



AGRICULTURE AND ENVIRONMENT COMMITTEE

Members present:

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

THURSDAY, 7 JULY 2016

North Rockhampton

THURSDAY, 7 JULY 2016

Committee met at 2.03 pm

CHAIR: Good afternoon, everyone. I start by acknowledging the traditional owners of the land on which we meet for this inquiry today. I declare open the Agriculture and Environment Committee's public hearing in relation to its inquiry into Hendra virus EquiVacc vaccine and its use by veterinary surgeons in Queensland. My name is Glenn Butcher, the member for Gladstone and the chair of this committee. On my left is Mr Tony Perrett, the deputy chair and member for Gympie; to my right is Mr Jim Madden, the member for Ipswich West; and to my far right is Mr Jim Pearce, the member for Mirani. Jim has been appointed to the committee for the hearings this week due to the absence of the member for Mackay, Julieanne Gilbert, who could not attend. I also have apologies from Mr Robbie Katter, the member for Mount Isa, and Mr Ted Sorensen, the member for Hervey Bay, who cannot be with us today. I acknowledge the member for Keppel, Mrs Brittany Lauga, who is here with us. Welcome, Brittany. I also have an apology from the Hon. Bill Byrne, the Minister for Police and Corrective Services and member for Rockhampton, who cannot be here either.

This inquiry was referred to the committee on 25 February 2016 and the committee is to report to parliament by 22 August 2016. Submissions accepted by the committee are published on the committee's inquiry website. Witnesses are not required to give evidence under oath today, but I remind witnesses that intentionally misleading the committee is a very serious offence. I remind those present that the 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 standing orders the public may be admitted to or excluded from the hearing at the discretion of this committee. Mobile phones and other electronic devices should now be switched to silent or turned off. Hansard is making a transcript of today's proceedings that we intend to make available on our website later. Those here today should note that the media may be present, so it is possible that you might be filmed or photographed. I ask witnesses to please identify themselves when they first speak and to speak clearly into the microphone.

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

SALMOND, Dr Tessia, Veterinarian, Clermont Veterinary Surgery

Dr Salmond: I thank you for the opportunity to appear as a witness at this very important Queensland inquiry. My name is Tess Salmond. I am a horse owner, a horse lover and a veterinarian in Clermont, Central Queensland. I am a co-owner of a vet surgery that employs four vets and eight vet nurses. I am just your average rural vet in your average rural community who treats horses on a daily basis. We are approximately 270 kilometres from the nearest positive Hendra case and we have flying foxes in our area. Last year, we had a resident colony of over 50,000 flying foxes camped on a lagoon less than two kilometres from our clinic and horse hospital. I have been a vet for nearly 12 years and have always worked with horses in that time in North Queensland, at the Atherton Tablelands, Townsville and Mackay, which are all places with confirmed Hendra virus cases or hotspots. I have been aware of Hendra virus for over 15 years since working at racetracks while a vet student. Hendra virus is something that I have always been aware of and I have been trained to look for it. However, I wish to give a personal example today of how easy it is to be caught out by the Hendra virus, even when you are a vet like myself who is well aware of it and trained to look for it.

In August 2009, I was working in a well-respected equine practice in Townsville. I had worked a very long week and was driving to Mackay for a weekend off when my best friend rang and said, 'My dad's good old horse in Bowen is lame. Can you just stop off at his place and have a look?' I was not operating in an official capacity. I had very limited gear with me, but I dropped in to see what I could do to help. When I arrived, the horse was looking a little depressed and he seemed a bit wobbly

on his back legs. I had no PPE gear with me but, to be honest, I probably would not have put it on anyway, because not one alarm bell went off in my head that this could be a Hendra virus case. It never even occurred to me. The paddock was full of a toxic plant called rattlepod and that was what I assumed had poisoned this horse.

I gave the horse a thorough check over, which included putting my hands in its mouth and in its nose. I checked its gum colour and its mucous membrane colour. I also gave it some anti-inflammatory medication in the mouth and hence I ended up with secretions all over my hands. I also gave an injection into the muscle that went a bit wrong, hitting a bleeder, and I ended up with blood all over my hands and face. I did what I could and then kept travelling to Mackay. That horse then continued to deteriorate and died about 20 hours later. A local vet from Bowen went out to the horse and performed a post-mortem. He rang me and we chatted about the case. He thought from his autopsy results that snakebite was a more likely cause of death. Neither of us really thought any more about it, until another horse in the same paddock got sick with the same symptoms. The vet in Bowen contacted my boss in Townsville, the highly regarded equine vet Bruce Pott, who advised immediate testing for Hendra virus on both horses. The tests from the laboratory on both horses came back positive for Hendra virus.

When I found that out, I was absolutely devastated. I thought back to everything I had done and how stupid I had been, and I got very scared. I received a phone call from Queensland Health and, after hearing my story, they decided I was in the very high risk category to become infected with the Hendra virus. They offered to send a doctor to my house to perform my blood tests because they thought I would be too distraught to drive myself to a medical centre. They also offered me professional psychological help. That is when I knew I was in serious trouble. The worst part was telling my parents what had happened and how upset and anxious they were as we waited out the agonising weeks for all my blood tests to be done. Two valuable Queensland vet colleagues had recently died from this horrific disease and I was convinced I was going to go the same way. Luckily, I was extremely fortunate and I never became infected.

I am sorry about the longwinded story, but I just wanted to highlight the very nature of Hendra virus, which can catch even an experienced vet unawares. There is not a flashing beacon above the horse's head that says 'Hendra', unfortunately, and it can present in many ways. I absolutely advocate putting on PPE, but you need to know to put it on first.

In regard to the reference of the Hendra EquiVacc vaccine, I have personally vaccinated over 600 horses and our practice has vaccinated over 1,300 horses. I have vaccinated 20 of my own family's horses at least six times each. This includes top competition horses that have gone on to win campdrafts, as well as pregnant mares and a valuable breeding stallion, with no side effects noted. I have heard of or seen with my own eyes approximately 10 reactions from the vaccines I have administered, these predominantly being a painful lump where the vaccine was given or the horse being off colour.

The worst reaction I saw was in 2012, when the vaccine first came out. I vaccinated a horse in Airlie Beach on Saturday. Early the next morning, the owner rang me to say that her horse was not looking very well. I was in Mackay but drove straight back up to Airlie Beach to examine this horse. It did have a fever and it was unwell. I then rang the vaccine manufacturer to report this and they said that someone would call me back. Within half an hour, the Pfizer technical vet rang me—again, this is early on a Sunday morning. He rang my mobile direct and we discussed the case. On his advice, I administered an anti-inflammatory injection, like a Nurofen for horses, and the horse went on to make an uneventful recovery. I did not charge the owner anything for the extra visit or the medication. Later on I did chase up this reaction with the APVMA, but I had found that Pfizer had already reported it to the APVMA. For subsequent vaccinations, that horse received an anti-inflammatory injection prior to being vaccinated and, as far as I am aware, has not had any more reactions. The type of reaction this horse experienced is fairly typical of a normal reaction I see with other vaccines we give, especially the Strangles vaccine.

I have owners who are concerned about reactions in their horses from the vaccine and have chosen to either not vaccinate or stop vaccinating against Hendra virus. We have an in-depth chat about this and how it may limit their treatment options, so if the horse falls sick they might not be able to go straight to colic surgery without a test being done to say the horse is negative. If they understand these consequences and then they make the decision based on their perceived risk, I fully support them. As a vet clinic we advise our clients to vaccinate for Hendra virus, but we certainly do not insist on it. However, this is based on our individual clinic risk assessment based on our geographical area and our history, so I cannot really talk for other vet surgeries.

Public Hearing—Inquiry into the Hendra Virus EquiVacc® Vaccine and its Use by Veterinary Surgeons in Queensland

One of my biggest concerns in regard to the Hendra virus is the fear of being prosecuted by Workplace Health and Safety. The three cases involving vets being prosecuted is scary, because I truly believe that these are excellent vets who did the best they could in the circumstances they faced. Chances are that I would have done exactly what they did. One of the vets did not even realise he was dealing with a Hendra case, and who am I to judge when, as outlined, I did exactly the same thing? Now he is being prosecuted and I am not.

I think the biosecurity guidelines developed by the government are good. I think Workplace Health and Safety have done great work and they should be applauded for their infectious disease control roadshows that they took on the road in Queensland several years ago. I am just a little confused how these guidelines—‘guidelines’ to me means, ‘Look, this is the best course of action you can take’—have suddenly become law and it feels like they are being used against vets. The problem with the guidelines is that they do not cover every possible scenario and in vet science there are many shades of grey. I can give you many examples.

I do treat and always have treated sick unvaccinated horses that possibly have Hendra. I choose to do this, but I certainly do not insist that the other vets in my practice do the same. They are professionals in their own right and I believe that they can make their own risk assessment. We do not, however, let any of our ancillary staff—nurses, stablehands—come into contact with these suspect Hendra horses until we have a negative Hendra result. This is not only Workplace Health and Safety; these are my employees and my friends and I wish to keep them as safe as possible.

We have constructed a purpose-built isolation hospital on a separate section of land at our clinic and this is where we treat the suspect Hendra cases. I personally feel very uncomfortable leaving a suspect Hendra horse with the owner. These are very sick horses and the owners are so distressed. I feel better transporting them to the clinic where I can monitor them closely. I can see them from my bedroom window. Then I treat them in the safest manner that I can. For example, I will sedate them and place an IV cannula and give them IV fluids and medications if needed. I figure that I am the professional trained in infectious disease control. I cannot give someone a two-second lesson in how to do that. I feel more comfortable if I am the only one in contact with a suspect Hendra virus horse.

We limit the invasive procedures performed on these horses, such as nasogastric tubing and rectal exams. Like many other rural practices, we have trouble transporting samples to the laboratory over weekends and a subsequent slow turnaround for a result. For example, if we see a sick suspect Hendra horse on a Thursday after 2 pm, I will not get an answer from the lab until the following Tuesday evening. In my opinion, that is just too long to wait for no treatment, hence our isolation facility and our protocol of providing the best treatment that we can. I do this but it scares me. I do it under a cloud of doubt. I think, ‘Would this be approved by Workplace Health and Safety?’ There is no provision for this sort of set-up in their guidelines.

Also, I cannot get assurance from Biosecurity Queensland that, in the event of a positive case at our clinic in the isolation facility, the rest of our horse hospital, which is some distance away, will not get shut down, too. If it were to be shut down—our main hospital—it would financially devastate our business. I would welcome more of a chance to work with Workplace Health and Safety in a positive way to keep ourselves, our staff, our patients and our clients safe. I think more carrot and less stick would be beneficial for all parties and help with some of the fear. Thank you for this opportunity to speak.

CHAIR: Thank you very much for that, Tess and thank you for travelling all the way from Clermont to be here today. It is nice of you to turn up. Do you consider that all horses should be vaccinated or you are just happy for people to have the right to choose if they wish to or not?

Dr Salmond: I do not think it is practical that all horses could be vaccinated. I live in a country area where there are a lot of stockhorses, and I would not expect everyone to do their horses. We do not even do all of our own horses, to be honest with you, in our family—like the young foals. We break them in to see if they are going to be any good first. Even at cost price, the vaccine is expensive. It is really expensive and we have over 60 horses.

That is how I try to talk to my clients: ‘Do your best horses. Do the ones that you really want the best treatment for. Do the ones that people are around and are cuddling. If it is some brumby out the back paddock that you are likely to not worry too much about, if you cannot afford it’—it should not send people broke. People just need to look at their situation and decide the circumstances. Also, where they live makes a big difference.

CHAIR: I just want to touch on the cost, particularly for you and your practice. There is quite a bit of scaremongering out in the community about the cost and that vets are only in this to make money. We have heard a fair bit of evidence contrary to that, particularly from vets. Can you explain how your practice works for giving the doses of the vaccine?

Dr Salmond: Yes. We buy the vaccine at about \$66. If people bring their horses in to the clinic, which saves on vets' travelling time, we would will do it for \$90 plus GST. I do not think that is a huge margin. If you talk to practice management specialists, there is a way of billing out a vet's time. A vet's time is what makes the money for the practice. The nurses are not generating an income; it is the vets. Your time has to be always making money for all the overheads. By the time you find the paperwork, examine the horse, talk to the owner, needle the horse and then that has to go back into the database, keeping the vaccines cold—all of that—I do not think there is a lot of money. I do not think vets are making a lot of money. In fact, if there were a way that I could honestly not even carry the vaccine, I would love that. If the government wants to provide a government vet that would go around and vaccinate everyone's horses, I think every vet in Queensland would welcome that. It is hard for us to promote something when it looks like we are financially benefiting from it. I do not really know of any vets who are benefiting financially. If we could be removed from that a little bit, it would be good. I do not know if that is a possible solution, but many vets would happily farm that job out if they could.

Mr PERRETT: Thank you, Tess, for travelling here to tell us your personal story, which is obviously very valuable to what we are considering. You are obviously from a rural area and deal with a lot of rural clients and, presumably, a lot of people who are in the campdrafting business and who travel long distances. What are you hearing back from them in respect of vaccinations for specific events? We have heard varying opinions from representative groups across the state—some pro, some not so—in respect of a positive case coming up at a major campdraft, Paradise Lagoons, for example, here in Rockhampton. What are you hearing from your clients about these valuable horses but also the interaction at major events?

Dr Salmond: It is a big concern for a lot of those. I would find that almost all of our really valuable campdrafters vaccinate, firstly, because their horses are valuable and insured and a lot of insurance companies will not touch them unless they are vaccinated. Straightaway, if the horse is that valuable, it probably needs insurance. A lot of companies will not cover an uninsured horse. Also, if it is that valuable, they would want that option to go straight for surgery or get the world's best treatment. In that case, their hands are tied. They need the vaccine. I say to people, 'If you are travelling'—Paradise Lagoons is a fantastic example—'do your research. If you do not want to vaccinate, make sure that there is a vet around who will treat your horse.' I have seen that situation where people cannot get treatment or they cannot get the level of treatment—colic surgery and that sort of thing—that they want. Also, a lot of people do not want the inconvenience of being quarantined. A lot of people have been through EI and Warwick and gone through being camped down. The way it is with Biosecurity, if your horse is vaccinated and there is a positive outbreak, 'See you later,' load up and go. It is not a problem. A lot of people do not want to be quarantined.

Mr PERRETT: In terms of insurance, obviously a lot of these horses are worth tens of thousands of dollars—particularly stallions, which in some cases are worth hundreds of thousands of dollars. Insurance companies require those horses to be vaccinated for Hendra before they will insure them? Is that what you are saying?

Dr Salmond: Yes. I am probably not the expert, but definitely that is what I have been told by clients. More so, if your horse gets sick, if it is insured you have to do everything to save that horse. That might include colic surgery, but if your horse is not vaccinated and the surgery will not touch until you have a negative result then the insurance company will not pay out. I believe that there have been cases of that. I advise people, if they do want to vaccinate, to check with their insurance company that they are still covered because there are certainly insurance companies that insist on it.

Mr MADDEN: Tess, thanks very much for telling us your story. As sad as it was, it is very important that this committee hears from vets like you. It has been suggested to us that there is a lot of misinformation on social media and regular media with regard to not just the vaccine but PPE as well. Do you think the government, professional groups and industry should take more steps to address that misinformation?

Dr Salmond: It is hard. I do not know if you can ever stop the misinformation. I have gone off social media myself over this whole thing. I have a lot more time now that I am not on Facebook. It is a real problem. There are straight-out lies and slander. I have seen the names of other vets, who are very dear friends, being dragged through the mud. It is just horrible. Then you see yourself pop up on

a site and you think, 'That's kind of creepy. I cannot believe that they are talking about me.' I am not a very exciting person at all. That is frightening. There is misinformation. In my practice I do not feel that there is a problem. My clients come and talk to me. I feel that we have very honest relationships. Like I said, I have clients who do not vaccinate. That is fine, but in talking to them I think a one-on-one is still best.

Biosecurity Queensland have done some wonderful public talks on EI and that sort of thing. I think they could have a role there in educating. A lot, hopefully, will come of this inquiry. Whatever you guys decide, there will always be wild conspiracy theorists, but I think a lot will come out of this inquiry.

Mr MADDEN: You think we should do more? We should at least attempt it?

Dr Salmond: I think so, yes. There is wonderful information on the internet. It is just people knowing it. Keep liaising with groups. There are so many liaison groups, it is fantastic. It is just about pummelling away trying to get that message out there.

Mr PEARCE: Horses in your area—we will talk about Central Queensland.

Dr Salmond: Yes.

Mr PEARCE: Are you aware of who makes the decision about reports of Hendra vaccination causing adverse reaction? How many contacts have you had? How many of those are reported to Zoetis or the APVMA?

Dr Salmond: Like I said, that one I had that I gave the exact example of, it was one for sure that I told Zoetis about. I thought later, 'I meant to report that, too.' I did go and check and they had reported. Normally, all the other reactions I had were so mild that I reported them myself. I did not go through Zoetis. There was one or two in Capella that I can think of. I did not hear about the reaction; I read about it on social media. I rang up the owner and said, 'Cripes, it sounds like your horse nearly died,' and she said, 'No, no. It's all better now. I've nursed it back.' I said, 'Okay. I can come out and do blood tests or whatever you want,' and she said, 'No, it's all better now.' I said, 'Do you want me to report that for you?' and she said, 'No, I already have.' Where the owners have told me that they have reported it, I have not checked but, like I said, the time I did tell Zoetis I did check and it was reported.

Mr PEARCE: We have had a lot of complaints from horse owners, carers or whoever who has control of the horse with regard to reporting an adverse reaction and that is where it ends. They report it and they do not hear anything back from the vets in a lot of cases, and also Zoetis in a lot of cases, and APVMA. They do not hear anything back. Is that a good way to run a business so people have confidence in what you are trying to deliver?

Dr Salmond: I have not really seen that happen. Sorry, what was your question after all of that?

Mr MADDEN: Something about them not getting back to them.

Dr Salmond: I look at the role of the regulatory body. They just do their regulatory stuff. I do not really know what they do, sorry. I just figure that they are independent and they do their thing. If it goes to the APVMA, I have complete confidence in them as an organisation.

Mr PEARCE: Down the same line, Zoetis, the AVA and the APVMA have discounted reports about adverse reactions as often unsubstantiated and mischaracterised. I get a little bit concerned about somebody sitting on a telephone 1,000 kilometres away making a decision about a horse that could be having an adverse reaction.

Dr Salmond: By the same token, I see where you are coming from and I get a bit concerned when I read about these horrific side effects on social media by my client. I rang her and said, 'What's going on? Far out!' Yes, she never thought to tell me. She reported that, so that is down as a reported adverse reaction. That is great. I am glad she has done that, but then again you have not had someone independent come in and actually examine the horse. I am not saying it was not an adverse reaction—I am pretty sure they were—but they never got examined either. By the same token, I do get your point that these are not being reported, but then ones are being reported that have not been substantiated by an independent scientist or someone independently. That is just part and parcel of the way the reporting system works.

Mr PEARCE: Do you think we need to tidy that up? Do you think there needs to be a more strict process?

Public Hearing—Inquiry into the Hendra Virus EquiVacc® Vaccine and its Use by Veterinary Surgeons in Queensland

Dr Salmond: Personally, I just do not think there is a conspiracy. If it was more open and transparent and people could even log on to the APVMA website and track their side effect through the system and there was just more clarity around it, I think that would make it better. It is not just the Hendra vaccine; all reactions should get reported to anything. That is how we find out whether the drugs are working or not.

CHAIR: Thank you very much and once again thank you for travelling from Clermont to be here today. Have a safe trip home.

Dr Salmond: Thank you.

BAKER, Ms Marni, Private capacity

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

Ms Baker: Thank you. My name is Marni Baker and I am a horse owner. As a bit of background about myself, I worked for the CSIRO at the beef cattle research centre here in Rockhampton from 1988 to 1999. My position as a technical officer had me working on developing a novel vaccine for growth promotants in beef cattle. I assisted in the management of both the small animal house with mice, rats and rabbits and a large animal facility, where research was done with cattle and sometimes sheep and camels. I had input into the preparation of grant proposals for funding of research projects, planning animal trials, preparations and animal handling, collecting and processing laboratory analysis of samples, data analysis and preparation of results to be published in scientific journals.

I feel that I have some understanding of the process that our research institutions go through to release relevant and correct results. I also know the frustration of having a great idea of a groundbreaking research project only to have the funding stopped before the final project is in production and the relief when a company comes on board to bring your vision to fruition, and this is how I see Zoetis in the situation with the Hendra vaccine—that shot in the arm, excuse the pun, to bring that great research done by Deb Middleton and her team to a final commercial product. There are very few projects that actually are finished, and our growth promotant vaccine was never finished by CSIRO. Funding dried up and research staff were made redundant, but that is the way of research, unfortunately.

My husband and I and our two daughters, Allison and Amelia, live on a large cattle property near Dysart in Central Queensland, 300 kilometres north-west of Rockhampton. Horses are used every day for mustering stock, general riding and competitions and all up we have 35 horses—foals, broodmares, a stallion, riding horses and national level reining horses. We are about 300 kilometres from known positive Hendra cases both north and south of us. Also, there are large flying fox colonies less than 20 kilometres from our property and we regularly have flying foxes in the trees around our house at night.

As our property is on such a large scale, it is impossible to have water and feed undercover, and with the extensive timber in the horse paddocks we cannot stop the horses from grazing underneath the canopy where the virus could quite possibly infect them. Many people handle our horses including children, workers, vets, farriers, dentists, chiropractors as well as casual visitors. In our assessment of the risks we decided for everyone's safety that we would vaccinate, but it is not only the personal safety aspect that we thought of. If we were to have a positive Hendra case at home, there is also the emotional loss of losing your horses and pets or even a greater loss of a person. Then if Biosecurity Queensland step in and quarantine our property, there is a high chance we would lose our livelihood, which literally would break you emotionally and financially.

We had our first horses vaccinated in April 2013, when the vaccine became widely available in our area. Those horses have now had six doses. In July 2013 we had every horse vaccinated for the Hendra virus. Those horses have now had five doses—that is, six-month-old foals, broodmares, work horses, aged horses and a stallion. Our valuable competition horses worth in excess of \$20,000 each have also been vaccinated. One mare has had seven vaccinations and she has been vaccinated every six months until recently, when the vaccine protocol was changed to annually. She has had a foal and was vaccinated whilst pregnant with that foal and she is now back in full training and has had no issues. Another mare we had at a breeding facility was artificially inseminated on the Friday morning and on Saturday morning she had her second dose of the Hendra vaccination. She had her six-month booster, according to the protocol, whilst pregnant and had a normal pregnancy, foaling a healthy colt. Our stallion has served mares each year since he was vaccinated and all foals are normal and healthy. Foals are vaccinated as soon as they are old enough and there have been no problems or reactions. Valuable competition horses have been vaccinated with no effects on their soundness and they have successfully stayed in training with no time off, and some hold state titles in their disciplines.

I am not saying that reactions will not happen; of course they will. Just like people, horses react differently to vaccines too. It is showing that the body has elicited a response and that it is producing antibodies. In total we have done 172 Hendra vaccinations at home and out of those we had three horses that had a small reaction at the site of the needle. I have had more site reactions with the widely accepted two-in-one tetanus and strangles vaccination and penicillin injections. I am in no way concerned about the minor reactions as it is telling me that the vaccine is working by causing a response by the body.

Public Hearing—Inquiry into the Hendra Virus EquiVacc® Vaccine and its Use by Veterinary Surgeons in Queensland

I have spoken extensively about the vaccine to my vets, one of whom has just presented here, Dr Tess Salmond, and they have been very knowledgeable about the vaccine, its protection and possible side effects. Tess in particular has been extremely open with her experiences. We have discussed price and the allegation that vets are profiteering when administering the vaccine. The cost to have our horses vaccinated is less than what it would cost for a set of shoes. Horses are shod every four to five weeks and Hendra vaccination is once a year. It is a small price to pay, in my opinion, and, remember, we vaccinate 35 horses. They organised an information night which included input from Zoetis and also a lady who had lost four horses to the virus, and one of those horses showed no symptoms but it still tested positive. That really drove home the importance of this vaccine to me. The horse was positive for the Hendra virus but showed no symptoms. I have heard people claim that there has been no transfer of the virus between horses, but how do they explain this situation: all horses were paddocked together, none were vaccinated and all horses were infected and subsequently euthanased? Her property was in lockdown for months until Biosecurity Queensland cleared it.

I fully support the Hendra vaccine. The Hendra vaccine does not just protect vets; it also protects people. People catch Hendra from an infected horse and it is the owner that is initially exposed to the infected horse. Days before it is even sick it can be shedding virus, and it is only when the horse becomes sick that the owner will call a vet. The owner has already been potentially infected. This has been proven by the CSIRO at the Australian Animal Health Laboratory. Virus material was found in nasal swabs before they were sick, and all it takes is a snort for you to be exposed. Some say, 'Vets have to be swimming in bodily fluids doing autopsies to be infected,' but the Hendra virus has been isolated in all parts of the horse. The potential is real, and just because it has not happened does not mean it will not, and no vaccinated horses have been shown to shed the virus or have the virus in their tissues at autopsy. Due to the low levels able to be housed at AAHL, the researchers were able to replicate those same results successfully, and this in itself proves sound scientific applications—that is, the ability to repeat the results.

With regard to testing and approval, if you look at how long it took the APVMA to register the Hendra vaccine it shows how thorough the process was. If we call this process into question, we then have to look at the whole development and approval process of new products in Australia. I support the current reporting system, and the authorities who have to investigate the reported reactions have done well to sort through a lot of claims to isolate legitimate reactions. I believe they have come up with an accurate record of genuine reactions. That list is typical of any vaccine and, as with people, horses can react differently. Some are minor and very few are major.

I fully support the veterinarians' stance to choose whether to treat unvaccinated horses. With the litigious world we live in, I do not believe they can afford not to have a policy. I do not agree with the vaccine being given to owners to administer. It is the vets that will ultimately be exposed and they need to know that the register is correct. As soon as the vet steps on to a place, they are totally responsible for the safety of all the people there. They can tell owners to put on safety protection, but there are some very strong personalities in the horse industry who will not. If the case then tests positive, the vet is open to litigation. How can they be responsible for others' choices? To take the right of someone's safety off them is unimaginable. The cry to have a choice is fair enough, but the vets should have an equal right to choose whether to treat an unvaccinated horse.

In response to the possible economic impact on the equine industry due to vets not attending unvaccinated horses, you will find that the vast majority of horses that have been vaccinated have had no reactions. These owners are completely happy with the vaccine as it stands now. These owners far outnumber the few that refuse to vaccinate, but it is the minority—the ones that are refusing—that make the most noise. You will find that those who vaccinate and are prepared to pay to protect their horses make up the majority of a vet's clients. These clients fully back the policies put in place by their vets. It is the vets who are the animal experts, not the noisy rabble that post accusations on Facebook. Social media in this case has been the source of some very poisonous opinions that have been spouted around as truths.

Working with horses is dangerous. They are big animals that can prove to be very unpredictable when sick or in unfamiliar environments. The safety pyramid shows that the most effective method is elimination of the hazard or the risk, and I am pretty sure that approval to go and wipe out the reservoir of bats is never going to happen. Next is the engineering controls. CSIRO, with the financial backing of Zoetis and others, have developed a highly effective registered vaccine with sound science that has been approved by the APVMA. Then there are administrative controls. Vets have the right to put procedures in place to protect themselves and owners from a possible Hendra case. In the safety pyramid, PPE is the least effective. It is last. Anyone experienced with horses

knows that trying to treat a sick horse wearing noisy blue overalls, fogged up goggles and a mask is extremely difficult and dangerous, if not impossible. Anyone who has tried to go and catch a horse in the rain with a raincoat on will know exactly what I mean. The horse carries on like you have two heads and has never seen you before. Rain, heat, needlesticks, lack of mobility—the list of hazards due to PPE goes on. How can someone with no experience make a ruling to just put on PPE? It would be a massive miscarriage of justice to expect our vets to put themselves in danger. They should ultimately be the ones to make the decision.

In conclusion, the CSIRO has done thorough research into the safety and efficacy of this vaccine. The APVMA has approved the vaccine as safe and effective, as it is now a registered product. There are tens of thousands of happy horse owners using the vaccine with no issues whatsoever, and many of those have been vaccinating their horses from the beginning. Our vets, who are the ones with the most to lose, whether it be exposure to a deadly virus or possible litigation affecting their business, also deserve the simple right to choose whether to attend and treat an unvaccinated horse. Just because Hendra can be hard to catch should not mean we are complacent about it. I am sure New South Wales thought it could not happen to them until the first case occurred down there. Up until then it was only a Queensland disease. Now bats have tested positive for the virus in South Australia. It is ultimately the horse owner who can choose to vaccinate or not, but the same respect should be afforded to vets as well. It is everyone's right to have a choice.

CHAIR: Thank you very much. With your work history with the university and the like, we heard this morning in Nambour about the time being moved out from six-monthly to 12-monthly and we have also heard this morning that the titre levels in some horses that private owners have had tested are way above what they need to be. Do you think there needs to be more work done, particularly with the drug company, to determine whether 12 months is enough or can we extend it out, as we have heard, to potentially two or three years?

Ms Baker: I saw some of the research that they did on that. When you give the booster it elicits a response in antibodies and then it tails off after that first booster. Then you give another one and it goes a bit higher and then it tails off. The results showed that after the second booster it still tailed off. It dropped down too quickly, so that was when they decided to give the six-monthly booster after the two initial shots. That showed the tail started to drop a lot slower and seemed to maintain a better immunity for longer. I am not sure why they decided six-monthly. Probably because that first six-monthly one kicked it up there and kept it up there. Ideally it would be great if it was out to two years. More research would be lovely, yes. That takes funding, so it is all about money.

CHAIR: We do not generally worry too much about that when we make decisions as a committee; we make recommendations. We have heard about stall testing, which can be done quickly so there is a result within an hour rather than vets having to make an assessment on a horse and then potentially leaving that horse, as we heard from the doctor, for four days before they can treat it. Do you agree with that, or do you believe that people may not vaccinate their horse in the hope that they can get a quick test done and that it is not Hendra?

Ms Baker: The stall-side test would be great. The problem that I see with it is accuracy. If you are looking at a horse that is not actually sick yet and it is already shedding the virus, the owner does not call the vet until the horse is sick and the horse has already been shown to be shedding virus three to five days before it starts to show symptoms, so you have potential exposure before you have even tested the horse. With the stall-side tests you are trying to get an instant result for a virus. I am not aware of any other equivalent tests for a virus.

CHAIR: The comments we heard this morning were from the lady who is designing the test and the work that she has done.

Ms Baker: At the Sunshine Coast university. Yes, I have seen that.

CHAIR: The work that she has done so far, to the point where the funding has run out, has been 100 per cent successful on trials with Biosecurity Queensland. The next step is more funding to continue the trial. Do you think if that is successfully rolled out that people will go away from vaccinating horses in the hope that they can just get a test done and then get the vet out to it?

Ms Baker: Sorry, I misunderstood. A stall-side test would be great if it was developed. If the funding was there to develop it that would be awesome. Quicker treatment for a sick horse is always ideal.

Mr PERRETT: Thank you for coming in and sharing your direct experiences, especially as a horse owner. I want to pose the same question that I did to the previous speaker about insurance and competition. Obviously you have some very high-level, valuable horses by the sound of things. Do

you have any knowledge or direct experience with regard to insurance for your horses and vaccinations? Where your horses compete, do you know what policies those various groups or associations have with respect to the attendance of horses that are vaccinated or unvaccinated?

Ms Baker: We have no issues. I mainly compete with Reining Australia and campdrafting. On our horse health forms we have to tick whether they are vaccinated or not and whether they are current. I forgot the first part of your question, sorry.

Mr PERRETT: Do you have any of your horses insured?

Ms Baker: No, we do not have any insured. We have had in the past; we have not at the moment. I have never had to claim on an insurance policy. Touch wood, I hope never to have to.

Mr PERRETT: You obviously make that declaration on the horse health certificate as you nominate those horses.

Ms Baker: That is correct.

Mr PERRETT: Have those associations, be it be the ACA, Reining Australia or the representative body for that, discussed the specific issue of what they require? We are heard some evidence from Pony Club Australia about how they approach it. Do you have anything that you can share with the committee that sheds light on whether they are going to potentially restrict horses attending events?

Ms Baker: I have not heard anything from Reining Australia. I am not even aware if it has been discussed with them. I am not aware of anything being discussed with campdrafting either with regard to making Hendra vaccinated events.

Mr MADDEN: Thanks very much for coming in today. It is great to hear from a grazier. I think you are the first grazier that we have heard from. You clearly outlined the benefits of vaccination. Do other graziers in your area follow similar procedures?

Ms Baker: Yes, they do. Most of our neighbours vaccinate.

Mr MADDEN: What is your view on compulsory vaccination?

Ms Baker: I do not think it would be very easy to police with regard to casual horses, like general trail horses in the back yard and that sort of thing. It could be quite feasible with competition horses. If organisations decided that mandatory vaccination was the way to go, that is just what you have to do to compete. I think it would be hard to police someone with a horse in their back yard. We have a lot of wild brumbies around in the hills at home too, so you still have that reservoir there in wild animals.

Mr MADDEN: What about legislating for the compulsory vaccination for horses that are involved in competition?

Ms Baker: I really have not thought about that. I am more guided by the organisations that I have been with. I did see that PCAQ had mandated vaccinations and it was overturned. I fully supported that, because at the time the state championship show was up here in Yeppoon where there had already been a positive Hendra case.

Mr PEARCE: Thank you for travelling so far. I know how far you have travelled. Through our submissions and hearings it is becoming very, very obvious that we have the vets on one side and we have a number of people who are pro vaccination, and they are split down the middle. We have a number of horse owners and carers who are anti vaccination. Amongst those anti-vaccination people are a lot of horse owners who were pro vaccination but they have changed because of the adverse reactions that their horses have had. I just see the whole thing is a mess. It is a debacle. Do you have any ideas about how we can tidy it up and get it so that we have a good flow of information coming through to horse owners so that we do not get people making comments that are sometimes inaccurate?

Ms Baker: I have followed the anti-vaccination debate a little bit until it really did my head in with some of the accusations being made. Some claims of reactions that people were claiming to see could not possibly have been reactions and were quite easily explained away by pre-existing conditions that the horse had such as possibly subclinical laminitis, so those things were easily explained away. As in tidying up the reporting process, I think it is really hard. Before Hendra vaccine came out horses still got sick, they still died for no particular reason, they still got colic and they still got laminitis. All that stuff still happened on a regular basis. Now that Hendra vaccine is on the market all these horses are still getting sick, they still die for no reason, they still get laminitis or whatever, and all of a sudden people are blaming the Hendra vaccine. I think a lot of it can be just coincidence, in that they had their vaccine and then this condition has evolved. I am not saying that the vaccine caused that condition. I would just like to have it on record that I am not saying that.

Public Hearing—Inquiry into the Hendra Virus EquiVacc® Vaccine and its Use by Veterinary Surgeons in Queensland

Mr PEARCE: The committee is trying to find a way to assist horse owners to get the right information. I believe that Zoetis and the APVMA have an obligation to report back to horse owners the results of independent studies so there is a good line of understanding and we can stop some of the nonsense out there. A lot of what we have heard over the last few days is not constant either, because these things have really been happening. We heard from a lady this morning who was quite explicit in the way that her horse had been affected. Do you think the reporting process can be tidied up? I want people to understand it better, that is all.

Ms Baker: By way of education, talk to your vet. I talk to my vets all the time. If I have a problem with my animals and my horses, I have a conversation with my vet. Zoetis has put out information pamphlets. It is online and everything. Vets have put out information on social media and they just get savagely attacked by people. Really, it is very sad that people do not trust their vets for their animal care. The vets are the animal doctors. If you have a problem with an animal, go and talk to your vet. It is not that hard. I talk to this lady over here whenever I have an animal problem and she is very upfront, very knowledgeable and she helps me every day.

Mr PEARCE: Obviously you have a good relationship with her.

Ms Baker: She is not my only vet, and I can talk to any of them.

Mr PEARCE: That is a good thing. We have had reports from people who have made a report about an adverse reaction and it has gone through the system and they still have not heard anything, and this is two years later.

Ms Baker: Have they followed it up regularly, though?

Mr PEARCE: I will leave it at that.

CHAIR: Thank you very much, Ms Baker, for attending and travelling so far.

KERR, Dr Jim, Veterinarian

Dr Kerr: I have a horse-only vet practice in Yeppoon just east of us in one of Queensland's bigger bat colonies. It was a smart place to set up an equine vet practice. I went to the original Hendra outbreak in 1994 as a final-year vet student and I have been involved in seven Hendra cases, including contracting for Biosecurity Queensland in the Cawarral outbreak when I did the work in the hot zone for them. I have also had two attempted prosecutions by Workplace Health and Safety.

I do not know what to say to you. I am wondering what you are thinking. I have figured by now that you have probably worked out that we got lucky with the vaccine and it is a good one. It actually works. I do not want to get into the vaccination problems or benefits. I think enough has been said about that. Why are you here? Why are you having a parliamentary inquiry? Every industry has problems. Why are things so bad that you guys are here? Mr Pearce was touching on vets and horse owners. There have always been some horse owners who like vets—and that was nice, thank God—and then there are always vets and horse owners who just hate each other. We want to get back to that situation, because that is when it was situation normal in any industry. The vast majority of horse owners just hope they never see a vet in their life and do not care one way or another, but the industry has been polarised. It has been split in half. Half of them are going to the vet and half of them are going against the vets and there is a breakdown of the vet-horse owner relationship for that reason.

I do not know if anyone read my longwinded and boring submission, but if you are trying to work out a solution on how to fix this, it is really important to understand how we got to this point. In 1994, the first Hendra case came up. Things have to get pretty bad before you manage to diagnose something that you do not know exists. That is not an easy thing to do. There are some people who should have got a medal for that. Anyway, after someone died and a lot of horses died, they worked it out. They found a new disease. Then in 14 years we got the odd case here and there and we just bumbled along and did not worry about it too much. Everyone got a bit blasé. Then we got two big outbreaks. In 2008 at Redlands Dr Ben died and then in 2009 it was Cawarral and Dr Alistair, one of our mates here, died and things got serious. Biosecurity Queensland came to two realisations. I was working for them at the time. First of all, they realised that horses were not safe in that period—between realising that you had a sick horse and getting the result back for a Hendra exclusion test. I think that is really important when you are talking to Biosecurity Queensland and Workplace Health and Safety—or anyone. It is that period that we are interested in. That is the problem. The rest of the time we do not have a problem. That is the period that we have a problem.

Biosecurity Queensland realised it, because once you got a result back—'okay. It's got Hendra. Too easy: big strong fence, don't go near it. Chuck a bit of feed over the fence.' You might need to run some more bloods to make sure that when it is dead so you do not get sued by the owner when you kill it, because it is going to go to heaven. That is it. It is not really hard to work out. If it does not have Hendra, 'Great. Let's get on with working out what's wrong with this horse and try to do something to help it, diagnose and treat it.' I see in the new biosecurity guidelines it has put in a sentence here about an alternative diagnosis being one of the main ways that you can establish that it is not Hendra. That is not what is going on now. No-one is trying to diagnose and treat sick horses anymore, because Workplace Health and Safety is going to prosecute you and they are pretty scary. We did not have a problem until those prosecutions started. It did not come to a head. There were some issues that were simmering away, but it was not until we got those prosecutions.

Of the two things that Biosecurity came to realise, one was that period that they were not safe. What did Biosecurity Queensland do? The new Biosecurity Act is with the COAG agreement. The second principle of the COAG agreement is that zero biosecurity risk is unattainable. You can keep that in your mind, because anything that we do that is trying to make the risk zero is not happening. We are going in the wrong direction. These guidelines that we have been prosecuted on are all about giving up on the horse and the owner's welfare—'Stuff them. We're not going out to help them anymore. We're going to stay here and make sure that we don't do anything wrong.' The only way to do nothing wrong is to do nothing. That is what Biosecurity Queensland has decided.

At that point, over the next 12 months after the Cawarral outbreak, they changed from a policy of seeing sick horses to no longer seeing sick horses. They refused to see sick horses until a private veterinary practitioner goes out, sees the horse, runs the bloods and gets a result back in two to five days—unless it is a public holiday, or it is Christmas where they are shut for a couple of weeks. Biosecurity said, 'Righto. You vets are doing it in that period.' That is the danger period. All human infections occurred in that period. Once you know that the horse either has Hendra or does not have Hendra, you do not get infected. You would be pretty stupid to be infected by a horse that you know has Hendra. It is not a problem. The problem is that period.

The other thing they worked out—and this is something that I do remember seeing, because stockies are the grunt; there are not too many people who go into the outbreak zone—there are 30 or 40 horses there. You do not know which one has Hendra and which one has not, but you know they have it. You know they have Hendra, so you are pretty right. You just have to work together. No-one from Biosecurity Queensland goes into there. Stock inspectors started asking questions like, 'So what exactly are we supposed to do while we're in there and what are we not to do while we're in there?' Then they got to the question, 'Are you telling us to go in there or not?' A lot of umming and aching went on with that question. In the end it was, 'No, we're not.' So they did not go in there. No-one went in there. Of the owner of the place and all the people who worked there, the vet was dying with his family, the other vet was on an island off the Whitsundays counting down his incubation period to find out whether he had it, the owner had a heart attack in the PPE. He was in hospital. All the people who worked there were in hospital getting the antibody treatment, because they had been heavily exposed to several of the horses. Biosecurity quite happily shuffled in there a 14-year-old girl, who was the daughter of one of the people there who worked there and who was in hospital, a young bloke who had had a little bit to do with horses who was the brother of one of the horse handlers, and a grandmother who was the mother of one of the ladies who worked in the office. There is no selection criteria for anyone who goes into the outbreak.

I was not going to go off on this tangent, but anyway. There were seven vets there. They have a—I do not know how many—million dollar budget. They have 40 people working there. No-one goes in there. A vet turned up one morning with vacutainers to take more bloods. There were 40 horses there. I think there were 20-something unbroken horses. I said, 'Thank God you're here, David. It would be nice to have another vet here. How about you do the horses in the stables and the old mares in the paddock and I'll do the unbroken horses and the positives.' 'No, I can't go in there.' I said, 'Why not?' He said, 'I've got a beard.' It is important to understand the mentality that we are dealing with, because it is, 'Don't do anything wrong.' The only way not to do anything wrong is not to go in there—do not get involved.

Two things happened up there. They realised that they were unable to write any procedures that guarded against anything bad subsequently transpiring and they were responsible for it. Workplace Health and Safety was starting to get interested in it. They could not write any procedures. If you look at the Queensland Ombudsman report, it identified the fact that what was then QDPI, or whatever they were—now Biosecurity Queensland—was unable to write any procedures. This is for horses they know have Hendra. They have still been unable to. If you read the Queensland Ombudsman report it is quite specific about how they have been identified and they have still been unable to write any procedures.

The point of this is that the first thing that Queensland Workplace Health and Safety does when they turn up to attempt to prosecute you is to get your procedures off you. Biosecurity has never been able to write a procedure. The first thing Workplace Health and Safety do is get the procedures off you. You have to supply procedures. They have written guidelines. The guidelines summarise everything that has ever gone wrong in regard to Hendra in horses but no procedures on how to do anything. I asked them, 'How come you guys haven't been writing procedures?' They said, 'Oh, we don't have the expertise. We're not vets.' Biosecurity Queensland has a lot of vets and a lot of money and it has not been able to write any procedures. The point is that you cannot write them. You are basically getting prosecuted on either failing to write the correct procedures that guarded against everything that subsequently might happen or go wrong or you have been prosecuted for failing to follow them—usually the first one.

People look at PPE and think, 'This is not a problem.' The problem is unreasonable prosecutions based on unworkable guidelines and the liability that we have associated with it. We cannot get insurance against it. Biosecurity Queensland set the precedent of no longer attending that danger period when humans are infected because it was too dangerous. The idea of the new Biosecurity Act is that we are going to share responsibility. Just to get further back on track with that, when Biosecurity Queensland stopped seeing sick horses in that period and handballed it to the vets, the vets did one of several things. They stopped seeing horses because they had been handballed this impossible thing to do by what is supposed to be a primary agency in Australia to protect people from zoonoses. They had given up. They gave it to the vets. The vets either stopped seeing the horses altogether, which most have done around here, or they decided that they would see only vaccinated horses, or they are just sneaking along under the radar. That is why I do not employ anyone. The only workplace issues would be me. I am not going to be responsible for sending someone out to see a sick horse that might have Hendra. I do not go myself anymore.

Public Hearing—Inquiry into the Hendra Virus EquiVacc® Vaccine and its Use by Veterinary Surgeons in Queensland

Anyway, the vets have now gone. Most of us just ignored the fact until Workplace Health and Safety got aggressive with prosecutions and started prosecuting us as well. We are now found criminally negligent for failing to protect the owner while we are there. They say, 'You're not responsible for what happens after you leave,' or, 'You are responsible, but you are responsible for some things when you are not there.' It depends on whether it is their workplace or it is not a workplace. There are so many issues about what we are responsible for and what we are not responsible for. If you have been found criminally negligent for failing to protect an owner, how are you going to go in court arguing that the kid died, it got Hendra when you were not there or when you were, when you have just been found criminally negligent for failing to protect them? That argument is not going to carry, but if it does you are not going to go home feeling very good about yourself.

Does Workplace Health and Safety Queensland acknowledge that horses are still getting sick? Does Workplace Health and Safety acknowledge that horses are still getting sick at pretty much the same rates that they always have? Horses out there are still getting sick, and they are getting sick at the same rate they always have. Does Workplace Health and Safety acknowledge that horses are still getting sick and dying from illnesses, including Hendra virus? Does Workplace Health and Safety Queensland acknowledge that horse owners are still dealing with these deaths? Does Workplace Health and Safety Queensland acknowledge that horse owners are still trying to physically assist their dying horses in these situations? Do Biosecurity Queensland and Workplace Health and Safety Queensland acknowledge that, by always prioritising the minimisation of liability over and above client and patient welfare, they are more worried about minimising their personal liability than the sick and dying horses and the people that are being exposed now? This is still going on. Their policies and procedures have resulted in a marked decrease in professional assistance to horse owners in their time of greatest need.

Will Biosecurity Queensland and Workplace Health and Safety Queensland prepare a written statement acknowledging that they have been notified that the next Hendra deaths are now likely to be owners, because Biosecurity Queensland officers are not going to be dying and vets are not there anymore for unvaccinated horses, so they will not be there and it is still going on? Given that horse owners will continue to try and help these dead and dying horses, do the Equine Veterinary Association, Biosecurity Queensland and Workplace Health and Safety believe the fact that they are not physically there nor actually doing anything to help absolves them of all duty of care to owners, horses and dedicated laypersons left to assist them? I would like the answer to that question in writing from Workplace Health and Safety Queensland, because it is about time they accepted responsibility for the fact that policies that they think are protecting people are actually exposing people.

The other thing that I would like to get into is solutions. Obviously from what I am saying one of my solutions would be that Biosecurity Queensland return to seeing horses in that danger period. Guidelines and procedures are needed. They are good things, but there are not any procedures or any guidelines because if you write a procedure and something goes wrong and someone follows that procedure and it goes wrong—and it will go wrong. Something will go wrong for sure because zero biosecurity risk is unobtainable. The only way you are not going to have any risk is if vets do not go out there anymore. That is what is happening. They (BQ) need to return to seeing horses in that period because the guidelines are not workable. They are unrealistic. If they (BQ) were out there doing it and writing guidelines while they are trying to do it, then there is some hope that we may wind up with some guidelines that we can work with.

If I was trying to resolve this I would be getting Workplace Health and Safety Queensland, Biosecurity Queensland and the Equine Veterinary Association together and saying, 'Righto, go out there and see a sick horse. Follow those guidelines, write the procedures and do the whole response.' Have it audited by the Queensland Ombudsman so they look at the cost, what training is required and who can do it. Can you do it in the rain? What conditions can you do it in? How do you actually do this stuff? No-one can write a procedure for it. You can be 100 per cent sure the procedures they come up with will be wrong and it will be a work in progress. It will be a living document. It will be something that will be a starting point and you just keep going with it. At the moment we have nothing. We have Biosecurity Queensland handballing to vets and vets handballing it to the owners, who are the only stakeholders left. The reason they are so angry is that they got left holding the baby. Biosecurity Queensland needs to return to seeing horses, and then we might get some procedures that were written by someone that intended doing them rather than just wanting to cover themselves.

We really, really need a crush-side test. I have no idea why they were axed. If we want to get into politics and crush-side tests, why has the AVA not supported it? Why has the AVA not condemned the Workplace Health and Safety prosecutions? People have their own internal follies. The AVA, Australian Veterinary Association, is mostly small animal vets. They do not want Workplace Health

and Safety getting upset with them. They are not going out to condemn the prosecutions. It is all politics. As far as the crush-side test goes, I can understand why people would think that would result in a reduced uptake of the vaccine, but it will not because it will cost you 10 times the amount that it does to vaccinate your horses. You might do it for a little while but you will not have the money to do it for long.

There are five things that we really need. You need a high percentage of horses vaccinated so that you can dedicate your resources to unvaccinated horses. It is still inefficient and it is not money, but there are always going to be horses that you cannot vaccinate. There are going to be some horses that do have a reaction which is serious and you probably should not vaccinate them, but I have never seen one and I have never met a vet that has. I do not doubt that it exists and you do get vaccine reactions. We definitely need the stall-side tests. We need insurance against Hendra from an insurance company. We need a client waiver form where the client accepts legal responsibility for what happens with their unvaccinated horse. I am not going down to see someone's horse if they do not accept responsibility for what happens to them, their horse and their place. Sorry, I understand that I have a duty of care to them, but I am helping them by going there and no-one is. If you do not want to vaccinate it then you had better get a paper to sign if you want a vet. If you read the submission you will read the other things. I should finish on a good note: good luck with it.

CHAIR: It is great to be here to listen to your story. You are a man of your word and you did hold your tongue, which was fantastic for us as well. In your submission you said that in your area, out of 14 vet practices, 12 no longer see horses. There was also the comment, and they certainly don't vaccinate them'. Why would there be an issue with vets going out to vaccinate a horse out of those 12?

Dr Kerr: If you are no longer seeing horses then you cannot go and vaccinate them.

CHAIR: You are saying on one hand that you would like to see more horses vaccinated so you can treat them. As part of the 12 that now do not see horses, particularly because of the fact they are not vaccinated, would it not be good policy to just go out and vaccinate a horse rather than treat them?

Dr Kerr: What if they have Hendra?

CHAIR: How does anyone know if it has Hendra? Do you kit up in PPE to do the first initial needle, or did you in the past?

Dr Kerr: You do not want to know what I do, but, honestly, I would shoot the horse that has Hendra. I will not wear that ridiculous PPE. Four hundred people died from Ebola wearing PPE. The first thing about PPE you need to understand is that it does not work. That is pretty important.

CHAIR: But vaccines do?

Dr Kerr: Vaccines do. Vaccines are great. The more vaccine the better, but some horses are not going to get vaccinated. Ten to 20 per cent of horses in the endemic area are vaccinated. We vets that do not seem to actually exist are the ones that are treating all the unvaccinated horses. Everyone is pretending they are doing stuff they are not doing to keep Workplace Health and Safety happy. I look after my business. I do not care about Workplace Health and Safety anymore because they have everyone terrified.

CHAIR: You are a big supporter of the stall-side test?

Dr Kerr: Yes. Some people say that it will reduce the uptake of vaccine and Biosecurity Queensland will lose control of reporting. At the moment, if you have a sick horse you are supposed to send all your tests to Biosecurity Queensland. If you get these nasty horse vets with stall-side tests, do you know what could happen? They could say, 'That's Hendra. Get an excavator in here fast and a gun. Fill the hole up and don't tell anybody because things are going to get really ugly if you do.' There are a lot of reasons for not giving vets things, but they are all reasons for not doing things and the problem is that no-one has taken any responsibility for sick and dying horses and protecting owners. They are just handballing it to the next mob, and now the owner's got it.

CHAIR: Thank you for your honesty.

Mr MADDEN: Thanks for coming in, Dr Kerr. It is very interesting to listen to you. I would like to congratulate you on your suggestion about a client waiver form. As far as I can work out, you are the first submitter who has suggested a client waiver form. As a lawyer, I understand what that means and how important that would be. It seems to be a very simple solution to the problem that you have outlined. Is there anything we can learn from how we dealt with EI with regard to increasing vaccination rates for Hendra? There is an obvious answer here.

Public Hearing—Inquiry into the Hendra Virus EquiVacc® Vaccine and its Use by Veterinary Surgeons in Queensland

Dr Kerr: Is there?

Mr MADDEN: Yes: it was free.

Dr Kerr: Honestly, I believe that a large majority of horse owners believe the vaccine is good and it outweighs any potential problems, but it is the money. We are talking about 10 to 20 per cent uptake of the vaccine in the whole area, but if you live in Brisbane then you do not have too many big paddocks. If you have one or two horses in a little paddock with big feed bills, vaccine is not a big deal. If you have a paddock with 400 horses in it—and there are plenty of them around in the bush—forget it: that is \$80,000 a year. I know the old racehorse trainer here who has 40 horses, \$8,000 to \$10,000 in the last 20 years, never will have it. It is not going to happen. Then you have foals. There is an entire foal medicine problem. No foals are vaccinated. There has been no work done on maternal antibodies in foals. If you vaccinate the mare, does the foal get immunity? Nobody has any idea about that. It is really important to get prompt treatment for foals because they do not show too much in the way of signs until they are just about dead. They are very resilient up to the point where they get sick and then they just die on you, so it is really important to get prompt treatment. EI was not endemic. We are never going to get rid of it (Hendra), so why pour all of that money into preventing it coming here? It (Hendra virus) was here a long time before we got here.

Mr MADDEN: Equestrian Queensland made a submission to our committee and they made three recommendations. I would like your comment with regard to recommendation No. 2. They recommended that the Queensland parliament introduce a legislative requirement that veterinarians take a veterinary oath as a requirement of registration, wear appropriate PPE as standard practice when treating sick and injured horses, and treat sick and injured horses regardless of their vaccination status. Did you have any comment about that recommendation?

Dr Kerr: When they start doing it I will have a practice for sale.

Mr MADDEN: I think that says it all.

CHAIR: Thank you very much, Dr Kerr. That brings to an end our hearing today in Rockhampton. I do thank all witnesses for coming today. We understand that some of you have travelled quite a considerable distance. To those people who have travelled today, have a safe trip home. I now declare this hearing of the Agriculture and Environment Committee closed.

Committee adjourned at 3.29 pm