VET NEWS
Veterinary Board of the Northern Territory

In this edition:

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"We stand ready to help our Afghan colleagues become part of the Australian veterinary community," said Dr Warwick Vale. "I encourage the local veterinary profession to provide the practical experience required for them to integrate into the Australian veterinary workforce."

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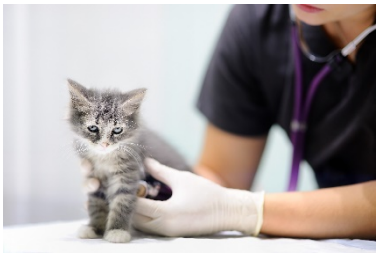
Australasian Veterinary Boards Council’s Sustainable Practice Committee – building a healthy, sustainable veterinary profession

The Sustainable Practice Committee (SPC) was created as part of the commitment by the Australasian Veterinary Boards Council (AVBC) to supporting boards and working with the associations and educators to deliver a fit-for-purpose veterinary profession. It wants to see veterinarians sustaining continued growth and professional satisfaction throughout their careers. The AVBC hopes assisting veterinary professionals to thrive in their careers will further enhance the quality and standards of services provided by veterinarians to the public, and also build more public confidence.

The SPC will address critical areas of concern, such as the veterinary team’s mental health, utilisation of veterinary paraprofessionals, complaints handling and standardising regulations across jurisdictions. For regulators, sustainable practice is about preventing incidents requiring the board’s attention before they

happen, and having a viable, long-term workforce to service community needs and maintain animal welfare standards.

Communication between veterinarians, owners and professional peers



A veterinarian's actions and communication promote the positive standing of the whole veterinarian profession. A veterinarian's behaviour and interactions with animal owners, veterinary team members, professional peers and members of the general public need to demonstrate honesty and integrity, professional accountability, self-management and, above all, respect.

Veterinarians should practise in a way that supports effective communication, trust and respect, and aligns with principles and obligations relating to confidentiality and consent. Veterinarians should take reasonable steps to ensure communication about providing veterinary services is clear and well understood by animal owners and any other individuals involved in the care of animals.

Where several management options exist, a veterinarian should provide the owner, or their delegate, guidance on an appropriate range of options, including diagnostic investigation and any limitations on reaching a diagnosis. The veterinarian should also advise on the treatment of the animal and provide an opinion on the prognosis, potential complications and consequences, as well as the costs of each option.

When offering treatment/procedure options, if relevant, the skill and experience level of the veterinarian performing these should be discussed, regardless of how accessible another more experienced veterinarian or veterinary specialist may be, particularly where the level of skill or experience may affect the outcome for the patient.

The veterinarian must obtain the informed consent of the owner before implementing a management strategy and providing veterinary services to the animal. Where informed consent is provided verbally, the veterinarian must record the informed consent in the clinical records, along with the date and time the verbal consent was received and by whom. This should be done at the time of the consultation. The veterinarian should also give the owner regular updates on treatment costs and record these in the clinical records on the same day.

Ongoing care instructions must be provided to the owner responsible for the care of the animal. The information should include:

- what to do if there are complications or any deterioration in the animal's condition after the treatment or procedure
- details of the nearest after-hours veterinary practice, if required.

The veterinarian must respect the rights of the owner to decide on a management option for their animal from the range of options provided. Owners should be able to seek further explanations for the recommended treatment plan, seek a second opinion or request a referral.

Hendra virus variant case confirmed near Newcastle

A novel variant Hendra virus has been confirmed in a 7-year-old unvaccinated Clydesdale horse from West Wallsend, near Newcastle, NSW.

The detection of the virus was confirmed by PCR (polymerase chain reaction) testing at the NSW Department of Primary Industries (DPI) Elizabeth Macarthur Agricultural Institute laboratory on Wednesday, 6 October 2021.

The Australian Centre for Disease Preparedness confirmed the positive test results on Thursday, 7 October 2021.

NSW DPI has routinely tested all Hendra submissions over the past 6 months for the Hendra variant strain following a retrospective detection by researchers in a Queensland horse. This is the first detection of the variant strain in NSW.

While research on the variant strain is currently underway to establish whether it behaves similarly to previous variants of the Hendra virus, NSW DPI and partner agencies are taking a precautionary approach.

EMERGENCY ANIMAL DISEASE HOTLINE 1800 675 888

Report suspect exotic, notifiable or emergency animal diseases and pests or biosecurity events to your NT Government Veterinary Officer on 8999 2035 in Darwin, 8973 9716 in Katherine or 8951 8181 in Alice Springs or the 24 hour Emergency Animal Disease Hotline.

National Significant Disease Investigation program

The National Significant Disease Investigation (NSDI) program is a national program funded by Australian livestock industries and government. The NSDI program aids investigation of significant disease events in livestock and wildlife by private vets who might be limited by competing priorities and commercial realities. Further information about the NSDI program can be found on the Animal Health Australia website at animalhealthaustralia.com.au/collaborative-disease-investigations.

What support is available?

- Subsidies of up to $300 per case
- Support and case advice from vet pathologists and government vets
- Exemption from lab fees for samples submitted to the Berrimah Veterinary Laboratories (BVL)

Is my case eligible?

All registered vets can participate in the program.

To be eligible, the case must be a significant disease event affecting livestock or wildlife. Examples of eligible cases include:

- sudden death or respiratory disease in a large number of pet chickens
- neurological disease in horses
- sickness or sudden death in multiple goats or sheep

- unusual mortality in a large number of wild birds.

Vets are encouraged to apply for the subsidy when investigating livestock disease on small farms and rural blocks, especially where there are multiple animals at risk.

What do I have to do?

- Contact the relevant coordinator to determine if the case is eligible:
  - for livestock cases, contact the Northern Territory NSDI coordinator
  - for wildlife, contact the NT Wildlife Health Australia (WHA) coordinator.
- Conduct the investigation, which may include a visit to the property, clinical evaluation, necropsy and submission of samples to the BVL.
- For livestock, provide diagnostic feedback to the livestock owner and ensure they have a Property Identification Code for their property.
- Submit required financial claim forms to the NSDI coordinator or NT WHA Coordinator.

Northern Territory NSDI program coordinator
Elizabeth Stedman
08 8999 2035
elizabeth.stedman@nt.gov.au

Animal health media release: Five years on - Johne's deregulation in the cattle industry

July 2021 marks five years since the transition from national regulation of Johne's disease in cattle to producer management of the disease.

Read the latest media release issued by Animal Health Australia on Johne's disease.

Newly elected Veterinary Board members

Dr Chelsea Smart from Animal Management in Rural and Remote Indigenous Communities was elected as a new Veterinary Board member for the next 3 years. The Minister confirmed her appointment on 24 June 2021 after an election process. The other veterinarian re-elected to the board was Dr Ian Gurry.

The board welcomes Dr Smart as a new member of the board and Dr Gurry as a returning member.

Now's a great time to check how you're doing program

Please remember to make time for you a top priority and stay active and connected with your family, friends and colleagues.

If you are having trouble navigating any of life's many challenges, please seek help from your GP or Not One More Vet (NOMV).

- NOMV (Not One More Vet) - nomv.org
- Lifeline 131 114

- Beyond Blue 1300 224 636
- AVA telephone Counselling Service 1300 687 327 (for AVA members, their families and staff)

One Health Master Action Plan

The One Health Master Action Plan to support Australia's National Antimicrobial Resistance Strategy – 2020 and Beyond (Master Action Plan) is now available on the Australian Government One Health antimicrobial resistance (AMR) website at amr.gov.au.

While Australia's National Antimicrobial Resistance Strategy – 2020 and Beyond (the 2020 AMR Strategy) presents Australia's 20-year vision to address antimicrobial resistance (AMR), the Master Action Plan provides the guidance to implement its objectives over the next 5 years.

To tackle AMR effectively, we need a 'One Health' approach with a coordinated effort and action across the animal and human health, environment, agricultural and food sectors. Following the guidance of the 2020 AMR Strategy and Master Action Plan, you may wish to consider developing action plans to highlight what steps your organisation is taking to help combat the threat of AMR.

If you would like any further information regarding the 2020 AMR Strategy or Master Action Plan, please contact amr@health.gov.au

Proposed rescheduling of medications: Meloxicam

On Tuesday 7 September 2021, the Therapeutics Goods Administration (TGA) proposed amendments to the Poisons Standard, due for decision in November 2021. Of concern to the veterinary profession is the proposed amendment to meloxicam.

Meloxicam

The proposal is to create a new Schedule 6 entry for meloxicam that captures injectable preparations, at up to 2% concentration, for pre-surgical treatment of sheep undergoing husbandry procedures.

This would mean that injectable meloxicam (currently S4, prescription only) would be available over the counter for anyone to access.

The AVA is opposed to this amendment and has a working group in place, involving a number of subject matter experts and special interest groups, to develop submissions against the proposed amendment for the AVA and associated special interest groups.
We also encourage individual members to comment on this amendment.

Please respond as an individual when asked in your submission. This can be done through the SUBMIT YOUR RESPONSE tab on the consultation hub on the TGA website. The submission asks you to include the following information (in bold). We have drafted some points that you may want to consider including, based on the AVA's position.

You will be asked whether or not you support the amendment/s.

The AVA does NOT support the amendments as they provide the opportunity for uncontrolled use of a potentially dangerous drug in a broad range of species, including humans. We have emphasised the

potential public health risks as this is a particular focus of the TGA, and we encourage you to also emphasise this point.

Re: proposal to reschedule meloxicam

To address relevant matters mentioned in section 52E of the *Therapeutic Goods Act 1989* (Cth).

The risks and benefits of the use of a substance

Meloxicam is a potent, short-acting, nonsteroidal anti-inflammatory drug (NSAID) commonly prescribed in many species as an analgesic and anti-inflammatory. It is an excellent drug to manage inflammation and pain when given at the appropriate dose and duration to suitable patients. However, there are known risks associated with its use in humans and in animals. Importantly, for animal patients, veterinary knowledge and oversight are required to prescribe appropriately and mitigate these risks. These risks are further outlined below. Therefore, it is critically important that meloxicam is a Schedule 4 (prescription only) medication in all its current forms (for both human and animal use).

The purposes for which a substance is to be used and the extent of use of a substance

Meloxicam is used to reduce pain during animal husbandry procedures and to manage inflammation and pain associated with disease processes or injury. It is commonly supplied by veterinarians in either injectable or oral (buccal) form to farmers to use in sheep undergoing painful husbandry procedures. Veterinarians fully support and encourage increased use for this purpose.

The applicant has not demonstrated a persuasive need to reschedule meloxicam by injection to make the drug more accessible. There is absolutely no impediment to supply through veterinarians. Veterinarians are able to supply S4 medications, such as meloxicam, by telemedicine or other remote means, once an initial relationship with the client and knowledge of their flock is established.

The toxicity of a substance

Meloxicam dose rates vary from species to species. Administration at inappropriate doses can be associated with significant adverse effects in a range of body systems, including the renal, gastrointestinal and haemopoietic systems. The literature provides copious evidence that these adverse reactions can be fatal. Given the toxicity risks, administration to animals needs to be under strict veterinary direction.

Further, there is potential for significant human toxicity if the product is accidentally or deliberately misused. There are currently 71 human products containing meloxicam (all currently S4 prescription-only). The associated Consumer Medicine Information documents summarise the safety and toxicity issues and the need for cautious use. These include:

- potential for adverse cardiovascular events and gastrointestinal ulceration
- interactions with other drugs, including antihypertensive medications, immunosuppressants, diuretics and alcohol
- risks for children, people with liver and kidney problems, and women who are pregnant or lactating.

The risk of rescheduling the veterinary injectable meloxicam product to S6 is that it will become a readily available and inexpensive substitute for the human prescription-only products. There is a very real likelihood of this product being taken orally by humans, leading to serious adverse health outcomes as have been associated with human use of other veterinary products, such as ivermectin.

It is noted and highly relevant that the TGA introduced stricter measures in 2005 around the prescribing of

Cox-2 Inhibitors, including meloxicam, following the findings of a review into the safety of this family of medicines.

The dosage, formulation, labelling, packaging and presentation of a substance

Given its potential toxicity and the risk of misuse, it is essential that only veterinarians can prescribe this injectable veterinary meloxicam product, as this process requires the addition of a specific label giving directions for use.

This will mitigate the risks of:

- accidental over-dosage
- use where it is contra-indicated
- misuse in other species, including humans.

Furthermore, unlike the requirements for use of S6 products, veterinarians must keep records of use for S4 medications. This record can help in investigations of supply, appropriate use and adverse effects.

The potential for abuse of a substance

Veterinarians must establish a genuine vet-client-patient relationship prior to supplying S4 medications. Supply of meloxicam by veterinarians requires them to have knowledge of the sheep flock owned by the client. Supply under veterinary direction also ensures this product is not used inappropriately in other species, including humans.

However, if this product is rescheduled to S6, any person will be able to buy it over the counter or via online pharmacies for their own use without any need to demonstrate ownership of sheep or any genuine justification for obtaining the medicine.

Furthermore, if this product is rescheduled it is likely it will be used in animals in preference to other more appropriate drugs due to ease of access. It could be used without veterinary consultation to mask pain in animals that are otherwise unfit for transport or other activities, such as racing. This poses an unacceptable animal welfare risk.

The product could also be used to mask pain in animals prior to transport to abattoirs for slaughter, allowing the drug to enter the human food chain. It might also be used to mask inflammation and clinical signs in animals suffering from undiagnosed infections. This poses a very real biosecurity risk, including the risk of serious zoonoses going undetected with all the associated risks to human health.

Any other matters necessary to protect public health

If listed as a Schedule 6 substance, this product could be supplied to anyone over the age of 16 from any wholesale or retail (or online) outlet, without the need to establish actual ownership of sheep, without any veterinary oversight and with no advice on the risk of harm. There is a significant possibility that this product will become a readily available and inexpensive substitute for human prescription-only meloxicam products, with the risk of this injectable product being taken orally by humans, potentially leading to serious adverse health outcomes.

Over-dosage is possible in people unaccustomed to calculating dose rates, particularly when extrapolating from an injectable veterinary preparation in order to take in oral form. Of course, the label contains no directions to the human consumer (no CMI or PI).

There are public health risks if used in combination with other NSAIDs and corticosteroids, and in

continued use where there are potential signs of toxicity.

If used inappropriately in the target species, or other animal species, there is a risk of masking infectious disease and delaying or failing to identify serious biosecurity and zoonotic risks. Further, there is a risk of contamination of the human food supply through inappropriate use.

If misused in performance horses without appropriate diagnosis by a veterinarian, particularly in the case of lameness or gait abnormalities, there exists a real risk of serious injury to the rider if the horse has a catastrophic fracture of a masked prior injury, as previously reported both in Australia and overseas.

The AVA does not believe, given the serious toxicity and other adverse outcomes that could occur as a result of misuse, that label warnings, safety directions or even child-resistant packaging will prevent intentional misuse of this product in the ways described.

Rescheduling of medications: Lidocaine

The Therapeutics Goods Administration (TGA) recently made an interim decision to expand the current Schedule 5 entry for lidocaine to include specifically targeted injectable solutions, at up to 2% concentration, for pain relief in lambs or calves undergoing animal husbandry procedures.

The Australian Veterinary Association (AVA) made a submission opposing this decision in January 2021 when submissions were first due. A second submission opposing the interim decision was made in August 2021. We have been informed that the interim decision will stand.

We will continue to oppose this decision and have formed a working group involving a number of subject matter experts and special interest groups.

We are asking all members of the profession to consider writing to the Minister for Health, Hon. Mr Greg Hunt MP, to register your concern around the rescheduling of this drug. You also may wish forward your letter to the Minister for Health as well as your relevant state minister.

Northern Territory Minister for Health
Hon. Natasha Fyles MP
minister.fyles@nt.gov.au

Why does the RSPCA advocate desexing cats before puberty?

Desexing cats before they can reproduce plays an integral role in reducing cat overpopulation and there are also many health and welfare benefits for individual cats. The RSPCA advises owners to have their cats desexed before four months of age (before puberty) and advocates desexing of all cats before puberty as routine and normal practice.

More information be found on the RSPCA website.

Subscribe to emergency animal disease bulletins

The Australian Government's Emergency Animal Disease Bulletin provides information that may assist vets with emergency animal disease (EAD) recognition.

These bulletins are an important resource to help vets recognise and respond appropriately to signs of EADs. Each bulletin covers the aetiology, distribution and spread, transmission, clinical disease presentation, diagnosis and control methods of an EAD (either aquatic or terrestrial).

Most bulletins also provide clinical or post-mortem images to assist with recognition of the disease.

Bulletins also advise on the risk of the disease to Australia, what is being done to prevent an incursion in Australia, and what Australian vets can do to help.

It is important to note that the bulletins only provide information that may assist vets with emergency animal disease recognition and are not outbreak notifications.

Subscribing to and reading the Emergency Animal Disease Bulletins is one of the simplest ways vets and others can increase their awareness and knowledge about EAD threats.

Subscribe at the DAWE Subscription Centre at subscribe.agriculture.gov.au/subscribe.

1. Provide your details.
2. Scroll to the heading, **Biosecurity**.
3. Select **Emergency Animal Disease Bulletin** and any other bulletins that interest you.

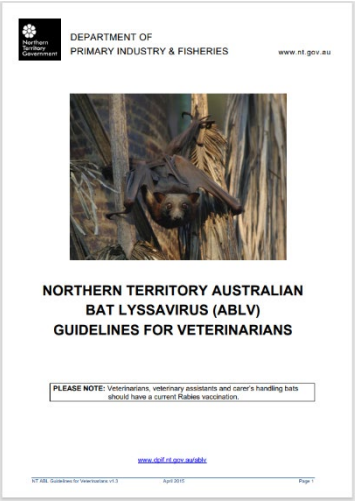
Access all past bulletins at Emergency Animal Disease Bulletins at https://www.awe.gov.au/biosecurity-trade/pests-diseases-weeds/animal/ead-bulletin

To provide feedback on a bulletin, submit images or other content, or assist with drafting a bulletin, please contact adpr@awe.gov.au

Go to outbreak.gov.au/ to find information on active outbreaks and how Australia prepares for and responds to disease outbreaks.

Download a field guide and access training about emergency animal diseases at Emergency animal diseases – A field guide for Australian veterinarians

Australian bat lyssavirus update


DEPARTMENT OF
PRIMARY INDUSTRY & FISHERIES
www.nt.gov.au

NORTHERN TERRITORY AUSTRALIAN
BAT LYSSAVIRUS (ABLV)
GUIDELINES FOR VETERINARIANS

PLEASE NOTE: Veterinarians, veterinary assistants and carer's handling bats should have a current Rabies vaccination.

A bat in the Darwin region recently tested positive for Australian Bat Lyssavirus (ABLV). The bat was unwell with neurological signs and weakness. The bat was rescued by wildlife carers and after veterinary assessment was euthanased and post-mortem tests for ABLV were completed. Fortunately there was no risk to humans from in this case as the carers and attending vet had up to date rabies vaccination.

ABLV is known to exist in the Australian bat population. While overall prevalence of ABLV has been estimated to be less than 1%, prevalence in sick, injured or orphaned bats has been estimated to be 5-10%. Should you be aware of an unwell bat and suspect ABLV, please contact the Emergency Animal Disease hotline on 1800 675 888.

There is no change to the NT ABLV guidelines for vets. All Northern Territory vets should be aware of this document, which has information including safe bat handling and post-exposure prophylaxis protocols for pets.

Reduce the risk to you and your staff

Vets are reminded that pre-exposure prophylaxis with rabies vaccine is recommended for people who may receive bites or scratches from bats –including veterinarians, veterinary nurses and people working with wildlife.

- The recommended pre-exposure prophylaxis schedule for rabies virus or other lyssavirus infection comprises 3 vaccine doses, followed by a single booster one year after the first rabies vaccine and then **ongoing titre-testing every three years**. See the current vaccination recommendations at Rabies and other lyssaviruses | The Australian Immunisation Handbook (health.gov.au)

Bat handlers must also have appropriate training, wear personal protective equipment, and handle all bats as though they are carrying ABLV.

If you are bitten, scratched or otherwise suspect you are exposed:

- Wash the site with soap and water for 5 minutes (do not scrub).
- Apply an anti-septic with anti-viral action, such as povidone iodine or alcohol (ethanol) after washing.
- If saliva has touched mucous membranes such as eyes, nose, or mouth, flush the area thoroughly with water.
- Contact your doctor and the Northern Territory Public Health Unit Disease Control immediately (1800 008 002).

For more information and client handouts, see nt.gov.au/environment/animals/wildlife-in-nt/flying-fox/australian-bat-lyssavirus-and-your-pet

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