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The Australian Veterinary Association NT Division Bulletin is published quarterly by Australian Veterinary Association SA & NT Divisions, AVA House, Unit 13, 70 Walkerville Terrace, Walkerville SA 5081, or PO Box 114 Walkerville 5081.

ALL CONTRIBUTIONS, letters and enquiries should be directed to the Editor, Australian Veterinary Association Bulletin, PO Box 114 Walkerville SA 5081. Views expressed in the Bulletin and advertising material included are not necessarily endorsed by Australian Veterinary Association SA NT Divisions. No responsibility is accepted by Australian Veterinary Association SA NT Divisions, Editor, Publisher or Printer for accuracy of information or for errors or omissions.

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Northern Territory Division May 2010 Edition

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If you would like to share some of your interesting stories, pictures and achievements with your colleagues please send your information by email to the AVA office: avant@ava.com.au

Cover Photos: Barbara Gill “Highlights of the NT Annual Conference”
Top Left: Dr Brian Heim and Jodie Low Choy; Top Right: Allan Kessel and Tina Sizer-Taylor
Middle Left: Julia Benfield (middle) with vet nurses. Middle Right: Andrew Slattery with vet nurses.
Bottom Left: Leonie Dodson and Tracey Hunt. Bottom Right: Ian Gurry and Yvonne from Darwin Mobile Vets
**Welcome to a Big Year**

2010 is going to be a big year for vets in the Northern Territory with new by-laws being discussed in many shires and more coming into effect in others. Furthermore, the first draft of the new veterinary legislation should be coming out later in the year. We will be keen to see this and to make sure that any major issues are addressed.

At the Annual NT Conference and AGM in March, I was privileged to take on the role of President of the NT division. Dr Clare a’Beckett has left big shoes to fill after doing a great job over the past two years. I hope that I am able to emulate all that she has done. The Conference and AGM were very well received by members. Thanks must go to Barbara Gill and Sam Mead for organising the fantastic weekend. It was a great opportunity to learn about the latest in critical care and to meet fellow NT veterinarians and nurses.

I would like to welcome the new committee of the AVANT and look forward to their involvement in the workings of the AVA in the Northern Territory. The new committee consists of Dr Laurelle Bates, Dr Lara Bettink, Dr Bryana Clisby, Dr Susan Gurry, Dr Alexandra Hesford, Dr Brian Heim, Dr Sam McMahon, Dr Katie Powell and Dr Leah Wright. We would encourage all members to get in contact with the committee if you have any issues that you would like raised.

Finally I would like to congratulate former NT president Dr Clare a’Beckett on the birth of her baby boy, George Neal. We wish her all the best in her new role as a mum.

**Welfare Issues in Council By-Laws**

Litchfield Shire Council recently released their draft by-laws for comment. We received many comments from members, but one item was common amongst almost all members. The concerning item mentioned in these by-laws was the potential ability for the shire to use non-veterinarians to euthanase animals.

This is a major concern as there are many welfare issues and other risks with non-veterinarians euthanasing dogs. There have been stories of non-veterinarians using lethal by subcutaneous or intramuscular injections when it has been too hard or too dangerous to administer the drug intravenously.

This is a major welfare issue for animals. There are also legal risks associated with the supply of euthanasiates and other drugs to non-veterinarians due to improper use and the lack of safe storage. It should be noted that the veterinarian who supplies these drugs is legally responsible for its usage. It is also against AVA policy to supply euthanasiates to non-veterinarians.

The AVANT will continue to address this issue in the Litchfield by-laws as we believe it is in the animals’ best welfare interests to be euthanased by a veterinarian when required.
Why should veterinary practices have biosecurity and infection control guidelines?

- To prevent the introduction of an infectious agent onto a property... as was experienced with Equine Influenza. Consider the following extracts from the Callinan enquiry:

“...What is most likely is that the virus escaped..... on the person, clothing or equipment of a groom, veterinarian, farrier, or someone else who had contact with the horses and then left the Quarantine Station without adequately cleaning or disinfecting himself or herself or his or her clothing or equipment.”

Of all the people mentioned in this extract, who are the most likely to blame where there is an incident disease spread?

**Vets of course!**

- To protect staff from serious and life threatening infections... such as Hendra virus. Veterinarians are at much higher risk of contracting zoonoses because of our close contact with infected animals. We are ten times more likely to have been exposed to Q fever, and many older practitioners have been exposed to Brucellosis and similar zoonoses.

- To protect your reputation...

- To prevent litigation from staff, clients and the community... We have obligations under occupational health and safety legislation to implement these controls and provide a safe work place for clients, staff and patients.

**Improving Infection control guidelines does not have to be expensive or time consuming.**

Standardised infection control guidelines or procedures are not generally or widely implemented in veterinary hospitals. A survey of veterinary practices in the USA in 2005 reported vets:

- did not use appropriate personal protective equipment (PPE)
- did not engage in protective behaviour to reduce zoonotic disease transmission.

**Are Australian vets any better?**

The message of course is that any veterinarian can spread or contract infection.

**In general, infection control programs should have three major objectives:**

- To decrease the likelihood of exposing staff/clients and patients to infectious agents.
- To maximise implementation of infection control practices by personnel.
- To efficiently implement infection control practices.

This involves understanding:

- The infectious agents;
- The work practices that prevent the transmission of infection in different settings; and,
- Management systems that support effective work practices.

**Practices can take the following measures to improve biosecurity and infection control:**

- Set a good example! Don't expect staff/clients to follow good practice if you don't lead by example.
- Develop a written infection control policy for your practice so staff understand what is expected of them.
- Regularly train staff in the application of the policy to ensure consistency.
- Demand rigorous and consistent implementation of the agreed practice; don't tolerate standards that fall below your policy.
- Provide appropriate PPE. The minimum should include gloves, suitable facemasks, goggles, protective overalls/gowns and disinfectants.
- Provide ongoing support and undertake regular reviews.
If your practice is involved in property or house visits, consider the following:

- Evaluate footwear, work clothes or overalls prior to the visit - do they need to be cleaned or changed? Avoid wearing dirty work clothes or footwear onto farms.
- Check that equipment to be used with stock has been clean and disinfected prior to the visit.
- Wash your hands after every animal or group of animals; wear gloves where appropriate. Hands, nasal passages and hair can harbour organisms. Simply washing your hands can reduce the incidence of disease by fifty percent where the agent is spread by contact.
- Park vehicles away from places that are trafficked by animals such as sheds, livestock thoroughfares and paddocks. Vehicles can carry disease onto properties.

Individuals who perform visits can also improve infection control/biosecurity by:

- Not posing a risk to yourself;
- Being aware;
- Setting a good example;
- Not turning a blind eye to infection control violations;
- Asking questions;
- Commenting on both good and bad aspects of biosecurity observed on the premises.

A written infection control program for your practice could include the following headings:

1. **Principles of infection control**
   This section describes your overall strategy and identifies risks, hazards and responsibilities. It outlines routine practices essential for effective infection control such as aseptic techniques, handling of sharps, use of single-use equipment, reprocessing of instruments, antibiotic use and the appropriate use of antiseptics and disinfectants.

2. **Quality management**
   This section describes administrative arrangements for effective infection control. For example, who is responsible for the implementation, monitoring and compliance of infection control? What are the accreditation standards? When will program maintenance and staff training of legal and ethical issues occur? Who is responsible for this?

3. **Effective work practices and procedures**
   This section describes: design and maintenance of the premises; hand washing and personal hygiene protocols; the use of PPE; handling and disposal of sharps; management of clinical and related wastes; reprocessing of instruments and equipment; environmental cleaning and spills management; and handling and use of blood and blood products.

4. **Managing infectious diseases in the health care setting**
   This section identifies major risk factors and recommends management procedures for staff, patients and clients, instruments and the environment. A short description is also included of the viral, bacterial and other infectious diseases including drug-resistant organisms, which may be present in veterinary practice.

5. **Infection control in specific settings**
   This section identifies the major risk factors and management procedures for specific settings. These include operating rooms, consulting rooms and properties.

6. **Appendices**
   This section provides additional useful information about infection control, information on the production of these guidelines, useful contact addresses, a glossary, a list of abbreviations and acronyms, reference lists and an index.

Veterinary practices should review their infection control and biosecurity practices regularly and develop or update them to protect staff, clients, patients and their business. Up-to-date plans are an added control measure against litigation and prosecution. New and emerging infections and their associated risks continue to be identified and we cannot afford to become complacent about infection control and biosecurity in our professional environment.

Access to guidelines on this topic can be easily accessed on the internet to assist you with starting a program for your practice.  

*Nancy Bombardieri*
As everyone should be aware the new Animal Care and Veterinary Services Award came into effect on the 1st of January 2010. This award covers all employers in the Northern Territory.

The new award replaces the various state NAPSAs and Federal awards that were previously being used across the country. The new award has caused a great deal of confusion as many practices are unsure of how to interpret the award and unclear about how the new changes will be phased in. To assist with interpreting the award we have provided some information relating to frequently asked questions below. The transitional provisions (relevant to all employers in the Northern Territory) are also explained.

What are the hours of work?
The span of hours listed in the award is from 6.00am to 9.00pm Monday to Sunday. No more than 10 ordinary hours can be worked each day. **Ordinary hours performed after noon on a Saturday are subject to an extra 50% loading for the first three hours and double time thereafter.** Practices need to be aware that just because a shift falls in the award's span of hours doesn't automatically mean that there is no applicable penalty rate or loading that may apply.

**Overtime** is paid anytime an employee performs work outside the span of hours listed above or anytime an employee works outside their rostered ordinary hours. Overtime is also paid where an employee works more than 10 hours in a day. It should be noted that if an employee is rostered to finish at a certain time at the end of the day but they work past this time then overtime rates are payable. The overtime rates within the new award are payable at time and a half for the first 3 hours and double time thereafter. When calculating overtime, hours should be considered on a daily basis.

Part time employees and hours of work.
One focal point of the new award is ensuring that part time employees are given a fixed roster. Before commencing employment a part time employee needs to agree in writing on a regular roster which outlines their hours of work, days of the week which they will work, and the starting and finishing times each day. To alter this roster the employee must agree in writing to any changes. A major outcome of these rules is that if a part time employee works more hours or different days that are outside those initially agreed upon, then these hours would need to be paid as overtime unless the employee agrees in writing to a change to their rostered ordinary hours.

What is the Fair Work Information Statement?
From 1 January 2010, the Fair Work Act requires employers to give each new employee an information statement known as the ‘**Fair Work Information Statement**’. Employers will need to give the statement to the employee before employment starts, or as soon as practicable after starting work. Fair Work Information Statements do not need to be provided to any existing employees. However on the transfer of a business an employee that becomes a transferring employee must receive a Fair Work Information Statement which includes an explanation of any changes to the employee's entitlements.

When does everything in the new award become effective? The transitional arrangements are confusing as the award states it becomes effective the first of January but we keep hearing about wages starting on the 1st of July.

**Timeline of Changes:**
1st of July 2009
Fair Work Australia and the Fair Work Ombudsman commence operation. Some parts of the Fair Work Act come into effect such as those pertaining to industrial action. New unfair dismissal laws are implemented.
1\textsuperscript{st} of January 2010
The Fair Work Act and the National Employment Standards take effect. Modern awards come into operation although some aspects are subject to transitional provisions starting from the 1\textsuperscript{st} of July 2010. Transitional arrangements apply to wages, loadings and penalty rates. Allowances such as laundry and first aid allowances become effective from the 1\textsuperscript{st} of January.

1\textsuperscript{st} of July 2010
Modern award transitional provisions commence. This occurs over a five year period which allows wages, loadings and penalty rates which are higher or lower than pre-existing conditions to be progressively introduced.

When do the wages become applicable? With regard to transitional arrangements – what are they? What do they apply to and how do they work?

Where these changes in conditions and wages occur, rather than being instantly implemented as of the 1\textsuperscript{st} of January 2010 they will be phased in over a five year period commencing the 1\textsuperscript{st} of July 2010. For example, if there was a Modern Award which required an employee to be paid $15 per hour, whereas the existing award only stipulates $10 per hour. The transitional amount would be phased in as follows:

- July 2010 - $11
- July 2011 - $12
- July 2012 - $13
- July 2013 - $14
- July 2014 - $15

The same method applies where conditions are lessened under the Modern Award. The changes occur over a five year transitional period. The transitional process applies to wages, casual and part time loadings, penalty rates and shift allowances.

If you would like any further information relating these changes please contact the AVA HR Advisory Service on 1300 788 977.

Natasha Knock from Dermcare with a baby possum during a break at the NT Conference.
Kay Jones from Parap Vet Clinic, taking time out from lectures to feed a baby possum in her care.
Residential investment tips for healthcare professionals

Medfin’s new, online video contains practical tips to help you understand how to maximise the return on your residential investment property. Visit medfin.com.au to register.

See us at AVA Northern Territory Division Conference

Need more information?
Talk to your Medfin Relationship Manager on 07 3371 9200.
Workplace Bullying: How to Prevent and Respond to Bullying in the Workplace

In February a Melbourne Magistrate handed down fines totalling $335,000 to a business in relation to an employee's persistent bullying at the hands of her colleagues. The court found that the employee, who tragically committed suicide, did so as a result of the bullying she continually experienced in the workplace.

Prosecutions commenced against the company, its owner and three other co-workers. The fines to these individuals totalled a massive $115,000. Under OH&S laws an employer has an obligation to provide a safe working environment for all staff. In this case the business failed to do so by not taking steps to address or prevent the bullying that was rife in the workplace.

Developing a Policy
In order to help prevent any such situations in your workplace, your business should design and implement a formal policy on workplace bullying and harassment. Employees should be involved in the drafting and implementing of this policy. The policy should show that the business is committed to preventing bullying, encouraging cases of bullying to be reported to managers and also outline the methods of investigation and how claims of bullying will be dealt with. Employers need to ensure employees are aware of this policy and how it operates.

Responding to Incidents
If a claim is reported then it should be treated seriously. All claims need to be assessed based on their merits and facts. Any report should be dealt with in a fair manner and anyone who makes a bullying claim should not be victimised for doing so. Once reported, all parties to the claim should be interviewed and the investigator should be impartial. The person in charge of the investigation should not be directly involved in the incident/s that they are addressing and if this is the case, an independent mediator should be conducting the investigation. All parties should be allowed to have an independent support person present in all meetings. Both parties need to have their side of the story heard and they should also be informed of how long the investigation process will take and what steps will be followed. All details of these meetings should be formally documented and should remain confidential.

Once the information has been collected the investigator should assess the reported claims’ merits based on the facts provided by both parties and provide recommendations on how to move forward and decide whether disciplinary action is appropriate.

If bullying in the workplace has become an issue for you or if you would like a sample bullying policy please contact the AVA HR Advisory Service.

For more information, contact the team at the AVA Members HR Advisory Service on

1300 788 977 or email avahrhotline@whr.com.au.

The Hotline is open from 8.30am – 5.00pm Mon – Fri AEST.
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New and Interesting Cases From Berrimah Veterinary Laboratories

Each wet season, Berrimah Veterinary Laboratories sees cases of melioidosis. Sheep, goats and other camelids are relatively susceptible to infection with *Burkholderia pseudomallei*, with clinical and pathological manifestations varying depending on the strain of the bacterium involved. Domestic pets are considered much less susceptible, but infection does occur regularly in a variety of manifestations. For example, in a recent submission, acute melioidosis septicaemia was diagnosed based on blood culture and liver and spleen biopsies in an adult dog with fever of unknown origin. Another more unusual manifestation that has been seen is ocular melioidosis. A seven year old desexed male cat presented to a clinic in Nhulunbuy, north east Arnhem Land, with sudden onset of a “red eye” and blepharospasm, which progressed over about three weeks, despite treatment, to an enlarged, painful, firm globe with loss of pupillary light reflex and vision (Figure 1).

The eye was removed and culture of the vitreous (which was thick, grey and cloudy) at BVL showed a pure growth of *Burkholderia pseudomallei*. Histopathology showed a pyogranulomatous uveitis with extensive destruction of intraocular structures. Infection had also penetrated the sclera to cause retrobulbar abscessation. Despite the surgery and ongoing antibiotic treatment an abscess developed on the cheek a few weeks later and when it also grew *B. pseudomallei*, the cat was euthanased. This was the second case of feline ocular melioidosis seen at the Nhulunbuy clinic and diagnosed at BVL.


Wildlife submissions in the past several months have included multiple submissions of birds with psittacine beak and feather disease (PBFD). Submissions included Port Lincoln parrots (*Ramphocelus rodricus*) and galahs (*Cacatua roseicapilla*) with poor feathering seen by wildlife carers in the Alice Springs region, numerous little corellas (*Cacatua pastinator*) in Darwin that were found thin and weak or dead with abnormal plumage, and sulphur-crested cockatoos (*Cacatua galerita*) noticed unable to fly in the Darwin region (Figure 2). PBFD was confirmed on post-mortem of affected birds by visualisation of typical histological lesions including necrosis of feather epidermis, lymphoid depletion and typical botryoid cytoplasmic inclusions in the feather epidermis and the lymphoid tissue of the cloacal bursa. PBFD was also tentatively diagnosed based on feather histology in a captive red-collared lorikeet (*Trichoglossus haematodus*) in which the only feather abnormalities were ragged tail feathers and abnormal yellow coloration to the normally green contour feathers, highlighting the different manifestations of this disease in various species.

During December 2009 to February 2010, multiple wild brush-tail possums (*Trichosurus arnhemensis*) in Darwin were reported by wildlife carers as having a “flesh-eating disease” involving the face (Figure 3). Two similar cases have been seen at BVL in the past; all have been adult males in good body condition, submitted during the wet season. Apart from the skin lesions, affected possums were unremarkable on gross post-mortem. Skin lesions were characterised by sebaceous extensive ulceration of the skin of the head in some cases including loss of the eyelids and severe damage to the eyes. Histologically, the lesions showed ulceration of the epidermis with marked pyogranulomatous infiltration of the underlying deep dermis. At the margins of the ulcerated areas, the epidermis was hyperplastic and the inflammatory response waned rapidly.
Special stains did not reveal primary pathogens such as fungi or atypical Mycobacterium sp. and aerodent culture yields mixed growth including opportunistic bacteria such as Staphylococcus and Streptococcus sp. There were no features of the histology to suggest viral involvement. No protozoa were viable histologically in lesions, and involvement of the Australian macropod Leishmania sp. was ruled out using molecular testing by Annette Dougall at Menzies School of Health Research. These laboratory findings are consistent with described cases of "stress-related exudative dermatitis" of possums described elsewhere in Australia. The exact aetiology of this syndrome is unknown, but multiple factors may be involved, including infection of traumatic or fight wounds, territorial stress in male possums and predisposition by heavy rains or high humidity.

Bluetongue virus serotype 2 (BTV2), which was isolated from 14 sentinel cattle, may cause clinical disease if it were to infect a sheep. Incursions of exotic viruses occur periodically and usually follow significant weather events (e.g. severe cyclones) which provide winds of sufficient time, speed and direction to carry the Culicoides vectors from SE Asia to northern Australia. Access to the Board of Meteorology charts illustrates these processes with winds flowing from the Malaysian peninsula across Indonesia and northern Australia for several days and providing the means for infected insects to enter Northern Australia.

With respect to other arbovirus activity, BEF virus has been around at a low steady level this wet season since last November and specimens from suspected clinical cases are still coming into BVL. Definitive diagnosis by detection of antibody requires acute and convalescent serology in individual affected cattle, or serology on several members of the herd to try to gain a picture of herd exposure. Alternatively, if an animal is detected within a day of becoming clinically sick, attempts can be made to detect the virus by virus isolation or polymerase chain reaction. Because viraemia lasts for such a short time in cattle, attempts to identify virus in animals that have had clinical signs for two-three days or more are usually unsuccessful. Finally, there has been Murray Valley encephalitis (MVE) virus activity, detected in sentinel chickens, for the past few months, and is still ongoing. Because this virus is zoonotic, this information is passed by BVL to the Health Department which uses it to issue warnings regarding MVE activity in the Top End.

The National Arbovirus Monitoring Program uses a sentinel herd located 50km east of Darwin as the principle monitoring point for the Northern Territory. The herd of between 20-25 cattle is replaced each year with seronegative animals sourced from central Australia. These animals are screened prior to selection and transport to Beatrice Hill Farm formally known as Coastal Plains Research Station. Approximately 350 viruses are isolated annually from this herd which include members of the bovine ephemeral fever (BEF), bluetongue, epizootic haemorrhagic disease, Palyam, Sathuperi, Shamonda, Akabane and Shuni virus groups, all of which are known to cause significant disease in animals and/or humans. March 2007 saw the first isolation of bluetongue virus serotype 7 (BTV7) in Australia and the first new bluetongue virus for nearly 20 years. Monitoring of bluetongue serotypes is important because some are more pathogenic to sheep than others, and incursions of new pathogenic viruses could impact negatively on Australia’s sheep industry. Sheep are therefore prohibited in the NT due to the risk of bluetongue disease, although special permission for sheep to enter the NT is granted in some cases. There were only 10 isolates from for sentinel cattle and serological testing of the herd showed that these were the only animals infected with BTV7, exemplifying the effectiveness of the sentinel program for detecting these viruses. January 2008 produced the second ‘new’ bluetongue virus in less than 12 months.

The Darwin Aquaculture Centre, Arafura Aquatic Fish and the Berrimah Veterinary Laboratories have been investigating the production of giant clams (Tridacna squamosa) for the aquarium trade since mid 2007. The project was an industry initiative. This species of giant clam will grow to a maximum size of 60cm long and can weigh about 20kg in the wild. Mature giant clams are hermaphrodite and are capable of producing both sperm and eggs during a single spawning event. Broodstock clams are induced to spawn using a serotonin injection directly into the gonad. The gonad is visually inspected through the exhalant siphon to gauge its condition. A large orange gonad swollen up close to the underside of the mantle is a good indication that the animal is ready to spawn. This method will result in spawning contractions within minutes (Figure 4).

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Most of the time induced broodstock clams will produce sperms, but only if they are in top condition will they produce eggs. The destruction of eggs is very common if too much sperm is present during fertilisation; this is known as polysperm and has proved to be the most challenging part of the production process. Successfully fertilised eggs will develop into various stages of larvae and settle in about nine days before metamorphosis at around three weeks when significant changes to organ structure occurs. During larval development, endosymbiotic algae, known as zooxanthellae, are provided to the larvae once every few days until the larvae settle. Without zooxanthellae the larvae will not survive past settlement. Once the larvae have gone through metamorphosis and have an established population of zooxanthellae, they no longer require additional feeding of microalgae and will now use energy generated by the zooxanthellae to grow (Figure 5). It will take about five months for the juvenile clams to reach 15mm long (Figure 6).

BVL contributors to this article were: Helen Parkes, Cathy Shilton, Richard Weir and Kitman Dyrting. Special thanks to Evan Needham of the Darwin Aquaculture Center and Arakura Aquatic Fish for providing a summary and pictures of their giant clam project.
The following guidelines have been designed to assist members manage Hendra risk. This document provides guidance on what infection control precautions are appropriate in given situations. We have adopted terminology used by human medicine to define appropriate work practices based on modes of transmission of infectious agents, that is, ‘standard precautions’ and ‘additional precautions’. These precautions are based on the principle that all blood and body fluids are potentially infectious. Standard precautions are recommended for the treatment of all horses and for contact with their blood, body fluids, and non-intact skin and mucous membranes, regardless of their perceived infectious status. Standard precautions include:

- Hygienic practices, particularly hand hygiene before and after horse contact;
- Use of protective barriers where necessary, which may include gloves, surgical masks, safety eyewear, facial shields, overalls, gowns and rubber boot or disposable shoe covers;
- Appropriate handling and disposal of sharps and contaminated waste; and
- Appropriate cleaning and disinfecting/sterilising of all reusable equipment.

Additional precautions are implemented when standard precautions alone may be insufficient to prevent transmission of infection, and include additional infection control strategies. This two tiered approach allows high level protection from high risk equine patients. Additional precautions are based on modes of transmission and include contact precautions, droplet precautions and airborne precautions. The mode of transmission of HeV is currently unclear and therefore it is prudent to adopt airborne precautions for horses which are known, or suspected, to be infected with HeV, or when performing aerosol generating procedures on clinically normal horses. Airborne precautions may include the use of additional infection control strategies such as respiratory protection (the minimum level of respiratory protection for airborne infectious agents is a disposable P2 respirator) and patient isolation.

**Hendra Risk Assessment Guidelines**

**Low Risk**: Where procedures involve minimal exposure to infectious material (includes lameness examination, radiographs of distal limbs). Standard precautions include hand hygiene before and after contact with the patient; use of protective barriers where necessary; appropriate handling and disposal of sharps; and appropriate cleaning and disinfecting of equipment and instruments.

**Variable Risk**: Where procedures involve exposure to potentially infectious material (including surgery, wound management). Use of standard precautions should be adopted for procedures that may involve contact with blood and body fluids, mucous membranes and non-intact skin, or which may result in splashes and sprays of blood and body fluids. Where procedures may involve contact with aerosolised fluids (includes endoscopy of the respiratory tract, dental procedures, flushing sinuses, post mortem), airborne precautions such as a P2 respirator should also be used. P2 respirators should be fitted properly and staff trained in the use of PPE.

When a horse is showing systemic illness and to investigate the problem there is exposure to potentially infectious material, airborne precautions should be adopted in addition to standard precautions (including use of P2 respirators to guard against possible airborne transmission). Samples should be submitted to the appropriate laboratories for testing and clients advised of biosecurity risks as per Queensland DPI&F “Guidelines for veterinarians handling potential HeV infection in horses.”

**High Risk**: Where veterinarians investigate a suspect or highly suspect Hendra case, they should refer to the Queensland DPI&F ‘Guidelines of veterinarians handling potential HeV infection in horses’ for specific information on handling these cases. Where a veterinarian assesses that HeV is one of a number of differential diagnoses being considered, the horse should be considered a suspect case.* A highly suspect case is one where HeV is a primary diagnosis. Veterinarians should not proceed with an investigation of a highly suspect case without first notifying and consulting with Biosecurity Queensland and being fully familiar with appropriate biosecurity and sampling practices.

*Please see “Guidelines for veterinarians handling potential HeV infection in horses” for specific information on handling suspect and highly suspect cases.

Australian Veterinary Association NT Division BULLETIN • May 2010
Please see "Guidelines for veterinarians handling potential HeV infection in horses" for specific information on handling suspect and highly suspect cases.

*This provides an opportunity to identify risk factors. Useful information may include a history of the horse's movements, nature of clinical signs, and whether flies/fly tacks frequent the area.

**A suspect case is where HeV is one of a number of differential diagnoses being considered and sampling to test for HeV exclusion is necessary. If you suspect HeV during the examination of an animal, TAKE IMMEDIATE STEPS to minimise the risk and exposure to yourself and others. If you have examined a suspect HeV case you should also contact Queensland Health on 07 3624 1111 or 07 3624 1148. Veterinarians should refer to the DPI & F "Guidelines for veterinarians handling potential Hendra virus in horses" for specific information on how to manage suspect and highly suspect HeV cases. **A highly suspect case is where HeV is a primary diagnosis and sampling is essential to confirm the presence or absence of HeV.
Aboriginal Community Work from the Perspective of New Graduate, Leah Wright

Community work is a mixture of population control measures and animal — and consequently human — disease control. Our standard procedure when visiting a community is to visit the Shire Services Manager on arrival and set up the truck and prepare our drugs for the day. We are then usually given a couple of local fellas to travel around the community with us to aid in communication. The helpers can vary in their helpfulness, but they are usually pretty good. We then go to each individual house and ask the owner if they want their animals treated with Ivermectin injections and Cydectin spray, and whether they want any desexed or euthanased. Any bitches that the owner doesn’t want desexed also gets a shot of MPA.

Setting off from Katherine at 8am Sunday morning we headed down to our clinic at Tennant Creek. With only two patients booked in for the afternoon we were making a quick stop before continuing south. We vaccinated an old German man’s old German Shepherd and Sam spayed a kitten before we moved on. We stopped to pick up supplies at the supermarket as well as to refuel and at about 4:30pm we were back on the road. Two hours later we were at Ti Tree, and it had started to rain. Ever optimistic, we pushed on down the dirt road towards Willowra. As the road became wetter and the puddles took up more of the road we questioned whether to continue. The decision was made for us when the water started coming in waves over the bonnet of the car. We retreated and found somewhere dry to stay in Aileron.

LARAMBA

The pay phone in Aileron is a popular place on a Monday morning and when we finally got to use it, we were informed that the road to Willowra was, and continued to be impassable. This meant a quick change of plans and we headed further south to Laramba. This road was wet too, but nowhere near as bad as the adventures of the previous night. We arrived at lunch time so moved into our donga and got organised for the afternoon. We were given a helper named Cedric, who turned out to be afraid of dogs, but regardless we managed to get around to a few houses and I castrated two dogs before our friend knocked off for the day. Community surgeries, performed on the back of the ute, are a far cry from the controlled sterility of university, but it’s a great opportunity for me as a new grad to practice my skills in a low stress environment. The local kids usually gather round to watch the surgery, but the kids in Laramba were walking home from school with horrified looks on their faces when they saw what I was doing to the poor boy dogs! On Tuesday morning we started at 8am and Cedric and his dog phobia decided they would stick to driving the tractor, so we were assisted by Bentley and Clint. I got to hone my castration skills further, performing seven for the day. We also euthanased several dogs and treated most of the other dogs in the community. There seemed to be a surprisingly low number of female dogs in this community and unfortunately we found several of them that the owners wanted spayed at about 5:30 so we decided to treat them with MPA and desex them next visit.

WILLOWRA

We checked that the road to Willowra had dried out a bit and drove out there on Wednesday morning. It was hard to believe it was the same road we had driven two days earlier, although this time it was neither the middle of the night, nor pouring with rain. The Shire Services Manager was unable to find anyone to help us out when we arrived so we started visiting houses on our own. Having been warned that the people of this community might not be too receptive to having their animals treated, we were pretty happy with our efforts for the afternoon. When our helper Barbara started showing us around the community on Thursday morning, we started at the old ladies’ house. This house had about 12 dogs, many of them intact bitches, and despite our best efforts to convince the ladies to have some desexed, we only managed to catch and treat half of them, and did no surgeries. Barbara disappeared after a few hours, so we continued on our own and I think we were actually more productive without her help. Over the day we performed two spays, two castrations and about 80 parasite treatments. The kids were much more interested and helpful here and seemed to enjoy watching our surgeries, and also chased down most of the dogs for us to treat.

Friday was our day off and we drove out to Old Police Station Waterhole to camp for the night and enjoy a few cold beers. All of the communities we work in are dry, so a drink at the end of the day is a pretty exciting prospect!
CANTENE CREEK
Saturday morning saw us drive for about an hour to Canteen Creek. Being the weekend, we had the help of the Shire Services Manager, Tom, who came around to speak to the residents with us. It had been over four years since Canteen Creek had had a dog program and you could definitely tell. There were dogs everywhere, and many of them had mange, and a lot were undernourished and had various other injuries and ailments. We euthanased several of the worst affected dogs and performed four spays and five castrations over the two days we were there. This community has funding for three visits in the near future so hopefully we will be able to make a significant difference to the dog population over the coming months. Our most interesting case for the weekend was a dog that Sam was spaying. She was missing half a leg, apparently due to a car accident several years ago. When Sam put her spay hook in and pulled out a lung, she quickly decided to close her up again and mentioned to the owner, a white teacher, that she could have the diaphragmatic hernia repaired at a later date if she so wished. Hernia repair is not a job for the back of the ute.

EMPENARRA
70km back towards the Stuart Highway and we found ourselves in Empenarra, another community that hasn’t had any veterinary treatment for several years. The most obvious indicator of this here was the large numbers of litters of puppies. In fact there was even one litter that had been born the morning we arrived. Compounding the problem was the fact that there weren’t very many people willing to get their dogs desexed. We only performed two spays and two castrations on the final day, but I got to experience, and freak out somewhat over, my first pregnant spay. No residents would allow us to euthanase any of their dogs either, saying that the dog will die on his own. Sometimes this really isn’t the most humane option but like any other dog, the decision on whether to euthanase or not lies with the owner, so if they aren’t willing there isn’t much we can do. Resultantly our treatment plan revolved around trying to catch every dog to treat them for parasites and hopefully spread the word about desexing for next visit. Our feel good moment for this community was rescuing a thorny devil from a young boy who found it quite amusing to throw it at his dog. We set the little guy free as far from the community as we could in the hopes that he would survive the ordeal and not return to his captor.

After Empenarra we were on our way home. I was to fly back from Alice Springs and Sam was going to the Cattle Vets Conference in Alice, so we packed up at about 4pm and started on our way back to the highway. We stayed the night in Wauchope, making friends with a few fisherman at the Wauchope Hotel, and continued on to Alice on Wednesday morning.

Mission accomplished!

It’s A Boy!
Former AVA NT Division President, Dr Clare a’Beckett, gave birth to a baby boy in April. His name is George and she reports both are doing well. “He is growing and doing all the right things!” she said.

Clare says she hasn’t found the sleep deprivation too hard to handle because she’s having cat naps during the day at the same time as George.
The PIRSA veterinary laboratory (VETLAB) is currently managed by Gribbles Veterinary Pathology.

The laboratory provides a wide range of testing services required for Animal Health disease control and surveillance programs. Gribbles Veterinary is proud of its association with PIRSA and VETLAB in protecting the health, welfare, quality and safety of South Australia’s livestock and livestock products.

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2010 is shaping up as a great year for the AVA and I must say that I am extremely proud to head up the Northern Territory Division.

I have worked in groups where the vibe is less than optimal, little happens and what does happen is often complained about with no one in sight prepared to put their hands up to make a difference. This is the antithesis of this Division. I have witnessed energy and collegiality that makes functions a joy to attend, committees well represented and the many benefits of membership easy to promote.

It is important to remember that what we achieve is often through the very generous support of our sponsors. At each function you will hear us thank those companies supporting that event, as well as those companies that support us throughout the year.

I would like to take this opportunity to sincerely thank Julia Benfield from Provet for her support of this year’s conference. Julia has also kindly offered her conference area at the NT Provet warehouse for future 2010 AVA/Provet functions.

I would also like to make mention of those sponsors who assist us throughout the year. Many thanks to Mick Kinnane from Lyppard, our Gold Sponsor, and Dr Maureen Revington from our Silver Sponsor, Hill’s.

Much of what we do would not occur without the commitment and tireless efforts of Barbara Gill and I thank her for her unwavering support during my first six months as Executive Officer. I would also like to take this opportunity to introduce our new Administration and PetPEP Coordinator Samantha Windler. Sam is a psychology major with more than seven years experience in administering large complex programs both nationally and abroad. There is little doubt she will be an asset to the divisions and the PetPEP program in the year ahead.

The NT Conference was held in Darwin on 27th and 28th March. I’m very pleased that trade is so supportive of coming to the Territory to partner with the AVA and provide continuing education opportunities for vets and vet nurses. This was the first AVA NT Conference I’ve been involved in and it gave me a chance to identify opportunities towards making it easier for both members and trade to attend functions and meet each other. We will be discussing these issues over the coming months and developing strategies for making the 2011 NT Conference bigger and better. On this note, as members, your thoughts and contributions are valued and I welcome any suggestions you have.

Looking forward to hearing from you soon!

Samantha Mead

Above: Samantha Windler, new Administration and PetPEP Coordinator. Photo: Barbara Gill.

Above: Barbara Gill at the NT Conference.
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Pet PEP

PETS & PEOPLE EDUCATION PROGRAM

The Northern Territory has one participating local council in the PetPEP program: Palmerston Council.

For the last few years, the Queensland division has been running PetPEP visits in the NT. The SA division is now running the administration for the NT and from July 2010 we will be responsible for coordinating the program.

In the past, Howard Springs, The Ark Animal Hospital and Dr Laurelle Bates have kindly supported the program and have assisted with school visits; we hope they will continue to do this!

If any other volunteers in the Palmerston Council area would like to be involved in the program then please feel free to contact the AVA office on (08) 8344 6337 or petpepsa@ava.com.au.

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**Right:** Tammy and Paula from Troy Laboratories at the NT Division conference dinner.

**Left:** Donna and Rebecca from Royal Canin (left and right), and Robyn from Gribbles Laboratories
The SAVEM Draft Plan was launched on Saturday 20th March at the South Australian AVA Conference. Rachel Westcott, SAVEM Coordinator, reports that it was well received and is confident that “SA is leading the way in emergency management planning nationally”.

Rachel attended PIRSA’s Biosecurity Emergency Response Training Foundation Workshop over two days in April and reports that while there is much overlap between biosecurity and emergency management training, the two days were very worthwhile.

SAVEM has signed up two Regional Coordination Centres (RCCs) - one at Willunga Veterinary Services and one in Strathalbyn, and Professor Gail Anderson of the University of Adelaide’s School of Animal and Veterinary Sciences has volunteered a third at its Roseworthy Campus.

“Finalising the draft is now a priority” says Rachel. “We expect the plan to be fully functional by the commencement of this year’s bushfire season, with fine tuning ongoing as required”.

Rachel would like to thank the SAVEM team of volunteer vets for allocating their sparse spare time to assisting with the draft development—namely, Nancy Bombardieri, Simon Edwards, Ian Hough, Alan Mills, Mark Reeve and Brad Ward.

On Wednesday 15th April, over twenty five vets attended a MRSA In Veterinary Practice and Update on Hendra Virus seminar, generously hosted by Lyppards. Guest speakers included Jane Axon and Mary Barton.

“MRSA is an interesting topic that we will no doubt be hearing more on as further research is done,” said RVPB President, Claire Ellis.

“At this stage, it is important to be aware of its existence in veterinary practice,” Claire said, warning that companion animals and horses with non-responsive wounds and skin infections may need further investigation or culturing to rule out MRSA.

Claire also recommends that vets become familiar with the latest guidelines for suspect Hendra cases. The guidelines will be available on the Queensland DPI website in the coming weeks.

“Although a Hendra outbreak is unlikely in SA at this stage, it is important to be aware that any horses travelling from Queensland or New South Wales in the last three weeks should be treated as suspect until proven otherwise,” she said.

“You can catch Hendra virus BEFORE the horse is showing any clinical symptoms—making even healthy horses suspect,” she said.

PIRSA is willing to investigate horse cases under the current disease investigation scheme. For more information, get in touch with your local PIRSA vet.
in South Australia?

The AVA SA Annual Meeting and Conference was held this year at the Education Centre in Hindmarsh or March 20th and 21st. The theme of this year's meeting was Oncology and the state was fortunate enough to have Dr Rod Straw and Dr Valerie Poirier from Animal Cancer Care in Brisbane as key note speakers.

Rod and Valerie covered surgical and medical treatment of common cancers with special mention of radiation therapy. Animal Cancer Care in Brisbane is a specialist practice that sees only cancer patients. It has Australia’s only high-energy radiotherapy unit where Valerie works as the radiation oncologist. A number of patients from South Australia have been successfully treated there.

Other speakers included Dr Elissa Kadar from Hills, who gave a presentation on nutritional management of cancer patients; Rachel Westcott, SAVEM Coordinator, who spoke about SA's emergency disease response; and Dr Kirsten Aberle, who talked about post-operative care of cancer surgery patients.

The weekend was well attended with 159 vets and vet nurses in total. This year also boasted a larger-than-normal trade display with 19 stands: Provet was the Major Conference Sponsor; Hills and Medfin were Diamond Sponsors; and Lyppard, Gribbles and Investec were Gold Sponsors.

“Happy hour” was a new event this year and proved very popular. It was sponsored by CHS Vet, a software company that are well established in the eastern states and who are keen to talk to SA veterinarians.

Dinner and pre-dinner drinks, sponsored by Cenvet and Guild respectively, were held at “Bazaar” on the Saturday night, where AVA National President, Dr Mark Lawrie, presented Life Membership to Dr David Shultz. “David has made a tremendous contribution to the profession in SA and it was fitting that this could be acknowledged publically,” said Dr Warren Foreman, SA's Past President.

On Thursday 22nd April, 80 vets, nurses and students attended the Small Animal Practitioners Branch dinner, held at the Wayville Showgrounds.

“It was a great turn out and the feedback from those who attended was really positive” said SAPB President, Dr Julia Nicholls.

Dr Linda Fleeman from Animal Diabetes Australia presented two talks: one on Fanconi-like Syndrome in Australian dogs and one on diabetes in cats and dogs. She also covered the recent food contamination scandals to hit our shorelines.

Dr Alan Kessell from Gribbles Pathology did a short presentation on two positive cases for Fanconia late last year.

“Adelaide vets identified a large cohort of the positive Fanconi cases last year, so well done all those astute clinicians out there!” said Dr Nicholls.

Dr Kamal Chagger from Royal Canin was the third presenter of the night. She spoke about diets for diabetic cases and emphasised how one diet may not suit all cases.

The SAPB would like to thank Royal Canin for being the main sponsor for the event and for Intervet Shering-Plough Animal Health for providing Diabetes DVDs and owners' kits on the night.
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