

Biosecurity Capability Review

Queensland Government 2015

Submission from the Australian Veterinary Association Ltd



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The Australian Veterinary Association (AVA) is the national organisation representing veterinarians in Australia. Our 8500 members come from all fields within the veterinary profession. Clinical practitioners work with companion animals, horses, farm animals, such as cattle and sheep, and wildlife. Government veterinarians work with our animal health, public health and quarantine systems while other members work in industry for pharmaceutical and other commercial enterprises. We have members who work in research and teaching in a range of scientific disciplines. Veterinary students are also members of the Association.

Veterinarians have expertise in disease knowledge, diagnosis and epidemiology. They are the frontline personnel at the interface of treating animal disease on farms and in their clinics. The veterinarian is the key professional to ensure early detection and subsequent early control of exotic and endemic disease.

Executive summary

The Australian Veterinary Association is very concerned about the declining capacity and capability in biosecurity in Queensland. This response outlines specific areas of concern and focuses on the critical role that veterinarians' play and how their role can be enhanced in an environment of decreasing public monies spent on disease prevention and control. The following recommendations are made with additional suggestions and comments at the end of this document addressing specific government survey questions (see Appendix).

Recommendations:

- **Increase the number of government veterinarians employed in policy, field and laboratory positions**
- **Increase the number of veterinary laboratories, particularly in North Queensland**
- **Establish a partnership with private veterinarians to ensure coverage of surveillance activities through a retainer and hourly rate to provide surveillance information**
- **Implement a no-cost or standard minimal fee to transport samples to the relevant laboratory.**
- **If BQMAC continues, that the AVA has representation on this committee**

Detailed response

The Australian Veterinary Association (AVA) is alarmed at the decline in biosecurity capability in Australia and particularly in Queensland in recent years. At a time of increasing risk of exotic disease entry into Queensland with rising international travel and global movement of product, decisions to reduce investment in biosecurity has not been offset by strategies to ensure risk is minimised. A proper transition of resources to the private sector to fill the gap did not occur. This is vital to ensure that overall biosecurity capacity and capability is maintained and proportionate to the risk.

Veterinary laboratories

The reduction of the Government veterinary laboratory facilities in Queensland to just one facility in the middle of Brisbane questions the value the Queensland government has put on the livestock industries and their contribution to the economy.

The decision to close the regional government laboratories in Townsville, Rockhampton and Toowoomba without a strategy to provide cost effective real time efficiency in transport to the central laboratory in Brisbane has had a major effect on coverage of biosecurity events in Queensland. Despite initiatives to allow practitioners to use the government negotiated rate with couriers, the cost of package and transport for Hendra virus samples is prohibitive. Many horse owners object to the costs, particularly when a delay in getting results too frequently results in a dead horse and no positive diagnosis. This has extremely severe health and welfare consequences for humans and horses alike.

The Animal Disease Surveillance Laboratory (Toowoomba) used to conduct fifty (50) times more autopsies than the facility in Coopers Plains. Has the Biosecurity Laboratory at Coopers Plains taken up on this on this regional

workload? If this has not been taken up fully, this creates the potential for exotic and zoonotic disease outbreaks to be missed.

Veterinarians lament the loss of the invaluable liaison that has been developed over many years with veterinary pathologists at regional laboratories – the rapport between the ‘local’ veterinary pathologist and the production or equine veterinarian whether they are private or work with a company has been an important and significant part of local veterinary services.

After hours services are unreliable and often emergency samples will not be accepted and the veterinarian has to wait until Monday morning before submitting.

Loss of essential veterinary and technical expertise

In the past 10 years, the number of veterinarians in the government has declined at a rate greater than other skill sets in government and is across laboratory, field and policy areas. In the 2001 FMD outbreak in the UK, the discipline the country most needed was veterinarians.

The closure of laboratories in 2013 and associated job redundancies resulted in the loss of decades of expertise in pathology including significant investment in overseas and interstate training.

The number of frontline government field veterinarians has significantly declined – just nine (9) service the entire state and some of these are part time. Five years ago, there were 7 full time veterinarians actively servicing the south east region and Darling Downs area alone and there were many more across the state. The reduction of veterinarians on the ground is not based on risk assessments or long term financial return. The reduction has occurred despite a landmark outbreak of Bovine Johne's disease in Queensland, the largest outbreak Australia has experienced. An attempt to fill the gap with biosecurity inspectors who are not trained in disease recognition is a high risk short-sighted strategy.

The number of veterinarians at policy level advising on strategy to avert disease challenges has equally dramatically declined. These positions have not disappeared but have been steadily filled by non-veterinarians. Five years ago, there were 10 key advice and management areas headed up by vets in positions as the Chief Biosecurity Officer, Director of Animal Biosecurity and Welfare, the Chief Veterinary Officer, fire ants, animal welfare, surveillance, emergency response, endemic and notifiable disease, cattle tick and animal identification, and animal residues. In 2015, while these 10 areas and positions still exist in Biosecurity Queensland, just 3 of these areas are now headed up by veterinarians. If the government is hoping to get the best advice, this is a serious compromise.

BQMAC, the industry policy advisory group to advise on biosecurity matters, remains without representation from the Australian Veterinary Association.

Lack of uptake with private veterinary practitioners to fill the gap

In 2014, the AVA worked with Biosecurity Queensland to develop a model whereby private veterinarians were paid a retainer to gather a certain number of targeted samples for disease surveillance. This was promising but nothing to date has eventuated. The AVA is interested in pursuing this partnership.

Private veterinarians on farms are the most effective way to ensure that there is early detection of disease. Lobbying by non-veterinary groups to remove restricted acts from the Veterinary Surgeon's Act will not only affect animal welfare if this was implemented but reduce the amount of time veterinarians spend on farms. This will reduce the likelihood of detecting exotic and endemic disease early.

Training private veterinarians for emergency response is an important strategy to minimise the impact of scarce veterinary resources. Capacity estimations for a small outbreak include 70 veterinarians required for a very small outbreak of exotic disease rising to 500 for a medium outbreak. Private cattle veterinarians can go some way to filling this need but there is currently no formal training and the government relies on “just in time” training in their models. This is another high risk approach and also delays the time for the veterinarian to actively enter into the response.

Appendix: survey questions

3 What elements of biosecurity risk management in Queensland do you think are currently working well?

What is not?

Working well:

- Ausvetplan provides a blueprint for responses
- Queensland government officers are on national committees which allows for good coordination in responses and disease surveillance
- Free diagnostic service

What's not working well:

- The low numbers of veterinarians in field, laboratory and leadership policy positions
- A single centralised laboratory without the ability of vets to make submissions to their local Biosecurity Qld office for transport to the centralized laboratory
- The approach to funding for samples to get to the laboratory which can be over \$600
- The loss of experience and training in being able to respond effectively to an exotic disease coupled with no training

4 Bearing in mind the review panel's task to develop a five year plan, do you see any new challenges and opportunities for the Queensland Biosecurity system in five years' time?

Early detection is the key to control with minimised financial impact. The disease surveillance system will require the training and use of veterinarians in the private sector if it is to keep abreast of new diseases, exotic diseases and other diseases that can cause production losses e.g. Bovine Johnes Disease

5. Is there appropriate attention given to all elements of the biosecurity spectrum of prevention, preparedness, emergency response, recovery and ongoing management?

There will never be enough resources to reduce biosecurity risk to zero; however the current investment in these areas is extremely poor. Considering Bovine Johnes Disease may have been in Queensland for 6-7 years or longer (even 20) without being detected by government surveillance systems is a poor indication of the state of the biosecurity system. Surveillance and early detection are vital.

6. To what extent are the roles of key participants in the system defined for each of the elements of the biosecurity spectrum (prevention, preparedness, emergency response, recovery and ongoing management)?

Emergency response, recovery and ongoing management roles are well defined in Ausvetplan. Prevention and preparedness are not risk based or standardized and work could be done here.

7. What are the capabilities that the Queensland biosecurity system should have in the future?

Fundamentally, the performance indicator is the lack of disease validated by a statistically valid approach that can robustly indicate that with a confidence of 95% that particular diseases do not exist in QLD. For those that slip through the net, a performance indicator is the time it takes to detect, contain and recover and the cost involved.

8. Are there any gaps in the current system that need filling? Specifically, do you see gaps in the capability of Biosecurity Queensland as an organisation?

- There is a deficiency of trained and experienced personnel, including veterinarians in the field, laboratory and policy levels.

- There is a skill deficit in risk assessment and epidemiology
- There is a culture of not considering external views when in emergency response mode and a sense of non-urgency and complacency has been observed in the middle of responses (one comment from an officer to an external person was not to listen to suggestions and then say they were only there for the overtime). This has not always been the case and is not across the board but possibly reflects poor training in emergency management.

Roles and responsibilities

9. To what extent are there clearly defined roles, responsibilities and obligations between the organisation Biosecurity Queensland, Commonwealth, State and local government agencies, industry groups, natural resource management groups, individual landholders, businesses and the broader community?

Roles are fairly clearly defined. The issue has been a reduction in resourcing at government level without a transfer of resource to these other sectors to ensure that overall capability is maintained.

10. On what basis should the responsibility of different parties in Queensland's biosecurity system be determined? (for example, capacity, ability to mitigate risk at lowest cost, legal and moral obligations, expectations, creation of risk, beneficiary of risk management).

Government has a role when there is public benefit and if there is a market failure or inability for the private sector to manage a significant risk. Government also has a role to ensure that the private sector understands their legislative responsibilities and not interpret legislation as situations arise. For example, the biosecurity obligation could be better communicated to the private sector and what is expected and what is not.

11 To what extent (and how) should affected parties be involved in decision making processes for biosecurity risks?

It depends what is meant by affected parties. If it is a veterinary establishment, only veterinarians would really understand the risks involved and should have a major input into decision making processes.

12. Where is a sharing of responsibility for risk management working well?

The Livestock Biosecurity network seems to be a good model.

13 Are there opportunities for other parties to contribute to the Queensland biosecurity system to expand its capacity? How could these opportunities be facilitated?

The AVA has expressed interest in and modelled a system for participation by private vets in disease surveillance together with Biosecurity Queensland. The government has not progressed this.

This model was risk based and involved targeting high risk diseases for surveillance. Veterinarians would undertake to gather samples from properties they visited when visiting for other reasons and their remuneration would be based on the national agreement for vets working in emergency disease response.

Best Practice

14. Do you see any specific opportunities for improved biosecurity in Queensland (for example government working closely with particular industry groups or producers using technology in a specific way)?

- The government could invest in "aps" for private vets to use to record suspect disease which would include video, and a reference source to ensure the right samples were taken. When in the field, real time contact

with a government veterinary pathologist whereby the pathologist could guide and comment on what the vet is finding in a post mortem would be very helpful.

15 What do you think are specific examples of best biosecurity practice? (consider both specific industries and jurisdictions).

- The poultry industry has had best practice biosecurity for over 2 decades.
- The guidelines for veterinarians in Hendra virus investigation is a well produced document that is regularly reviewed with the latest knowledge by a panel which includes private vets and that has proven very useful.

16. Does the current system effectively facilitate and reinforce active identification and reporting of biosecurity threats? If not, how could it be improved?

- In order to report biosecurity threats, there needs to be minimal penalty for reporting it. A farmer with a chronically scouring cow has to weigh up financial ruin if it turns out to Bovine Johnes Disease against the industry greater good.
- Landholders need to be aware of what a biosecurity threat is and this would require an extensive communication and education campaign.
- Veterinarians are aware of biosecurity threats and will report them. Early detection and targeted surveillance by private vets will be likely to be the most effective way to mitigate risks as they are trained and on the farm.

Low return activities

17. If you were able to redirect resources within the Queensland biosecurity system, what are the low priorities you would move out of and why?

- Diseases need to be categorized by a proper risk assessment assessment and funds allocated accordingly. Where there is significant private benefit for a single landholder, and little impact on the broader community, then these areas would be lower priority.
- The overall investment in biosecurity however has fallen dramatically over the last 30 years. In the early 90's the cost of running the government veterinary laboratory network was about \$6 million dollars. It is much less than that today even before the regional laboratories were closed. Similarly the numbers of biosecurity staff have fallen dramatically while the risks have grown. Hence the AVA recommends not to reduce any areas but to increase resourcing.

18. Do you see any opportunities for more cost effective practices now and in the future? (for example using new or emerging technologies). Who would facilitate these opportunities, and how?

Emergency responses are rarely run efficiently and a major challenge is a management structure where people turn over every 4-6 days, and the next team takes 2 days to find their feet, they get fatigued and priorities are not communicated well. IT support and databases are reinvented with each response and are major blockages to efficiency. The answer is training and the use of locally trained personnel so that travel costs are minimized.

Leveraging opportunities

19. Is there more that could be done "on farm" to deliver a world's best practice system (for example, surveillance, on-farm biosecurity). What would it take for that to happen?

- If vets were paid a retainer to get a certain number of samples per targeted disease when they were on farm, this would be an effective surveillance system. Vets could also be engaged in advising on biosecurity practices to farmers.

- This would provide an opportunity for producers to market their produce at a price premium through regular AVA-accredited veterinary checks on biosecurity and welfare.

20. How could community and industry groups be better equipped to contribute to biosecurity?

- Education and information
- Technology – apps, real time contact with experts (e.g. veterinary pathologists) and adequate associated communication coverage.