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Oktober / October 2021

The Monthly Magazine of the SOUTH AFRICAN VETERINARY ASSOCIATION
Die Maandblad van die SUID-AFRIKAANSE VETERINÊRE VERENIGING



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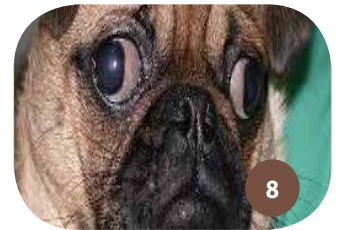
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Leon de Bruyn

Greetings Colleagues,

Spring is in full swing with its renewal, rejuvenation and new life. Those of us of faith who believe that we humans have been given dominion over the Earth's animals by our Lord, must also accept that with that comes the responsibility of caring for the health and welfare of these animals, whether domestic or wild. Whatever one's belief, there is no doubt that the human population explosion over the last few hundred years, with accompanying urbanization, industrialization, large scale agriculture, habitat destruction, exploitation of natural resources along with pervasive pollution, have had a massive impact of animal welfare.

As veterinarians we have a particularly important role to play as the custodians of animal health, and major role players in animal welfare. We can have a major positive impact on animal welfare through our treatment of our patients and education of our clients and breeders, as well as collaboration with Animal Welfare Organizations. For those of us in production animal, wildlife and equine practice, it is important to highlight to owners, managers, trainers and agents, that the welfare of the animals is paramount. We must not allow financial considerations to dominate to the detriment of animal welfare. We are in a unique position to point out that looking after the welfare of the animals will lead to optimum economic returns in the long run. We have renewed concerns regarding the welfare of small stock shipped to the Middle East for slaughter following revelations of shipped animals being loaded into vehicle boots in over 40 degree heat, rather than being transported to the abattoir as promised by the shipping companies in their secure closed loop claims! There have also been tragedies with capsized and delayed livestock transport vessels. The SAVA Board and AEWC will continue to engage with DALRRD, NSPCA and the LWCC to fight for health and welfare rights of our livestock as well as control and restrict this practice as much as possible. We stressed this to National DAH Dr Maja at the recent NAHF-DALRRD Liaison meeting during the discussions regarding the Shipping Protocols. We are all concerned about the health and welfare of the animals once they have left our shores. The Protocols must insist on an undertaking by the shipping company and country of destination to prevent the infringements and disasters mentioned above. SAVA and our Animal Ethics and Welfare Committee have nominated Dr Paul Reynolds to represent us on the Livestock Welfare Coordinating committee (LWCC) as a replacement for Dr Deryn Petty who has stepped down. We wish Paul well in this important position and thank Deryn for her service.

SAVA MD Gert Steyn, President-Elect Paul van der Merwe and I attended virtual International Veterinary Officers Coalition (IVOC) 2021 meeting, hosted by the New Zealand Vet Association (NZVA) late night and early morning 1st and 2nd September. At least the Covid-19 pandemic has spurred great advances in virtual meetings. However, it will be great to see hopefully one another in person in Abu Dhabi. It is fascinating how the profession all over the world deals with similar issues, including a shortage of vets, challenges related to diversity, inclusiveness and equity and funding shortages as Faculties. What's great about the International Veterinary Officers Coalition is we can share our views and solutions to these and other issues like the response to the Pandemic and One Health.

The Covid-19 Pandemic has highlighted how a zoonosis can greatly impact the health and welfare of people and animals. In September we focused on Rabies, another zoonosis which has a major impact on health and welfare, as we strive to attain the WHO, WMA and WVA goal of zero human deaths from canine mediated rabies in the world by 2030. I attended the National Rabies Awareness Meeting where I alerted the National Department to the rabies outbreak crisis

in the Nelson Mandela Bay Metropolitan Area of the Eastern Cape. We then facilitated the acquisition of 10 000 doses of Rabies Vaccine from the Allerton Emergency Bank. The East Cape & Karoo SAVA Branch has purchased over 10 000 doses for a rabies vaccine drive in Gelvandale and Motherwell. We are grateful to our SAVA-CVC Manager, Claudia Cloete and Boehringer-Ingelheim, for organizing a substantial discount on over 20 000 doses. I also attended the Rabies Webinar organized by the NICD in response to the EC Rabies crisis. Claudia, SAVA MD Gert Steyn and I successfully motivated at the National Rabies Awareness Workshop for Katya to be appointed co-ordinator of the National Rabies Awareness Campaign. Claudia was also appointed onto the core communication committee. We conducted numerous Rabies awareness interviews around World Rabies Day, including RSG, Mix FM, Pretoria FM, Radio Namakwaland and Kingfisher FM. These zoonoses have highlighted the importance of the One Health approach, which we will discuss more in our November edition.

The recent resignation of 4 more SAVC councilors continues to cause concern within the profession. It is important for us to respect that the SAVC is an independent statutory body and that it is not our mandate to become involved in internal Council matters. We do however have a responsibility to act in the interests of our members, who make up the bulk of the registrees. I have again engaged with the SAVC President and Registrar to offer our support and request that the SAVC communicates with the registrees regarding the situation in the interests of transparency, while maintaining the necessary confidentiality of certain Council information. We appreciate the efforts and dedication of our SAVA representative on the SAVC, Dr Brendan Tindall, as they navigate these turbulent waters. The call for nominations of replacement SAVC councilors has gone out. This is where the registrees can make their voice heard. Recent SAVC elections have been poorly supported. Nevertheless, it is up to the members of the profession to nominate, and vote for, the candidates they believe will be best suited to serve on Council. I have engaged with the CVO to facilitate the prompt passage of changes to the SAVC regulations through the DALRRD process. Once they have been signed off by the Minister, this will allow digital voting at SAVC elections, which will hopefully dramatically increase registree voter turnout.

October brings several important SAVA meetings, including our Board of Directors, AGM and Federal Council Meetings where we will discuss the above and many other important matters affecting the Association and the profession. Thank you to all those members who attend our meetings and serve on the Board, Groups, Branches and Committees. We must pray for wisdom, truth, peace and harmony to prevail in these turbulent times. **■**

Yours in welfare,

Leon

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1. The FASEB Journal express article 10.1096/fj.00-0685tje. Published online June 8, 2001.
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Editor's notes / Redakteurs notas

Let us take the responsibility to believe, live, teach and do animal welfare. From teaching the little kid in the street to the old tannie whose pet has just outlived its time on earth.

May we always have passion for the animals and compassion for the people. 🐾

Andriette



Andriette van der Merwe

Oktober word algemeen gereken as die mooiste mooiste maand. En in hierdie mooiste maand is die 4de gewy aan ons diere met die World Animal Day wat dan gevier word.

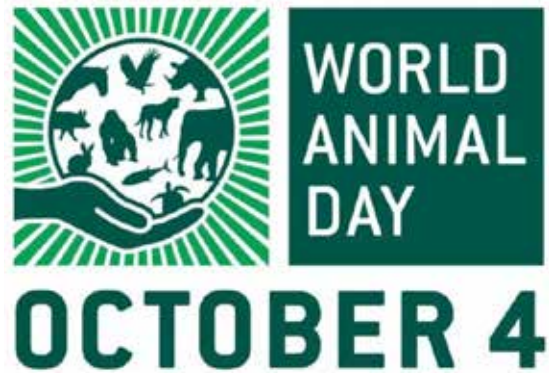
As stated by www.worldanimalday.org.uk:

MISSION OF WORLD ANIMAL DAY:

To raise the status of animals in order to improve welfare standards around the globe. Building the celebration of World Animal Day unites the animal welfare movement, mobilising it into a global force to make the world a better place for all animals. It's celebrated in different ways in every country, irrespective of nationality, religion, faith or political ideology. Through increased awareness and education we can create a world where animals are always recognised as sentient beings and full regard is always paid to their welfare.

I am convinced that one does not have to be a bunny hugger to improve welfare standards. You, as Veterinarians, literally hold the welfare of animals in our hands. With the responsibility also comes a whole lot of complicated decision-making. I tip my hat to all Vets who make the decisions in the best interest of the animal.

In Genesis 1 vers 25 Skep God wilde diere, mak diere, en diere wat op die grond kruip. God het gesien dat die goed was. In vers 26 gee Hy die opdrag aan die mens om te heers oor die visse van die see, die voëls van die hemel, en die diere en die kruipende diere. Die opdrag is selfs ouer as die mens want eers in vers 27 skep Hy die mens.



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LIVESTOCK BY SEA FOR SLAUGHTER: A WELFARE ISSUE

G F Bath (September 2021)

The dilemma of long-distance livestock shipping has been a long-standing concern of the Livestock Welfare Coordinating Committee (LWCC). The LWCC is an independent organisation founded in 1978, and it is unique in that it is funded exclusively by various sectors of South Africa's livestock industry. It currently comprises nine livestock associations, five supportive organisations, four government entities, four professional bodies (including SAVA and RuVASA), two university departments and two welfare organisations. These 26 representative bodies address a wide range of livestock welfare issues via inclusive consultation and reasoned debate based on science. They strive to reach an acceptable consensus that reflects a balanced position statement on any particular matter of concern.



On many issues relating to livestock welfare, there may be different perspectives, views and disagreements between the member organisations of the LWCC. We aim always to reach a consensus on an issue, and in the majority of cases, this is achieved by discussion and negotiation. When it is not attained, members have to establish their own positions, make their own statements and take independent action. LWCC has resolved that it should not be and will avoid becoming involved in legal disputes and court cases between its members. We remain committed to supporting and improving livestock welfare within the ambit of legal frameworks and laws.

Arguments favouring the practice of long-distance shipping of livestock by sea are usually based on three tenets:

- The first being that the religious beliefs of the recipient country demand slaughter where the animals are to be

consumed. This assumption is patently untrue for any major religion. The only requirement on this issue is that authorised persons following the correct procedures do the slaughter. This slaughter can, therefore, be done locally here in South Africa.

- The second defence of the practice is that slaughter at the point of consumption follows 'custom' or that consumers in the destination country prefer so-called 'hot meat'. Yet mere custom and preference should indeed not be allowed to take precedence over humanity and compassion, and these customs and choices are subject to change over time? After all, refrigerated meat has been sent around the world for nearly 150 years.
- The third argument is profit – namely, that it is more profitable to transport live animals rather than refrigerated meat. Should profit always take precedence over principle?

It is suggested that all risks can be minimised or prevented by the proper rules, procedures and design or equipment.

Reasons advanced for not supporting the practice of sending livestock by sea for slaughter include the following:

- Loading tens of thousands of animals within a few days presents severe logistical challenges, hurried handling and inevitable breakdowns.
- There is no control over what happens to the animals at sea once the ship leaves the harbour without the supervision of independent inspectors.
- There is no jurisdiction over what is done to the livestock on arrival at the destination. Regulations can be flimsy or non-existent, and amateur slaughter may be the fate of these animals. The local industries must consider what effect this has on consumer perceptions.
- Inspecting 50 000 to 70 000 sheep every day on board for health and welfare is almost impossible without sufficient numbers of dedicated, expert and independent inspectors who have the authority to protect the health and welfare of the animals on the ships.

- Weather conditions are very unpredictable, and storms or typhoons can play havoc on the journeys and cause injuries.
- Hot days and nights, significantly when extending over several days and accompanied by high humidity – as often experienced over the Equator and in the Arabian Gulf – are potent in causing severe heat stress.
- Ventilation on the ships is often poor or insufficient to enable the animals to lose heat. A breakdown in the ventilation system will have dire consequences.
- The combination of shared body heat in close confinement with radiant heat from metal structures and sub-equatorial sunlight further contribute to heat stress.
- Poor design on ships leads to unacceptable risks of physical injury.
- A variety of severe animal diseases can become prevalent in the cramped conditions on the ships during voyages. Contamination will always be a problem.
- Feed and water supply are very vulnerable to any disruptions that may occur.



All these risks can be avoided by slaughtering the livestock at registered export abattoirs, following the correct and approved procedures governing any religious requirements of the importing country involved. We must also consider that locally slaughtered livestock provides work and income for local people.

LWCC does not have a consensus amongst its members on this issue, and therefore each member organisation has to formulate its response.

As a general comment, if the Courts and country decide that export of live animals by sea for slaughter should be permitted, then livestock must be protected by comprehensive, transparent and enforceable regulations to protect the animals from all risks that may be incurred from the time of gathering each consignment, up to the time of slaughter at the country of destination.

This would include the registration of exporters and the ships, agreement between exporting and importing countries, proper

examination and qualifications of livestock handlers, attention to all factors listed, acceptable monitoring and keeping of records, appropriate and rapid reaction to adverse conditions or circumstances, the presence of entirely independent observers, the principle of payment, and a review after every voyage.

The details of requirements to be discussed and clarified are too numerous and complex to be addressed in a concise contribution.

The guidelines must be debated and modified to arrive at a consensus, and this cannot be done with a single response from those involved. We must ensure that the guidelines can be converted into enforceable Regulations that protect animals as best we can. This discussion should preferably take longer and ensure that the measures are as effective as possible.

Livestock intended for breeding are a separate issue and are governed by other legislation and requirements.

Some organisations will likely continue to oppose the principle of sending livestock by sea for slaughter and suggest that livestock should be slaughtered here, with the meat being exported. Other organisations believe that it is possible to ensure livestock welfare during the process if adequate protection is enforced.



The livestock industry must be aware of and concerned about the reputational damage that may possibly be done by their supporting this practice. The beef, sheep and goat industries of South Africa currently have a largely favourable, welfare-friendly image for consumers, and this perception will be at risk if they are associated with avoidable and unnecessary suffering and cruelty.

All parties concerned must also be aware of international concerns and legislation regarding the transportation of livestock over long distances for slaughter after arrival at the destination.

It must be emphasised that the LWCC is not opposed to livestock farming nor the meat trade. On the contrary, farmers who look after their livestock well will also have more productive herds and flocks and better farm profitability.

As a guiding principle, we urge farmers to eliminate avoidable risks to animal welfare and minimise the impact of unavoidable risks. We are aware and very appreciative of the majority of farmers who care for their livestock and treat them the best they can.



Brachycephalic Breeds and Associated Animal Welfare Concerns

Brachycephalic (flat-faced) breeds have experienced a significant increase in global popularity in recent years, despite well-documented intrinsic health and welfare problems associated with their conformation¹. Canine and feline brachycephaly is a manmade trend, resulting from artificial selection and breeding for extreme characteristics with marked inbreeding. When people selectively breed for conformational extremes, unexpected deleterious effects to the welfare of those animals frequently become evident over time². Breed popularity is associated more with the animals' physical appearance as opposed to welfare-related breed characteristics (e.g., general health and longevity), meaning that brachycephalic breeds with increased prevalence of inherited disorders are becoming more popular. There is no single definition for brachycephalism: skull width-to-length ratio and the craniofacial ratio are considered as part of the definition. However, variation within some breeds means the term is best suited for individual animals rather than breeds as a whole³. Breeds commonly associated with brachycephalism are pugs, French and English Bulldogs, Boston terriers, Pekinese, boxers and Persian cats.

that the typical childlike facial features of brachycephalic breeds (rounded skull, large eyes and bulging cheeks) trigger the same attraction and nursing response as babies do in adult humans³. Ownership of these breeds is a complex phenomenon, characterised by extremely strong owner-pet relationships. These owners often have unrealistic expectations of their pets' good health when compared to the high prevalence of disease in relatively young dogs¹. By a lack of genetic diversity, animals bred for certain conformational traits are put at an increased risk of pain, suffering, injury and/or disease⁴. Brachycephalic breeds, especially dogs, are plagued by various pathological processes which arise from their conformation and compromise their individual welfare. These include respiratory disease (Brachycephalic Obstructive Airway Syndrome; BOAS), heatstroke, ocular problems (wide, shallow orbits predispose to corneal ulcers and globe prolapse), dystocia, dermatological disease, spinal abnormalities and obesity and joint problems^{1,3}.



Figure 1: Canine cranioskeletal shape. (A) Shetland sheepdog (dolichocephalic); (B) Labrador retriever (mesaticephalic); (C) bulldog (brachycephalic); (D) French bulldog (brachycephalic).

From Ekenstedt et al. (2020).

Owners of brachycephalic breeds will expound on the wonderful natures and appealing looks of these breeds. It has been suggested



Perhaps the most common and arguably the most serious of these health issues is BOAS. Some breeds have approximately 70–75% prevalence of BOAS². The soft tissues of the skull (including soft palate, nasal mucosa and tongue) do not scale down in proportion with the decreased skeletal dimensions of the skull, resulting in mismatched anatomy with soft tissue structures essentially ‘crammed’ into a smaller skull space. This results in compression of the nasal and pharyngeal air passages, amongst other problems³.

BOAS is characterised by respiratory and thermoregulatory problems. Compromised airway function is highly detrimental to animal welfare, leading to severely reduced physiological function and thus inability to cope with everyday challenges presented to regular pet dogs¹. Clinical signs include respiratory distress, exercise intolerance, upper respiratory noise (stertor and stridor), and collapse. The ability to breathe is essential for survival, and dogs with BOAS suffer great distress from air starvation, and also fear and anxiety when facing respiratory distress².



Heritable diseases like brachycephalism are a frustrating challenge for general practitioners and specialist vets alike when talking with clients². Efforts to combat BOAS may be constrained by a perception that it is ‘normal’ in brachycephalic dogs⁴. Packer, Hendricks and Burn (2012) created a study that quantified owners’ perception of the clinical signs of BOAS as a veterinary problem. Dogs were recruited from a veterinary referral hospital in the United Kingdom and their owners were approached about participating in the survey. Owners were asked to complete a questionnaire about signs commonly associated with BOAS i.e., dyspnoea (shortness of breath), stertor (snoring), stridor (wheezing), exercise intolerance, gagging, regurgitation and vomiting and were asked about whether or not these constituted a ‘breathing problem’ in their pet. The ‘owner-reported breathing score’ obtained from the questionnaire was contrasted against photographic details of their dogs’ phenotype, whereby the dog was assigned a BOAS ‘affected’ status according to specific criteria. Despite reports of high frequency and severe clinical signs of BOAS, 58% of owners of BOAS-affected dogs reported that their dog did not currently have, nor had a history of, breathing problems. This number included the owners of formally affected dogs which were initially referred for respiratory issues. These owners reported no breathing problem despite the official diagnosis of BOAS. When asked to elaborate on their answers, owners stated that: “No to breathing problem — other than being a Bulldog” and “(No,) but he is a Pug!”⁴.



This study showed that there is a disparity between the recognition of clinical signs and the perception of these signs as a problem that requires veterinary intervention. Spontaneous comments instead showed that these problems are considered ‘normal’ for certain breeds⁴. The concept of ‘normalisation’ explains the perception change that occurs over time until signs of disease no longer appear abnormal, due to either a large proportion of individual animals within specific breeds showing these clinical signs and/or the animal themselves has always seemed to exhibit that behaviour².

However, just because a specific trait (in this case, respiratory difficulty) is commonly associated with certain breeds, it does not mean that the trait should be present at all. ‘Common’ or ‘normal’ does not equate to ‘positive’, ‘beneficial’ or ‘natural’. Unfortunately, normalisation leads to a significant percentage of owners (and even vets) that do not identify these conditions as pathological, nor consider them reasons to seek or recommend therapeutic care. This may also leave these animals in the breeding pool to continue passing undesirable genetic traits to future generations. Therefore, it is essential to continue to educate brachycephalic owners that ‘common’ is not necessarily ‘normal’².

Another study found that approximately one-third of brachycephalic pet owners did not expect the maintenance and veterinary costs, exercise levels and overall behavioural problems associated with owning such a breed¹. It can be assumed that owners who exhibit stronger bonds with their pets are more likely to seek preventative veterinary care, are more likely to visit veterinarians more frequently and will closely follow veterinary recommendations regardless of cost¹. Owners such as these (while rare in many of our experiences) do exist! The recognition by owners of clinical symptoms as problematic will influence their decision to seek veterinary investigation and treatment for any disease. While these welfare-compromising health concerns often present acutely, it is

important to remember that the diseased state is usually chronic and present from birth². The misconfiguration of respiratory soft tissue structures impedes airflow, majorly impacting respiratory function and ultimately leading to permanent secondary changes³, making early diagnosis and corrective intervention paramount in these individuals.

However, the paradox comes into play when owners are deeply concerned about their pets and obsess over the smallest problem, yet consciously select a breed predisposed to substantial disease burdens, frequently resulting in a shortened lifespan. The continued appeal of owning brachycephalic pets despite well-known chronic health disorders suggests the presence of strong external influences and an element of cognitive dissonance on the part of the owners¹. Despite high levels of acknowledged disease, owners perceive their pets to be in the “best health possible”, especially when compared to the rest of their breed. The lack of recognition of clinical signs as indicative of disease, i.e., that these signs are actually a problem and are negatively impacting the animal’s quality of life and welfare, is a major constraint to improving the welfare of clinically affected animals⁴.

WHAT VETS CAN DO:


- Put up educational posters and/or pamphlets in your practice and utilise your practice website/blog/social media platforms to increase client awareness about problems associated with brachycephalic breeds.
- Actively discuss health and welfare issues faced by brachycephalic animals with clients and prepare them for what to expect if they do get a brachycephalic pet. Vets need to remember that clients have limited medical knowledge and they are strong social influences surrounding the popularity of brachycephalic breeds. Some clients may be amenable to veterinary suggestions not to buy a brachycephalic breed (or any animal with extreme conformation)⁵.
- Vets should positively engage with clients to safeguard the individual pet’s welfare and also lay solid foundations for a long-term relationship with their practice for the duration of the pet’s life.
- Educate clients about how to recognise problems and when to act (especially when clients consider these problems to be ‘normal’ for the breed).
- Assessing every animal with brachycephalic conformation for welfare-related challenges should become routine in veterinary exams. Where necessary, vets must advocate for appropriate therapeutic interventions. Veterinary decision-making needs to prioritise and maximise overall animal welfare throughout the pet’s lifetime.
- Strongly advise against breeding with animals that have been medically or surgically treated for BOAS, have had conformation-altering surgery, or have a history of C-sections and/or dystocia. Advise sterilisation at the same time as other surgeries, if allowed by good practice⁵.

WHAT THE SAVC AND SAVA CAN DO⁵:

- Implement communication campaigns to proactively raise awareness among the public in general and to advise them about health and welfare issues in dogs with extreme conformations.
- Raise awareness amongst breeders, breed clubs and show judges and advise them as to health and welfare issues in dogs with extreme conformations⁵.
- Work together with stakeholders (e.g. KUSA) to set up registers of confirmation-altering surgeries and C-sections as well as relevant screening programmes (i.e., pre-breeding examinations).
- Call for the revision of breed standards to help prevent BOAS and other brachycephalic-related disorders. Breed standards should include evidence-based limits on physical features (e.g. muzzle length, number of skin folds) and approaches to lessen inbreeding and increase genetic diversity should be considered.
- Distribute veterinary health certificates for puppies and/or checklists for prospective buyers in support of responsible, healthy breeding. Prospective owners should be discouraged at all costs from buying from “puppy mills”.
- Develop protocols based on international standards for the examination of breeding animals regarding respiratory function and thermoregulation.
- Set up CPD events to encourage and equip vets to take a more active role in providing breeding advice to breeders, breeder organisations and judges concerning extreme conformation and screening procedures.

The veterinary profession needs to understand that while abnormalities may be extraordinarily common within brachycephalic breeds, they are neither normal nor desirable². Vets have an ethical obligation to promote animal welfare. One of the simplest ways for us to do this is through the prevention of pain, disease and discomfort. In the case of brachycephalic animals, client education to prevent disease progression and reduce morbidity is the best way to safeguard animal welfare.

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Everyone is Responsible



Animal Sentience and its role in Animal Welfare

No single definition for the term 'animal welfare' exists. Animal welfare science is a rapidly developing multidisciplinary field. It forms the research basis which grounds animal welfare protection for vertebrates (and a growing list of invertebrates). However, the fundamental principle of all animal welfare is that animals with a central nervous system are sentient and have cognitive abilities.

Sentience relates to the ability to experience¹ :

- Negative states
 - Pain
 - Hunger
 - Fear
 - Boredom, and
- Positive states
 - Pleasure
 - Play
 - Contentment
 - Expectation

Any human who works closely with animals knows and accepts this to some degree. Animal sentience is easily observed through the interpretation of animal behaviour and communication. However, the science of animal welfare has objectively proven that animals have the cognitive ability to think and experience positive and negative states. The animal welfare field is rapidly evolving. The concept of 'animal welfare' extends beyond just good physical health². That is the adage of the '5 Freedoms' (the concept of Freedom from pain, injury and disease dates back to the 1960s). Modern animal welfare embraces the fact that welfare needs to be assessed by whether the animals have good physical, as well as psychological, health. This gets confusing because humans then enter the realm of subjective experiences of non-human animals². It is impossible to measure subjective experiences, yet the promotion of positive emotional and physical states can be measured through many different means e.g., anatomical, behavioural and physiological parameters^{1,3}.

The concept of animal sentience has evolved from the 1600s, when Descartes, a famous philosopher and mathematician, described animals as "automata", incapable of feeling pain or suffering⁴. Animal sentience is essentially the realisation and acceptance by society and by the powers that be that animals are not 'dumb' creatures, functioning automatically by unreasoned instinctive reactions. Animals have highly developed nervous systems, giving them extraordinary species-specific cognitive adaptations to feel sensations and experience emotions similar to those experienced by human beings. As discussed above, these emotions may be positive and enjoyable, or negative and unpleasant, therefore causing animals stress and driving them into states of distress.

There is a global undertaking to improve the welfare of animals based on fulfilling their needs to have a life worth living rather as opposed to mere existence under miserable conditions for human economic benefit, excitement and pleasure. In her 2012 review of animal sentience, Proctor stated that "demonstrating what animals are capable of is key to achieving a positive change in attitudes and actions towards animals and a real sustainable difference for animal welfare"⁴. Since then, the emergence of demonstrable animal sentience (even including insect sentience) has given rise to a drive for new and inclusive ethics for them when they are being used in scientific studies^{5,6}.

One of the most challenging aspects of understanding sentience in animals is proving its existence at a scientific level. Scientific approaches comprise testing animal behaviour in studies that give animals choices to which they respond. In other words, to use animal preference, motivation and aversion reactions in studies to ask questions about their emotional states, and particularly about the capacity to feel pain.

With the increasing scientific knowledge on animal sentience, there is a greater understanding of the impact of humans on animals. Humans have moral and ethical obligations towards other individuals. This includes individuals of other species. If we house or otherwise interact with non-human animals, then we have an obligation towards safeguarding and promoting their welfare⁷. It is increasingly irrational and unethical to continue to cause harm to animals, intentional or otherwise, when this could be prevented by an appreciation of animal sentience and the changing human attitudes. This realisation has increased the protection of the welfare of vertebrate animals throughout the European Union (EU).



In 2009, the EU passed legislation declaring that vertebrate animals and some invertebrates are sentient creatures. Therefore, their care, living conditions and treatment must take this into account because it may impact negatively on their emotive states and species-specific behavioural needs. This has led to the phasing out of battery cages for egg-laying hens, abolition of farrowing crates for pigs and other similar husbandry developments and interventions in the animal production industry, as well as throughout general EU society.

Sadly, many industries cause immense suffering to animals that are not protected by effective welfare legislation. Intensive farming and scientific research in many parts of the world are included in this. In the face of the overwhelming evidence for animal sentience, the question may be asked “Why is this negative treatment of animals continuing?” Is it merely because the scientific evidence is not strong enough, or is it a case of human indifference, insensitivity and social conditioning? This is particularly evident with regards to society’s cognitive dissonance regarding the intensive farming of food production animals.

However, farming does not necessarily have to conflict with animal welfare. Dawkins (2017) argues that the improvement of animal welfare can, in fact, bring financial benefits to both individual farmers and society, through reduced morbidity and mortality, as well as decreased risks of zoonoses and foodborne diseases^{8,9}.

If society is simply ‘blind and ignorant’, this presents a golden opportunity for education and animal welfare advocacy. Vets can play a crucial role here to sensitise people to the existence and nature of animal sentience.

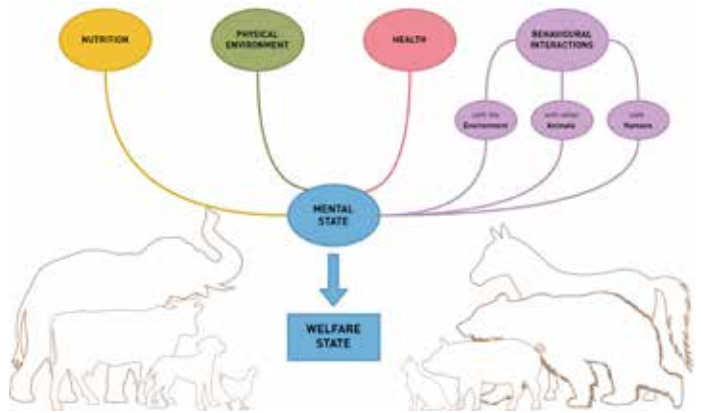
Promoting an understanding of animal sentience is a pathway to promoting empathy and compassion for the animals we eat and utilise in so many ways. It is a tool that can be used by veterinarians, animal welfare advocates, educators, scientists and legislators to advance the humane treatment of animals. It also, at a personal level, gives us pause for thought: when we are about to impale a live earthworm or insect on a fish hook, or drop a live crustacean into boiling water, that these are sentient beings in their own right with their intrinsic value.

Ethically, the way we as humans treat non-human animals makes no sense at all. This is especially poignant when people argue that it is our humanity that sets us apart from other animals, yet we treat them as though they are merely inanimate objects.

South Africa, with its liberal and progressive constitution, needs to acknowledge and affirm animal sentience through the development of new and progressive legislation which promotes welfare and prevents suffering before it occurs. This is in contrast to the existing Animals Protection Act (Act 71 of 1962), which is outdated and essentially calls for cruelty and suffering to have been inflicted before actions can be taken.

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A Bill to ban the safety-testing of cosmetics on laboratory animals and the import of animal-tested cosmetic substances or their ingredients in the RSA is scrutinised.

The Foodstuffs, Disinfectants and Cosmetics Act of 1972(FDCA) and the Animals Protection Act of 1962(APA) has reference.

The Animal Ethics and Welfare Committee of the SAVA is mandated to watch a brief on welfare legislation developments in South Africa and abroad. In addition to its formal relationship with animal welfare societies and its contacts with animal rights advocates and activists, it informs the Association's Federal Council on these matters. Notice was recently given in the Government Gazette of the intention of Mr S Swart, with the support of the caucus of the ACDP, to re-introduce the abovementioned Bill as a private member's Bill. The aim is to amend the Animal Protection Act (APA) and Federal Food Drug and Cosmetics Act (FDCA) to prohibit animal testing of cosmetics and the importation and sale of cosmetics that contain ingredients that have undergone safety testing in animals. Parliament has called for written submissions to the Speaker in opposition to the proposed amendment Bill to be delivered by the 14th October 2020. The endeavour to stop animal testing of compounded cosmetics and their ingredients has been an effective animal rights campaign for 40 years. It led to such testing being banned within the EU countries, the UK, India, Taiwan, New Zealand, Australia and some 40 other countries worldwide.



The rationale behind the legislative banning of such testing is based on reasoned argument against it as it being unjustified, inhumane, and unscientific. Over the last three decades, more than 50 safety tests have been developed and scientifically validated for replacing animal testing. These tests assess acute and chronic oral toxicity, dermal irritation, dermally absorbed toxicity, photosensitisation,

mutagenicity, teratogenicity, carcinogenicity and immunological sensitisation of cosmetic products. The proposed amendments to the FDCA will not in any conceivable way hinder the obligation of suppliers to ensure that the consumer products which they are



marketing are safe. The newly developed alternatives to animal testing in this arena should continue to confirm this.

As there is no evidence of animal testing being performed in the RSA at present, this aspect of its content is likely to be unopposed. The considerable commercial interest in the importation and the sale of some high-end cosmetic products may well be affected by the proposed amendments to the two Acts. It will only be because they may be out of step with the national and international policies which have evolved to protect the interests of sentient animals against irrational and humane exploitation. Based on the evidence of the declining necessity for using sentient animals for toxicological safety testing, the SAVA should find no objection with the proposed amendment Bill to ban cosmetic testing becoming law. The debating of this Amendment Bill in our Parliament and hopefully its adoption is part of democracy in action being led by rational and humane motives. **U**

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A simple guide to achieving accurate laboratory test results - sample collection.

Author: Dr. Trudie Prinsloo

Over the years veterinarians have come to rely more and more on laboratory tests to make a diagnosis and develop a treatment plan for their patients. It is estimated that up to 80% of diagnoses in human patient management rely on laboratory tests at least to some degree. This figure is not available for veterinary patient management but there is no doubt that veterinarians rely on laboratory tests to assist them in managing patients.

Relying on laboratory tests to assist in making a diagnosis, also comes with the frustration of not always getting results in time or getting inaccurate results. Laboratory staff is often blamed when samples are rejected, or test results are not accurate. Surprisingly, studies reveal that in most instances, laboratory staff are not always to blame for the errors that lead to rejected samples or inaccurate results. A staggering number of up to 70% of errors have their origin in the pre-analytical phase! The pre-analytical phase includes the selection of tests for a specific patient, proper sample collection, identification and labeling, and further handling and transport of the specimens. This is also known as the pre-preanalytical phase. The "true" preanalytical phase includes the acceptance of samples at the laboratory, sorting, centrifugation, and aliquoting. With such a high percentage of error in the pre-preanalytic phase, it seems that veterinarians can play a huge role in increasing the accuracy of results for the benefit of their patients and clients.

Where do the most errors occur?

Requesting inappropriate tests

Veterinarians work under tremendous time pressures, and it is easy to fall into a pattern of requesting the same tests for most patients. However, a few minutes of thought and planning before deciding which tests to request and which samples to collect for the tests can save a lot of time and money.

Laboratory forms not completed properly

The importance of the relevant information is not always appreciated by persons completing the laboratory request forms. Accurate patient details are essential and can

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make a significant difference in the interpretation of results. Another error that can occur at this level is missing a test that should have been requested or adding a test that should not have been requested.

Incorrect patient identification and wrong labeling of tubes

These types of errors are more likely to happen in larger hospitals with multiple samples collected and sent away at more or less the same time.

Sample collection errors

There is a huge amount of science behind blood collection tubes. It is important to have tubes that will preserve a specimen in such a way that it will resemble the true condition in the animal at the time of collection as closely as possible when it is analyzed. Samples must be collected in containers that are safe and resistant to breakage but at the same time will make sample collection as easy as possible. Different analytes do not all have the same preservation requirements, what works perfectly for one specific test can destroy another analyte. The science behind blood collection tubes is still evolving and improving, but there is no "one-size-fits-all" collection tube yet.

There are a few areas that regularly presents problems with sample collection:

Inadequate Volume

Insufficient sample volume is one of the major reasons for the rejection of samples. It can also influence certain analytes more due to the ratio of blood to anticoagulant that is not appropriate, leading to inaccurate results. The main reason for this is patients with small or difficult veins, such as pediatric patients, patients in shock, debilitated patients, and patients undergoing chemotherapy. The use of microtainers in general veterinary practice is strongly discouraged. Not only do they cause issues with insufficient volumes for tests, but improper mixing of the sample and anticoagulants cause problems with the analysis of such samples. Microtainers should only be used in birds, small exotic animals, and pediatric patients too small for normal collection tubes.

Incorrect phlebotomy practices

This can be due to the inexperience of the person collecting the sample or incorrect technique. An incorrect technique frequently seen in veterinary practices is the use of an ordinary syringe and needle to collect blood from a patient before placing it in the collection tubes, instead of collecting blood directly into the collection tubes. This technique might make it easier to collect the blood, but it has a very big influence on certain tests and cannot be recommended.

Wrong collection tubes

Different laboratories and instruments do not always use the same methods to measure analytes and it is very important to determine beforehand which collection tubes are required for the specific tests you want to request. Plasma and serum samples cannot simply be used interchangeably and tests that require heparinized plasma cannot be done on plasma collected in EDTA blood tubes and vice versa. Even using serum collected in serum separator tubes (gold stoppers) when a serum tube (red stopper) is required can lead to inaccurate results.

Separating serum samples before clot formation

Serum samples that are centrifuged immediately after collection will cause fibrin formation in the serum which will make the sample unusable for further testing.

Lipemic samples and Haemolysed samples

Both lipemic samples and haemolysed samples lead to rejection, or make the analysis of some analytes very difficult, leading to inaccurate results. Lipemia may be due to the collection of samples shortly after a meal and incorrect collection techniques can cause artificial haemolysis.

Delayed transport and poor transport practices

Samples cannot be preserved indefinitely under transport conditions and should reach the laboratory as soon as possible. Some samples also need to be transported at specific temperatures to preserve them. If samples are not delivered timeously, it will lead to rejection of samples, or test results will be completely inaccurate. It is important to take time delays into account when interpreting results that do not fit the clinical picture.

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Avoiding errors and ensuring the best samples and results

Know what you want to achieve before collecting samples

Make sure you know which tests you want to request and where you want to analyze the blood, since that may influence which samples you need to collect. Prepare all the collection tubes and have the request forms available before you start to collect the samples.

Correct order to collect samples

The order in which blood samples are collected can influence the accuracy of certain results. EDTA samples taken before serum samples can influence calcium and potassium levels. EDTA samples could significantly increase potassium levels and decrease calcium levels in the serum sample collected after it if there is any backflow of the EDTA. The order recommended to collect blood samples is:

1. Blood culture tubes/bottles;
2. Sodium citrate tubes (light blue stoppers);
3. Serum tubes (red stopper)/ serum separator tubes (gold stoppers);
4. Heparin tubes (green stoppers);
5. EDTA tubes (lavender stoppers);
6. Acid citrate dextrose containing tubes (yellow stopper);
7. Glycolytic inhibitor tubes (fluoride tubes and iodoacetate tubes) (grey stopper).

Label collection tubes right before collection

This practice has been shown to cause the least errors. Labeling tubes after collection increases the chances of mislabeling significantly.

Proper phlebotomy techniques

Taking the time and extra effort to collect samples in the recommended manner will increase the accuracy of the results and is worth the effort. Charging a fee for a sample that is poorly collected will not only give poor results but is also unethical. Tubes must also be properly filled to ensure accurate results. It is better to delay testing until a proper sample can be taken than to do a test that will not provide accurate results.

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Use the indicated collection tubes

Different test methods may require different tubes for the same analyte. The sample volume required for different methods may also be different. It is not acceptable to use test tubes specifically provided by one laboratory for its instrument for tests done at another laboratory and just assume that it would be suitable.

Do not use plasma instead of serum if the test requires serum, and do not use serum if plasma is required. Serum is the portion of fluid that remains after blood has clotted, whilst plasma is the fluid portion of blood collected in tubes with anticoagulants. Plasma is more viscous and contains fibrinogen.

Make sure samples are collected in the correct serum tube when serum is required. In many cases both the normal serum tube (red stopper tube) or a serum separator tube (gold stopper) can be used, but that is not always the case. When using in-house instruments make sure you read the instruction manual.

If a test specifically requires a serum tube (red stopper), do not use a serum separator tube (gold stopper)! The separator gel can cause problems with analytes such as certain drugs, myoglobin and testosterone. Oil and gel particles released from the separator gels into the sample can also affect sample probes or interfere with some assays. It should also be noted that in patient with hyperproteinemia and radio-contrast dye, the serum may not float above the gel, and in such cases the red stopper serum tubes should be used.

On the other hand, if a test requires a serum separator tube, do not use the ordinary serum tube. Due to additives in the serum separator tube, clotting is accelerated and some analytes such as glucose are better preserved in serum separator tubes after centrifugation than in normal serum tubes.

Preparation of serum and plasma samples

Samples containing anticoagulants can be centrifuged directly after collection if you need the plasma portion of the sample. However, if the sample should also be used for heamatology, do the heamatology before centrifuging the sample.

Serum samples must be allowed to clot before they are centrifuged. This takes between 15 and 30 minutes. If sufficient time is not allowed for clotting, the serum will contain fibrin and this will prevent further testing of the sample. If serum separator tubes are used, clotting will

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happen faster. Once an ordinary serum sample has been centrifuged, the serum should be removed from the red cell portion and stored in another sterile container. If serum separator tubes are used, it is not necessary to remove the serum from the tube before transport.

Remember the influence of lipemia, hemolysis, and drugs on sample analysis

Where possible avoid collecting samples when you know that drugs, lipemia, and hemolysis may affect the analysis. Where that is not possible explain the issue to ensure that it will be taken into account when samples are analyzed.

Use approved courier services and follow-up

Use the best and fastest available transport for the samples to ensure the fast and safe delivery of samples to laboratories. Have systems in place that will alert you of delayed delivery and follow up where necessary.

Doing the best for your patient means collecting a sample that will produce an accurate result. An inaccurate result or rejected sample will not assist you in providing proper care for the patient and only increase costs unnecessarily. The fact that such a large percentage of errors leading to poor results occur in the pre-preanalytic phase, gives veterinarians a huge opportunity to improve the statistics and ensure better results in the future.

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Rabies Outbreaks in 2021

The number of positive rabies cases reported to date in 2021 in South Africa has unfortunately been much higher than in previous years. The outbreak in the Eastern Cape has been particularly concerning, and several parties have joined forces to address the outbreak.

Boehringer-Ingelheim has again stepped up to support our efforts and offered 20 000 rabies vaccine doses at a significantly reduced rate. The Eastern Cape SAVA branch purchased 10 000 doses distributed to Eastern Cape SAVA Branch vets for campaigns around Port Elizabeth.

Dr Anthony Davis from Humansdorp CVC combined the efforts of the Kouga municipality, Assisi SPCA, St Francis Animal Rescue and JBay Animal Rescue for four campaigns during the first week of September, where 1000 vaccines were administered. His management ensured clear communications to all parties on protocols, notifications to the communities, and equipment and staff requirements for each site. His vast experience was clear on how best to manage public understanding of the disease and what to expect at vaccination sites. **U**

Claudia Cloete: SAVA-CVC Manager



Dr Anthony Davis from Humansdorp administering a rabies vaccine on 1 September 2021 in St Francis Bay.



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Farmworkers benefit from unusual CVC project

By Toni Younghusband

The EberVet Community Veterinary Clinic (CVC) team has travelled far and wide to sterilise pets from impoverished homes – from isolated villages in the drought-stricken Karoo to the bustling informal settlements of Somerset West – but the Glen Fruin farm project was a first and, we hope the first of many, to come. Glen Fruin is an apple and pear farm in the fruitful Elgin valley of the Western Cape. It has been in the Heyns family since 1926 and currently accommodates around 60 farmworker families made up of about 250 people, many of whom were born on the farm.

Farmer Ross Heyns is married to veterinarian Koba, so it is perhaps no surprise that the more than 100 domestic pets belonging to farmworkers are among the best cared-for you're likely to find on a farm.

The growing numbers of domestic pets on farms has become quite a problem and with that the spread of diseases like parvovirus," said Koba Heyns, "so I started a vaccination programme on our farm, offering vaccinations at cost." "Puppies were dying every second week from parvo until we started vaccinating," recalled Ross. A condition of vaccination is that the animal must be sterilised when it is old enough.

Koba then approached CVC veterinarians, and mass sterilisation clinics were being held on the farm. A community hall was made available to the EberVet CVC veterinary team staffed by two vets, two nurses and a post-op carer. The farm's tractor, trailing large crates used for hauling fruit, was sent out to collect pets from the farm workers' cottages. "We were thrilled to see the number of Pitbulls being handed over for spaying and neutering.



Dr Belinda Roxburgh of EberVet CVC spays pitbull Chloe in the community hall at Glen Fruin farm

Pitbulls are valuable currency and denote status; breeding is prolific, so to have owners agreeing to sterilisation was no small achievement," said EberVet CVC veterinary surgeon Dr Hilldidge Beer. "We hope more farmers will consider hosting CVC projects of this nature. Importantly, we are not only curbing the number of unwanted animals through sterilisation but preventing disease too. A healthier animal means a healthier community."

>>> 20



Enzo Erasmus and pitbull owner Shane Jansen assist EberVet CVC's Samantha Mann at the nursing station



Katriena Jonkers said having Witbors sterilised would make her easier to handle

vaccinated and protected against disease and to have them all sterilised," said Enzo. "This will take time because many older generations believe that sterilisation makes your dog lame in his back legs. But, we are getting more and more people willing to have their dogs sterilised, and I feel we are achieving something now." Farm elder Jan Erasmus, who has lived on the farm since the 1970s, brought his middle-aged dog Ogies to the CVC clinic. He said he hoped it would stop Ogies from getting into trouble. "He used to wander around and get into fights and then my neighbours would get angry and throw stones at him. This will stop him from wandering," said Jan. Katriena Jonkers agreed. "As hulle toegemaak is, dan is hulle makliker om te hanteer" (if they are sterilised, they are easier to handle). She brought her eight-month-old puppy Witbors for spaying.

Koba hopes this farm project will catch on in the district and that more farmers will host CVC projects. **U**



Jan Erasmus was delighted to be able to have his dog Ogies sterilised

Farmer Ross has employed Enzo Erasmus, a former Grabouw animal welfare worker, to assist on the farm. Enzo helps educate farmworkers about pet care and encourages vaccination, dipping against parasites, and sterilisation in his spare time. "I aim to have every dog on this farm



Veterinarian Dr Koba Heyns, her husband Glen Fruin farmer Ross and their son Jeff

ANNUAL GENERAL MEETING (AGM)

Notice is hereby given that the 116th Annual General Meeting of members of the South African Veterinary Association will be held on Saturday, 9th October 2021, 08:00

Followed by Federal Council Meeting.

Please note this will be a hybrid meeting.

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The SAVA Stress Management Hotline is there to assist members who are experiencing personal problems by offering access to professional counselling/advice.

The hotline can assist with referrals or simply offer much needed emotional support when anxiety, depression, anger, grief, loneliness and fear are at their highest.



The following SAVA members are available on the SAVA stress management hotline. If required, they will refer you to professionals.

Ken Pettey	082 882 7356	ken.pettey@gmail.com
Tod Collins	083 350 1662	tcollins@isat.co.za
Aileen Pypers	072 599 8737	aileen.vet@gmail.com
Willem Schultheiss	082 323 7019	willem.schultheiss@ceva.com
Mike Lowry	084 581 2624	mikelowry@sai.co.za

**24-Hour, Toll-Free Helpline (manned by psychologists, social and frontline healthcare workers):
0800 21 21 21**

CREDO

We, the members of the Association, resolve at all times:

- To honour our profession and its Code of Ethics
- To maintain and uphold high professional and scientific standards
- To use our professional knowledge, skills and resources to protect and promote the health and welfare of animals and humans
- To further the status and image of the veterinarian and to foster and enrich veterinary science
- To promote the interests of our Association and fellowship amongst its members.

Ons, die lede van die Vereniging, onderneem om te alle tye:

- Ons profesie in ere te hou en sy Etiese Gedragskode na te kom
- 'n Hoë professionele en wetenskaplike peil te handhaaf en te onderhou
- Ons professionele kennis, vaardigheid en hulpbronne aan te wend ter beskerming en bevordering van die gesondheid en welsyn van dier en mens
- Die status en beeld van die veearts te bevorder en die veeartsenykunde te verryk
- Die belange van ons Vereniging en die genootskap tussen sy lede te bevorder.



For immediate release: Johannesburg, 7 September 2021

SAVC indaba reaffirms commitment to a transformed and resilient veterinary industry

"Transformation, inclusivity and expanding access to veterinary education and services were the focus of the South African Veterinary Council's annual indaba, held on 3 September 2021 to chart a future course for the veterinary professions.

Some 300 people attended the hybrid physical and virtual event, which included robust discussions on how to improve the industry and a keynote address by Minister of Agriculture, Land Reform and Rural Development Thoko Didiza.

The South African Veterinary Council (SAVC) is the regulatory body for South Africa's veterinary professions, tasked with ensuring the health and well-being of all animals, from domestic pets to poultry and livestock. It also works to ensure the sustainability of the industry.

As Dr Fhumulani Rachel Munyai, who chairs the SAVC's Heritage and Transformation of the Professions Committee, noted: "Caring for animals is not what we do; it's who we are."

The array of speakers echoed facilitator Buyani Zwane's sentiment that those in South Africa's veterinary and para-veterinary professions – including vets, veterinary nurses, animal health technicians, laboratory animal technologists, veterinary physiotherapists and veterinary technologists – have to adapt to survive.

Referring to the need for food security in the agriculture sector, the Covid-19 pandemic that may have originated in animals, and animal health challenges such as rabies, Minister Didiza stressed that it is vital for South Africa to develop a "one health" approach. Such a model would take into account the relationship between people, wildlife, livestock and domestic animals.

"We need to find answers to these questions and determine what we need to do," she said.

She touched on inclusivity and whether the Department of Higher Education and Training should accredit more universities outside the University of Pretoria to train veterinary surgeons (there are six institutions training veterinary technicians and technologists). This is in light of the national shortage of veterinarians and the lack of diversity among vets in private practice.

Reflecting on the health of veterinary practice in South Africa, SAVC president Dr Alfred Kgasi said, "The long-term survival of any profession hinges on it remaining relevant and sensitive to the external social environment. Has our veterinary profession adapted to the new, changing needs of society? Have training institutions adapted to meet societal needs?"

Inroads have been made in promoting inclusivity, he said, applauding the appointment of a para-vet to the council's Executive Committee. Other speakers also echoed the importance of bridging the gap between veterinarians and para-veterinarians, with the latter often providing valuable services to rural communities.

However, Dr Kgasi said more work must be done to expose rural communities to the veterinary professions and to invest in practices in those areas. He said the soon-to-be-launched SAVC Transformation Awards will celebrate efforts to promote workplace diversity in the industry.

Speaking about transformation, SAVC council member Dr John Adam highlighted veterinary education as the most pressing issue. "To me, our primary goal in this very important matter is equal education for all, from primary to tertiary level. There is no use expecting students to study veterinary science if their primary education is poor.

"When it comes to the selection of veterinary candidates, there is too much emphasis on academic achievement ... We need to recruit a diverse group of top-quality candidates to ensure different and novel approaches to the profession going forward."

Professor Simon Nmutandani, president of the Health Professions Council of South Africa, said that in the South African context of advancing social change, transformation is not just about accommodating others, but also giving them access. "How do we decolonise our minds, attitudes and practices in a context where we need to be challenging ourselves?"

Dr Ziyanda Majokweni-Qwalela of the Black Veterinary Forum cited challenges such as a lack of mentoring, limited access to tertiary education for young people of colour, and the difficulties in retaining new graduates due to "untenable" working conditions. "Even though there is an increasing number of students, including black students, we need to develop the pipeline so they go on to graduate and specialise."

Several veterinary academics spoke about the financial and academic barriers faced by students in accessing tertiary education, and high unemployment levels among veterinary technicians. The indaba also reflected on how the veterinary professions could remain relevant in the Fourth Industrial Revolution era.

The chief veterinary officer at the Department of Agriculture, Land Reform and Rural Development, Dr Mike Modisane, highlighted the need for regional integration of veterinary statutory boards to share best practice and build capacity in the Southern African Development Community.

>>> 26

Despite many challenges still faced by the professions, progress has been made, the indaba heard. Said Dr Adam, "We need to take a proactive approach to managing change and take our future into our own hands. Our industry needs to become more representative, from top management down ... and we must be open-minded about transformation and inclusivity."

Dr Kgasi added, "We have to be agile and responsive, and not just talk, but be action-oriented and innovative. Transformation is about innovation. It's a business imperative. We need to join hands to provide quality, relevant and accessible veterinary services, finding solutions that ultimately benefit the people of the country."

Ends

About the The South African Veterinary Council (SAVC)


The South African Veterinary Council (SAVC) is a Veterinary Statutory Body in South Africa, with powers and functions for the registration of persons practising the veterinary and para-veterinary professions. The SAVC has legal authority over the practising of veterinary and para-veterinary professions, and for matters connected therewith.

The South African Veterinary Board, which is the forerunner of the SAVC, was established in 1933 in terms of the Veterinary Act 1933 (Act No. 16 of 1933). The SAVC then later became an independent, self-funding statutory body in 1982 under the Veterinary and Para-Veterinary Professions Act 1982 (Act No.19 of 1982). The current SAVC, therefore, has a proud and rich history of playing a role in the regulation of the veterinary profession in South Africa.

It is compulsory in South Africa for all practising veterinary and para-veterinary professionals to be registered with the SAVC as stated in the Veterinary and Para-Veterinary Professions Act, Act 19 of 1982. The SAVC is therefore the custodian of the veterinary and para-veterinary professions in South Africa and enables the veterinary team to practise ethically, by setting and monitoring veterinary standards, to create a safe environment for animals and people."

<https://savic.org.za/>

Issued by Flow Communications on behalf of the SAVC.

For more information or to arrange an interview, please contact Khaya Thwala on khayat@flowsa.com or 078 349 0668. 



DISPATCH FROM THE PROVINCE OF LEGENDS: EASTERN CAPE PROVINCE

By the time you read this, I hope we would have brought the biggest outbreak of rabies in the Eastern Cape province since the new dispensation and probably in the history on the region under control.

By around the 7th of September this year, Gqeberha (formerly Port Elizabeth) recorded 66 rabies positive cases in dogs and 2 in horses. This is history in the making because the whole Eastern Cape has never experienced such a massive outbreaking one area, never!

Of course, the eyes are now on us as a province to see how we are going to come out of this unscathed. At the time of writing this article the situation was not looking good at all. Information reaching us as a branch was that the system was breaking at the seams, and there was an urgent need to have all hands on board!!

It is clear that because rabies is a controlled disease the state has got the ultimate responsibility to ensure that they initiate the steps to control it, of course with the cooperation of the community. But they must be leading from the front. As we all know the wheels of the state tend to roll very slowly most times and at times, they need a "gentle shove" to start rolling. In this case there is a general feeling

among the citizenry that we should not have had such outbreaks in an area where we have had to date very few outbreaks. One would have expected more cases to appear at our border with KZN because we know, for all intents and purposes that the outbreaks in that province have gone out of control.

This is confirmed by the recent admission by one of the officials tasked with rabies control in that province who basically said that they are "overwhelmed". What is amazing is that now we have cases over 800 kms away from this border.

A number of questions arise from this outbreak: Where is the origin of these cases? What type of rabies are we dealing with here? Has this outbreak to do with the people /pet movement between KZN and Gqeberha (PE)? Why is information about this outbreak so scanty from the State Veterinary Services in the province? What is the state doing about this outbreak? Has the provincial authority got the capacity to bring this outbreak under control? Does it need assistance from other parties or not?

These are all questions which should actually not arise because this province has the experience of managing the threats of

controlled diseases over time and its record speaks for itself. We managed to prevent the spread of the first foreign FMD outbreak in the country in Camperdown, in KZN into the old Transkei, we efficiently managed the Avian Influenza outbreak in Ostriches and further we eradicated the CSF outbreak in pigs in later years. So, in short the State Veterinary Services in this province has had this capacity because it stuck to a proper and well prescribed system of maintaining an Early warning System which presupposes the presence of a “pre-empt rather than a post-empt” system of disease control. **This capacity must now be brought to the fore!!!**

For this to function a whole effective system built under the GEMP guidelines was setup in the small town of Stutterheim in the famous Dohne Agricultural Research Centre to coordinate this. This consists of physical structures among others **a response store** to house all the necessary materials including vaccines, equipment, protective clothing, boots gloves, trailers and all those things needed during **the first 72hrs of a controlled disease outbreak.**

Then we had a team whose job was to regularly review the diseases **Contingency Plans and SOPs** to ensure that these were inline with the current demands. The second arm of this unit had the job of collating all disease reports, **mapping them out and providing a real-time report** and alert to all stakeholders through the responsible state officials. The third arm of this unit was to support **stakeholder education in peacetimes and social facilitation in outbreak (war) situations.**

These previous successes in disease control mentioned above in this province were to a large extent as a result of this setup which is unique in the country as attested to by the OIE PVS team, a United State Army Biomedical platoon as well as our international Twinning partners during their previous visits.

So, in short one would have expected the **Contingency plan for rabies with its corresponding SOPs** to be activated immediately, which would have then opened up a whole “avalanche” of activities to ensure that this outbreak is put under control in order to avert a real catastrophe. By the way a report of a **human death, a child** has already been reported.

Its still early days maybe the State Veterinary Services in the province will still do this!!!!!!

We as a branch have stepped up and decided to donate R.50,000 towards the purchasing of rabies vaccine (plus publicity materials) and setting up a campaign to assist the provincial department with which we have a very good working relationship.

Thanks to the responsible State Veterinarian of the area who has built up a superb rapport with his colleagues in private practice here. Our members in Gqeberha, have decided to donate their time to vaccinate animals for free as well as mounting visible campaigns around some of the affected areas and townships. It is important to note that the Gqeberha Metro management has noted our efforts and undertaken to support us with their resources.

This initiative wouldn't have been possible without the active participation of the branch management committee: Dr Leon de Bruyn for coordinating the purchasing of the vaccine, Dr Mark Pellissier for coordinating and planning the campaign, Walmer Vets (Drs Mark Pellissier & Anmarie Kamfer) for making storage space available for the vaccine, Dr Marcel Synman for making the finances

available, Dr Jared Strydom the responsible State Veterinarian and a committee member for maintaining all avenues open with the private veterinarians in the area and Ms Claudia Cloete (SAVA CVC) for facilitating the procurement of the vaccine.

Individual practices are already vaccinating pets for free but the real field campaigns will commence during the 1st week of October and the results of this will be reported in November. This is all in support of the state activities as well as the public and our communities.

Lastly this outbreak underlines the need to have the following in place: a real-time disease reporting system (the current OIE reporting system is really outdated) an effective animal movement control, presence of an effective, well supported and resourced Animal Disease Early Warning Centre in every province, a proper information flow between the state vets, private vets as well as with the citizenry, a properly crafted effective message to send out to all the communities by the use of the available medium (handouts, radio, TV, the press, the modern web technologies) in case of such an outbreak and the presence of the central authority at all times.

We must ensure that we tackle this outbreak with all that we have to ensure that this disease doesn't entrench itself in our beautiful province as the case is in certain areas in the country.

I would like to end this article with this cartoon and “no comment” for you to ponder:



(Source: Pinterest)

Keep safe and healthy,

IVAN 

DR. IVAN LWANGA-IGA (Dr. Med. Vet.; D. Admin in Public Administration) Technical Reference Group Member: IDAM | Life Member of The South African Veterinary Association (SAVA) | Chairman: SAVA East Cape & Karoo Branch

In Memoriam

EULOGIE: PROF DOUW GERBRAND STEYN



Prof. Douw Gerbrand Steyn is op 14 Augustus 2021 aan Covid verwante oorsake oorlede enkele maande voor sy 95ste verjaarsdag en ook kort voor hy en Elize hulle 70ste huweliksherdenking sou kon vier. Dit was ons voorreg om hom te leer ken en saam met hom te kon werk toe hy as dosent by die Chirurgie Departement aangesluit het en ook later onder hom as Hoof van die departement. Ek sal dit altyd waardeer dat hy as hoof, toe ek hom versoek het om voortaan nie meer chirurgie te doen nie maar my net op Radiologie toe te spits, sonder teëstribbeling daartoe ingestem het. Dit was 'n belangrike keerpunt in my lewe. Hy sou ook as Hoof die idee van diversifikasie, of dan spesialisasie, deur die dosente in sy Departement heelhartig aanmoedig.

Hy kon onderhoudende staaltjies vertel van sy vandaankomplek erens daar in Upington se droë geweste asook van sy latere praktyk-ondervindings as jong veearts in Vereeniging se kontrei en was spitsvondig soos min. 'n Finale jaar student het hom eenkeer gevra watter dele van die Chirurgie kursus "and all that jazz" hulle vir die eksamen moes ken toe kap hy hom met "yes, and the classics too!". Ons het saam nagraads studeer, ook Anatomie as byvak. Op daardie stadium was daar slote gegrawe op die kampus waar

hy die een donker aand laat van die Anatomiesaal na sy kantoor moes teruggaan. Toe ek hom die volgende oggend uitvra oor al sy kwesplekke deel hy my toe mee dat hy in 'n sloot te lande gekom en "jy weet mos, met dië soort van val kry jy nie klaar geval nie". Hy het ook 'n interessante manier van behoud van studiemateriaal gehad deur alles in sy verbeelding oral uit te pak op die rakke, stoele, vensterbanke ensovoorts van sy kantoor.

Na sy aftrede het ons kontak met hom behou deur hom af en toe tuis te besoek hier in Pretoria of net te skakel met sy verjaarsdag of hulle huweliksherdenking. Hy het waarlik sy volle kwota van gezondheidsprobleme, teenspoede en teleurstellings in die lewe gehad maar was kenmerkend altyd blymoedig. Sy leuse was "as die lewe jou platslaan dan staan jy maar net weer op en gaan aan". Elise se gezondheid het in die laaste tyd, en veral na 'n ongeluk op 'n roltrap, baie agteruit gegaan en het sy ook onlangs Covid opgedoen. Hy was intens besorg oor haar maar kon darem verdere sorg vir haar reël in 'n versorgingseenheid voor sy heengaan.

Ons sou hom ook tydens sy lang aftrede leer ken as iemand met vele talente en bekwaamhede. 'n Perfekte "Grandmaster" staanhorlosie en allerlei meubels was bewys van sy houtwerkvernuf. Teen die mure was groot kleurvolle tapisserieë wat hy voltooi het. Saam met Elise het hulle oral langs ons kuslyn skulpe versamel en uitgeruil met ander belangstellendes. Hulle omvattende versameling het hy klassifiseer en met sy aangeleerde kennis daarvan asook van die kamera, rekenaar en Photoshop program die skulpe nie net fotografeer in kleur nie maar ook beskryf en saam met 'n mede-outeur in 2 waardevolle gesaghebbende boeke publiseer. 'n Nuwe skulp, *Mitrella steyni*, wat hulle ontdek het is dan ook na hom vernoem. Na hierdie uitsonderlike prestasie het hy ook aandag bestee aan semi-edel gesteentes en was begeesterd deur die rotsformasies waargeneem in Namibia tydens hulle besoek aldaar.

Ook hieroor wou, en dink ons het hy, 'n boek geskryf. En as dit alles nie genoeg was nie het hy ook aangesluit by 'n fotografieklub en begin met voëlfotografie. Hiermee sou hy met sy baie beperkte toerusting egter nie na wense vorder nie want "hulle sit mos net nooit lank genoeg stil nie!" Sy laaste onvervulde wens was om nog eenkeer die Krugerwildtuin te kon besoek om 'n buffel mooi af te neem.

'n Ware heer, gelowige, aangename en onderhoudende gespreksgenoot en liefhebber van die natuur. Volgens hom was hy heel waarskynlik die laaste oorlewende lid van sy finale jaar klas. Van ons was hy ook die laaste van ons ouer akademiese voorgangers.

Ons eer sy nagedagtenis. ▮

Neels Roos & Ingrid Wolleschak

Abram van Heerden: 7 September 1927 – 3 September 2021



Abram van Heerden died peacefully in his sleep on 3 September after a long and fruitful life - four days short of his 94th birthday. He grew up on the farm Klipfontein near Wolmaransstad in the then Western Transvaal. After qualifying at Onderstepoort, he joined the state veterinary services and was stationed at Vryburg, Johannesburg and Piet Retief respectfully, before promoted to Assistant Director of Veterinary Services responsible for notifiable animal disease control. Shortly before his retirement in 1985, he was promoted to Director Animal Health when the then Directorate of Veterinary Services was divided into two Directorates – Animal Health and Veterinary Public Health. While still a young state veterinarian, he married the love of his life, Philene.

Through the years they were blessed with two sons and two daughters. The eldest son Schalk, was sadly lost in a tragic motorcycle accident.

Abram left behind many monuments in the South African Veterinary Services. He can rightfully be honoured as the father of veterinary epidemiology in South Africa, having kept meticulous records of all outbreaks of sheep scab, bovine tuberculosis, brucellosis and rabies. Using this data, he time and again astonished everyone for being able to analyse in detail these records and to use it for planning for forthcoming years on disease control strategies, budget needs and human resource needs for the entire country. Many of the policies initiated by him, are still applied today for the control of animal diseases and have changed very little if any, from the policies developed and documented by Abram Van Heerden. He was the father of both the Bovine Tuberculosis and Brucellosis Eradication Schemes and developed in detail testing procedures, disease control and compensation procedures for both diseases. He always had a strong empathy for private veterinarians and opened the door for them for a substantial additional source of income with the launching of both eradication schemes allowing private veterinarians to conduct tests on behalf of the State.

He was the longest living member of the South African Olympics team that competed in London in 1948. He represented South Africa in both the 100m and 200m events. It is thus no wonder that he is still remembered as probably one of the fastest wings who ever played for the Onderstepoort First XV.

He later became a much-respected rugby referee for Northern Transvaal.

Abram van Heerden has been a mentor for not only many young state veterinarians, but also stock inspectors and animal health technicians.

He had a natural feeling for animal disease control and guided many of us in his soft-spoken and calm manner, to take rational and practical decisions on disease control issues that were not necessarily prescribed in textbooks.

We honour him and will always remember him for the monumental work he did to establish sound and rational animal disease control measures in South Africa.

Our heart goes out to Philene, Resta, Hendrik, Adisca, Linda and André and all the grandchildren. We join them in thanking the Lord for the life of Abram Van Heerden. **V**

Gideon Brückner

DR FREDDIE MALAN (FOTO: FACEBOOK)

Ná byna drie jaar boet minstens een van dr. Freddie Malan se moordenaars vir dié geliefde Pretoriase veearts se moord. Linda Samantha Carolina Venter is Maandag in die Johannesburgse hooggeregshof 40 jaar tronkstraf opgelê vir haar aandeel in die moord op Malan. Malan is in Januarie 2019 in sy praktyk in die Moot doodgeskiet toe Venter en twee mans die betrokke aand op die Jakaranda-dierehospitaal toegeslaan het. Dié trio is intussen met talle misdaadsake verbind. Venter is tot op hede egter die enigste om aangekeer en vervolgt te word. Venter het op die dag van Malan se moord in die Jakaranda-dierehospitaal ingegaan om kwansuis meer inligting te kry oor die behandeling van 'n troeteldier, waarna sy die dierehospitaal se hek vir haar twee makkers oopgehou het. Die twee mans het die personeel van die dierehospitaal gekonfronteer. 'n Woordewisseling het ontstaan en Malan is doodgeskiet. Venter is eindelijk in Augustus 2019 in hegtenis geneem nadat sy en haar makkers in verband met talle misdade in Gauteng gesoek is. Dit sluit in etlike rooftogte by mediese praktyke en sy is eindelijk aan 25 aanklagte van gewapende roof met verswarende omstandighede skuldig bevind. **V**



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Author of the published book "Life outside your comfort zone. Better and beyond all expectations".

http://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Ddigital-text&field-keywords=Abatzidis

Blog: <https://drmatlifecoaching.wordpress.com/>

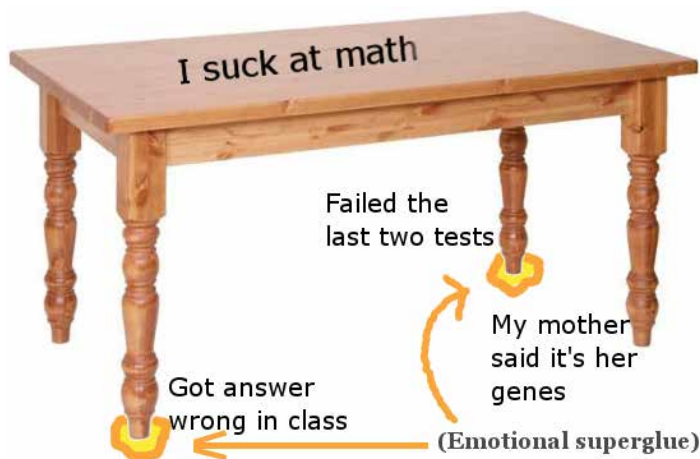
<http://www.life-coach-directory.co.za/mats-abatzidis>

I hope my latest column finds you and your families well and safe!!! I literally cannot believe that three quarters of this year have passed already.

Life has been busy and challenging as always and some of us have been broken along the way. I have recently started reading a new book and the concept of **Kintsugi** was mentioned which gave me an idea. Kintsugi, also referred to as Kintsukuroi, is an ancient Japanese art of fixing broken pottery. The technique does not employ camouflaged adhesives to rejoin ceramic pieces, but rather employs a special tree sap lacquer that is dusted with powdered gold, silver, or platinum. The result is a "repaired" (broken on purpose to be reassembled in this way) ceramic with beautiful seams of gold in the obvious cracks, creating a unique appearance to the pottery.

Human psychology seeks out and expects order, but life and all things natural seem to tend towards the opposite. We want the pottery we completed to be perfect and stay that way. We want our life to have a significant amount of certainty and be perfect. However, many unpleasant things can happen to us in a day: from the little things like spilt coffee, unexpected traffic, lost keys, forgetting stuff at home through to the bigger blows like a car crash, the end of a relationship, loss of our job, loss of a loved one. It is the latter few that cause the obvious cracks and can make life significantly more challenging. The reality of it is that **change is inevitable, we must just develop a way of dealing with it in a way that works for us.**

The concept of Kintsugi reminds me very much of the work I do in helping people eliminate or change **limiting beliefs** in their lives. I use a concept called the table-top method. Picture a regular table in your mind. The top, the flat surface represents the belief you hold (positive or negative), while the legs (reference legs) represent the reasons we give ourselves for holding onto that belief. Example of a negative belief:



Source: <https://transformationacademy.com/>

The reasons we use to keep or justify the belief often have an emotional component to them ("emotional glue") which makes them more likely to stick and more difficult to shake off.

The strategy to get rid of this limiting belief is one of two options:

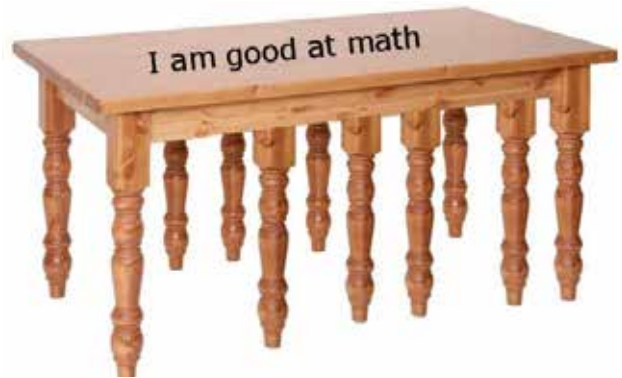
1. Replace with "I am good at math" if it is appropriate (supports a goal you are currently in pursuit of and is backed by facts) OR
2. Eliminate it altogether by discrediting every reference leg

The simplicity of it is that we can deconstruct a limiting belief the same way we constructed it in the past, by using facts to discredit the reference legs. Failing two tests will most likely not stop you from passing the year and progressing. The same applies to getting an answer wrong in class. In my personal experience, I got 0% for my very first test in Zoology in my 1st year of BSc at university. I can make all the excuses in the book as to why that happened, but the result was that I passed the year. When I went to my mentor crying that I failed the test, he waved his hand at me and said there will be many other tests (opportunities) for me to pass and that I will be fine. He was right!!!!

If your mother or father were good mathematicians and you think that skill is passed on genetically, you would then be able to do mathematics when you were born. Looking at it from a different perspective, doing mathematics and doing it well is an acquired skill – you must be taught it, practice it and apply the skills taught. If you had the same brilliant mathematicians as your parents but you were never educated or taught mathematics, you would remain ignorant of the discipline and never be good at it. Therefore, genetics alone does not determine ability and should not determine your negative belief.

The concept is easy when we use facts to discredit emotional baggage that previously supported a limiting belief.

In contrast, we can construct an **empowering belief** and then add on as many positive reference legs as we can, based on facts which will not only become a personal belief, but a life-long conviction that will fuel you forward, as well as support your goals when needed.



Source: <https://transformationacademy.com/>

The result is a “repaired” belief with beautiful seams of gold (lessons you have learned along the way in life) in the obvious cracks (share your story with people and share the learning), **creating a unique you** with all the experience you have gathered over time.

Next month, we will continue this principle and looking at positive ways to embrace the new world post COVID19, healthy, safe, and reengaged. **U**

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What is the Most Valuable Modality in the Physical Rehabilitation Practice?

Tanya Grantham



Rehabilitation practitioners have a vast array of modalities available to them. A recent presentation (Savetcon Past Webinars 19th August 2021) on how veterinary physiotherapists can assist with pain management revealed some of them. Modalities include relatively simple practices such as hot or cold packs. Almost every household has used these on family members at some time or the other. Your teenage son was tackled harshly at rugby practice, so an icepack was applied to the injured area. Your low back is aching after a long day at the office, so you climb into a hot bath, or prepare a hot water bottle before climbing into bed. Simple and effective relief from pain. Another fairly common modality is electrotherapy. How many people bought the muscle stimulator from Verimark that promised a 6-pack while you sat and watched television? That is EMS – electrical muscle stimulation. Rehab practitioners use this to prevent atrophy in compromised patients. Magnetic blankets (and boots) for use on horses has been available for quite some time. The field produced is either static or pulsed. Magnetic therapy has been used to treat soft tissue injuries, circulatory problems and hoof conditions. This therapy is not limited to horses. Humans and small animals may also benefit. The magnetic “equipment” varies, as does the price. Moving into equipment that is specific to physiotherapy consider therapeutic ultrasound and shockwave therapy. Both can assist with pain management but their effects reach far wider than that. Therapeutic ultrasound has thermal- and mechanical effects that aids in tissue repair. The effects differ depending on the phase of tissue repair. Shock wave therapy has been used very successfully to treat



tendinitis and tendon injury. Laser therapy (VetNews February 2018) is another modality that is well researched and used worldwide. Moving out of the realm of equipment, a physical rehabilitation therapist has manual skills that can benefit an animal patient. These skills include therapeutic massage but are not limited to that. Soft tissue release, trigger point therapy and acupressure are included in this domain. A practitioner can become an expert in any one of these manual therapies. But wait, there's more! Exercise is also therapy. Therapeutic exercises are aimed at strengthening an area, maintaining flexibility or improving proprioception. Hydrotherapy can bring relief from pain, assist with resetting movement patterns and also enhance cardiovascular fitness. To return to the question of the most valuable modality available to a physical rehabilitation practitioner – their minds, their training and their hands. Developing palpation skills yields enormous amounts of information on the individual patient.



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The ability to visually assess posture, gait patterns and movement is invaluable to the therapist. However, the most valuable modality of all is the brain. The ability to clinically reason, to piece together all the information gathered, and then to choose from the myriad of treatment options available is the most precious ability of all.

Without this, the application of all of these modalities can amount to nought.

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Keratoconjunctivitis sicca [Part 4]

Dr Izak Venter, Digital Veterinary
Ophthalmology Services (DVOS)

In the previous issue, we discussed the etiology of aqueous deficiency of the precorneal tear film [PTF]. In this issue, we will be looking at the clinical signs and diagnosis and discussing some of the treatment options. The clinical signs of KCS depend on whether the condition is bilateral or unilateral and acute or chronic.

The hallmark feature of KCS is a mucoid/mucopurulent discharge. The discharge is often not only the result of a decreased aqueous portion of the PTF but also increased mucin production by the conjunctival goblet cells. Other clinical signs include:

- Dried discharge often presents on the eyelids.
- Conjunctival hyperemia.
- Blepharospasm and protrusion of the third eyelid may occur.
- Corneal ulceration may occur.
- Corneal vascularization [superficial].
- Pigmentary keratitis.
- Dry Ipsilateral nostril. The nares may also be dry on the affected side, especially in neurogenic KCS.

Diagnosis

The clinical signs are very suggestive; a Schirmer tear test [STT] should be done on all patients with a mucoid ocular discharge, ulcerative keratitis or keratoconjunctivitis without any other apparent cause. STT values less than 15 mm/min are suspicious for KCS, and less than 10 mm/min are definite KCS.

Patients with corneal erosions/ulcers should have an increased STT; in other words, in these patients, an STT of 10 – 15 mm/min is most likely KCS. Positive Rose Bengal stain. Rose Bengal stains devitalized conjunctival and corneal cells.

Treatment [Medical]:

Most cases will respond to medical treatment; however, this will usually require lifelong treatment. Poor owner compliance or low patient acceptance of therapy is the primary cause of visual impairment in KCS. The eye must be cleaned before applying medication. Treating an eye caked with discharge is almost invariably ineffective. Cleaning the eyes is best done with water and gently wiping the eyes with soft gauze or tissue.

The aims of medical therapy are:

- Stimulate natural tear production.
- The replacement of the precorneal tear film: this is essential in the early stages of KCS until natural tear production is expected.
- Reduce ocular surface inflammation.
- Control secondary infection.
- Removal of excess mucous.

Stimulation of normal tear secretion.

Tacrolimus and Cyclosporin A are potent immunomodulators. Tacrolimus 0.02% applied twice daily is highly effective at improving tear production. Histopathology has shown that cyclosporine medication causes regeneration and duplication of atrophic acini. Tacrolimus

and Cyclosporine take about 4-6 weeks to take full effect, and the increased tear flow can be monitored by performing regular STT's. Both tacrolimus and Cyclosporine must be

Pilocarpine is a parasympathomimetic drug that may stimulate lacrimal gland secretion. Pilocarpine can be administered either topically or systemically and are used in selected cases to stimulate tear production. It is used topically in a dilute form in artificial tears (0.125% or 0.25%) given every 8 hours or orally by being mixed with the animal's food. The dose for oral Pilocarpine is initially one drop of 2% topical pilocarpine per 10 kg of body weight twice daily. The dose is increased in 1-drop increments every 2 to 3 days until tearing increases, or signs of systemic toxicity develop (inappetence, hypersalivation, vomiting, diarrhoea, bradycardia).

The author reserves the use of Pilocarpine for suspected neurogenic KCS patients. Usually unilateral KCS with the ipsilateral dry nostril. **V**



Figure 1. Typical appearance of a canine eye with keratoconjunctivitis sicca. Note the severe mucoid discharge.



DIGITAL VETERINARY OPHTHALMOLOGY SERVICES

The first mission of DVOS is to create a platform for the general practitioner veterinary surgeon to improve their ophthalmological knowledge and enable them to deal with ocular cases with more confidence. This will be done with online courses allowing participants to download course material that will include written notes as well as narrated PowerPoint presentations. The first small animal course comprises of 240 pages and the PowerPoint lectures are 20 hours in total excluding a guest lecture on SARDS. I shall also make surgical videos available covering some common surgical procedures. The course is CPD accredited with the South African Veterinary council for a total of 23 CPD points.

The second mission is to provide a service to the practicing veterinarian offering specialist advice regarding problematic cases.

More information regarding both of these aims are available on the website: www.dvos.co.za



Recommending and prescribing the right diet for your patients

Dr Debby Bain



Choosing the right food can be an overwhelming decision. There are thousands of options and many differing opinions on what makes a food “good”.

When making a nutritional recommendation there are a few considerations and questions you should ask yourself:

1. Is it safe?
2. Is it nutritious?
3. Is it right for THIS pet?

Is it safe:

Safety is the number one priority for all pet owners. The first question anyone should ask when considering pet food should always be, ‘Is it safe?’ Factors that impact food safety:

- Supplier validation and audits
- Raw material evaluation
- Manufacturing site
- Production process and methods
- Finished product packaging and storage
- Quality control (at all levels)

Regardless of all other qualities, we must be certain to ‘do no harm.’

Is it nutritious?

Is the diet complete and balanced? In other words, does it supply the essential nutrients required for the basic nutritional needs of that species of animal? Good nutrition is about providing what the body needs.

Feeding a complete and balanced formula indicates that a pet is receiving all essential nutrients needed to sustain everyday health.

Complete and balanced nutrition can be achieved in a variety of ways for cats and dogs, combining any number of ingredients from many potential sources to deliver exactly what they need.

Nutritional adequacy can be determined by two methods:

1. By ensuring the product complies with published nutritional guidelines, or
2. By undertaking specific feeding trials.

Ingredient inclusions and exclusions give no indication of the quality of the nutrition provided. Each individual has requirements for nutrients, not for specific ingredients.

The body digests and takes value from nutrients, regardless of which format it is presented in, as long as it is appropriate.

Goals of nutrient-based nutrition:

1. Energy provision: Provide the energy that the animal needs in the right amount and format through precise levels of Protein, Fat and Carbohydrates.
2. Body development and maintenance: Meet the nutritional requirements for healthy physical development and maintenance through precise levels of Amino acids; Vitamins; Mineral and fatty acids.
3. Targeted support: Support long-term health by considering common concerns, including for example the effects of ageing, urinary issues, digestive problems, and skin conditions through precise levels of Antioxidants; Fibre; Prebiotics; Essential fatty acids.
4. Special care: Very specific nutrients can be limited or added in certain formulations to help cats and dogs affected by particular health issues.

Is it right for this pet?

Is the food adapted to the precise needs of **this** pet? To get food and feeding exactly right, a nutritional assessment will pave the way to a diet best suited to the individual. This means taking into consideration of food preferences, recent history, dietary sensitivities, specific requirements and even medical conditions.

A specific food can be safe and nutritious but still not be the best choice for an animal. The right food will address the specific needs of the individual. It should respect the sensitivities of the pet, keep him in good, ongoing health and condition, fulfil dietary preferences, remain palatable and be inter-changeable as the pet’s needs change.

A nutritional assessment should be performed by the veterinary practice team before a nutritional recommendation is made. This includes a complete diet history, full physical exam, and any necessary diagnostics, as per the WSAVA Nutritional Assessment Guidelines.

Both the American Animal Hospital Association (AAHA) and the World Small Animal Veterinary Association (WSAVA) have published Nutritional Assessment Guidelines which provide a framework for making recommendations for every cat and dog. WSAVA’s Global Nutrition Committee also provides a Nutrition Toolkit, which contains ‘Recommendations on Selecting Pet Foods’. This resource suggests the key questions we should all ask pet food manufacturers to assess the quality and safety of their products.

AAHA Nutritional Assessment Guidelines can be found at:

www.aaha.org

WSAVA Nutritional Assessment Guidelines can be found at:

www.wsava.org

The control of gastrointestinal helminths in pastured dairy cows

Dr Chantelle Erwee,
Zoetis South Africa (Pty) Ltd,
Technical Manager: Ruminants



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Gastrointestinal helminth infections are well-known to cause significant constraints in the productivity of animals. The extent of gastrointestinal helminth infection in pasture-based dairy herds are often underestimated, but under the right circumstances, grazing dairy cows and heifers can be heavily infected with worms. Excessive gastrointestinal worm infections can affect the health and welfare of the animal and have devastating economic consequences by affecting essential aspects such as growth, production and fertility.^{1,2} An increasing amount of studies have demonstrated the impact it can have on milk yield.⁴ Understanding the dynamics of host-parasite interaction is the first step in attempting control of gastrointestinal helminth infections.

Pathogenesis



Cattle nematodes will differ in their life cycles and pathogenicity, but let's take *Ostertagia ostertagi*, commonly known as brown stomach worm, as an example. After ingesting the infective larvae of this parasite, it encysts itself into the abomasal wall, where it interferes with the normal functioning of the gastric glands.¹ After a moulting phase, adult

parasites emerge, causing additional tissue damage. This tissue damage then leads to the characteristic foul-smelling diarrhoea accompanied by anorexia.¹ Emerged adults feed on the mucosal lining of the gut and start laying eggs. The entire developmental process, on average, takes approximately 21 days.¹

Risk of infection

The risk of exposure to the infective larvae on pasture is dependent on multiple factors such as fecundity of the specific helminth species, climate, humidity, stocking density, the duration of the grazing season and time spent grazing each day.^{1,2} Some helminth species can reproduce at a faster rate than others, for example, *Cooperia* spp. vs *Ostertagia ostertagi*.¹ High fecundity combined with optimal conditions of temperature and environmental moisture can lead to massive pasture contamination.^{1,2} While the correct temperature is essential to the development of the helminth from the egg stage into the infective larvae stage, the level of moisture in the environment is just as crucial.¹ Both temperature and humidity are also vital for the migration of the infective larvae away from the dung pat – a survival mechanism employed by the helminth to increase its chances of ingestion by the next host.¹

Intensive grazing conditions with high stocking density will naturally lead to animals depositing more manure (and worm eggs along with it) per area of pasture. The infection pressure on the pasture will therefore be a factor of the frequency and physical amount of manure deposited.

Interestingly, studies have shown that the frequency of defaecation is related to animal age – on average, a calf will defaecate 6.23 times per day compared to 8.1 times for a cow.¹ The amount of manure deposited per defaecation, on the other hand, is determined more by the weight of the animal. Therefore, if the weight, age and eggs per gram (EPG) of manure for an animal is available, one can make a rough calculation of the pasture contamination contributed by that animal over a period of time.¹ It has been estimated that a cow and calf kept together on pasture can deposit up to 51 million helminth eggs in roughly 3 tons of manure over five months.¹

The potential impact of excessive gastrointestinal infection

Looking at the above example of the pathogenesis of the brown stomach worm, it is easy to recognise that gastrointestinal helminths can impair normal digestion, disrupt electrolyte balance and lead to a loss of nutrients.¹ In addition to the disruption of normal digestion and tissue damage, the integrity of the tight junctions may be impaired, leading to leakage of enzymes into general circulation.¹

As a result of the pathogenesis of the respective nematodes, expected consequences are loss of appetite, reduced average daily weight gain, decreased productivity and reproductive performance.^{1,3,6} Each of these consequences have subsequent economic impacts for the producer. Decreased appetite will naturally lead to reduced weight gain but also inefficient utilisation of pasture.⁴ Decreased daily weight gain can have long term side effects and may lead to a higher age at first mating, lowered milk production and lower calf birth weights.^{1,3,4} To add to this, many studies have also shown a positive response in milk yield after anthelmintic treatment - milk yield response following treatment in pastured dairy herds can be approximately 1 – 2 kg/cow per day or up to 4 % over an entire lactation, depending on the parity, region and stage of lactation.^{1,3,4,6}

Excessive helminth infections can also impair the capability of the immune system to fight off concurrent infections or to respond satisfactorily to vaccination, which can also have far-reaching effects.¹

Control



An essential aspect of helminth control that is often overlooked is the role that dung beetles can play in decreasing the number of larvae on pastures. An experimental study has shown that dung beetles that bury manure can reduce the number of *Ostertagia ostertagi* larvae within 96 hours and up to 14.7-fold.¹ Worm burden was also found to be inversely related to the size of the dung beetle population.¹ This is just one of the many reasons why an anthelmintic should not harm the dung beetle population. Cydectin®, Antiparasitic Pour-On for Cattle, has been shown to have no practical effect on the development and survival of the dung beetle (*Onthophagus Taurus*) when they fed off manure from treated animals.⁵

Strategic deworming involves selecting the correct dewormer, applying it at the right time in strategically selected animals and combining it with sound management practices. Healthy, well-nourished animals will have good immunity and will be able to withstand parasite infections better. It is crucial to use dewormers correctly, responsibly and strategically. The key is balance - ensuring that a high proportion of the parasites remain in refugia without adverse effects on the animal's welfare and production and will help avoid resistant worms from developing.^{1,3,4}

Cydectin® Anti-parasitic Pour-On for Cattle is registered for treating roundworms, mange mites, red (biting) and blue (sucking) lice, horn flies and blue ticks of cattle. The residual efficacy against re-infection is excellent at up to 42 days for certain roundworms and 74 days for lice.

It also controls blue lice for up to 21 days. A bonus is that the efficacy of Cydectin® Anti-parasitic Pour-On for Cattle is not adversely affected if applied when the hide is wet or if rain occurs shortly after application. However, the treatment of animals under these conditions is not recommended practice.⁷

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7. Clymer BC, Guerino F, Janes T, Barton W. Evaluation of the wash-off potential of Cydectin Pour-On from cattle following simulated rainfall. American Association of Bovine Practitioners. 1998.

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For full prescribing information refer to the package insert approved by the medicines regulatory authority.

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Reference No.: RU/CE/07/21/08 



Recollections 49 - A New Life is Added to Mine

Ian du Toit

Walking through my front door, as I arrived back from my weekend at Noordhoek, I was struck by a sort of dichotomy. On the one hand, everything still looked the same as it had on the previous Thursday when I had left. The furniture was still exactly the same, the welcome from my dear Emily was as warm and loving as I had been looking forward to. The children bouncing around with joy to have me back, yet at the same time, everything was different. It was as if I was seeing everything around me in full colour for the first time. I was feeling waves of love pouring out over the family. I just wanted to sweep them off the floor and hold them tightly against me. However, I was aware that I should be careful of overwhelming them with this outpouring of emotion.



Dumping my case in the bedroom, Emily made us a cup of tea and invited me to come and sit with her so we could catch up. Dying to tell her all about my weekend, as I clutched a mug of the warm brew with its familiar homely aroma in my hands, I became aware that she had something she wanted to share with me first. A week or two before this Easter I had taken a book out of the library called "The First Easter". It was a compilation by the author Catherine Marshall of sermon notes written by her husband Peter Marshall, prepared over some time for his Easter services, arranged so that it described the whole of that first Easter as one continuous story. Peter passed away at the age of 48 in America, but his gift of making events come alive in his sermons was related in a biography by his wife, which she called "A Man Called Peter". Later followed by a movie which was a box-office hit.



So on the Saturday past, while I was meeting with a few of the other delegates to our retreat for a time of prayer, I asked the folk to pray for Emily, that the Lord would touch her as well. Sometime during the afternoon, back in Stellenbosch, Emily spotted the book lying next to my side of our bed and picked it up, flicking casually through it. She slowly felt herself being drawn into that fascinating yet violent story, to the extent that she couldn't put the book down till she had read right through it. In her words, as she read she could smell the dust, kicked up by the crowds and the sweaty bodies which she could feel jostling her as they pushed forward and she could hear their cries of "Crucify, crucify!" and then she could hear the thud of the nails being driven into the naked flesh of arms and legs. It was as if she was right there in the midst of the melee, living it and experiencing it with those people. Her enthusiasm just poured out as she shared this with me, tears glistening in her eyes.

On that Tuesday morning, I was eager to get back to our practice, with new vigour and determination. Somehow there seemed a new purpose to my work. Not only should I be looking to treat and heal the animals under my care, but I was slowly becoming aware of a wider and deeper opportunity to reach profound needs.



On Thursday evening was our weekly bible-study meeting at the local church I was attending. A few of the folk who had been at the weekend retreat came over from Cape Town to share about our time together. Moira, a chubby Scottish lady with a tartan skirt and a real gift of music brought a sort of hand-held harp and we sang some of the beautiful worship songs we had learned. They then asked me to share my experience. As I sat there reliving the events I had recently experienced the dam burst. Wave upon wave of the pent-up emotion spilt over and ran down my cheeks. I was so choked up that I couldn't speak coherently.

All I could get out was "It is free, I have discovered that it is free", saying this over and over. For so long I had believed that I would have to do something or be someone to qualify. But I had had the major revelation during my 'encounter' this past weekend that all that God wanted to give me was free. There was and still is nothing I or anyone else could ever do that would make us worthy of receiving the "Gift" of God in His Son Jesus. It is all wrapped up as just that, a gift and all one has to do, like

with any other gift, is to put out your hand and receive it. It is so simple that many just can't accept that that is all there is to it.

As the days flowed into weeks after this, I was increasingly aware that there was now a third Party in my consulting room with me. A Party of whom I alone was aware of Who's presence was unseen by my clients.

One who stood by me in a mystical way which was giving my life and service a new dimension. Often, I was not aware at the moment of His presence and would only realize, on reflection that He had contributed in one or another way to my diagnosis or treatment and the interaction I had with my clients.

A good example of this occurred a month or two later. I was approached by Shippie from Elsenberg with a request to come and give a third opinion on a cow, which was one of their top Jersey breeding animals and milk producers. Two colleagues had been unable to unravel the mystery of the symptoms she was demonstrating and had given up.



Basically, over about six months, her whole temperament had changed. From being a placid, docile, typical Jersey cow she had slowly become more and more aggressive. She had even charged one of the workers on several occasions. Besides that, she had slowly been losing weight and her milk production had dropped drastically. There had also been bouts of dark, grey diarrhoea. All the tests available at that time had revealed no abnormality.

When I arrived there they had already put her into a crush and the whole class of final-year students were there to observe. As I approached her, I was aware of the stary appearance of her coat and slight dehydration. She was obviously restless, moving back and forward and letting out a kick every now and then, occasionally tossing her head and snorting in a most un-Jersey like manner. Of course, the presence of the students didn't help with their odd cocky remarks as they lounged around, sprawling over any obstacle which would hold them up.

A complete examination left me as nonplussed as I had been when I started. And then an inner voice nudged me to suggest doing an exploratory rumenotomy. I had used this valuable diagnostic tool on several occasions before, but I wasn't even sure what I was going to look for that day. Using the operation site that Coenie Basson had taught me, just posterior to the last rib, I was soon sliding my hand down into the depths of the rumen, feeling my way forward towards the reticulum.

The familiar smell of the rumen content met my nostrils, assuring me of a healthy rumen flora and settling my thoughts as I was still being subjected to the odd "wise" remark by one of the students.



As I groped about in the reticulum, feeling the wall for adhesions and exploring the content for any sharp objects I picked up the usual collection of little stones and grit, lying in the bottom of the reticulum. As I pulled my hand out to discard these "stones" my eye caught something. I realized instantly that this object was what had been causing the unusual symptoms. It was a lead bullet, probably a .22 calibre, which had eroded somewhat over some time. Everything fell into place, the nervous symptoms, general malaise and periods of slate-coloured diarrhoea all pointed to lead poisoning and I had discovered the source.

The cocky remarks of the students had mysteriously dried up and Shippie was most relieved at the prospect of a future recovery. It took time but slowly over the next weeks and months the symptoms abated and Shippie had his cow back and I believe there were a few future farmers that had a new respect for our profession. I never did explain to Shippie what led me to do an exploratory rumenotomy. In the meantime, there was an exciting development at home. As I have mentioned before, Emily's brother had stayed with us for a while after his divorce a year or two previously. He had been speaking of being "born again" periodically and one day Emily had collared me. This was still some time before my Noordhoek weekend. She had asked me to explain what the expression being "born again" meant. I had stuttered and stammered through an explanation, slowly realizing that I did not know.

In the meantime Colin had given Emily a book by Billy Graham, simply titled "Born Again". On one particularly memorable Thursday evening, after the children had gone to bed, Emily almost shyly but urgently asked me if we could chat. Sitting in my office, she produced the book and opened it where she had placed a marker. She held it out to me and said, "I have been reading this chapter over and over today, won't you help me". My eye caught the name of the chapter, it read "How to be born again". To say my heart leapt sounds like a cliché, but I can't describe the joy I felt at that moment any other way.

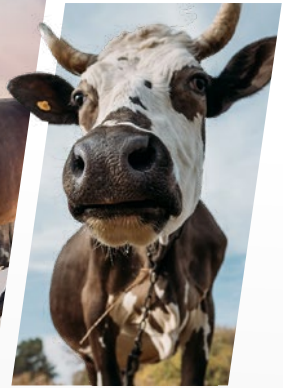
After I explained to her what I had now learned and experienced, we knelt on the floor and prayed together that she would receive "The new birth". When we were finished, we ended up clinging to each other, sometimes weeping and sometimes laughing. We had truly not only become "one flesh" but "one spirit", as well.

My prayers had been answered abundantly and my dear Emily had been launched on a new life which was, among others, to lead to complete healing from the serious depression she had suffered before. 1980 was going to be the watershed year of our lives. **U**

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DAY 01 | FRIDAY, 15 OCTOBER

08:00	Registration
09:00	Welcoming
09:15	Rumen development pastures and disorders - Dr Willem Schultheiss
10:15	TEA
10:45	Femur amputations/pinning long bones - Dr Neels Du Plessis
11:45	How does acidosis impact fertility? Bull focus - Dr Willem Schultheiss
12:45	LUNCH
13:45	Ex fix approach for rural vet - Dr Neels Du Plessis
14:45	Scanning for colic - Dr Arnold Mahne
15:30	Practical - Horse Scan
16:30	AGM SAVA
17:30	Braai

DAY 02 | SATURDAY, 16 OCTOBER

08:00	Tea/Coffee
08:30	Rural colic diagnosis & treatment options - Dr Arnold Mahne
09:30	S.lupi: Rural Diagnostic approach & treatment - Dr Rhynardt de Ridder
10:15	TEA
11:00	Diarrhoea and snap tests - Dr Rhynardt de Ridder
12:00	Heritable/Non-heritable hoof problems - Jaco de Bruin
13:00	Practical Demo - TBC

REGISTRATION FEES

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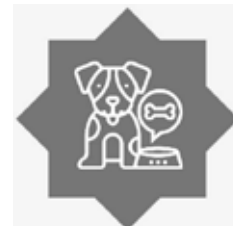


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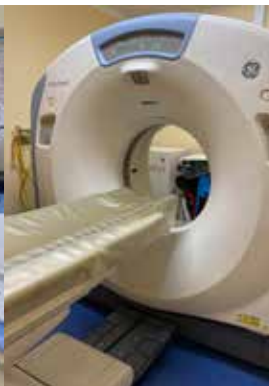
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Animal Options Vet Clinic are looking for a full-time veterinarian with at least two years' experience to connect with our team. This is an exciting opportunity for the right person to accelerate their aspiration and grow with us. We are open to options if you are looking for an employer to sponsor you on a pathway to permanent residence in Australia. Animal Options Vet Clinic has a great team of vet nurses, receptionists, vets and a practice manager that are passionate about patient and client care working on an innovative vet business model: a fully established clinic offering mobile consults. We integrate. Wet Noses Mobile Vet with our Animal Options Vet Clinic. We aim to have a safe and enjoyable work environment, where we handle conflict with empathy and work continuously to keep a well-integrated team. We enjoy our jobs and we feel like we are making a difference in people's lives! You have the option to work in a clinic or in our mobile units, where a vet nurse will assist in your house calls. Our base clinic is fully equipped with all the sparkly things you want: DR and dental Xrays, Idexx blood test machines, excellent dental equipment, electrocautery, infusion pumps etc. We all know this job is tough, and some clients can be difficult, so we are committed to having time to simply be happy at work.

Key responsibilities

- See around 7 - 10 patients a day
- Perform clinical procedures and surgeries (including examination and diagnosis, pathological testing, procedures and surgeries, prescription and administration of medication);

- Vaccinating animals against infectious diseases
- Providing obstetric services for animals
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- Help prevent the occurrence and spread of animal diseases
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Experience and qualifications

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- 2 years full-time experience as a clinical vet

We can offer you:

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RefOC05

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Ref21OC07

GAUTENG

JOHANNESBURG

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Ref19NV02

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In return, we offer a team-based support structure with ample time off, no after hours and a competitive salary. Applicants must be registered with SAVC. Applications to be sent to reports@rantendal.co.za Ref20JL08

PRETORIA-NOORD

Pretoria-Noord Dierekliniek is looking for one or two registered full-time veterinarians who are bilingual in both English and Afrikaans. We are a well-established small animal practice. New graduates are welcome to apply.

Please send CV's to

dr.c.opperman@gmail.com or contact Dr Zilia Opperman on 0836534917 for more information. Ref21MY06

JOHANNESBURG

Sandringham Veterinary Hospital, based in the northeastern suburbs of Johannesburg has a permanent position open for a small-animal vet. Good work/life balance with a full day off during the week and a 4-week rotation over weekends. No after-hours. A person with an interest and some surgical experience is required. If interested, please email your CV to sandringhamvetacc@gmail.com or contact us on 0116405133. Ref21JN01

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PRETORIA

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Email: brucepeck@mweb.co.za

Cell Number: 083 852 0993 Ref21SP06

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Ref21OC01

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RefOC04

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Ref21OC09

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Ref20DC01

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Ref21MY14

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Please contact Derry on 0833489268. Send your CV to noordhoekvetclinic@gmail.com Ref21OC08

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HERMANUS

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GAUTENG

JOHANNESBURG

Boskruin Veterinary Clinic is looking for a full-time veterinary nurse to join our team of 5 vets. We are looking for a dynamic individual to assist in the running of the backend of our clinic, in all medical and surgical related aspects. Call 0117920482 or email a cv to vet@boskruinvet.co.za Ref21SP04

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GAUTENG

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PRETORIA

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KWAZULU-NATAL

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Life plus 22 without parole

Mike Lowry

Mike Lowry has been in veterinary practice for "life plus 22" years. In this column, he shares his experiences and opinions.



TA recent article on the direction the human population was taking was extremely interesting as were the results of an ongoing experiment on a population of mice in a controlled environment with adequate resources. The similarities were a little too close for comfort.

Indications are that the human population has in many of the developed countries, stabilized and it is only in the poorer less developed lands that the population is growing at frightening proportions.

The more developed countries are now talking of problems that will result from the dynamics of a population changing drastically to one where the number of elderly people exceeds that of the younger people with all the consequences that will result. No young people to care for the aged in terms of physical and financial help.

Schools would be empty, and housing no longer required. Hard to fathom

The expanding populations need all the usual requirements and expect it from the governments that just cannot afford it for whatever reason. A huge downward spiral result. From biblical times it has been stated that the poor will always be with us!



Now for the uncontrolled mouse population. The experiment came from John Calhoun who repeated it 25 times with similar results.

LIFE +22 WITHOUT PAROLE

He put 4 pairs of mice into an environment that had plentiful resources and watched their behaviour. After 315 days their reproductive rate dropped off drastically. When the population numbered 600 a hierarchy developed and so-called "wretches" appeared. The larger rodents attacked the group with the result that the males began to collapse psychologically. The females no longer protected themselves and in turn, became aggressive towards their young. The birthrate dropped and infant mortality increased. A new class of males developed, and these refused to mate with females or to fight for space. All they were concerned about was food and sleep. At one point these males and isolated females made up most of the population.

Homosexuality and cannibalism became common despite there being no shortage of food. Two years after the start of the experiment the last baby was born.

The human population is today experiencing parallels to this work with weak feminized males with few or no protective skills and overly agitated females with no maternal instincts.

Another interesting article was on stress related to social media. Here the significant factor was the loss of personal skills by today's children. One teacher stopped teaching half an hour before the end of school and told the children just to sit at their desks. All the children pulled out their cell phones and started doing whatever they did on cell phones. She immediately told them to put their phones away and to talk to the other children in the class.

There was immediate silence and very few kids even attempted to talk to others. After ten days of this, there was a far more acceptable pattern and after two weeks the kids were looking forward to their half-hour chats.

Yes, Tod, we are all feeling the effects of Nature Deficit Syndrome.

The final thought is one of what we see today. At any restaurant, on a train or bus or in a park everyone is sitting looking at a little black screen. I wonder what one of our ancestors would have thought they were doing! And virtual CPD programs – no one ever gets to meet their colleagues in person. No, bring back the old days where the CPD evenings would go on late into the night and we shared so much more.



Not all change is for the good **📌**

Dagboek • Diary

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Info: Madaleen Schultheiss, Vetlink, 012-346-1590,
www.vetlink.co.za

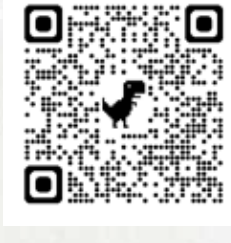


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Ongoing and online.
Info: Chi University: southafrica@tcvm.com or
<https://chiu.edu/courses/cva#about>



- **Virtual AOAC Sub-Saharan Annual Congress.**
08-11 November
Info: corne@savetcon.co.za / www.savetcon.co.za



- **Certification in Clinical Integrative Canine Rehabilitation (Through College of Integrative Veterinary Therapies).**
Ongoing and online.
Contact: enrolment@civtedu.org OR
www.ahah.co.za/civt/



- **South African Association for Laboratory Animal Science (SAALAS).**
09-10 November
Venue: Potchefstroom University, GKSA Auditorium
Info: Madaleen Schultheiss, Vetlink, 012-346-1590,
www.vetlink.co.za





South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

MISSION STATEMENT

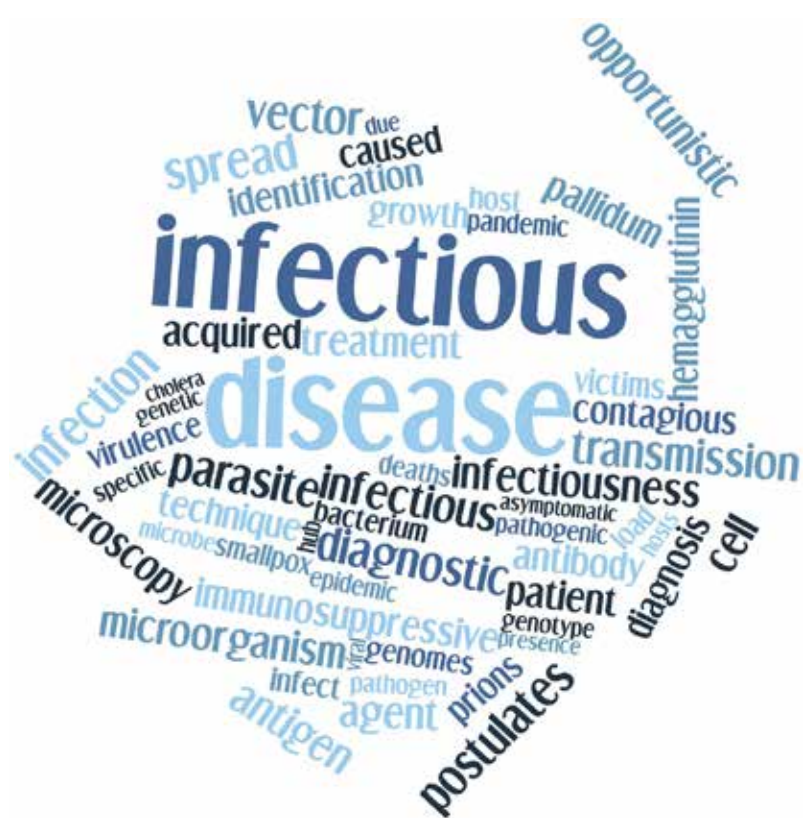
“The South African Veterinary Association aims to serve its members and to further the status and image of the veterinarian. We are committed to upholding the highest professional and scientific standards by utilising the professional knowledge, skill and resources of our members, to foster close ties with the community and thus promote the health and welfare of animals and mankind”.

Servicing and enhancing the veterinary community since 1920!

Tel: 012 346 1150

E-mail: vethouse@sava.co.za

www.sava.co.za



South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging



SAVA Community Veterinary Clinics

SUBSIDISE A PET STERILISATION PROJECT



Sade
(6-month-old
Female Terrier)

CVC Distributor: West Coast CVC

Owner Name: Jan de Wee (photo with neighbours child that Liza loves!)

Owner Income: No work due to no holiday makers on the West Coast

Lives in: Hopefield, West Coast

Dog Sterilisation: R 550

Did you know that your donation is tax deductible? For your 18A Tax Certificate, please email us at cvcmanager@sava.co.za

- Date of EFT
- Amount
- Reference used on EFT
- Your Name
- Address
- Tel Nr



SAVA-CVC supports vets that provide primary animal health care (vaccinations, deworming as well as tick and flea treatments, sterilisations) to pet owners in lower-income communities at affordable prices.

These CVCs (Community Veterinary Clinics) prevent the problems that animal shelters often have to respond to such as overpopulation and diseases like tick bite fever or parvovirus.

“Subsidise A Pet Sterilisation”

Our responsible pet owners can often afford vaccinations, deworming and tick and flea treatments but the cost of sterilising their pet is beyond their means. Please look at our list of pets that have been nominated by the vets for sterilisation – you can subsidise the sterilisation of a dog for R550 and a cat for R300!

For more information please go to Facebook page, <https://www.facebook.com/communityvets> or email us on cvcmanager@sava.co.za



SAVA Community Veterinary Clinics

ABSA Bank Brooklyn (632005)

Account Number:

4056 779 023

Swift Code: ABSA ZAJJ

Reference:

“Steri Sade” and your name
Also available PayPal & PayFast!