Welcome to Canberra lunch

On Sunday July 5 about 45 of the ancient and modern members and non-members of AVA ACT Division met for a convivial ‘Christmas In July’ lunch at the Kamberra Winery. Those considered ‘ancient’ had been in Canberra for more than 3 years and were obliged to pay, with our sponsors, Hills, Cenvet and Intervet without whom the ‘modern’ (numbering around half) would have been unable to enjoy the delightful venue and company for free.

I was MC of the assembled throng who each willingly stood up and gave a brief or not so brief description of their livelihood to date. It made forgetting name tags more bearable. Alison Taylor presented a Microsoft slide show entitled Doing something to make a difference. The ACT Division has agreed in principal to support Animal Management in Rural and Remote Indigenous Communities (AMRRIC) and this was a pertinent exposure to the issues surrounding the aboriginal communities from a public health and veterinary perspective. She delicately skirted around images that would have induced indigestion as we partook of the beef or chicken. However, the sickening conditions under which so many of our fellow countrymen live could not help but stir compassion.

This event has become a regular in the Division’s calendar and we hope will enjoin greater camaraderie in our small insular but superb bailiwick.

John Aspley Davis
ACT Division

LETTERS AND PERSPECTIVES

Reporting adverse reactions

The recent experience with severe neurological disease in cats after eating an imported dry pet food (Orijen®), has raised significant concerns regarding the reporting of adverse reactions associated with pet foods and the treatment of imported pet food products.

The Orijen episode highlighted several issues that need to be addressed. It was difficult raising concerns as there didn’t seem to be ‘anyone’ to raise the concerns with. With 90 cats affected, more than half either paraplegic or tetraplegic for months, and more than 25 euthanased because of the severity of neurological signs, this episode has caused more severe morbidity and mortality than equine influenza and yet there was, and is, no reporting authority.

A problem was suspected in September 2008 after a number of cats with similar signs were seen in a practice that had been selling the food, and subsequently in cats from other practices, often with multiple cats in a household affected. The Australian distributor was contacted to voice concerns, but as no specific cause had been established no action was taken and legal action was suggested against the veterinarians involved. By November, the number of affected cats was so high the manufacturer withdrew the food from sale.

Where do veterinarians report possible adverse problems associated with pet foods? The Australian Animal Health Laboratory’s manifest does not include non-infectious diseases such as toxins. The pet food industry is self-regulated. There is no way currently to alert other veterinarians to a possible problem without legal ramifications or to determine the number of possible cases. A problem associated with a commercially available dry cat food with a good reputation would be the last thing most veterinarians would think of when confronted with an ataxic cat.

When this story went into the Sydney Morning Herald (due to contact by a cat owner and with legal advice obtained by the SMH) we faxed all our referral practices and interstate specialist practices with our concerns. The number of reported affected cats more than doubled in a week. Some had already been euthanased with an unknown diagnosis. We saw new cases until May 2009. For many owners, advice of a problem was given when going to the supplier for more food. Many vets were unaware of the problem until owners told them. If this had been an infectious problem we would have been a long way behind with any possible control measures. The only reason we know it is not an infectious problem is because the vets involved did the investigation, mainly at their expense.

When it became apparent that this problem was possibly related to the treatment of pet food en route, concerns were raised with the Australian Quarantine and Inspection Service (AQIS). I, like others, was unaware that some pet food imported into Australia is irradiated. Australia is the only country to my knowledge that irradiates pet foods that do not meet sufficient biological control standards in manufacture. Only a small percentage of imported pet food is subject to irradiation.

The onus is on the importer to guarantee the safety of the food after irradiation. There was no suggestion that irradiation was associated with neurological disease in cats until November 2007 when signs similar to those seen in the ‘Orijen cats’ were reported in specific pathogen free cats in Ireland that had also been fed an irradiated diet and more recently (2009) in research cats in the United States. No problems have been reported in other species other than cats. Irradiation has been approved for use world wide as a biological control method for many foodstuffs for human and animal consumption.

It is probable a similar neurological problem has been seen in Australia before. I was contacted by a cat owner in Queensland who had several cats develop hind limb ataxia and paralysis in August and September 2007. She had fed another imported, irradiated dry pet food that had a limited distribution. No cause
was established, but on review, the central nervous system lesions were similar to those seen in the ‘Orijen cats’.

Evidence indicating the potential adverse effects of feeding irradiated dry food products to cats was discussed with representatives from the Australian Veterinary Association, AQIS, Biosecurity Australia, and Food Standards Australia New Zealand. This, in addition to lobbying by owners of affected cats and the RSPCA resulted in the Director of Animal and Plant Quarantine banning irradiation of dry and semi-moist cat foods effective as of June 2009. Irradiation is still being offered as a sterilisation method for imported dog food products that do not otherwise meet quarantine requirements and cats may eat these products. Cats almost certainly have a species susceptibility to whatever causes this problem, but it is not necessarily restricted to cat food. It would seem important for veterinarians and the cat food buying public to have access to information as to which foods have been subject to irradiation. At present there is no way to ascertain which foods have been irradiated as it is confidential in a commercial environment. There is no diagnostic test for leucoencephalomyelopathy seen in these cats, as the histopathological changes are seen after necropsy. The 'Orijen' episode has been devastating for the owners who have lost or nursed previously healthy cats thinking that they were doing the best for them by sourcing a dry food with a good reputation and then thinking they had poisoned them. As one client said, “I bought an all-natural, all-organic food and I’ve killed my cat.” The episode has also been devastating for the vets who have treated and euthanased these cats, without being able to offer any effective treatment, for the practices that sold the food that have their clients and staff cats affected, for the pet food retailers who sold the food in good faith, and for the family-owned manufacturing company, which has had its business reputation seriously affected due to circumstances that appear to be beyond its control.

This episode will be put down to collective ignorance but the least we can do from here is prevent this from happening again and, with the current information, reassess the safety of any treatment of imported pet food products. Labelling has previously not been the jurisdiction of AQIS but up to the manufacturer, distributor or importer. It is imperative we develop a better reporting avenue for potential adverse events associated with pet foods and a mechanism to notify all veterinarians of potential problems. At present, there is no regulatory body overseeing the safety of pet food – whether domestically produced or imported. However, this is under review. The 'Orijen' episode, recent renal tubular disease (acquired Fanconi-like syndrome) associated with feeding chicken and other treats, and the perennial issue of thiamine deficiency induced by the sulphite treatment of raw and cooked pet meat products all highlight this void.

Editor’s note

It is my understanding that Under Australia’s Quarantine Act 1908, the Australian Quarantine and Inspection Service (AQIS) has a responsibility to prevent the introduction, establishment or spread of pests and diseases. The Quarantine Proclamation 1998 refers to the level of quarantine risk and the imposition of appropriate conditions that the Director of Animal and Plant Quarantine must consider before granting an import permit. A pet food ingredient (or the final product) is considered acceptable if it is heat-treated sufficiently to address Australia’s quarantine concerns. For example, ingredients of mammalian and avian origin generally require heat treatment to achieve a core temperature of at least 100°C for a minimum of 30 minutes. For products that do not meet such heat-treatment requirements or where a manufacturer is unable to provide AQIS with sufficient information to complete the assessment, importers may be given the option to irradiate the pet food on arrival to address outstanding quarantine concerns.

After assessing the information available in Australia, and in recent published and unpublished reports overseas, Biosecurity Australia advised AQIS that consumption of some irradiated cat food had recently been associated with severe, chronic leucoencephalomyelopathy and that the continued use of gamma-irradiation for pet food for cats can no longer be supported as a quarantine treatment. This advice led to AQIS no longer offering gamma-irradiation as a quarantine treatment option for imports of dry or semi-moist cat food.

The issue of pet food safety was discussed by Commonwealth, State and Territory ministers in May this year. They agreed to the establishment of a working group of officials to examine the need for additional mechanisms to manage the safety of imported and domestically produced pet food.

Anne Jackson
Editor in Chief

Non-survival surgical training of undergraduates in veterinary schools

I wish to raise the issue of the use of animals in non-survival surgical training of undergraduates in veterinary schools.

In the final two years (1963 and 1964) of my veterinary science course at the University of Queensland, pound dogs and unwanted horses were used for non-survival surgical training. Experience was limited by the small number of practical classes and the large number of students, and it in no way prepared me for the expectation of my prospective employer, that I would be capable of performing any type of surgery presented to me single handed immediately upon graduation. I was terrified at the prospect of spaying the commonly presented bitch on heat, and some cases did not survive my incompetent intervention. The same trepidation accompanied bovine caesarean section and many other surgeries. My employer was not alone in his expectation of comprehensive surgical competence of recent graduates.

Due to my own experience and because of complaints by the public about the surgical incompetence of recent graduates,