

Boardtalk

www.vpb.nsw.gov.au

May 2009

Issue 30



President's Report

Well, after a very interesting 16yrs on the Board, this is my last report as President of the NSW Practitioners Board as I am not applying for appointment to the next Board from July 1st.

Most of the changes I wanted to see implemented have been achieved and I firmly believe that it is important for the profession to replenish the membership of the Board.

Among the major changes are the acceptance of National Recognition of Veterinary Registration (still in the process of enactment), variation of the hospital licence system to one based on 'fit for purpose', replacement of the previous Veterinary Surgeons Investigation Committee (VSIC) by the current Complaints Committee, and the international recognition and Australasian acceptance of the value of the Australasian Veterinary Boards Council (AVBC). One change still to come is the addition of a mechanism to the Veterinary Practice Act 2003 to allow for the management of the increasing number of colleagues that show evidence of an impairment problem.

The standards of veterinary practice are changing continuously. Not only due to new techniques but also due to increased public knowledge and expectations. The standard of veterinary services expected by the public of NSW is quite demanding and to handle complaints that come before the Board requires an intimate understanding of not only the technical skills of veterinarians but also the



expectations of the animal owners, especially in the area of communications. I believe the changes to the complaint handling process, introduced in the new Act in 2006, have now shown themselves to be a far more transparent and practical approach than the previous constraints of the VSIC.

Complaint Handling Process

As mentioned elsewhere in this issue of Boardtalk – the process of inquiry of professional misconduct complaints from the public, as created within the Act, places a requirement for cooperation by the veterinarian. A frank, open and honest approach from the veterinarian to the committee's inquiry is crucial. The basis of the initial inquiry is to discover what happened and if the standards

Inside This Issue

President's Report	1
From the Registrar's Desk	3
New web site	3
Communicating with Clients	4
Report From The Board's Complaints Committee	5
Emergency - Animal Disease Watch Hotline	6
Supplying ketamine and similar products	7
Steriod Supply and Use	7
Coccidiosis in lambs	7
Custom autogenous vaccines	7
Statistics from Annual Return 08	8
Postnominals and their use/abuse	12
Confidential Help for Veterinarians	13
Responsibilities of a Veterinary Hospital Superintendent	13
Theileriosis – an emerging disease problem?	14
Deadline Rapidly approaching	16
'Swine flu' information sites	16
Microchip scanners	16

were met. It is understood that when dealing with biological situations, the outcome is not always as expected or anticipated. Also there are times when an honest mistake can lead to an untoward outcome. Assessment by peers is designed to allow for these unexpected outcomes to be measured against normal standards of practice. It is not possible for this kind of judgement to be performed by the legal profession. The stage for legal involvement is at the serious professional misconduct level. This is when the Board determines at the end of the initial inquiry that the veterinarian is not practicing to the standards for one reason or another and may be guilty of serious professional misconduct. It is then referred by the Board to the Administrative Decisions Tribunal (ADT) for determination and that inquiry is conducted in public with legal representation by both sides as the orders of the ADT include the possibility of suspension or removal of a veterinarian from the register.

Talking of legalities, there is a 'practical element' to the code of conduct and it always needs to be interpreted in the context of everyday veterinary practice – not some high level academic or legal context. Currently, on a parliamentary counsel level, there may be a need to address some issues whereby the veterinary speak in the code requires some clear definitions to avoid legal argument as to the meaning of the terms used. As the Code is part of the legislation, the veterinary terms can become a matter of legal argument whereby lawyers and judges end up trying to interpret these terms in legal speak for us veterinarians after the event. The intention is to address any of these issues within the review of the Act which is currently taking place (all Acts are reviewed after 5 years), although it is always difficult to know what needs further definition. Within the Board itself and the Complaints Committee, it is constantly kept in mind, that it is the 'standard of practice' that is the yardstick by which to measure the complaint. This is done using the veterinary practitioner's code of professional conduct.

As a practical example of interpretation of the Code, when an animal dies, the standard of record keeping, which is based on the principle - are there adequate records and is it possible for another veterinarian to understand the history and take over the management of the patient? - But obviously there is no patient to manage. However, it is often the death of an animal that triggers a complaint, which may not come to the Board until considerable time has passed, years

in some cases. In this situation, the Board finds (as well as the veterinarians who have made them) contemporary notes extremely valuable in assessing the standard of practice. There is no need to write up the death of every animal as though it is a case for publication, but it can be extremely valuable later on, to have made notes as to what happened, what was said, who was contacted and when.

A point of clarification from my December Board Talk report. Under communications between veterinarians, I mentioned 'contacting the other veterinarian' and 'if the owner is not happy with that'. To be clear, I meant if they are not happy to give consent for the other veterinarian to release the records then 'I am reluctant to proceed...'. It is quite clear under Clause 10 of the Code of Conduct that the veterinarian releasing the records needs the consent of the owner or person in charge of the animal.

Thank You

Over the years there have been many colleagues who have given me support as a member of the Board and I thank them all. In particular I would like to thank Dick Jane and Geoff Reed who both helped steer the ship through troubled waters and Prof. David Hutchins for his incisive advice and suggestions. Angela Haynes and Margaret Francis, the first two non-veterinarians to be appointed to the Board under the new Act, I would like to thank for the harmonious and effective way they have contributed to the function of the Board. The successful addition of non-veterinarians to the Board owes a great deal to the way they have approached the position.

I wish to thank the Honourable Ian MacDonald, Minister for Primary Industries and the staff in his office for the considerable support given over the years and in particular with the introduction of the new Act over the last 5 years.

Finally it gives me great pleasure to thank the office staff, Mary Lydamore, Des Lyttle and Clare Nathan. Each of them have valuable skills and work together as a great crew under their skipper Glenn Lynch. Glenn brings an extremely valuable skill to the position of Registrar – common sense and the ability to see the bigger picture and not just the bureaucratic detail. I wish the new Board every success and thank previous Board members and particularly the current Board members for the way they have all contributed to the very important functions of the Board.

Regards,

Garth McGilvray, President.

From the Registrar's Desk

'When Australians are offended they want something done about it. Just being offended is not enough. Getting it off our chest doesn't do the trick. We want action. We want disapproval made official. We want someone, somewhere, somehow to suffer because we're upset' – Written by David Marr – Sydney Morning Herald 1 April 2009.



When I read this statement, it encapsulated the perception I get from initial discussions I have had with a number of complainants. The number of complaints being made to the Board has risen significantly over the last few years – the role of the Board's Complaints Committee is to investigate complaints about practitioners. This process can colloquially be described as 'sorting the wheat from the chaff'. The chaff being the sort of communiqué complaint such as the above would suggest (relatively minor types of complaints) versus the wheat - being the type of professional misconduct that any practitioner would frown upon and expect the Board to do something about.

The Board has a policy of processing the 'minor' complaint ('minor' on the face of it) because it believes that it is important that the practitioner receives the complaint and has an opportunity to read what their client has written and respond to it – as opposed to the Board dismissing the complaint without investigation, pursuant to section 46 'The Board may dismiss a complaint if the Board is satisfied that the complaint is frivolous or vexatious or otherwise lacking in merit' (although the Board does use this section very occasionally). Sometimes the investigation process can reveal some concerning aspects of the practitioner's protocols independent of the actual complaint.

During the course of investigating complaints, the vast majority of practitioners fully co operate and are up front, frank and honest about the matters being investigated. This openness and frankness is what the professional investigation system is based on. Without it, there can be no-peer review and the only alternatives are non-peer processing via the consumer affairs tribunal and the courts. The Board would like to believe that the legislated process in the Veterinary Practice Act

is based on the practitioner having confidence in the Board (their peers) to take all matters into consideration and to come to an appropriate decision.

In fact, I have received several positive comments from practitioners who believe that they have been kept up to date and understood the processes of the investigation and have felt comfortable about being interviewed (when required) by the Complaints Committee. The practitioner is always made aware of the specific particulars of the Board's concerns before an interview, therefore they are prepared. They probably feel like...nothing to hide, nothing to worry about?

Conversely, the Complaints Committee has also come up against Solicitors and Barristers representing practitioners in the embryonic stages of processing a complaint. This is an assumed right of all people in our society. However it is not so in professional conduct matters before the allegations are particularized and the allegations are being investigated as to 'what happened'. I am often left thinking to myself; did this involvement of the legal profession really 'help' the practitioner or just, up the ante? The Committee, Board and staff of the Board are not solicitors and consequently, when the practitioner enters a legal representative into the process, the Board must also refer the case to our solicitors for advice or to act on our behalf to deal with the 'legal' process. As you would expect, legal advice is not cheap, so the issue is now legal and expensive (for both sides).

I would not like to divulge the outcome of complaints where solicitors have been involved or the guilt or innocence of the practitioner but such cases are in the vast minority and the practitioner may not prescribe to the theory - nothing to hide, nothing to worry about? We get to the facts of the matter eventually; it just takes longer and costs more money - money that the Board always seeks to recoup.

New web site

It may not appear any different to the previous site; however, the Board's website has been rebuilt and now fully complies with NSW Government requirements. You may see subtle new icons and hidden text on the home page –

this is to accommodate people with certain visual impairments – if they have the appropriate software, these people can fully access the information on the site – even braille software can be used.

Annual registration Annual Returns (AR) and invoices were posted out prior to Easter and are due back to the Board by 31 May 2009. If the AR and invoice is not submitted by the due date, the Act requires the Board to remove the person's name from the register – this is the unpleasant aspect of my job – please don't let it happen to you.

Please do not send in CPD validations (certificates etc) – we only require your points.

I have initiated improvements to the process of paying and submitting the AR – it is so very simple – I request that if you haven't done so before, give it a go!

You will note that as promised in the last edition of Board Talk, I have included the statistics gathered from last years AR – they certainly make for interesting reading.

On a personal note, I am aware that the Board's President, Dr Garth McGilvray will not be putting his name forward to serve on the new Board from 1 July this year. From a selfish point of view, this will bring new challenges for me because I have always worked very closely with Garth and his mentoring will be sorely missed. I would like to thank Garth for all his efforts serving on the Board over the last 16 years. I have witnessed first hand the enormous contribution that he has made to the profession, not only in NSW but on a national basis as Chairman of the Australasian Veterinary Boards Council Inc. All the current Board and staff of the Board wish Garth and Sue the very best for the future and I look forward to receiving his emailed photos of exotic sailing destinations from around the globe – he has certainly earned it.

Glenn Lynch
Registrar

Communicating with Clients

This article was published in the Western Australia Veterinary Surgeons Board newsletter and the NSW Board believes that this information is relevant in this state. A large proportion of the complaints received by the Boards are at least partially, due to a breakdown of communication between the veterinary practitioner and the client. This is reprinted from Veterinary Ethics by Jerrold Tannenbaum.

Perhaps the most important area of client relations with ethical overtones is that of communication with clients. Often a client's problems or dissatisfaction can be avoided or solved quickly by clear, respectful communicating with a client; it can be possible to learn all the relevant facts that one must have in order to be able to decide on an approach that is medically and ethically proper.

A serious discipline studying veterinarian-client communications does not yet exist. Nevertheless, one can say with confidence that the following virtues in a veterinarian can nurture respectful and effective communication.

- Ability to listen: A veterinarian must open their mind to what the client is saying. They should not be too busy formulating their own statements when they should be listening to the client.

- Empathy: It is often necessary to place oneself in a client's place. A client who is afraid of treating his pet with cancer chemotherapy might be transferring to the animal memories of cancer treatment of a friend or relative. A doctor must be able to understand why there might be such an impediment to the client's understanding of the treatment options. The doctor, who sees illness every day, must be able to appreciate how strange and frightening the illness of an animal can be to an owner accustomed to its good health.

- Sympathy and compassion: A veterinarian must try to be sympathetic regarding a client's worries or distress, even if they find these concerns trivial or unreasonable.

- Patience: Veterinarians must understand that clients sometimes are unable or unwilling

to comprehend the facts or treatment options. Clients must be given adequate time to appreciate the facts and make decisions.

- Sincerity:** Few things are more offensive than a practitioner whose behaviour reflects insincerity, lack of interest or downright hostility.

- Clarity:** A veterinarian must be able to speak clearly in a language that the client can understand, without treating the client in a condescending manner.

- Tactfulness:** A practitioner must be able to be honest with clients while remaining tactful and courteous. Sometimes it may be necessary to make clear to the client that they are the reason the animal is ill or not recovering. This often can be done in a way that is an encouragement rather than a criticism.

- Professionalism in appearance and demeanor:** Effective communication requires that the client be able to confide in the veterinarian and trust their information and

recommendations. This will be impossible if the client believes the doctor is not concerned about their problems. Regard for personal appearance and demeanor is important in conveying to clients that one does care. Dirty or disheveled clothing, or coarse and disrespectful behavior toward or in the presence of clients, presents the impression that one does not care, and can create a wall between the veterinarian and the client that makes communication impossible.



Report From The Board's Complaints Committee

Since the Complaints Committee's report from last Boardtalk (December '08), the Veterinary Practitioners Board has determined another thirteen complaints against veterinary practitioners after investigation by the Complaints Committee (CC). Additionally there are nine cases presently under investigation.

Two of the thirteen investigations resulted in the veterinary practitioners receiving cautions and fines for unsatisfactory professional conduct; the Board dismissed the other eleven complaints.

Of the dismissed complaints, two were dismissed in accordance with section 46.1a of the Veterinary Practice Act, as the Board was satisfied that these complaints were '*frivolous or vexatious or otherwise lacking in merit*'.

When the Board's CC has reviewed all the documentation of the case, it may dismiss the complaint or establish grounds for

'particularising' the complaint. The CC may then issue a 'notice to attend' for the veterinarian to be interviewed by the CC to review the particulars (as notified) of the case. The Board holds a strong view that veterinarians should make every effort to attend this interview, as it is an important forum for further fact gathering, which usually leads to resolution of outstanding issues. Since the last CC report, four veterinarians have been interviewed by the CC.

Cases resulting in cautions involved:

- The senior veterinarian '*accepting responsibility for treating a patient although unable to provide treatment within a timely manner; and the junior veterinarian administering an excessively high dose of medication or recorded the dosage of the medications incorrectly*'.

This case highlighted the requirement for new graduates to have access to experienced veterinarians or to be made to feel comfortable to ask for guidance from veterinarians from other practices if their more experienced practice colleagues are unavailable.

- The veterinarian demonstrated a lack of care in the disposal of used equipment and unused drugs* with reference to a horse euthanasia that did not go smoothly.

Of the complaints dismissed outright, most originated from dissatisfied outcomes to treatment. Clearer communication with the client may have avoided the complaint being lodged with the Board. One complaint may have been provoked by another practitioner commenting on the diagnosis and treatment provided, even though they did not have the relevant facts. Another case involved a veterinarian failing to administer emergency treatment to a 'walk-in' patient; however the veterinarian was treating another urgent patient at the time.

In four of the dismissed complaints, the Board also exercised its authority under section 46.5 to *'issue a caution to the veterinary practitioner against whom the complaint was made in respect of the matter complained of'* in order to alert the practitioner to comply more fully with aspects of the Code of Professional Conduct, or to minimise the occurrence of such a complaint arising against the practitioner in the future.

The cautions in these dismissed cases were;

- alert two veterinarians to the fact that estimates are not 'optional' - but a legal requirement under the Veterinary Practitioners Code of Professional Conduct 16 b; *A veterinary practitioner must, where it is practicable to do so and before providing veterinary services in relation to an animal, inform the person responsible for the care of the animal of: a) the likely extent and outcome of the veterinary services, and b) the estimated cost of those services.*

- alert a practitioner that the Board felt that his recommended frequency of bandage changes, especially in cases where wounds need to heal by secondary intention, required review.

- alert a practitioner to the requirement to discuss the option of case referral with the client. In this case there was a vet to vet discussion that it was not in the patient's welfare for it to travel to receive specialist attention; however the Board recognised that the client was entitled to be included in such discussions.

Although the Board is concerned about the level of current complaints, it is alarmed at the number of telephone calls made to the office staff from clients wanting information about 'how to complain'.

The Board is fortunate to have staff that are empathetic to calls from the public and they provide them with the time to 'get the complaint off their chest' by talking to someone about it.

The Registrar and the Complaints Officer are the two Board officers that take calls from the public regarding complaints. The Board's standard initial policy response is to refer the client back to the practice Superintendent to discuss their concerns. If they are still not satisfied, then they have a right under the Act, to make a complaint.

The Board expects that the client will get a fair hearing when this referral to the Superintendent is exercised!

Emergency - Animal Disease Watch Hotline

1800 675 888

Report Unusual Disease Signs, Abnormal
Behaviour or Unexplained Deaths

Supplying ketamine and similar products

Lee G Cook

NSW Department of Primary Industries (DPI)

A recent incident occurred where an unknown person rang a number of local practices and said they were a new vet at a well known practice, and could the other practice provide him with an emergency supply of ketamine? As they were somewhat suspicious none of the other practices did so.

But the question has been asked, "Could we have done so?"

The answer to that is technically "no". Supply of S8's and S4's other than to users is regulated by the Pharmaceutical Services Branch of NSW Health at Gladesville. They consider any supply between vets to be "wholesaling", for which an authority is required. They are aware, however, that emergencies can occur and would not consider such supply an offence provided a clear and accurate audit trail was in place. Thus in the above situation you could consider supplying but only to someone you knew to be another registered veterinary practitioner.

It is, however, legal to supply S8's to clients in the same way as you may supply S4's. Again, you would not normally do so, especially with large bottles of ketamine, butorphanol or pethidine, unless you were very sure of your client's reliability. On the other hand, no one may dispense anabolic steroids due to controls imposed by the DPI under a Director-General's Order (see the DPI web site at: <http://www.dpi.nsw.gov.au/agriculture/farm/chemicals/general/controls-over-steroid-supply-and-use>).

Just to refresh everyone's memories, all S8's must be kept locked up when not in use, and the keys held by a veterinarian. Every purchase, use or disposal must be documented in a register. You cannot dispose of S8's yourself. As previously advised pharmacists are now authorised to carry out disposal of unwanted S8's for doctors, vets etc. in addition to the old methods of disposal by police officers or inspectors from NSW Health.

Coccidiosis in lambs

I have revised my document giving information in relation to treatment of coccidiosis in lambs (or kids). As it is now some three pages long it is rather too large for inclusion in Boardtalk, but please send me an e-mail if you want a copy and I will be happy to send an electronic version back.

Custom autogenous vaccines

Finally a note for large animal practitioners that Allied Biotechnology Pty Ltd of Kings Park holds permits to allow them to manufacture a wide range of killed autogenous vaccines, including Pasteurella vaccines for cattle, pigs, poultry and rabbits. These permits allow use of unregistered vaccines which may not otherwise be used to treat major food producing species such as cattle, sheep, pigs, poultry and goats.

Item submitted by:

Lee G Cook

Veterinary Officer

Biological and Chemical Risk Management

NSW Department of Primary Industries (DPI)

Locked Bag 21 / 161 Kite Street ORANGE NSW 2800

Phone: 02 6391 3722 Fax: 02 6391 3740

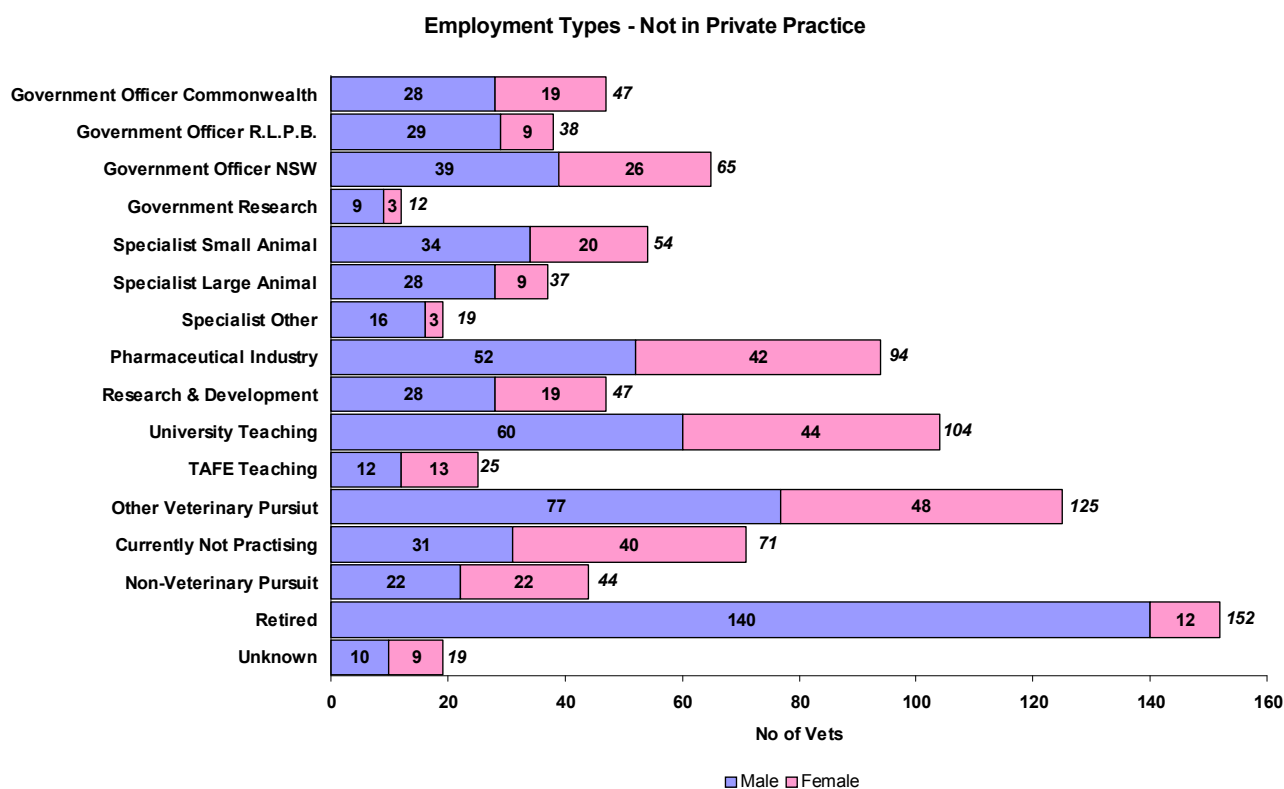
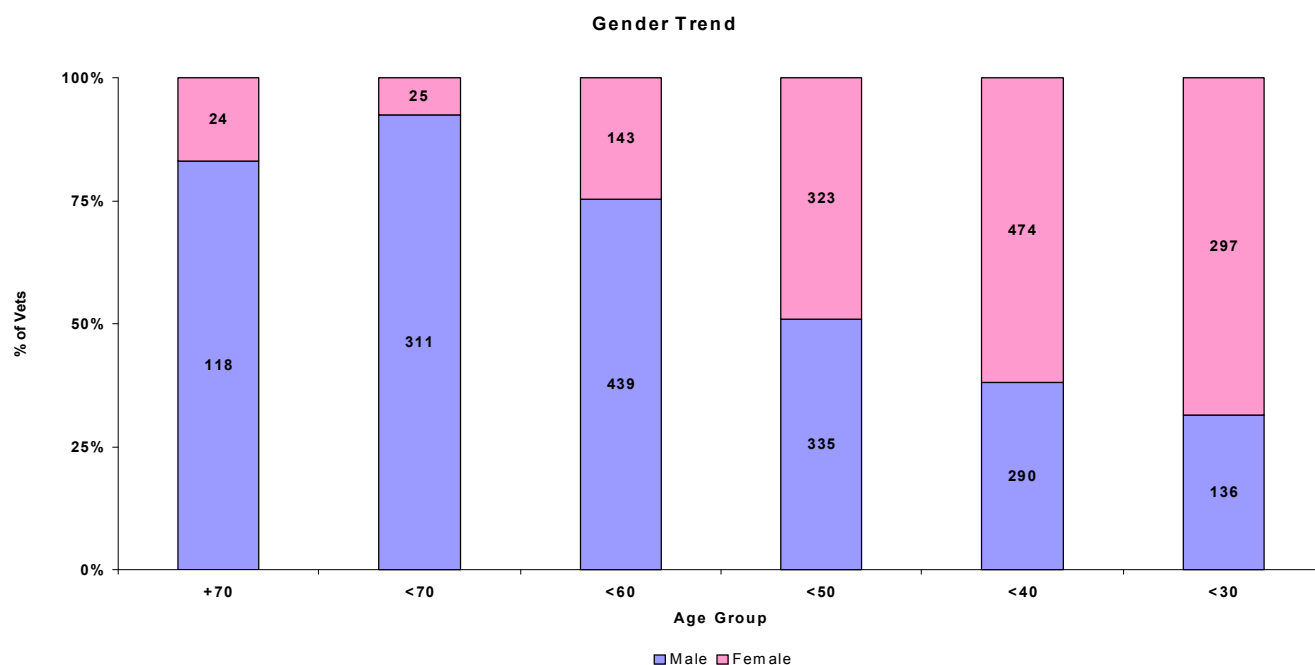
e-mail: lee.cook@dpi.nsw.gov.au

Steroid Supply and Use

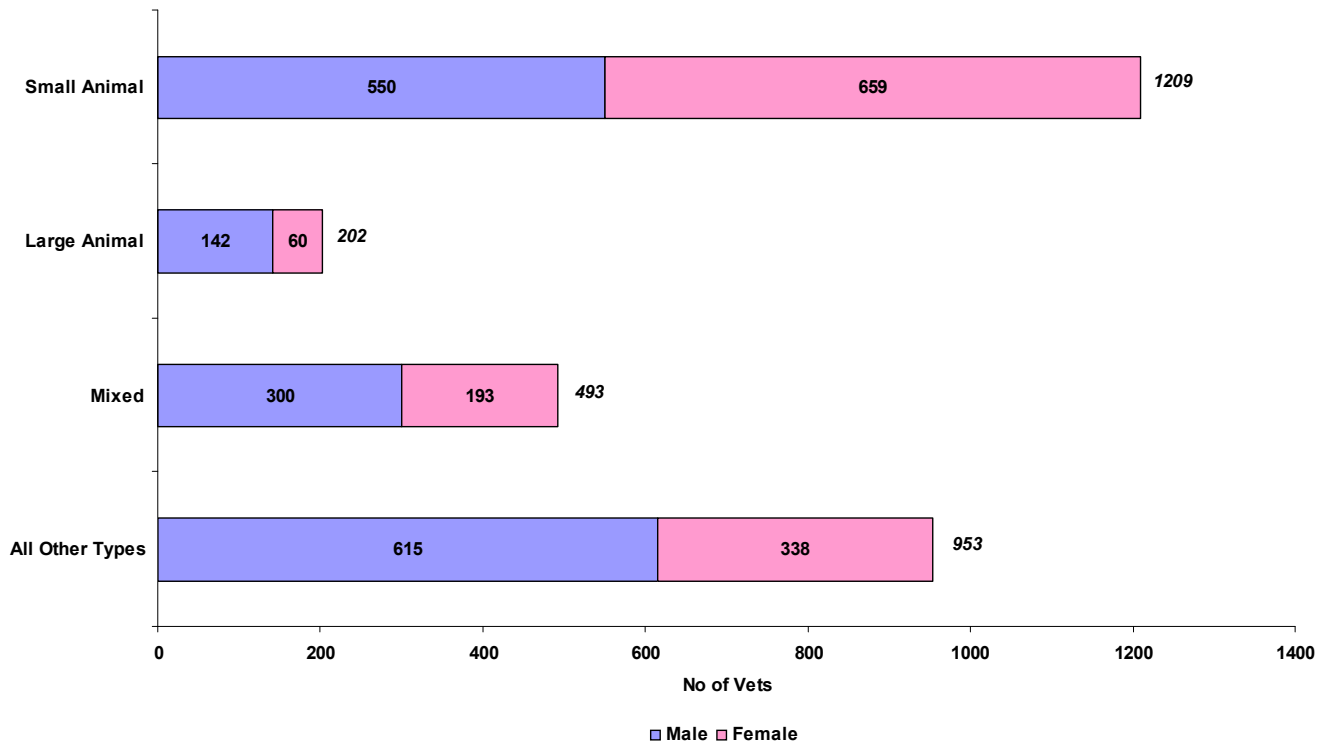
<http://www.dpi.nsw.gov.au/agriculture/farm/chemicals/general/controls-over-steroid-supply-and-use>

Statistics from Annual Return 08

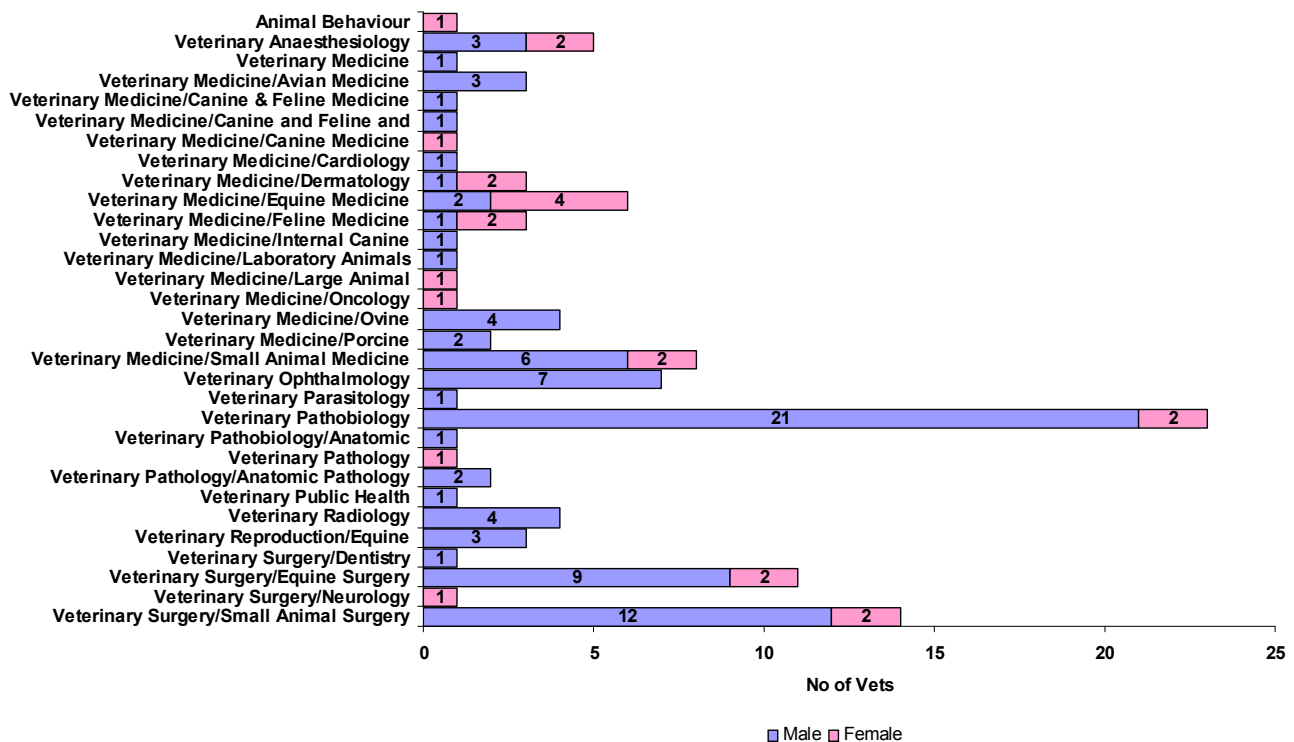
The following information has been collected by the Board from the 2008 Annual Returns and provide an interesting overview of the profession.



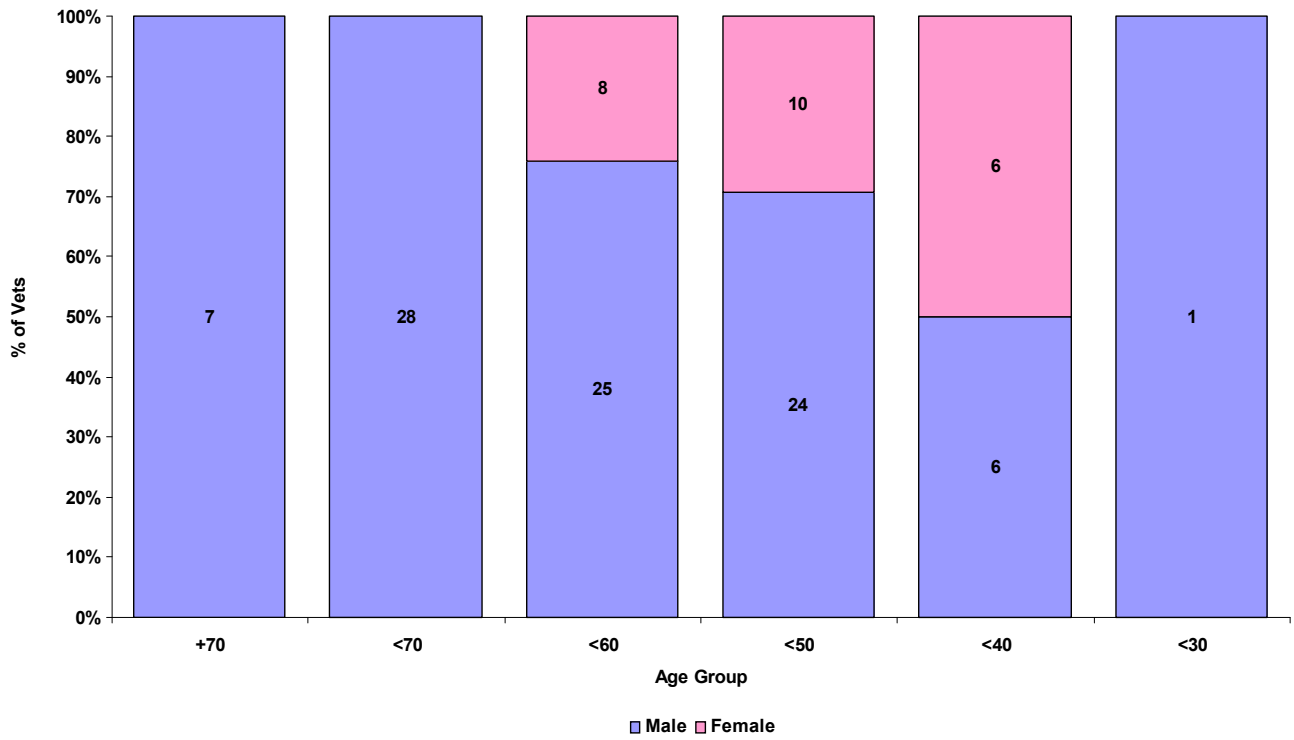
Employment Types



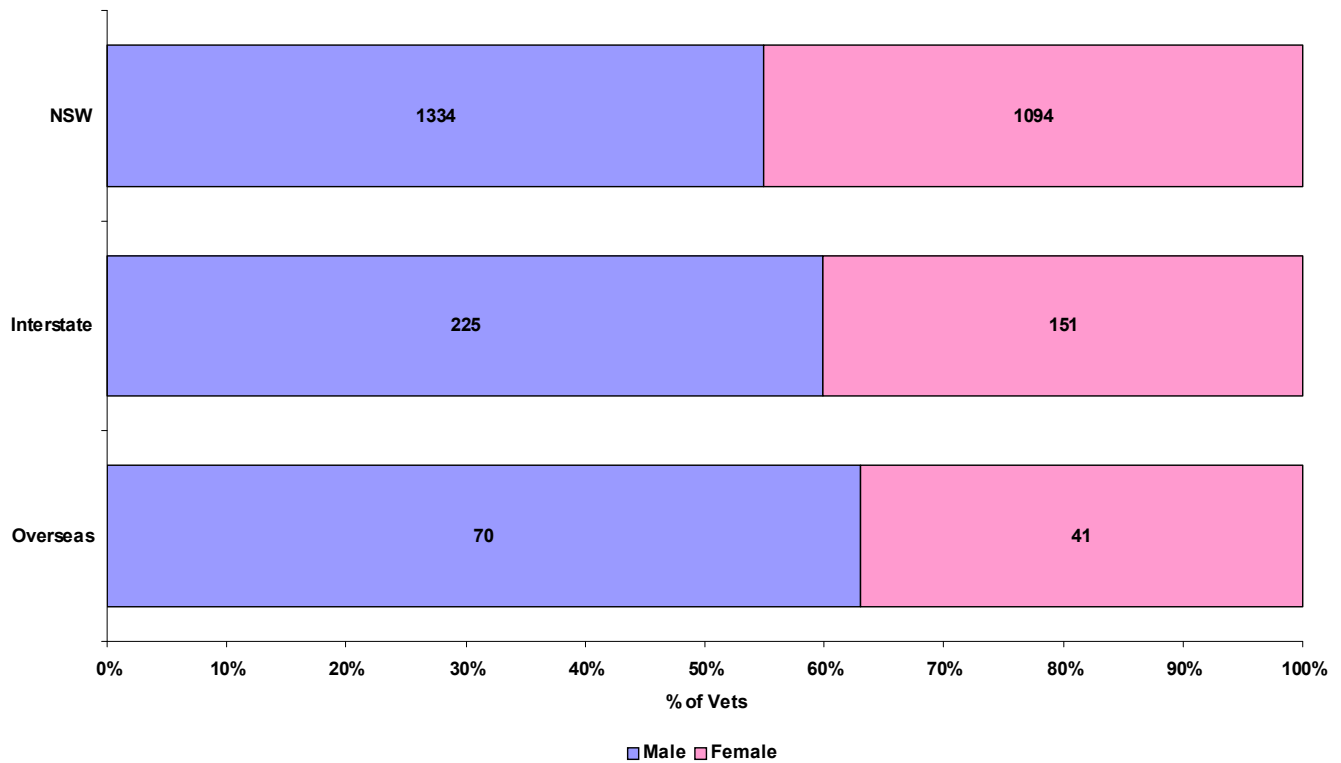
Veterinary Specialisation



Specialists Gender Trend



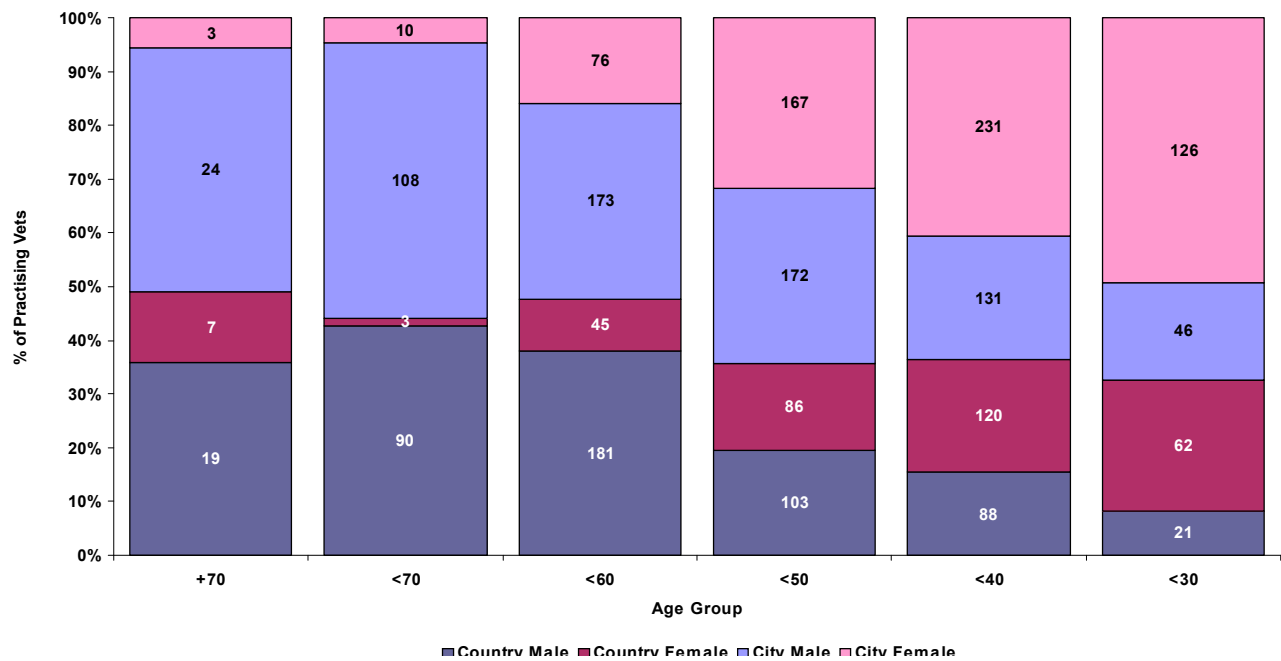
Distribution of Vets



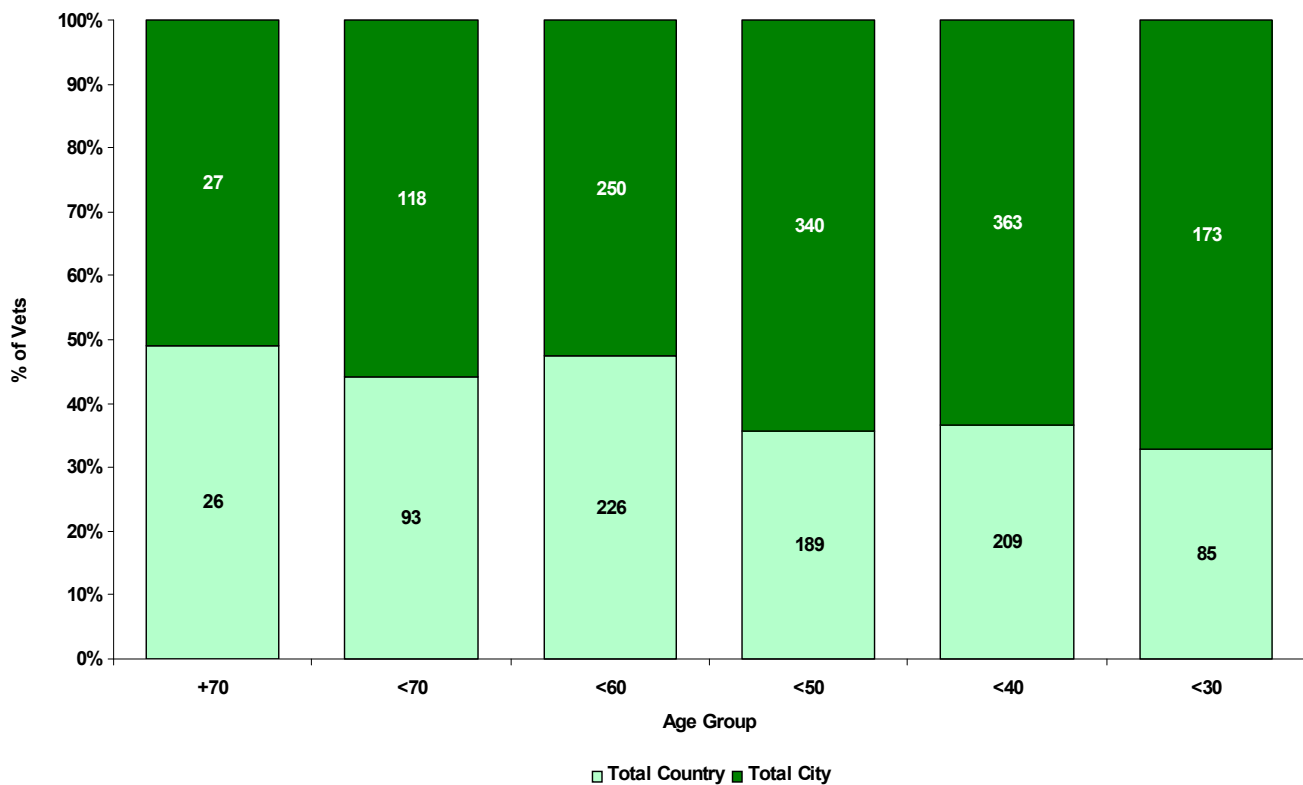
City Vets are determined from a list of post codes provided by Australia Post, which groups postal codes into the following city areas:

- Sydney and Suburbs
- Newcastle and Central Coast
- Wollongong

Practising Vets - City vs Country Spread



Country vs City Practising Vets Trend



Postnominals and their use/abuse

eg Dr John Citizen BVSc MACVSc

Postnominals are the letters placed after a person's name to indicate education qualifications, title of office, decoration, membership or honour. For example, a Doctor of Philosophy has the postnominals PhD, while a Bachelor of Veterinary Science has the postnominals BVSc.

The authorised award abbreviation of your degree name can be inserted as a postnominal after your surname on items such as business cards, advertising and resumes. There is a strict etiquette on how postnominals are used. If unsure how to write your degrees, diplomas, certificates, then check out the site <http://www.usyd.edu.au/staff/styleguide/degrees.shtml>.

Other postnominals are authorised by the awarding body and may only be used while membership to this body is current. For example MACVSc denotes the Australian College of Veterinary Scientists membership while the Royal College authorises MRCVSc to be used as a postnominal for those with a current membership.

Members or Fellows of the Australian College of Veterinary Scientists and the Royal College who become unfinancial or who resign from the College are not permitted to append postnominals referring to College qualifications.

So if your membership to a body is not current [have you paid your annual fee?] then you are NOT authorised to use the letters after your name and the unauthorised use of the letters would be considered by the Board to be cause for a complaint to be lodged.

'N' registration number

The Board would like to thank the registered practitioners who, when signing certificates, have taken so well to the addition of their registration number following on from their signature. The profession has rapidly and widely adopted this practise. If you haven't started, the Board asks that you simply write your registration number [with an N at the beginning denoting New South Wales] after your signature when you are signing certificates or documents relying on your position as a registered veterinary practitioner.

This practise will become even more important when National Recognition of Veterinary Registration comes into effect – with the 'N' in front; it is your unique nationally recognisable registration number.

Signed by Veterinarian
John Citizen N 9899

Confidential Help for Veterinarians

Doctors Health Advisory Service

Independent and confidential service staffed by specially selected and trained medical practitioners who are able to offer personal and health assistance as well as referral to specialists. Veterinary practitioners / their families / their colleagues are able to make calls to the Help Line. Issues vary and all calls are unique but may involve depression, alcohol abuse, drug use, work related stress or marriage difficulties. This highly respected and leading health care advisory organization aims to assist veterinarians to maintain full personal, professional and social capability

The dedicated telephone service is available 24 hours a day.

(02) 9437 6552

Responsibilities of a Veterinary Hospital Superintendent

These guidelines have been developed by the Veterinary Practitioners Board of New South Wales to assist practitioners in understanding what the Board expects of nominated practice Superintendents.

Section 68 of the Veterinary Practice Act 2003 requires a Superintendent to be nominated and to notify to the Board before the person assumes the responsibilities of the Superintendent. The Superintendent must be a registered Veterinary Practitioner in NSW.

The responsibilities include ensuring that;

1. Veterinary Practitioners employed by the practice are registered in New South Wales.

2. The practice is attended by the Superintendent at least once per week.

3. A replacement superintendent is nominated when leave is taken from the practice for more than one week. Permanent nominations need to notify the Board so that records are amended - 'Appointment of Superintendent' form is available from the Board's website – www.vpb.nsw.gov.au .

4. Sufficient competent staff are working when elective surgery is being performed.

5. The practice has procedures to ensure that informed consent has been given by the person responsible for the care of the animal regarding any proposed treatment, test or procedure.

6. The practice has procedures to ensure that an estimate of cost is provided to the person responsible for the care of the animal for any proposed treatment, test or procedure whilst the animal is the care of the practitioner.

7. The practice has procedures to enable accurate record keeping of consultations, treatments, tests or procedures and the records are stored in a way that enables easy retrieval for at least 3 years. Recording of consultations, treatments, tests and procedures must be recorded as soon as practicable after the event.

8. The hospital is equipped with the instruments necessary to perform clinical diagnosis, treatments and surgery to a current acceptable professional standard and these instruments are maintained.

9. Veterinary Practitioners working at the practice are aware of the 'Veterinary Practitioners Code of Professional Conduct'. The Code is available under 'publications' on the Board's website.

10. Animals suffering from a suspected contagious disease are isolated from other patients and that all measures are taken to ensure that the disease does not spread.

11. Animals admitted to the hospital are identified, examined and treated as required and that this examination is recorded.

12. The hospital has the Board's sign displayed in a prominent position and that the hospital adheres to the licence requirements.

13. The hospital has appropriate levels of drug security, especially S8 drugs and that drugs used are dispensed, recorded and disposed of, as required by law.

14. Lay staff employed at the practice understand the importance of client to veterinarian communication. Lay staff should always communicate with the veterinarian if they are not able to answer enquiries from clients.

15. The hospital does not refuse to provide relief of pain or suffering to an animal that is in the presence of a Practitioner. Relief of pain means; a) first aid treatment, b) timely referral to another Veterinary Practitioner, or c) euthanasia.

16. The hospital must, when accepting animals for diagnosis or treatment; a) ensure that a Veterinary Practitioner is available for the on going care of those animals, or b) if the hospital Practitioner is not available, have arrangements with another Veterinary Practitioner to take over the care of those animals.

Theileriosis – an emerging disease problem?

Graham Bailey
Veterinary Research Officer
NSW Department of Primary Industries[DPI]

Summary

- A specific project will cover lab charges for the investigation of suspect cases of theileriosis (testing to confirm /exclude *Theileria* as detailed below)
- The samples needed for *Theileria* investigation are blood (clotted and EDTA), fresh blood smears and standard autopsy samples if PM sampling
- Epidemiological information (cases, duration, ticks, property introductions etc) is needed on the specimen advice

Background

In 2008 there was an increase in the number of outbreaks of theileriosis in NSW, due to infection by the protozoan parasite, *Theileria buffeli*. *T. buffeli* is part of the *Theileria buffeli/sergenti/orientalis* group. This group is regarded as benign when compared to *T. parva* (east coast fever) and *T. annulata* (mediterranean fever) - highly pathogenic strains that are exotic to Australia.

The reason for the increased number of outbreaks is unknown and is being investigated. It is possible that differing pathogenicity of strains as demonstrated by Japanese veterinarians is responsible.

We are providing the following information to veterinary practitioners to increase awareness of the disease and to provide a guide for investigation and diagnosis of outbreaks. NSW DPI is encouraging veterinarians to submit samples to its veterinary laboratory at Menangle to investigate suspect cases.

Charges for tests to confirm/exclude theileriosis will be paid by NSW DPI under its “Better understanding of theileriosis in NSW cattle herds” project.

Charges for other tests will be as normal - that is, paid for by the submitter unless there is an existing project which would pay all/part of test charges.

Clinical signs

Clinical signs are those associated with severe anaemia and include: lethargy, inappetence, exercise intolerance, tachycardia, tachypnoea, pale to jaundiced mucous membranes, transient pyrexia, abortions, and in dairy cows a drop in milk production. No visual evidence of haemoglobinuria though on occasions urinary dipstick positive. Mortality rate is highest in heavily pregnant cows. Cases have been noted in all age groups.

Postmortem findings

Commonly see jaundice of carcase, in particular the liver may appear yellow.

Diagnostic aids

Severe regenerative anaemia, blood smear examination reveals *Theileria* piroplasms within erythrocytes, and hyperbilirubinaemia. There is often elevated GLDH, GGT and AST associated with anoxic liver damage. Fibrinogen levels are generally normal. *Theileria* infection may be seen as an incidental finding, so other causes of haemolytic anaemia should also be considered and excluded where necessary.

Differential diagnoses for haemolytic anaemia

Differentials include: Brassica poisoning (kale anaemia), tick fever (babesiosis and anaplasmosis which are notifiable diseases in NSW), bacillary haemoglobinuria (*Clostridium haemolyticum*), leptospirosis in calves, post-parturient haemoglobinuria

(hypophosphataemia), chronic copper toxicity (mainly in sheep, rare in cattle). Other differentials exist but are less common.

Submission of specimens to the Veterinary Laboratory at Menangle

- Complete a Laboratory Submission form (hard copies available from EMAI or can be downloaded from <http://www.dpi.nsw.gov.au/agriculture/vetmanual/submission/specimen-submission-form>)
- Document whether or not there were any cattle introductions to the property in the last 3 months, including where the introduced cattle came from. PIC and/or owner name, property address and town of origin are preferred. If this is not available, as a minimum, the town is required. If cattle were introduced, record whether introduced cattle/homebred cattle/both are affected.
- Examine the affected mob for ticks, recording whether or not any ticks were seen. If ticks are found submit them for identification. Ticks are best preserved by placing in a small container of alcohol.
- Veterinarians investigating a cattle production problem or disease that fits the suspect theileriosis case definition are requested to sample up to 5 affected animals and if present, up to 5 in-contact but healthy animals. If one or more affected animals are freshly dead, collect samples as per an autopsy ensuring that fixed liver and a fresh spleen or liver sample (held for subsequent PCR testing) are submitted.
- Submit EDTA bloods and smears from affected cattle for haematology. Blood smears should be made at the time of sampling using clean dry slides. Distinguishing piroplasms becomes more difficult in smears made from stored EDTA blood. EDTA bloods will be retained by the laboratory for

possible PCR testing (not routinely available).

- Submit clotted blood. Sera will be retained by the laboratory for serology (not routinely available).
- Submit other samples as required for differential diagnosis.

Testing to be performed

On receipt of samples, a PCV will be performed on EDTA blood and smears (either supplied or made in the laboratory), stained and examined. Additional tests eg full blood count, biochemistry will be at the job manager's discretion. If submitted, ticks will be identified. The cost of these tests will be paid by NSW DPI provided instructions regarding submission of samples are followed.

If one or more affected animals have died and post mortem(s) are performed, testing of EDTA blood from live animals and ticks from any animal will be paid by NSW DPI. Testing of samples from dead animals or samples to exclude other than notifiable diseases, will be charged according to the normal guidelines.

Case Definition

For the purposes of the "Better understanding of theileriosis in NSW cattle herds" project, the following case definition applies.

Suspect theileriosis:

- cattle in NSW with clinical evidence of severe anaemia (with associated signs), and
- case occurs between 1 May 2009 and 30 June 2010, and
- clinical examination and history fails to detect any other obvious cause of the anaemia, or other causes have been excluded.

Further Information

For further information contact Graham Bailey 02 63913870 or graham.bailey@dpi.nsw.gov.au

Deadline Rapidly approaching

Annual Registration Annual Returns and invoices were posted out prior to Easter and are due back to the Board by 31st May 2009. If the Annual Return and invoice is not submitted by the due date, the Act requires the Board to remove the person's name from the register. This is not an option for the Registrar but a requirement by law so please ensure Annual Return and fee is at the office by the deadline of May 31st 2009.

'Swine flu' information sites

Veterinarians are often approached by clients for information on issues involving not just animals. In the case of 'Swine Flu' the World Health Organization has posted some useful "Frequently Asked Questions" on its constantly updated website. http://www.who.int/csr/swine_flu/swine_flu_faq_26april.pdf.

The World Organisation for Animal Health is opposing the use of the term 'Swine Flu' and is pushing for North American Influenza as the correct term for the A/H1N1 pandemic. The status of the virus in pigs world wide is found at their website www.oie.int. For more information about swine influenza in pigs in the US visit: <http://www.cdc.gov/swineflu>.

Microchip scanners

Animal Health Australia (AHA) surplus scanners that were purchased for the Equine Influenza response and are now available for purchase. The scanners read both HDX-B (Cattle NLIS tags) and FDX-B (microchips used for horses, dogs and cats and llama). A description of the devices is available for your information. There are also several thousand FDX-B microchips for sale with individual applicators. The scanners are to be sold at \$350 (GST inc) plus postage. Market value is \$750 per unit from the manufacturer. They are second hand but in good condition and all working. They do not come with any warranty or service back up from the manufacturer or AHA. Contact: Duncan Rowland at AHA, 02 6203 3910, 0419 891 494, fax: 02 6232 5511, drowland@animalhealthaustralia.com.au

Boardtalk

is a publication of the Veterinary Practitioners Board of NSW

Contact:

VPB

P.O. Box 6391

Alexandria NSW 2015

1300 366 653

Tel: (02) 9699 4477

Fax: (02) 9699 4488

Location:

55 Portman Street

Zetland NSW 2017

Website:

<http://www.vpb.nsw.gov.au>

Email:

admin@vpb.nsw.gov.au

[Mary Lydamore and General enquiries]

des@vpb.nsw.gov.au

[Des Lyttle and

Registration enquiries]

registrar@vpb.nsw.gov.au

[Glenn Lynch- Registrar]

Board Members:

Dr. Garth McGilvray (President)

Dr. Vanessa Barrs

Dr. Graeme Brown

Dr. Tim Crisp

Mrs Margaret Francis

Dr. Merran Govendir

Dr. Andrew Hansen

Mrs Angela Haynes

IMPORTANT:

The information contained in this newsletter reflects the policies of the Veterinary Practitioners Board and the current NSW legislation. Any advice on specific issues not relating to Board policy should be obtained from either the AVA or appropriate government department or your own legal advisors