, that we have practice sessions to put on the PPE, that we make sure that we have the right fit, the correct mask and so on. But when you get into the field to go to see a sick horse, you do not have two hours to run a training session for the owner, yet the owner also has to be dressed in PPE. Some of my own vets have been called out to cases where the owners were a young teenage girl; we had one case where the owner was a 78-year-old woman; and we had one case where the owner was drunk. Once you arrive at the scene, you are held responsible for what happens thereafter with

those owners and that horse. You are now liable for that workplace, but you have a drunk owner, or a 78-year-old woman. What is happening is that the vets are not able to fulfil their requirement under Workplace Health and Safety to put those people into PPE. They are trying to sample and treat that horse on their own with no-one even restraining it. This is further adding to the risk that is happening in the field at the moment.

Also, obviously, to be effective, PPE has to, like I have said before, be the right size and the right fit. These are all real examples that are happening in the field all the time. Veterinarians carry their entire practice, if you like, in their cars with them—all of their equipment, all of their gear, all of their scanners, scopes, everything. They are not mobile PPE outfitters. They can arrive at a scene and the girl who they have to put PPE on may be a thin 15-year-old teenager, or they could be a 110 kilogram man with full facial hair. They have to carry all the gear and all the PPE for any situation in any field environment. It is just not possible.

Again, we have had our own vets arrive at a scene where the owner cannot even do up the suit. They cannot even do up the buttons. They are huge. They do not have a mask that fits. What does a vet do in a field like that? They have arrived at the scene. They are now responsible for it, but they do not have the correct PPE. Do they just leave and leave the owner with the horse that is sick? What they are doing is attending to the horse without the owner, trying to handle a sick, unvaccinated horse themselves dressed in full PPE which, again, is adding enormous risk to the situation. I think this situation is just untenable.

There were some questions asked by Equestrian Queensland saying that we should take an oath that we have to treat sick unvaccinated horses. I will tell you from the feedback that I am getting from the profession in the field, they will not accept that. They are not going to put their lives at risk. If something like that is enforced, we will just lose massive numbers to the profession. It is not a workable solution. The vets have to feel safe to go and treat these horses if we want to have a veterinary profession left in Queensland.

I am now going to address some of the issues that perhaps you have not foreseen that have come up and are being faced by the owners of the horses. These occur because at the moment, following a survey that was done recently, one in five practices in Queensland will no longer treat sick, unvaccinated horses. That is ruling out one fifth of practices already. It is in the AVA submission. It was a survey conducted specifically for this inquiry. One in five will not attend. One in two—I think the actual figure is 54 per cent but approximately one in two—will only attend to sick, unvaccinated horses to do an exclusion test. The rest of them may treat unvaccinated horses but they generally will not attend a sick horse. They will say, 'Fine, we'll carry on with our business but, if the horse is sick and you haven't vaccinated, we're not coming.' This is the feedback that I am getting. We are getting to a desperate situation.

My practice will still attend sick, unvaccinated horses, but we are fielding calls from further and further afield where horse owners just cannot get hold of a veterinarian to attend their horse. This is critical because what is happening is that horse owners are now being left with no-one to treat their horses, so they are attempting to treat them themselves. This means that they are syringing or tubing medications or supplements, or doing whatever they can themselves, into a horse's mouth—direct exposure, not wearing PPE. They struggle for two days with a sick horse and it dies. They have not even seen a vet, so Biosecurity do not know. The horse has never been diagnosed with Hendra virus. The owner does not realise they have been exposed to the risk of Hendra virus. There is no screening by Queensland Health to find out if the owner is at risk. By the time they know they have been exposed to Hendra virus, they have encephalitis and it is too late to use monoclonal antibodies. There are hundreds of owners out there every day in the field not able to get access to a veterinarian to help them make the diagnosis of Hendra virus. We need to be aware of that.

As I say, no exclusion tests are being done. One of the questions that was raised in the hearing earlier was: can human-to-human transmission occur? There have been no cases of human-to-human transmission so far because Hendra virus has been diagnosed in the horse. The vet has gone and an exclusion test has been done. The owner has realised they have had exposure. They have been isolated in a hospital. They had monoclonal antibodies. If an owner cannot get a vet to attend, if their horse dies in the paddock, if they go home to their family and they kiss their husband or daughter. When they get sick we know humans excrete the Hendra virus in their saliva. That is proven. If they are at home and someone is caring for them, bathing their forehead, looking after them, dealing with their vomit, excretions or whatever, who knows? If there is close human-to-human contact but no-one has diagnosed that it is Hendra virus, there is no reason why human-to-human transmission should not occur. The real crux is: are we going to know the owners of horses have even been exposed to Hendra if the vets will not go and attend their horses?

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One of the other things that is happening—and this is a real big issue in the field at the moment—

CHAIR: Excuse me, Ms Smith, your time has been well and truly allocated. If you can come to a conclusion for us, that would be great.

Ms Smith: Sorry. My main conclusion is that for months veterinarians and horse owners have dealt with this issue of Hendra virus. We do not sleep at night, wondering if we are letting our clients down or if we are risking our lives or whatever. I am transferring that risk to you. You now have the responsibility to come up with a solution that will solve this problem. In my opinion, mandatory vaccination is that solution. I hope that you will all be able to sleep at night the next time a human dies of Hendra virus because a vet would not attend because the horse was not vaccinated. I hope that you can sleep at night the next time a veterinarian is kicked in the head or sustains a serious injury as a result of wearing PPE trying to treat these unvaccinated horses.

My final comment would be that in the United States of America rabies is endemic and in Africa it is endemic. Rabies is not a contagious disease. It is exactly like Hendra virus: it is transmitted only by the transmission of bodily fluids. In the United States, in Africa, in Europe, in the European Union, they all mandate vaccination of dogs, horses, cats and ferrets against rabies to protect their citizens. We would like to see you mandate vaccination to protect horse owners, to protect vets and to keep the population of Queensland safe. It is the only way forward. If you do it now or if you do it in 20 years time, it will be done. Let's do it now and stop any more people from dying from this fatal disease.

CHAIR: Thank you very much for your thorough presentation.

Mr MADDEN: I just want to ask one quick question to clarify something you have said. Imagine the scenario that ultimately vaccination is not made mandatory.

Ms Smith: Is or is not?

Mr MADDEN: Is not made mandatory. I just want to deal with the issue of PPE. Is your submission that Workplace Health and Safety rules should be changed so that vets have the option to choose whether to wear PPE? Is that your submission?

Ms Smith: I certainly feel that, if there is no mandatory vaccination, the vets should not be held responsible for protecting the safety of the owners who have chosen not to vaccinate. I also feel that vets would be a lot happier and we would have a lot more attention to sick horses from the veterinary profession if they could select their own level of PPE, yes.

Mr PEARCE: Carol, in your statement I am pretty sure you used these words—all infections in humans occurred prior to the horse being positively diagnosed.

Ms Smith: All exposures have occurred then, yes.

Mr PEARCE: How many of those humans infected were not wearing PPE and not following prescribed best practice?

Ms Smith: When it comes to the owners, most of the owners of the horses were exposed to the virus probably even before the vet arrived at the scene. Once the vet has arrived, one of the problems and issues that has been raised is that some of the owners have not been put into PPE. In one particular case that I am aware of, the owner had been with the horse for 40 minutes prior to the vet's arrival. The vet assessed the situation to the best of her ability, scientifically and felt, 'If the owner is exposed already, is she going to be safer if I put her inside a suit of PPE with a mask on her face that will enhance the absorption of the virus, or is it better that I immediately take a sample and separate her from the horse straightaway?' Is there any scientific research out there that says putting PPE on top of an already existing exposure is the best way to go? Is that the safest thing? If you have been exposed to the virus already, what is the good of putting gloves on? That is the problem.

The owners of the horses are being exposed to the virus prior to the vet even arriving. Horse owners do not understand the risk that they are exposed to. I think it is not fair to expect them to be able to make the decision about whether they should vaccinate or not. It is the profession, it is the scientists and it is people like yourselves that have the responsibility to make that decision. Like I say, I hope you can sleep at night because we have many sleepless nights dealing with this. The power is really in your hands—the lawmaker's hands—to control this disease. It is controlled everywhere else world-wide for rabies with mandatory vaccination.

CHAIR: Thank you very much, Ms Smith. In regard to power, we are a committee and we will make recommendations to the minister.

Ms Smith: Absolutely. As long as your recommendations are good, you will sleep at night.

CHAIR: I will sleep at night. Don't you worry about that. I call Ms Jennie Lea.

LEA, Ms Jennie, Private capacity

CHAIR: Good morning. Could you make a brief opening statement for us? That would be fantastic.

Ms Lea: My name is Jennie Lea. I have a very, very long—more than 50 years—extended period with horses. I have worked exclusively in equine infectious diseases where we are in and out of PPE all day long. Although where I was working we could cater for up to 360 horses, we averaged between 170 and 280 horses at any given time. All these horses were thoroughbreds. They were mares and foals and other racing stock. Although we did not have any zoonotic diseases, we certainly had a lot of very infectious diseases. Therefore, the PPE that we were wearing—and we would be fully kitted up—was to prevent us from spreading this infectious disease here to this paddock over there. As you can imagine, we are constantly in and out of those.

I am also a foaling specialist. In the unit the policy was that every foal must be assisted, so I would be in there on the ground with the mare bringing the foal into the world, doing all the checks and all the swabs, managing the mares in full kit every single time. We would have very young mares who had no idea what was going on. She is quite nervous. She is a thoroughbred and it is like 'What do I do here?' You are there in full kit. You are calming the mare. You are getting the foal in. You are having to come in and out constantly.

I can honestly say when I have been foaling in other areas the PPE for that was predominantly very heavy overalls and also hygiene procedures accordingly. There was no difference whatsoever whether I was wearing PPE, full biosuits, or whether I was wearing my overalls. Once the mares see you walking down the lane, they are like, 'Who are you?' We are going into paddocks with mares and foals. Quite often we have to have eyes at the back of our heads because young colts especially come up behind you and grab hold of your biosuit and give it a bit of a tug and want to play with you. That is fun but we had to prevent it because, if that biosuit was torn, we would have to strip down, shower, put clean clothes on before we could go and work with any other horse. Maintaining the integrity of that suit is important.

I have worn those suits in heavy rain, working with horses. We have had one foal where the suture down the stomach was open. The foal was born with intestines outside. We are there, with body fluids, wearing full kit. It was the infectious diseases unit. I am sitting there in the rain with a foal, with body fluids, wearing these suits. In the puddle that I was sitting in, my bottom got wet but nowhere else.

A lot of people talk about PPE in that it has to be these full suits. No, that is not the case. No vet should ever handle any animal without the very minimum pair of gloves. It is very, very simple. In the PPE that is currently being put forward with the goggles and the mask, in a health and safety situation, if a horse knocks you down and you have those heavy goggles on, you can receive an injury from those goggles. Those goggles also do not give you your peripheral vision. With the masks, some people are claustrophobic, so wearing those masks is frightening for them. Some people who have respiratory conditions find it hard to breathe in them. There is a variety of things that can happen.

With a virus like Hendra, yes, it is a Henipavirus. It is one of five Henipaviruses that are actually out there. There is a third one—Cedar virus—that has been so far named. It has been tested on many, many susceptible animals and it has come back negative in every single one, including humans. It is not passing from the bat to the animals to the human, yet it is a member of the Henipavirus. Just as much as Hendra and Nipah are as well. There are also another three that are currently being researched. Again, those three are looking more and more like they cannot go on to humans. Just because it is a member of the Henipavirus family does not preclude it from being like Nipah.

CHAIR: For your information and for the information of attendees here today, on the first day of our travels the member for Gympie, Mr Perrett, actually donned the full suit and took some blood from a horse with the assistance of a vet. We did get a good understanding of the implications of wearing a full protective biochemical suit. We have some photos that we will probably put on our website to show people that we actually did it. I do not have any questions.

Mr PERRETT: Thank you for coming along. I note your submission and I have no specific questions.

Mr MADDEN: I am sorry I did not hear your full presentation, but I have a quick question. Is the thrust of what you are saying that vets should make the decision as to how much PPE they wear in any given situation?

Ms Lea: There have been protocols and PPE in place for well over 20 years that stipulate, 'This is what you wear when you do this, this is what you wear when you do that.' Protocols are in place to keep you safe in the process of attending an animal. Depending on what the animal is, protocols vary the same as PPE varies. It is a sliding scale. Protocols are there to keep you safe. It stops you from getting a needlestick injury. It prevents you from getting open exposure and those sorts of things. That is what your protocols are. These have been ascertained over hundreds of years, so we have many hundreds of years of experience bringing up those protocols. They are a huge part of the process. It is not just PPE. It is how you act. It is where you act. It is what you do here and there. It is what the people do around you. That predominantly is what keeps you safe. PPE is there to give you a physical barrier between what could infect you and you, and that is the place of PPE. It is only part of the solution.

Basically, it is education that we are lacking here. I am fortunate enough that I have been able to speak to I cannot tell you how many people who have said, 'This is what we've gone through. Is this right?' There are a lot of people where I have said, 'No, that has nothing to do with the vaccination. This is not a reaction to your vaccination,' and I am very happy to hear that. We are seeing with time—and it is only because we have not had the time to know this—different things happening at different periods of time as horses are vaccinated. With regard to those vets that from the very earliest onset said, 'No, we're not going to do the booster at six months. We're going to put it out to 12 months,' those vets had very few, if any, reactions in that first booster at six months. We initially saw a lot of reactions there, but those vets who pushed that out to 12 months did not have those. For those horses that are constantly being vaccinated, which we are seeing more and more, it is the same thing.

Mr MADDEN: I just asked you about the PPE.

Ms Lea: I am sorry.

Mr MADDEN: I have a final quick question. From what you are saying and what you are submitting and what you are talking about with the goggles and the respirator, is it the case that in some cases full PPE actually makes the vet less safe than they would be in more comfortable clothing?

Ms Lea: It depends on the PPE that you choose to use. If you have a visor, it is soft. If you get knocked down, it does not injure you. It is similar to what coroners wear. It is what doctors wear. It does not fog, it does not block your vision and it does not put anything over here. A visor would be my recommendation for working with horses.

Mr MADDEN: Thanks very much.

Mr PEARCE: You have given pretty good reasons in support of wearing PPE. I come from an industry of risk assessment in that you would take all of those types of things into consideration such as what you need to wear. Why is there a big group out there in the community promoting this idea of no vaccination, no treatment? Why are vets refusing to wear the PPE when it could be necessary to do a proper assessment of a horse with the risk of that horse being infected?

Ms Lea: I think that most owners and most vets are not really looking at what PPE is required. If you are taking a temperature, a pair of gloves is fine. If you are going to be doing an invasive action where you are going to be submitted to physical contact, then you have to look at where that is. If you are treating a horse with strangles, that is not infectious to you. It is a mess, but it is not infectious. It depends on really what that particular vet is doing as to what PPE they should be wearing. You do not need a space suit to go up and pull bloods and to take a temperature.

CHAIR: Thank you very much, Ms Lea, for your time today.

Ms Lea: Thank you. Sorry, but I meant to say that when we talk about the economic effect this has had I have here this month's horse deals. For many people around Australia this is their bible. Predominantly, this is a third of what it normally is. Mainly about 85 per cent of that is for cutting and reining. They are disciplines that are not mandatory. All those disciplines that have been made mandatory have virtually disappeared, and this is nationwide; it is not just Queensland.

CHAIR: Thank you.

Ms Lea: Thank you.

BOU, Mr Gerard, President, Queensland Endurance Riders Association

CHAIR: I invite you to make an opening statement.

Mr Bou: Good morning. Thank you very much for your time. Endurance riding is a sport that tests horses and riders against each other and the clock over very long distances. We have a history of 51 years in Australia and our sport was founded with the help of veterinarians. They are an intrinsic part of our sport. They are part of our rule book. We require them at every single event to see our horses multiple times at events. It is a very hands-on procedure for veterinarians. We have line veterinarians that stand as judges in our sport and we have designated treatment veterinarians that treat any horse that may become compromised. We also require the services of equine hospital facilities should a horse become so compromised that it needs transportation off site. Currently in this climate with the workplace health and safety legislation being what we consider to be rather overbearing on our veterinary friends, we do not necessarily have the access to these treatment facilities for these horses. As president of an association that deals with horses running in particularly strenuous events, the risk is always there that a horse may need referral to an equine hospital. To stand as an official over an event where a horse may be compromised to the point that it cannot get to an equine hospital facility without an exclusion test, which means the horse may die, is a particularly bitter pill to swallow at this point in time. We are not down on our vets at all. We understand the vets' reasons absolutely for not wanting to attend our events or to treat horses. We do not pay our veterinarians a whole bunch of money for them to come to an event. They typically get about \$650 a day. It is quite understandable that many vets would refuse to attend an event for \$650 if their livelihood is at stake, and that is basically what it has come to.

We have in the last three years pioneered the horse health declarations and biosecurity protocols in equine sport in Australia purely because we have had to maintain a relationship with our vets and our volunteers and to be able to run events. It has been incredibly important for us to have proper biosecurity practices in place. These have been evolving over time but are now not seen as adequate any longer. For the first time this year our association in Queensland supported our association's affiliated clubs in their endeavours to run vaccinated only events. These were run basically because our clubs could not source veterinarians to attend the events unless it was vaccinated only. In terms of QERA, Queensland Endurance Riders Association, our ride clubs are affiliated with us and they run the rides on our behalf. They are volunteer associations, so they are not for profits. They are just a bunch of normal, everyday people that like horses that get together that run events. They are currently facing a lot of worries when it comes to workplace health and safety legislation and insurance issues.

We cannot get any real concrete answers from our insurance when it comes to Hendra virus, and I know the vets are the same. I know the vets do not have income protection when it comes to anything to do with Hendra virus. When it comes to workplace health and safety legislation, I am not sure if any of you have had to ring Workplace Health and Safety and ask for specific advice or how they deal with a specific situation, but it is incredibly difficult to get anything concrete from them on exactly what happens to our volunteers if something goes wrong. QERA is a PCBU in that we employ someone and we have protection via our insurance should we be prosecuted by Workplace Health and Safety, but we cannot get any concrete answers as to whether that insurance extends to our ride volunteers.

At any single event we have a whole bunch of people down a line that are volunteering their services as officials throughout an event. If by chance an incursion of Hendra was at an event, all these people—who are just ordinary, everyday people not trained in specific biosecurity protocols—have to follow a set of guidelines that they do not properly understand. It is incredibly difficult to ask these people to put their—I am not going to say their lives on the line, but it just becomes incredibly difficult for these people to fulfil their obligations of the Biosecurity Act and Workplace Health and Safety when they are unclear on the outcomes that may befall them.

The lack of treatment options that we have for our horses is a big problem. With regard to our vets and what we see as the overbearing Workplace Health and Safety legislation on our vets, the veterinary community are so important to us. We have long-term relationships with these people. We do not just need a vet straight out of college; we need experienced treatment veterinarians that can distinguish what is a compromised horse and offer treatment immediately. We cannot just say to our vets that do not want to come to events anymore, 'Okay, we'll go and look for new vets.' We need experienced vets. We have an accreditation process through our sport which brings these vets on board and they have experience in our sport and they are incredibly important to us, as are our volunteers.

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For the first time this year we had five rides scheduled on the calendar to become vaccinated only events. This caused what could—I do not even know how I would describe it. It was absolutely terrible. Fifty per cent of our membership may be deathly against the vaccination. There are some people that are definitely for it and there are some people that probably do not really care either way. It has absolutely divided our sport. At the end of the day we certainly do not want to blame our veterinarians, but we would like to blame the workplace health and safety legislation to a point in that it has created a situation where people are so incredibly unsure of what will happen to them if something goes wrong that they no longer want to be a part of our sport.

With regard to these five events that are happening—and there are more scheduled this year as vets are just too hard for us to source—the mandatory vaccination looks like it is going to continue for us for some time and obviously our membership numbers are down this year, as are ride entries. Financially, QERA is in an uncertain position. That is not to say that many people are not choosing to vaccinate and our vaccination rates are rising as a result of the fact that if you do not have a vaccinated horse you cannot attend many events. There are still unvaccinated events on the calendar. The division is so in our sport that we have volunteers that will not volunteer at unvaccinated events and we have volunteers that will not volunteer at non-vaccinated events. People are that angry about it.

CHAIR: Can you explain to me why—and you may have heard this—the 50 per cent in your sport not vaccinating?

Mr Bou: There are a few concerns. Cost is one if you have a large team of horses like, say, 10 horses. Before this protocol changed to 12 monthly, which has made life an awful lot easier, you are still up for your two primary shots and your six-months boost from the first year. For 10 horses, that is a lot of money. That is okay if you have a vet that is just down the road, but if you live out the back of Dalby somewhere and you have to have travelling fees on top of that it may end up costing you \$600 or \$700 a horse. Thankfully for most of our members that is not the case. The other thing is the fear of adverse reactions in that social media has whipped into an absolute frenzy the fear of adverse reactions in horses. I know that there are adverse reactions, but we can only rely on what we see as factual adverse reactions and not what I see on social media. As an organisation I have had no official communication from any of our members that says that they have had an adverse reaction to their horse. I have, however, seen on social media people claiming about adverse reactions.

Mr MADDEN: I would like to thank you for explaining all that. I can only wonder how many other groups we have in Queensland that have had similar problems, so I very much appreciate you explaining what is happened with your group.

Mr Bou: No problem. I think that endurance riding in particular is at the forefront of it because of our heavy reliance on vets. It is built into our rule book. We need two veterinarians for the first 60 horses and one for every 30 after. At a national championship event we may have 20 to 25 veterinarians, and we need these vets to attend rides for our sport to continue. Without the vets we do not have a sport. Horse welfare is our No. 1 priority and always has been. We feel that as far as welfare issues go regarding equine disciplines we are of the utmost highest standard. The FEI followed Australian endurance welfare rules when they started setting up their events. It has been a tremendous problem for our association, more so than probably any other association, purely based on our reliance on vets.

Mr PEARCE: Is there anyone within your organisation or maybe somebody outside the organisation who is attempting to influence the organisation to involve mandatory vaccination in the activities of the organisation?

Mr Bou: I do not believe so. As I have explained before, we have individual ride clubs that run events on our behalf. The choice at the moment is up to them as to whether they want to run a mandatory vaccinated event or not. QERA has always maintained that we recommend Hendra vaccination, but we do not mandate it and we have not enforced it. It is all down to the individual clubs. Individual clubs rely on the services of their local vets at their local large animal practices, so if their local vets will not attend they will probably need to run a mandatory vet vaccinated event, otherwise they cannot run an event. In a place like Cairns—we run rides out of Cairns—the only equine treatment facility in that area will not see a horse without an exclusion test. It must be a vaccinated horse, so it is an absolute no-brainer: you must run a vaccinated-only event up there. The endurance vet up there has dealt with five cases of Hendra virus through his practice, so it is totally understandable that he will want events to be vaccinated only.

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If you are running an event in Charleville, there has been no Hendra at Charleville. They see it as a very low-risk area. They may very well run an event that is unvaccinated, but then you have an influx of horses from the east coast so do you vaccinate them? It is a very complicated issue. Honestly, I would need three days for you to come to an event and see everything that goes on with all of this. I do not have a solution for any of you as to how to solve this. All I can do is explain the problems that our association faces. We feel they are largely based on the workplace health and safety legislation, particularly as our Queensland honorary vet is one of the vets that is being prosecuted. That changed the game for us big time.

CHAIR: Thank you very much, Mr Bou, for your time. I am going to adjourn for a couple of minutes so I can get some clarity regarding where we are at with time today.

Proceedings suspended from 11.19 am to 11.20 am

CROOK, Ms Allison, General Manager, Animal Biosecurity and Welfare, Department of Agriculture and Fisheries

GOLDSBROUGH, Mr Paul, Executive Director, Workers Compensation and Policy Services, Office of Industrial Relations, Queensland Treasury

Ms Crook: Thank you for the opportunity to speak to the committee this morning. I am the general manager of animal biosecurity and welfare and also the Chief Veterinary Officer for Queensland. Our submission to the committee was No. 218.

Biosecurity Queensland is a service of the Department of Agriculture and Fisheries, and we are the lead agency for managing Hendra virus incidents in animals when they do occur. Since 1994 there have been 55 known Hendra virus incidents with 97 infected horses; 77 of those horses have died, which is a case fatality rate of 79 per cent. Unfortunately, there have been some human deaths as well. Given the seriousness of Hendra virus, stringent biosecurity and health and safety measures are necessary.

Biosecurity Queensland regularly controls Hendra virus incidents by implementing nationally agreed response protocols. Biosecurity Queensland also works with our partner agencies and stakeholders in the horse industry in Queensland to provide comprehensive information and advice, broad engagement activities and support to event organisers in developing biosecurity plans. Biosecurity Queensland also provides the veterinary diagnostic services in Queensland for disease investigations. Those tests are undertaken at no charge in recognition of the substantial public health benefit of Hendra virus infection. We do also offer a health testing service, and that is provided at the request of veterinary practitioners prior to other treatments or procedures being undertaken. A fee does apply for those services.

Hendra virus infections will continue to occur in Queensland, and that is as a result of the normal and natural interaction between flying fox populations and horses. The consequence of Hendra virus infection is classified as being potentially catastrophic for both human and horses that become infected with the virus. The department advocates that all persons, including horse owners, veterinarians and event organisers, undertake proper biosecurity risk assessments for their particular circumstances and apply a precautionary approach in managing their biosecurity risks.

The department accepts the safety and efficacy of the Hendra virus vaccine as determined by the APVMA through their testing and registration process and supports and affirms the department's stated position that vaccination is the single most effective—but not sole—risk mitigation measure against a significant disease with catastrophic consequences.

Mr Goldsbrough: The office of industrial relations has provided a submission to the inquiry. As members would be aware, the office incorporates Workplace Health and Safety Queensland, which is the agency commonly recognised as regulating work health and safety in areas other than the mining industry. Some submissions have statements regarding work health and safety legislation and other work health and safety issues that I would like to take the opportunity to clarify.

The first issue relates to the scope of the Workplace Health and Safety Act. Some submissions suggest that consideration should be given to prosecuting owners who do not vaccinate their horses against Hendra virus. While the Work, Health and Safety Act 2011 places duties on various persons, including members of the public at a workplace, the duties for members of the public are much more limited in nature. In our view, requiring individuals who own horses for recreational pleasure to ensure their horses are vaccinated against Hendra virus is beyond the scope and objects of the WHS Act.

Another issue we would like to clarify is the extent to which veterinarians are responsible for work health and safety when investigating possible or suspected Hendra infections in a horse. Some submissions refer to veterinarians being responsible for the health and safety of all persons at the premises or equestrian events when there is a horse with a possible or suspected Hendra infection until such time it is determined that the horse is not infected. This is not the case. Depending on the circumstances, there may be a range of other people who have concurrent duties under the act; for example, if it is a stable, the people operating the stables, and so on.

The second area I would like to address is guidance on managing the risks associated with Hendra virus. As the committee would be aware, different agencies have publications based on the best practice scientific advice available. Some submissions supported the current guidelines, while others suggested they could be reviewed, clarified, and in some cases consolidated. WHSQ is currently reviewing the three fact sheets for veterinarians, horse properties, businesses and businesses that dispose of horse carcasses and will continue to consult other agencies and interest groups to ensure that those guidelines reflect best practice.

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The third area I would like to address is personal protective equipment, also referred to as PPE. A number of submissions have raised concerns about the difficulties associated with wearing PPE when attending to a sick horse, and this too was acknowledged in the department's submission. Queensland agencies have made recommendations about PPE based on best available scientific advice taking into account the serious nature of this virus. Some concerns associated with using PPE may be reduced through careful selection, trialling and the use of PPE supported by safe work practices, which I think was reflected by the person who presented two speakers ago.

The fourth area I would like to address just quickly is the prosecution of veterinarians in relation to Hendra virus. WHSQ recognises the challenge that Hendra virus has created for the veterinary profession and cultural changes needed for infection control. WHSQ has supported this learning process over many years through industry consultation, which has included a statewide education program of infection control workshops with the Australian Veterinary Association and a statewide audit program of equine veterinary businesses in 2010 where noncompliance issues were addressed solely through the provision of information to support voluntary compliance. This approach is consistent with the compliance enforcement framework which is outlined on page 6 of our submission. Providing information, guidance and education is the approach used most frequently, whilst the use of sanctions through prosecution is applied much less frequently. There is a big cultural change going on in the industry, and we want to work with the various stakeholders to ensure that there is informed consideration of the issues.

I thank the committee. We have found the process so far really beneficial to our thinking and the sorts of things we need to do in terms of better educating veterinary surgeons and other people working with horses in relation to the Hendra virus.

CHAIR: Thank you very much. I am mindful of time, as we have to move to a different location for another hearing. We may request that you wonderful people come back at another stage to answer some more questions for us. I will ask a couple of quick questions particularly to you, Ms Crook. Particularly in North Queensland and Cairns, we found that the timing of sample testing was quite a considerable issue. Basically, that is the heartland from where the disease can be spread. Concerns were raised about the timing involved in having a sample taken, secured, sent and tested and then getting the results back, as it can take up to four or five days. Can you give us some feedback on how the sampling is done, the timing and other issues that you have seen with biosecurity, particularly in line with testing?

Ms Crook: The testing we are talking about here is exclusion testing, so that is for a suspect case. What is involved is samples are taken from a horse. They will be blood samples and also swab samples from different places on the animal. All of the testing for Hendra virus in Queensland is done at our Cooper Plains facilities, here in Brisbane. That is where the tests are run. We were talking about turnaround times before. When we talk about a turnaround time, we are talking about the turnaround time from when the sample is received in the laboratory to when the test result is available. That period is around four hours for a Hendra PCR test. The protocol for our laboratories is that the sample run is at 2 o'clock in the afternoon; results are reported out by 5.30; 10 to six is when I normally get phone calls. That is the turnaround time for the test.

The other issue is the sample coming into the laboratory. I am aware of concerns that have been raised about that, particularly from North Queensland. What we have attempted to do is facilitate transport to the laboratory through facilitating transport arrangements with couriers. Veterinarians now have access to the same courier systems that the government uses in terms of being able to use that system and get the samples into the laboratories. Of course, distance is always a challenge with that.

CHAIR: As a supplementary, has there ever been any investigation into potentially moving some of that service to a northern Queensland area, like a biodiversity area, and do that sampling and testing in North Queensland, so that we can shorten the length of time?

Ms Crook: That is an issue that has been under regular discussion. The need is for a certain type of facility to undertake Hendra virus testing. As you have heard, it is a high-level security virus, so it is about having the facilities and the physical containment levels of a laboratory to do that. It is an area that we are conscious of. It is something that has been discussed before.

Mr PERRETT: I have many questions and, obviously, we are not going to get through all of them today. No doubt we will either submit them or have you back. I want to pose a question to Ms Crook with regard to the movement of horses around Queensland. I am a rural producer. I have a property identification code or PIC number. With cattle, under the National Livestock Identification System or NLIS, every time a beast moves from my property I have to record that in a national

database. Yesterday while in Jimboomba, we heard from a number of witnesses that they are aware that there are many horse owners who do not have a PIC number for where the horse resides on that property. Can you provide some commentary around that? What is mandatory under the act if you own a horse, be it in a backyard or on a large rural property? What is the process that is involved if you move that horse from its property of origin to another property, be it to an event or to someone else's property? Can you give us some commentary around the PIC number and what is required there?

Ms Crook: In Queensland, under the Biosecurity Act 2014, which came into effect on 1 July this year, which was last Friday, it is mandatory for owners of what we call designated animals—and a single horse is a designated animal—to have and apply for a property identification code, a PIC. Yes, there is a requirement for that. The requirement for the movement of horses under the Biosecurity Act is that, when horses are moving, people are required to keep a movement record of where that horse has moved to. The act prescribes certain things that people need to record: where it is going to, where it has come from, the description of the horse, et cetera. That is a requirement. The movement record can be kept in a format that the owner chooses to use, in terms of it could be written, it could be an electronic record, but they need to keep a record of that movement. The purpose of that is for traceability. In the event that something has occurred, we need to know where horses have moved to. The example of that was the equine influenza outbreak of 2007-08.

Mr PERRETT: As a supplementary to that, yesterday we heard from some of the witness that they know many horse owners who do not have PIC numbers. How does the department inform livestock owners of that responsibility? What could you do to seek compliance? Are there penalties if property owners or horse owners do not comply with the act?

Ms Crook: The challenge is about getting the information to the people who need to know about property identification codes. When it comes to the horse community, there are a number of avenues that we have, particularly through events and other activities that horse owners are involved in. However, there are pockets where people may not be active in the industry, so the challenge is getting that information to them. We use a wide range of communication tools from social media and the web to advertising and all those sorts of things. It is a matter of making sure that we continue that awareness. When we do discover people who do not have property identification codes, it is a matter of education and support to assist them to get their property identification codes, and continue that message about the importance of having a PIC, a property identification code, because it underpins the traceability function for us.

Mr PERRETT: Are there any penalties if the owner of a horse has an officer on their property and refuses to or does not have a property identification code?

Ms Crook: Yes. Because it is a requirement under the act, it would be a breach of the act not to have a property identification code. In terms of a compliance strategy, the first approach is always about education awareness support and then there are gradual step-up powers in terms of what happens next.

Mr MADDEN: My question might be best directed to you, Mr Goldsborough. Something that has been raised a number of times with our committee is vets being prosecuted for failure to comply with workplace health and safety rules. It is possible for you to give the committee an example of the type of thing that vets could be prosecuted for? How does your department find out that they are not complying with the relevant legislation? What sort of penalties apply to the offence?

Mr Goldsborough: The act specifies particular duties and section 32 of the act sets out those duties. We would expect that a vet will operate so that they minimise risk to their own health and safety and the health and safety of anyone around them. When it comes to our attention that a work activity may have given rise, for example, to a risk of Hendra infection, we will investigate the matter. Our inspectors will do that; our senior investigations officers will do that. Subsequently, it will go through a process and a decision will be made about whether or not we would prosecute a particular case.

In March this year, we had a case go before the Southport Magistrates Court for breaching section 32 of the Work Health and Safety Act. In that situation, the vet pleaded guilty. That is the only matter that has gone to court to date, to my knowledge. In that case, the magistrate put the vet on a bond, with a \$3,000 penalty that they will forfeit if they re-offend within a certain period. There was no conviction recorded.

Mr PEARCE: I have moved around Queensland and talked to a number of people who are tied up in the issue with regard to vets' no-vaccination no-treat policy, the issues around the administration of the vaccine and its consequences to horses. I know you are coming back for more questions and

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certainly we will have more. I would say that people are less than satisfied with regard to government agencies and their silence on the issues that have been put on Facebook and in the media, and their efforts to try to manage them. We need to stop this debacle that is being carried on and get the facts in place, rather than comments made by people. A lot of people, like myself at times, are unqualified to make those comments. Are you looking at that type of thing? Have you given it consideration? If not, why not?

Ms Crook: One of the values that this committee process has brought is that it has made us look at our messaging and made us look at the information going forward, and be ground truthing it again. Yes, it is very much being thought about and, yes, it is being addressed.

Mr Goldsborough: If I could add to that, one of the reasons we want to review the information that we have out in the community is precisely because of some of the issues that are raised here. We need to look at how we can build on the messaging we have been doing and clarify the other issues that are coming up. In that context, it has been a very beneficial process for us.

CHAIR: Thank you very much for your time. Our time has definitely expired for this hearing today. As mentioned earlier, we may invite you to come back for a separate meeting, to get right into some of the issues and some questions that we have. Thank you very much for your time today. I thank all witnesses who have appeared before the committee today. The committee would appreciate any answers to questions taken on notice—I am not sure if we had any—to be returned by close of business on Wednesday 13 July. I declare this hearing of the Agriculture and Environment Committee now closed.

Committee adjourned at 11.42 am