

Friday, 25<sup>th</sup> September 2009

**CONTINUED PROFESSIONAL DEVELOPMENT AND  
PARTNER SESSIONS  
at BVA Congress between 24 – 26 September 2009**

**Friday, 25 September**

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**TB issues: limitations of diagnostics and vaccination (Friday 9.30am)**

This session will look at the science of interpretation of testing and give an update on where we are at the moment with respect to control and eradication.

**Professor Glyn Hewinson** - Head of the TB Research Group, Veterinary Laboratories Agency (VLA)

Professor Hewinson will deal with the science behind developing TB vaccines for both cattle and badgers. His presentation will cover the approaches to developing vaccines, the timetables for the vaccines to be developed and licensed, and the constraints and hurdles faced in TB vaccine development.

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Vaccination is not a silver bullet but one tool of many that can be deployed against TB. However, EU legislation puts significant constraints on the use of cattle vaccines. Moreover, there are significant scientific hurdles to overcome in developing vaccines against 'stealth pathogens' such as TB compared to the development of vaccines against viral infections such as influenza where the basis for protective immunity is more fully understood.

Injectable vaccines for badgers are much quicker to licence than oral vaccines and the session will also explore the pros and cons of injectable vs oral vaccines for badgers and look at some of the technical issues surrounding the administering of each.

Finally he will consider the different approaches to developing cattle vaccines against TB, again weighing up the pros and cons. The BCG vaccine, which will be used in badgers, sensitises cattle to the tuberculin skin test necessitating the development of a diagnostic test that differentiates between vaccinated and infected animals (a so-called DIVA test). Stakeholders have made it clear that they would prefer a cattle vaccine that does not sensitise cattle to the skin test but this is in the early stages of development and Professor Hewinson will set out the likely timetable for its development.

**Mr Andrew Biggs**, Past-President of the British Cattle Veterinary Association will also be speaking.

### **Vector-borne disease in Europe: Asian tigers, polka fever, West Nile virus and yellow jack**

In 1982, a specimen of an Asian mosquito, *Aedes albopictus*, was captured in a cemetery in Tennessee in the USA. Two months later, a major infestation of this species was identified in Texas, where large numbers of mosquitoes were breeding in (abundant) discarded tyres. Investigations revealed a worldwide trade in used tyres, a significant proportion of which originated in Japan, and laboratory studies confirmed that the mosquito had probably originated in Japan. The species is now established throughout the Americas (except Chile), in at least 12 countries in Europe, and in several African countries. In 2007, it was responsible for an outbreak of chikungunya virus in northern Italy. Introduction of the virus was traced to a man who had flown from India to visit relations. He had contracted the disease during a pandemic that had begun in east Africa, passed through several Indian Ocean islands and thence to his native India, where a massive outbreak was under way, with an incidence of clinical cases estimated more than one million. This sequence of events illustrates how modern transportation of goods and people resulted in a quantum leap in the mobility of vectors and pathogens. Other striking examples include the global movements of dengue viruses and the introduction of West Nile virus into the new world. There can be no doubt that this problem will continue in the future.

**Professor Paul Reiter** of the Medical Entomology, Insects and Infectious Disease Unit at the Institut Pasteur is a late addition therefore no summary is available.

### **Four decades of Commonwealth Veterinary Association activity (Friday 9.30am)**

For 40 years the Commonwealth Veterinary Association (CVA), by encouraging the highest professional standards, has promoted the veterinary profession. It has advanced animal health, welfare and productivity and living standards, especially of rural women. Climate change and emerging diseases constitute new challenges, while in the Pacific islands, a shortage of vets is a special constraint.

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**Dr Abdul Rahman** - Secretary, Commonwealth Veterinary Association

Technical Activities of Commonwealth Veterinary Association

Among the many activities the following are the priorities of the association over the last four decades.

Current CVA projects include

- establishment of goat production unit at women's group in Zambia for HIV compromised and other destitute women
- training of pastoral women on livestock management in Kenya
- training of women dairy farmers from a village in India
- poverty alleviation of women poultry farmers of the Indian sub-continent
- a rural community rabies project to demonstrate the effectiveness of combined and coordinated medical and veterinary intervention of rabies control in West Africa (Ghana, and Nigeria) and in East Africa (Tanzania and Uganda)

CVA supports veterinary education and continuous professional development in developing countries through experts from developed countries training veterinarians and students in latest technologies.

There is also the CVA Study Fund for young veterinarians from developing countries to undertake short-term training in reputed centres of excellence in other countries within the same region.

CVA is very active in disaster relief collaborating with other international agencies such as World Society for the Protection of Animals, etc. when disasters such as tsunami, floods, hurricanes and earthquakes occur in different parts of the Commonwealth.

CVA also organises regional workshops, scientific conferences and seminars every two years in all the six regions of the CVA. This helps the local veterinarians to participate and learn from invited speakers from different parts of the world.

In addition it runs a journal, book, instrument and audiovisual programme with which donations are distributed free-of-charge to veterinary schools and institutions in developing countries and includes laboratory and surgical instruments.

The CVA hosts [www.commonwealthvetassoc.org](http://www.commonwealthvetassoc.org) and its publications include the peer-reviewed Journal of the CVA.

There is acute shortage of Veterinarians in the Pacific Island countries and CVA is helping with opportunities for volunteers

- Short (1-6 months) and longer-term assignments from overseas veterinarians are being considered which will provide -In-country accommodation and basic expenses and Possible assistance with air fares
- Registration and logistic issues still to be finalised

For further information on these vacancies please contact the BVA press office in the first instance.

**Unlocking the potential of Africa's livestock keepers: a new approach to veterinary service delivery (Friday 10am)**

This session will consider the integration of the use of paraveterinary personnel in animal health delivery systems in areas with low vet density.

**Dr Christie Peacock** – Chief Executive, FARMAfrica

In the past, animal health services in Africa were mostly provided by governments and were often heavily subsidised or even supplied free-of-charge. During the 1980s, structural adjustment programmes imposed by the World Bank and International Monetary Fund resulted in liberalisation and a scaling back of government supplied services, with the public sector focusing more on regulatory issues and public goods. It was envisaged that the private sector would step in to take over some of the roles previously fulfilled by government, including provision of clinical veterinary services and supply of animal health products, and other inputs/services, such as artificial insemination (FAO, 1999).

In most of the continent, however, there has been very limited development of private veterinary services, except in urban and high potential areas.

In an attempt to fill the gap left by retreating government services, a number of NGOs pioneered the development of community-based animal health services. These provided short-duration, rudimentary training to local livestock keepers who then provided simple animal health services and sold a limited range of drugs to their neighbouring fellow livestock keepers. Systems of supervision, sustainable drug supply and referral were, however, often poor or totally lacking. Regulatory authorities and veterinary associations were initially very hostile to this development. Although the role and potential value of community-based animal health systems is now generally accepted – the Kenya Veterinary Department, for example, has recently developed training guidelines - legitimate concerns remain in many cases, especially in relation to the quality of both the services provided and veterinary drugs supplied.

FARM-Africa has pioneered a 'three-tier' animal health system in Kenya, Tanzania and Uganda, and demonstrated that it is financially viable and capable of delivering quality, affordable animal health services, even to poor livestock keepers in remote and marginalised areas. The three-tier system is pyramidal, being made up of a fully qualified vet at the top, several veterinary paraprofessionals in the middle (often known as Animal Health Assistants[AHAs] who have usually received one to three years formal training), and a number of Community-based Animal Health Workers (CAHWs) at the grassroots level. In Meru, Kenya – where the system is most developed – it has proven sustainable .

A fuller version of this paper is available on request.

**Working together to improve animal health, integration and cooperation of NGOs (Friday 11am)**

The spectrum of organisations involved in animal health and welfare aid and development includes the World Organisation for Animal Health (OIE); the Food and Agriculture Organization of the UN; donors of various types; consultancy companies; international and national NGOs both publicly and privately funded; academic and training institutions; and government at different levels in the particular countries. This presentation will use Afghanistan and The Donkey Sanctuary as case studies, contrasting the view from within an EU-funded veterinary development project embedded within a government ministry, part of whose remit is to improve coordination between central

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government, provincial government and NGOs, and the view from within a privately-funded NGO . It will promote the idea that all organisations need to cooperate, particularly in sharing best practice, if animal health and welfare services are really to improve around the world. [Please note that The Donkey Sanctuary does not work in Afghanistan.]

**Mr Stephen Blakeway** - Director, Overseas Operations, Donkey Sanctuary

An outsider might expect the 'Animal Health and Welfare Aid and Development' world to form a small, discrete and reasonably homogeneous sub-sector within the global development industry. However, once you enter the portals of this little world it can appear a labyrinth, with many different projects, programmes and organisations driven by many differing views, beliefs, processes and fundamental purposes.

As an example, animal health and animal welfare aid are different. Animal health aid is given mostly for human benefit; while animal welfare aid is given mostly for the benefit of non-human animals. Of course there are mutual cross-benefits, but the basic objectives of programmes funded under the two will be different. Other causes of difference between programmes include politics, ideology, professional difference, academic interpretation, tradition and culture.

Nevertheless, despite the diversity, communication, cooperation and collaboration within the sector is essential, and we owe it to the recipients of aid to work towards this ideal.

Advantages of collaboration include sharing experiences, lessons and best practices; avoiding duplication and the wasting of resources; and, most important, giving better results to intended beneficiaries from more integrated services.

However various factors work against collaboration. Competition is one. Imbalance of power and resources is another. A third are the weak linkages between relief and development and short project cycles. In the rush to complete a project, some perceive the processes of collaboration as a waste of time.

This presentation will discuss the benefits of good communication, cooperation and collaboration. It will use examples from within an EU-funded veterinary development project in Afghanistan (part of whose remit was to improve coordination between central government, provincial government, NGOs, and the global disease control programmes establishing themselves in the country); and from the context of a UK equine welfare charity.

**Bluetongue: perspective from industry (Friday 2.30pm)**

This session will consider the experience and lessons learnt from bluetongue vaccination. It will also examine future threats and the measures available to diminish their impact on the industry.

**Mr David Bartram** - Technical Services Manager (Livestock), Fort Dodge Animal Health

Mr Bartram's presentation reviews the history of bluetongue control in the UK and possible future directions from the perspective of one of the stakeholders, the pharmaceutical industry. The GB vaccination strategy has been a success, preventing the spread of bluetongue virus despite probable virus incursions via midges from the continent. Good planning and implementation or just good fortune? While not necessarily representing the views of the author or any pharmaceutical company, some of the content is deliberately contentious and provocative to promote candid and open debate and learning from the bluetongue vaccination experience. Reflecting with the benefit

of hindsight on the experiences of 2008/9, the presentation discusses issues including whether the voluntary approach to vaccination was appropriate, could the declining momentum of vaccination have been mitigated, and why did some farmers perceive the risk of bluetongue to be lower than the potential risks from vaccination. Challenges and possible future directions are also explored, including the risk of incursion of other arthropod-borne viruses and new serotypes of bluetongue virus, the potential for new vaccine modalities, and whether declaring freedom from bluetongue is a realistic goal. The presentation concludes by urging the livestock industry and its veterinary surgeons to avoid complacency and, in the words of the Joint Action against Bluetongue (JAB) campaign, "don't hesitate, vaccinate".

### **Bluetongue: stakeholders' experiences and the way forward (Friday 3pm)**

This session will look at this year's experience of bluetongue and some of the difficulties faced, in particular, maintaining vaccine take-up and improving knowledge of vaccine capability.

**Mr Paul Roger** - RCVS recognised specialist in sheep health and production

Mr Roger will be speaking about this year's experience of bluetongue in the UK and some of the difficulties faced, in particular, maintaining vaccine take-up and improving knowledge of vaccine capability. With the value of stakeholder groups having been called into question recently, he will examine outcomes of bluetongue stakeholder meetings and their contribution to disease prevention efforts. It is worth mentioning that the stakeholder meetings bring together a cross-section of affected groups which allow grey areas such as smallholders to be covered.

With a tick-borne disease like bluetongue any animal keeper needs the knowledge to protect their animals and it is important that smallholders, who are steadily growing in numbers, and other groups are consulted as well as briefed to achieve awareness and preventative action across the whole spectrum of animal keepers, not just traditional farmers.

It also seems that, far from being just talking shops, the meetings, by bringing to the table concerns and criticisms, produce positive and constructive outcomes which can feed into the way forward. This isn't to say that these meetings work perfectly but I will be talking about stakeholders' experiences, will look at the contribution they make and how the process and the links can be improved for mutual benefit.

### **Recession-proofing: managing the top line (Friday 2.30pm)**

This session will present ideas on how to manage the business in more difficult trading circumstances, focusing on sales. The focus will be on the pricing and charging strategy of the practice and identifying ways in which a practice might be able to ensure that 'lost' income is captured.

**Mr Mark Beaney** - Partner, Hazlewoods LLP

Mark Beaney's presentation will be looking at ways in which veterinary practices can work smarter, ensuring that they generate income opportunities from principally existing clients. The presentation will show key data including average growth in turnover per vet for small animal, large animal and equine practices and how these are flexed based upon the circumstances of the practice. Mr Beaney will summarise the information that is needed in small animal, large animal and equine businesses in order to manage sales performance. The presentation will also look at some of these key areas, for instance product sales in small animal practice, in order that the practice can

set a suitable strategy. The presentation covers the expected gross profit margins for an average small animal, large animal and equine practice and also the appropriate fee-to-drug split. The latter is a key measurement that all practices should be aware of as it has a significant influence on the gross profit margin. There will be a focus on how to identify the correct price, and he will highlight the impact of poor charging on veterinary practices. He will also cover ways in which practices can try and eradicate poor charging to ensure that they generate the correct return off clients. Finally he will briefly assess how a practice can identify the financial value of their staff, drilling down to an individual vet and their expected turnover generation versus their package, and briefly cover overhead management identifying some of the key areas to focus upon.

### **Anthelmintics and resistance: responsible approaches to control (Friday 4pm)**

This session will examine how resistance develops and spreads, and the increasing threat to the industry.

**Dr Frank Jackson** - Senior principal research scientist at Moredun

Given that multiple anthelmintic resistance in nematodes of small ruminants now poses a threat in many production systems throughout the world, including the UK, the arrival of new actives with novel modes of action has been eagerly anticipated. However it is vitally important that before any new compounds appear and are used on our farms that we give consideration as to how to use these responsibly. Responsible use should conserve their efficacy whilst also protecting that of our existing anthelmintic families. The sustainable use of anthelmintics needs to incorporate an understanding of the impact of treatment and its consequences for the population in refugia (the population unexposed to treatment) which is crucial in maintaining parasite susceptibility. Recent research suggests that strategic whole flock treatment or targeted treatment (TT) strategies and targeted selective treatment (TST) strategies can be used to reduce anthelmintic usage, whilst maintaining performance and anthelmintic efficacy. Strategies developed to optimize anthelmintic usage and to maintain biosecurity are crucial elements in the development of effective sustainable control regimes. These approaches also require to be underpinned by knowledge acquired by monitoring parasite populations and their susceptibility to the various anthelmintics that are available. There can be little doubt that the development and implementation of complex, site specific, integrated control strategies is challenging and imposes a range of demands upon the veterinary community. However this is a challenge that the profession must be able to meet in order to minimize the impact of anthelmintic resistance upon animal performance and welfare.

### **Responsible use of available controls (Friday 4.30pm)**

An exploration of how we use controls and what we can do in the face of the increasing spread of anthelmintic resistance.

**Ms Lesley Stubbings** - Independent Sheep Consultant

In this session Ms Stubbings will explore the different ways in which we control disease and what we can do in the face of the increasing spread of anthelmintic resistance. Anthelmintics are an important tool to control internal parasites in sheep, but they are only one of a number. That said, reliance on anthelmintics over the last 30 years has been high and control strategies have largely been based on blue-printed use of anthelmintics with little variation between farms even of quite different systems. Historically this has provided good worm control, but the heavy reliance on anthelmintics has led to the development of resistance. In the UK we now have detectable levels of resistance to benzimidazoles on nearly 100% of farms, 40-50% to LM and a growing percentage to

the macrocyclic lactones group. The latter is seriously exacerbated by the increasing use of them as an endectocide for the control of sheep scab. Ms Stubbings will discuss the main selection pressures and will explain why, in order to use anthelmintics responsibly, we have to apply strategies that address these issues – and this means no blueprints but each farm having its own strategy. Variables are parasite species, seasonal effects, resistance status, other management options, class of sheep - all must be considered. Recent research shows how the old concept of standard epidemiology is changing. It indicates variance on worm species from farm to farm, year to year and resistance status. The familiar challenge is to get sheep farmers to take action to reduce selection pressures when their current strategies are still working. It's easy enough when they have experienced failure – but by then it is too late to prevent resistance for that drug group. The fact is, that there will have been detectable resistance for a long while on that farm. Ms Stubbings will talk about how resistance can be slowed.

### **Recession-proofing: motivation in a credit crunch (Friday 4pm)**

**Dr Valentina McGarrell** – Head of the Northern Ireland branch of the Royal College of General Practitioners

In this session Dr McGarrell will examine the components of motivation at work. There are many theories of motivation, how applicable are they to modern working life? Have they any tips and tools busy vets could use? Is money the only real motivator and, if so, how can we remain motivated during a credit crunch?

Life is hard and it seems to be getting more and more difficult to keep your head above water and sometimes it's impossible to feel even slightly enthusiastic about your job. Can you remember why you wanted to be a vet? What were/are your expectations of this profession; are they being fulfilled or has it all turned into a daily grind?

Your journey through life is like being on a train, you pass many stops where you would like to get off but aren't brave enough or you have other reasons to stay on that train. How do you know you are on the right life train or have you missed your destination by a couple of stops? How do you know when you are happy?

This brief interactive session will explore some of these questions in a light-hearted way with a serious message. Delegates may even learn something new about themselves!

### **Ophthalmology (Saturday 9.30am and 11am)**

Practical and clinical examination of the eye for non-specialist practitioners and recent graduates, including consideration of the Canine Health Schemes and equine ophthalmology.

**Professor Sheila Crispin** - Chief Panellist BVA/KC/ISDS Eye Scheme

Ocular examination should always form part of general physical examination and not be regarded as a separate and specialist technique cloaked in mystery. The facilities needed for examination are simple, as are the relatively inexpensive instruments required for basic examination, which should last a professional lifetime. Animal eyes exhibit an impressive range of normal appearances and perhaps this very diversity is one of the reasons why examination can prove so challenging in general practice. It is clear that an understanding of the normal is needed in order to identify the abnormal and a certain amount of application is needed to gather experience of normal variants.

In her session Professor Crispin will talk about some fundamental rules to follow.

Ocular examination as part of physical examination offers other benefits. Most animals have two eyes and both should be examined, so there is often a 'control' eye for instant comparison of normal and abnormal. On the occasions where both eyes are abnormal the clinician should consider the possibility of systemic disease, because there are many ocular manifestations of systemic disease, some of which are pathognomonic. The aim is always for meticulous examination to aid accurate diagnosis, so that management can be both efficient and cost effective.

For those veterinary surgeons moving seamlessly from the satisfaction of competent ophthalmic examination to a genuine desire to know more about eyes, there are other challenges. The British Veterinary Association/Kennel Club/International Sheep Dog Society Eye Scheme has been in existence for more than 40 years and is primarily concerned with examination of the eyes of dogs for inherited eye disease; with examination and certification carried out by members of the Eye Panel. The Eye Scheme has evolved over the years and there is increasing awareness that it is sensible to establish priorities for ocular conditions in all breeds of dog, both pedigree and non-pedigree. In addition to those veterinary surgeons who are members of the Eye Panel, veterinary surgeons in general practice and ophthalmology referral practice are encouraged to place more emphasis on breed-related and inherited conditions that are blinding, painful, need corrective surgery or constant medical therapy.

### **The 2007 equine flu outbreak in Australia (Saturday 9.30am)**

The recent devastating episode of equine influenza in Australia is a timely reminder of the effects of a highly infectious disease on a naive population. Presentations will describe the outbreak in terms of both horse welfare and the socioeconomic consequences of the epidemic. Lessons from this include measures to enhance biosecurity, the role of vaccination and actions to be taken in the face of a similar outbreak in future.

**Mr Barry Smyth** - Vice-President, Australian Veterinary Association

Equine influenza [A/equine/Sydney/2888 – 8/2007(H3N8)] (EI) was confirmed for the first time in Australia on 24 August 2007 in horses at Centennial Park Equestrian Centre in Sydney. The source was traced to a consignment of horses imported from Japan on 8 August 2007. This consignment had been split upon arrival into Melbourne (Spotswood Quarantine Station) where some horses were unloaded before the rest continued on to Eastern Creek Quarantine Station (ECQS) near Sydney. Horses in ECQS showed increased rectal temperatures and mild upper respiratory disease on about 17 August and EI was confirmed in them on 22 August 2007. How EI escaped from ECQS was never determined.

There were 3 major amplifying events for the outbreak – an equestrian event at Maitland on 17 – 19 August, a campdraft at Narrabri on 24 - 26 August (both in NSW), and an equestrian event at Warwick on 25 August (in the Queensland District [QLD]).

A national horse movement prohibition was introduced on 25 August for 1 week. EI virus was contained to specific areas of NSW and QLD (a total area of 280,000 square kilometres). Movement restrictions were removed from all States and Territories, except for New South Wales (NSW) and QLD, after 1 week.

Movement control areas were introduced in the affected States to contain, control and eradicate EI. A coloured zoning system enabled clear differentiation of infected from non-infected areas. This

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system was especially useful in developing different examination, tracing, movement control, testing and sampling regimes, and communication strategies for those mounting the emergency response. The coloured zones also were very useful for horse owners to identify what activities they were and were not permitted to undertake.

About 76,000 horses became infected with EI on 10,651 properties in NSW and QLD. Infected horses were confined to red and purple control zones. Buffer zones (orange) were introduced around the red zones and these were areas where a canary pox vector vaccine (Proteq Flu, Merial) was used strategically to create a population of immune horses to help confine EI to the red and purple zones. Surrounding the orange buffer zones were green areas where monitoring (serology and PCR testing) was used to confirm that EI was contained. The rest of Australia was designated as white to define jurisdictions where EI never occurred. Proteq Flu vaccine was used during the emergency response because it enabled differentiation of infected from vaccinated horses (DIVA testing). In this way there could be definitive identification of where EI had been circulating.

A vaccination program reduced the number of susceptible horses, reduced viral excretion if horses did become infected, and shortened the duration of the outbreak. Eventually about 140,000 horses were vaccinated against EI.

The last property in NSW was infected on 8 December and the last property in QLD was infected on 25 December 2007. All movement controls were removed on 14 March 2008 and there was a full resumption of all horse industry activities. Australia declared itself free from EI on 30 June 2008.

Total cost of the emergency response to the Commonwealth and State Governments was about \$400 million Australian Dollars (\$300 million of assistance, \$100 million for disease eradication). This does not include the normal running costs of governments. Costs to industry are inestimable with any degree of accuracy, but are thought to exceed \$1 billion AUD.

A Commission of Inquiry traced the source of infection to ECQS and there were found to be deficiencies in quarantine practices which probably contributed to the escape of EI from ECQS. There was evidence of seroconversion in horses in Spotswood, but EI did not escape from there. There was a measurable increase in psychological distress scores by horse owners throughout Australia associated with the emergency response to EI. This was more evident in the infected areas. Most horse owners had recovered from their psychological distress 1 year later.

**Mr Mark Riggs** – Technical Manager, Merial Animal Health

1: What is Equine Influenza?

RNA orthomyxovirus. RNA = capable of rapid mutation due to errors of replication. 2 major surface antigens, Haemagglutinin (HA) attaches the virus to the respiratory tract cells and Neuraminidase (NA) helps the virus enter and exit the respiratory tract cells. It is the HA antigen that changes over time due to mutation, a process called antigenic drift. This drift allows the virus to partially escape the hosts defences and thus cause disease. It is for this reason influenza vaccines are updated. The World Organisation for Animal Health (OIE) recommended an update and PROTEQFLU is the only vaccine to be updated with the recommended new strain. Other antigens that are structural components of the Influenza virus are currently being investigated as antigenic sites. They are of interest as they do not mutate so rapidly. However immunity to these antigens is only partially protective despite huge emphasis being placed on them in the veterinary press.

2: What can we learn from the human field?

Annual influenza epidemics in humans affect 5–15% of the population, causing an estimated half million deaths worldwide per year. For example, since the influenza A(H3N2) subtype entered the human population in 1968 the A(H3N2) component of the influenza vaccine has had to be updated almost 30 times to track the evolution of the viruses and remain effective. The World Health Organization Global Influenza Surveillance Network (WHO GISN) tracks and analyzes the evolution and epidemiology of influenza viruses for the primary purpose of vaccine strain selection and to improve the strain selection process through studies aimed at better understanding virus evolution and epidemiology.

Basically a similar set up has been instigated in the Equine world as in the human world. Equine influenza tracks human influenza in terms of interests, scientific direction, surveillance and the desire to improve vaccine efficiency. Nothing to date beats a vaccine virus that closely mimics the circulating virus. A situation labelled 'homologous'. In summary we need to track EI, vets are key to this in reporting and swabbing cases so the viral changes can be tracked, recommendations can be given to the OIE and then vaccine manufacturers can update. Essentially we, as vets need to start taking EI seriously even though it is not a killer. EI has dire consequences to horse events.

3: What are the consequences of vaccine strain to circulating strain mismatch?

As vaccines get out of date the level of protection they offer starts to dip. Many manufacturers publish data on how their vaccine is still protective. Challenge studies usually are with few animals and are mostly very shortly after vaccination when the antibody levels are at the highest. Do these represent what happens in the real world? The answer is no. Vaccine/field virus mismatch has been labelled as the causal factors of many outbreaks in recent times.

South Africa 1986 mainly naïve population infected: mass 6 monthly vaccination campaign started to include all equidae. 1990 the Animal diseases act was amended to no longer require compulsory vaccination. Low and behold 2003 another outbreak occurs. After this outbreak OIE recommend a change to the constituent American lineage EI virus to include SA/03 or Ohio/03.

### **It shouldn't happen...but it does (Saturday 11am)**

We are all aware that we inhabit a blame culture in the UK. We already lead the world in veterinary litigation and an economic downturn may increase the number of clients seeking compensation or simply the avoidance of fees. This presentation will summarise the common pitfalls and offer preventative strategies.

**Mr Julian Wells** - Claims Consultant, Veterinary Defence Society (VDS)

The VDS is a mutual insurance company run by veterinary surgeons to provide professional indemnity insurance to the profession. The services include advice, claims handling, representation at disciplinary or criminal enquiries and communications training. A team of eleven claims consultants provides the frontline service.

This lecture will highlight common reasons for complaints and claims involving veterinary staff and consider strategies for avoiding them. The Royal College of Veterinary Surgeons disciplinary process will be summarised along with the role played by the VDS in supporting members during investigation and disciplinary hearings.

**It shouldn't happen to a vet: suicide and mental health in the veterinary profession**  
**(Saturday 2.30pm)**

Suicide is a human tragedy. It is also a significant public health problem and the suicide rate among vets is high. But what do we know about vets' mental health and suicide risk? Can that knowledge be applied and wellbeing improved? New research projects will be presented as a starting point for discussion.

**Mr David Bartram** – Fort Dodge Animal Health and Director of the Veterinary Benevolent Fund

Proportional mortality ratios (PMRs) for suicide over the last 25 years indicate that the UK veterinary profession has around four times the proportion of all deaths certified as suicide than would be expected from the proportion for the general population, and around twice that for other healthcare professionals.

There has been much speculation regarding possible mechanisms underlying the increased suicide risk in the profession but little empirical research. It is hypothesised that a complex interaction of possible mechanisms may occur across the career life course to increase the suicide risk. Possible factors include the characteristics of individuals entering the profession, negative effects during undergraduate training, work-related stressors (such as long working hours, inadequate support, emotional exhaustion, client expectations and unexpected clinical outcomes), ready access to and knowledge of means (medicines are typically stored in practice premises and deliberate self-poisoning is the most common method of suicide in both male and female veterinarians), stigma associated with mental illness, professional and social isolation, and alcohol or drug misuse (mainly prescription drugs to which the profession has ready access such as ketamine, benzodiazepines and opiates). Attitudes to death and euthanasia (formed through the profession's routine involvement with euthanasia of companion animals and slaughter of farm animals) and suicide contagion (due to direct or indirect exposure to suicide of peers within this small profession) are other possible influences. These occupation-specific factors are assumed to act in association with other variables known to be more widely associated with completed suicide, including male gender and single status, the presence of anxiety or depressive symptoms, and recurrent suicidal thoughts.

The contribution of mental health and well-being to the elevated risk was assessed through a postal questionnaire survey (mailed in October/November 2007) of a large stratified random sample of 3,200 veterinary surgeons practising in the UK: A cross-sectional study of mental health and well-being and their associations in the UK veterinary profession. Academic supervision for the study was provided by the School of Medicine, University of Southampton. Anxiety and depressive symptoms, alcohol consumption, negative thoughts about life, positive mental well-being, aspects of the working environment, and work-home interaction were assessed.

The completed questionnaire was returned by 1,796 participants, a response rate of 56%. Compared to the general population, the sample reported high levels of anxiety and depressive symptoms; higher 12-month prevalence of suicidal thoughts; less favourable psychosocial working conditions, especially in regard to the high level of demands and low level of managerial support; lower levels of positive mental well-being; and higher levels of negative work-home interaction. The levels of psychological distress reported suggest ready access to and knowledge of lethal means is probably not operating in isolation to increase suicide risk within the profession.

The questionnaire was anonymous but respondents were given the option to provide their contact details if they were willing to be considered for a possible subsequent phase of research involving

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confidential interviews of selected individuals. Over half of the respondents supplied their name and telephone contact details.

BSAVA, SPVS and Lakeland Veterinary Association kindly provided financial support for the next phase of the research which began in spring 2009, a telephone interview study of respondents who reported suicidal thoughts in the 12 months prior to completing the questionnaire. The main objectives are to explore the causes to which suicidal thoughts are attributed, investigate help-seeking behaviours and barriers to help-seeking within the profession, and to identify potential implications for the provision of interventions.

David Bartram has also commenced a further study involving examination of coroners' records for veterinary surgeons who died by suicide in the Wessex region to investigate precipitants for lethal suicidal behaviour.

It is anticipated that the discussions which follows the session will explore possible strategies with the potential to improve the mental well-being of veterinary surgeons.

**Ms Rosie Allister**, Deputy Director for Edinburgh Samaritans and **Ms Rachel Dean**, Director at the Centre for Evidence Based Medicine in Nottingham will also be speaking.

**Start as you mean to go on: financial advice for recent graduates (Saturday 2.30pm)**

The benefits of implementing sound financial planning from the outset of your career are such that you will be better placed to achieve your short-, medium and long-term objectives. Find out how the choices you make now can significantly impact future financial stability and success.

**Mr Danny James** - Director of Business Development, Lloyd & Whyte (Financial Services)

This session will provide an interactive workshop focusing on financial planning following graduation. It will also outline other key financial milestones throughout the veterinary career and deliver information alongside relevant context to demonstrate the impact of sound financial planning.

**NOTES FOR EDITORS**

1. High and low resolution images of the speakers are available on request.
2. For further information, please contact the BVA Press Office on 020 7908 6340 or [media@bva.co.uk](mailto:media@bva.co.uk)