VET nuus•news

July / Julie 2022

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



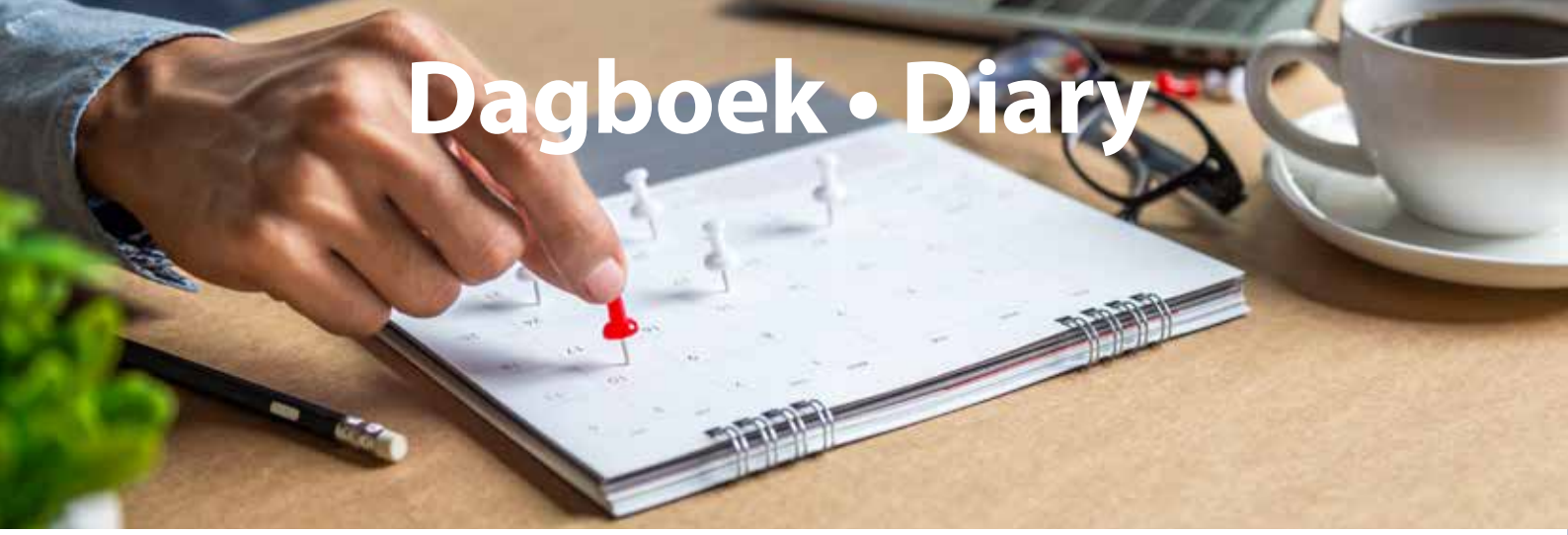
FOCUS

Ruminants and Veterinary Public Health

CPD

Cobalt Deficiency in Ruminants

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging



Dagboek • Diary

Ongoing and Online 2022

SAVETCON: Webinars.
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
corne@savetcon.co.za / https://app.livestorm.co/svtsos

A Course in Human Ethics and Animal Rights.
Completion time: approximately 8 hours.
Website: http://animalvoiceacademy.org
Contact: admin@animalvoiceacademy.org

Acupuncture – Certified Mixed Species Course.
Info: Chi University:
https://chiu.edu/courses/cva#aboutsouthafrica@tcvm.com

Certification in Clinical Integrative Canine Rehabilitation
Contact: enrolment@civtedu.org

July 2022

Western Cape Branch Congress.
22-23 July
Venue: Houwhoek Hotel, Grabouw
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
https://www.savetcon-admin.co.za/Register/main.php

August 2022

Afrivet Symposium.
2-4 August
Venue: Protea Hotel Fire & Ice, Menlyn Pretoria
Info: conference@savetcon.co.za

NVCG Congress with David Church & Jill Madison.
03-04 August
Venue: Hazendal, Cape Town
10-11 August
Venue: The Capital Zimbali, Durban
12-13 August
Venue: Premier Hotel Midrand, Johannesburg
Info: Vetlink, 012-346-1590, www.vetlink.co.za

Free State & Northern Cape Branch Congress.
13-14 August
Venue: Montebello Estate, Bloemfontein
Info: https://www.savetcon-admin.co.za/Register/main.php

Mpumalanga Branch Congress.
19-20 August
Venue: To be confirmed
Info: Vetlink, 012-346-1590, www.vetlink.co.za

SAVE THE DATE

SASVEPM Congress.
24-26 August
Venue: East London ICC
Info: https://savetcon.co.za/SASVEPM2022

WAHVM Congress.
31 August – 03 September
Venue: Brescia, Italy
Info: https://www.wahvm.co.uk/brescia2022

September 2022

Eastern Free State Branch Congress.
02-03 September
Venue: Golden Gate Hotel, Clarens
Info: Corné Engelbrecht, SAVETCON,
https://www.savetcon-admin.co.za/Register/main.php

4th International Conference on Parasites of Wildlife.
11-15 September
Venue: Skukuza, Kruger National Park
Info: http://savetcon.savetcon.co.za/icpow2022/

October 2022

Oranje Vaal Branch Congress
14-15 October
Venue: Khaya Ibhubezi, Parys
Info: https://www.savetcon-admin.co.za/Register/main.php

NVCG (Brandon Wustefeld) Pre-Congress Day
24 October
Venue: Emperors Palace, Kempton Park, Gauteng
Info: Vetlink, 012-346-1590, www.vetlink.co.za

11th Biennial South African Veterinary and Paraveterinary Congress and Awards.
25 – 27 October
Venue: Emperors Palace, Kempton Park, Gauteng
Info: Corné Engelbrecht, SAVETCON:
071 587 2950 / corne@savetcon.co.za /
https://savetcon.co.za/SAVA2022/

BVSc class of 1982 (Republic of OP), 40th Reunion
28-30 October
Venue: Mount Grace Hotel, Magaliesburg
Info: Petrie at AB Events, petrie@abevents.co.za

November 2022

Middle East and Africa Veterinary Congress (MEAVC)
25-27 November
Venue: Dubai, UAE, World Trade Center
Info: +971 4 4475580, info@meavc.com,
www.meavc.com

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VetNuus is 'n vertroulike publikasie van die SAVV en mag nie sonder spesifieke geskrewe toestemming vooraf in die openbaar aangehaal word nie. Die tydskrif word aan lede verskaf met die verstandhouding dat nóg die redaksie, nóg die SAVV of sy ampsdraers enige regsaanspreeklikheid aanvaar ten opsigte van enige stelling, feit, advertensie of aanbeveling in hierdie tydskrif vervat.

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Dear members,

The passing of Annamie de Bruyn, wife of the Association's immediate past president, Leon de Bruyn, came as a massive shock to us all. Leon was still in the SAVA/SAVC Exco meeting the previous day and flew back that evening. She passed away peacefully in her sleep during the night. Our sincerest condolences to Leon, his family and friends. May they find solace in the presence of God, the Almighty.

Annamie was deeply committed to Animal, Human and Environmental Wealth and Welfare. That is why she was prepared to sacrifice so much of her precious time with Leon for him to advance these causes through his efforts at SAVA as well as his veterinary work. In her own right, she organized fundraisers for the SPCA and Healing Horses, a charitable therapeutic riding for the disabled organization. Three nights before she passed away, Annamie attended a Welcoming the Whales fundraiser for Marine Conservation. Let us strive to honour her legacy by collaborating to overcome the challenges in these fields. Annamie was so committed to the fight against rabies that she overcame her chronic fatigue and pain to travel from Port Alfred to Motherwell to assist the East Cape and Karoo SAVA branch in their rabies vaccination drive around World Rabies Day last year.

Shortly after her passing, Leon went for a jog on the beach to clear his mind and try and overcome the emotions when he saw this beautiful rainbow in the sky.



He posted a photo of the rainbow on the SAVA BoD's WhatsApp group with the inscription: "No way there should be a rainbow in that sky. Goodbye, my love!".

The rainbow is first mentioned in the Bible in Genesis 9: 13 – "I have set my rainbow in the clouds, and it will be the sign of the covenant between me and the earth". The second is in Ezekiel 1: 28 – "Like the appearance of a rainbow in the clouds on a rainy day, so was the radiance around him. This was the appearance of the likeness of the glory of the Lord. When I saw it, I fell facedown, and I heard the voice of one speaking".

May the sight of a rainbow be a remembrance of the covenant and the beauty of God's creation, a creation He has given us to nurture and protect, even in difficulty, to the best of our abilities. May our profession rise to new heights and use our professional knowledge, skill and resources to promote the health and welfare of animals and humans.

To achieve the best possible outcome, we must work towards unity in our profession, amongst ourselves, and the broader para-veterinary community. We will have to put in a concerted effort to understand the differences, be it race, culture or interest, of the rainbow of members of the veterinary and para-veterinary profession.

In a recent meeting between the SAVC and the various associations, it became evident that there is significant mistrust between the different groupings, mainly due to misperceptions. SAVA will work towards clearing these misconceptions.

We are all, be it small animals, large animals, equines or any other veterinary grouping, working towards the same goal, the optimal health and welfare of animals, humans and the environment. A disease outbreak, such as rabies, impacts everyone, not only certain interest groups.

Suppose the government has to divert resources to manage one disease. In that case, the manifestation and management of other conditions will consequently suffer, as evident with the outbreak of diseases such as Foot and Mouth, Avian Influenza and African Swine Fever.

The unity in our profession must extend beyond the human factor to include the different role-players. We must strive to improve collaboration between the public, private and industry sectors to ensure the health and welfare of animals, humans, and the environment is our main priority. Where public structures and institutions fail, fingers should not be pointed, emotions should not reign, but solutions should be sought.

Let us open our minds to the ever-changing veterinary field and ensure that the rainbow will set itself over all of us, our colleagues in the veterinary field and ultimately our animals, humans and the environment..

Paul van der Merwe

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".

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South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

CREDO

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

- To honour our profession and the Veterinary Oath
- 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 professie in ere te hou en die Eed 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.



Andriette van der Merwe

Editor's notes / Redakteurs notas

"Not eating meat is a decision. Eating meat is an instinct."

If there is one thing South Africans do very well, it has to be eating meat. This statement may be very generalised, but it is likely true for most people throughout the population. Nothing brings people together like a piece of meat on an open fire. Or maybe it is hunger bringing people together.

Meat would not be possible without the farmer. Even the cells that produce cultured meat must first come from an animal. A farm animal. Grown by a farmer. Safe a nutritious meat does not fall from the sky; you, the veterinarian, are integral in ensuring that the meat that lands on the braai over the weekend is healthy and good for us. The veterinarian plays a vital role in the value chain of our next meat-based meal.

When attending the Ruvasa congress in Gqeberha earlier this year, it was evident to the bystander that, as in most sectors, there are not enough veterinarians to service this one. The average age of the clinically involved veterinarian is climbing at an alarming rate, and the demand for more veterinary involvement in the value chain is increasing. A plea for the emphasis to move from reactional veterinary care to pro-active action can only be answered with more feet on the ground.

In a reassuring article published very recently (24 June 2022, to be exact), the Department of Agriculture, Land Reform and Rural Development ruled that products that contain everything but meat can no longer be called 'meat' products. No more mushroom biltong, vegan ribs or plant-based burger patties. Processed meat may only contain meat in a processed form. Names reserved for meat products may not be used for non-meat products. A lay person can now select his product from the shelf on the title and not get home and find an unexpected vegetable in the bag.

Look out for the article by Dr Matthys Uys on Veterinary Public health that forms part of the value chain of meat, as well as the article by Dr Chris van Dijk on Public-Private partnerships and how the health of animals can benefit from it. After the reaction received to the article by Dr Coetzee de Beer a couple of months ago, he joined hands with V-Tech to bring a series on exotic animals.

As always, CVC highlights the fight against rabies in a way not always thought of. If you have high rabies titres, it may be worth your while to donate blood as it is needed in the post-exposure treatment of humans. The mentoring program training took place in Pretoria as well as Cape Town to teach and grow mentors.

It was with great sadness that the Vetnews team heard about the passing of Mrs Annemie du Bruyn. She was the beautiful wife of Dr Leon de Bruyn (Immediate past president) and loved veterinarian of Port Alfred. Condolences to the family and friends, and we keep Leon in our hearts and minds as we pray for peace and comfort in this difficult time. May July treat you all well, stay warm, stay healthy. V

Regards,

Andriette



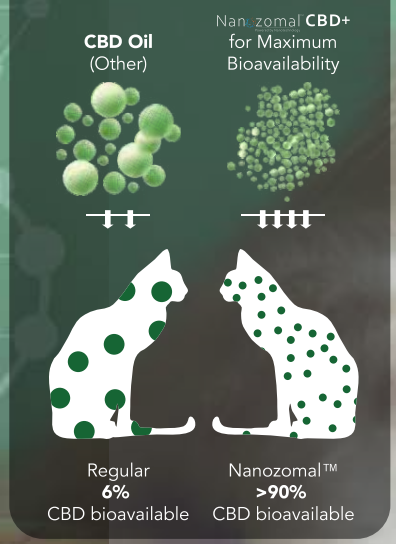
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WESTERN CAPE BRANCH CONGRESS 2022

22-23 July | Houw Hoek Hotel, Grabouw

REGISTRATION IS OPEN

SAVA

PROGRAMME

Friday 22 July

08:00 Arrival Refreshments/Exhibitor Networking
09:00 Welcome & Introduction (Dr Omar Mehtar)
09:10 SAVA Overview
09:30 Everything you need to know about taking care of our geriatric patients (Dr Anri Celliers)
10:30 Exhibitor Speed Introductions
10:40 Mid-morning refreshments
11:15 SAVC Overview (Dr Alfred Kgasi)
11:30 Canine aggression, when the bite is worse than the bark (Dr Aileen Pypers)
12:30 Oh Rats! Treating little critters in general practice (Dr Bernice van Huyssteen)
13:15 Lunch
14:00 Behavior medication, don't fear the pharmacology (Dr Aileen Pypers)
14:45 Making cancer less scary (Dr Anri Celliers)
15:45 Mid-afternoon refreshments
16:00 Avoiding Burnout & Compassion Fatigue (Ms Desiré Rees)
17:00 Western Cape Branch AGM (±45 minutes)
19:00 Social Dinner



Saturday 23 July

08:30 Exhibitor Networking
09:00 The corneal ulcer is not healing what now? (Dr Izak Venter)
09:45 Basic chemotherapy do's and don'ts for general practitioners (Dr Anri Celliers)
10:45 Mid-morning refreshments
11:15 AHS (Dr Camilla Weyer)
12:00 Practical approach to immune mediated keratitis and corneal abscesses in equines (Dr Izak Venter)
12:45 Certification and Passports (Dr Camilla Weyer)
13:30 Close of Congress, Lunch, Departure

REGISTRATION

Regular Registrations	**Payment before 8 July**
Members	R1,600
Non-Members	R1,900
Late Registrations	**Payment from 9 July**
Members	R1,750
Non-Members	R2,150
Day Registrations	
Members	R900/day
Non-Members	R1,100/day
Accompanying Persons	
Daily refreshments & lunches	R450/day
Social Dinner (22 July)	R300

ACCOMMODATION

Accommodation is available at Houw Hoek Hotel and can be booked on the registration system or directly with hotel.
Comfort Rooms (B&B): Single R1225p/n | Sharing R790p/p/p/n
Luxury Rooms (B&B): Single R1300p/n | Sharing – R787 p/p/p/n

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[1]Mueller RS, Olivry T, Prélaud P. Critically appraised topic on adverse food reactions of companion animals (2): common food allergen sources in dogs and cats. *BMC Vet Res.* 2016;12:9.
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Veterinary Public Health for the Private Practitioner

Dr Matthys Uys (BVSc, MSc)

Veterinary Public Health (VPH) doesn't often get mentioned as a firm favourite among OP students or graduates. Subject notes from this misunderstood sibling of the veterinary curriculum fraternity seem to be among the first to find their way to a junkyard or fire after the final year examinations, with most newly qualified veterinarians eternally grateful never to have to think about the contents again. To the selected few who are asked to pay a quick visit to their local abattoir in between consultations, the experience is often unromantic at best and dreadful at worst. Usually, it consists of quickly rushing into the wrong side of town to glimpse at a carcass and stamp a certificate.

This reality has done a terrible disservice to both the perception of VPH among veterinarians and the perception of veterinarians within the meat industry. Changes on both sides are vital if the South African veterinary community is to safeguard its role in food safety at abattoirs in the long term. Recent developments could be providing the opportunity for exactly that.

A few years ago, DALLRD published a guideline recommending that private veterinarians ought to conduct monitoring activities at abattoirs, over and above secondary meat inspection. These visits may range from one hour per week at small abattoirs to six hours per day for abattoirs with a large throughput. As the authority to enforce these guidelines lies with the Provincial Executive Officer (PEO), there are currently different levels of veterinary involvement at abattoirs depending on the province it is situated in, but the increasing trend is indisputable. Therefore, general practitioners should equip themselves with the appropriate tools and knowledge to meet this demand and demonstrate the value they can add to the industry.

An Overview

Veterinary Public Health ("Veterinêre Volksgesondheid") is about much more than abattoirs. The WHO defines it as the sum of all contributions to the physical, mental, and social wellbeing of humans through an understanding and application of veterinary science. The goal is optimal human health in its broadest definition. When considering the emotional comfort of a pet, the financial security from livestock, or the sporting value of a racehorse, few of us are not involved in VPH in some way, which is why it is so central to the One Health theme. Furthermore, the field has evolved to include critical aspects such as animal welfare, preventative veterinary medicine, antimicrobial resistance, and the sustainability of animal production systems. VPH is the central park where almost every subdivision of veterinary science comes to play, although its most common and valuable application in South Africa today remains meat inspection.

Meat inspection was developed in the late 19th century. It became one of the great success stories in which food was made significantly safer for the public, in no small part due to the leadership of veterinarians. As in all other fields in veterinary science, the knowledge and understanding of foodborne pathogens have continually evolved. So the scope of meat inspection has grown far beyond the traditional confines of zoonotic diseases. For example, we know that the average consumer today has a much higher risk of contracting Salmonellosis than Tuberculosis from an undercooked beef patty. We also know that the disease risk to animals (and therefore the disease risk to the human consumer) differs depending

on its origin and production system. A growing number of consumers are also concerned about the unregulated use of antibiotics and growth hormones and want assurance that animals are treated humanely. This sentiment requires insights into production cycles, animal behaviour, disease occurrence, and drug administration on the farm or feedlot. It is evident that veterinarians should take the lead in this challenging and ever-changing field. Internationally, veterinarians ensure that foods of animal origin are safe, maintain and improve animal welfare, and bridge the growing divide between the consumer and the producer. There is tremendous potential for growth in this context within South Africa.

The steps for success

If you are a veterinarian in private practice and are called to your local abattoir, you will most likely be asked to conduct a secondary meat inspection. Before you sigh heavily and exchange your stethoscope for an inspection knife and gumboots, I suggest that you read over the following guide:

Step 1: Hitting the right notes

While acknowledging that it may not have been written to excite or inspire, the Red Meat Regulations, as promulgated under the Meat Safety Act (No. 40 of 2000), is probably the closest thing VPH has to a Clinical Advisor. If you manage to grind your way beyond the sections dedicated to prescribing the angles of windowsills, you will find a wealth of information on how abattoirs should function according to the law. I suggest downloading this online and keeping it at hand (even if only for emotional support). You can also acquire the comprehensive secondary red meat inspection manual published by the Food Safety Agency, which practically deals with the most common carcass conditions you may encounter (*see end of article*).

Step 2: Understanding the industry

Meat inspection in South Africa is mainly conducted by meat inspection personnel employed by private service providers ("Assignees") that are approved and assigned by the Government. There are a couple of assignees currently active in South Africa. Still, the largest are Food Safety Agency (FSA), International Meat Quality Assurance Service (IMQAS) and Maztech Consulting and Skills Development. By law, the abattoir may not directly provide compensation to any staff member conducting meat inspection, including veterinarians. This requirement is vital to ensure independent meat inspection (IMI) according to the IMI scheme published under the same Act (40 of 2000).

Step 3: Understanding meat inspection personnel

The IMI team at an abattoir may consist of a veterinarian at the head, meat inspectors, meat examiners, and meat classifiers. Your abattoir experience will significantly depend on your relationship with these employees, so taking some time to develop a professional and interactive one can be of great value. Despite not sharing the veterinarian's understanding of pathology, the practical insight and diagnostic skills of especially experienced meat inspectors have come to the rescue of many a mystified vet.

a) **Meat examiners** typically complete a six-month course with both a practical and theoretical examination at the end. They mainly focus on distinguishing abnormal from normal tissues and usually conduct most of the physical primary meat inspection - in essence, a condensed post-mortem.

b) **Meat inspectors** have a three- or four-year degree in Environmental Health and are also known as Environmental Health Practitioners. Their theoretical training is more formal and detailed than meat examiners and includes a broader array of topics. They often act as supervisors but are also fully skilled to conduct primary meat inspections.



c) **Meat classifiers** are responsible for grading carcasses and are usually meat inspectors or examiners who have completed an additional classification course. Meat classification and marking in South Africa is coordinated by SAMIC (The South African Meat Industry Company) and performed according to the Agricultural Products Standards Act (Act 119 of 1990).

Step 4: Extending a friendly hand

It is good practice to introduce yourself to the abattoir owner or manager and briefly speak about the weather or the latest change in the meat price. Do not be disheartened if you are not invited over for tea and biscuits, as the interaction between these two parties has historically not always been without strife. A cordial relationship can go a long way in proving you are not just an enemy with an invoice or "the one that condemns my profit".

Step 5: Understanding the slaughter process

Instead of just rushing in and out of the Detained For Inspection (DFI) chiller, take time to familiarise yourself with the slaughter process, from offloading live animals to dispatching carcass sides. Senior meat inspectors can be very helpful in this regard and will also point out common non-conformances (if asked nicely).

>>> 10





Step 6: Conducting secondary meat inspection

Finally, you make it to the DFI. A carcass has been detained for your attention by the meat inspector. By law, only a veterinarian may condemn a carcass as unfit for human and animal consumption. But where does one start, and which factors determine the fitness of food?

Judging a carcass is somewhat akin to performing a clinical examination. You are presented with a puzzle demanding an answer. Your approach must be systematic and use every sense available to reach your conclusion. Your task is also not to be taken lightly. Meat is wholesome, nutrition-dense, and costly, and one should not casually condemn a whole carcass to a worthless fate. Likewise, you are responsible for ensuring that the meat passed is safe, appealing, and acceptable to the consumer. You must consider both safety and quality, as carcasses can be condemned on both health and aesthetic grounds.

For the veterinarian to do a complete evaluation, meat inspection personnel must detain all organs together with every carcass requiring veterinary judgement. After obtaining the history, general observations such as the sex, nutrition status, bleeding efficiency and colour will be noted at first. Particular attention should be paid to any abnormal odours and their character, which could range from purulent (foul), uraemic (urine-like) or acetonaemic (sweet).

The latter may be present in pregnant ewes or cows in early lactation. Odours identified by meat inspectors on the line can become less noticeable after chilling. It may be necessary to boil a section of meat and fat to confirm or exclude these findings through an organoleptic evaluation (the so-called "kook-en-braai toets") if the carcass is not fresh. A prominent and lasting abnormal odour or taste justifies total condemnation on aesthetic grounds.

Each organ system should be evaluated. The veterinarian should furthermore incise and palpate lymph nodes and organs where necessary, paying attention to prevent the cross-contamination of healthy tissues. Although it is an impossible task to detail every potential encounter in the DFI in one article, the following questions can be helpful in the decision-making process:

1. **Is it chronic or acute?** Chronic lesions are often easier to isolate and remove from healthy remaining tissues, such as a chronic abscess with a well-defined capsule.

2. **Is it localised or generalised?** A generalised condition indicates systemic involvement and makes it more likely that the entire carcass will have to be condemned. However, when purulent arthritis is limited to one joint, the limb can be safely removed (partial condemnation), and the rest of the carcass passed.

3. **Is there an essential bodily function that has been impaired?** Although pyrrolizidine alkaloid toxicity in cattle causes primary hepatic failure, resultant oedema and icterus in advanced cases signal systemic involvement and necessitates complete condemnation of the carcass.

4. **Is the condition aesthetically repugnant?** A carcass that is extensively bruised may not harbour an immediate food safety danger but will be unacceptable to the consumer. Such cases should further be investigated on welfare grounds.

A further challenge is a limitation on additional testing. Although possible, the abattoir and/or producer will understandably be reluctant to agree to further laboratory expenses on a carcass they are likely to lose. However, simple diagnostic techniques such as blood and impression smears can be very informative and should be utilised where possible to reach an accurate macroscopic diagnosis (MD).

The following are some conditions that are commonly seen:

a) **Fever**: This term describes generalised congestion and is often related to a systemic inflammatory response. This response leads to a carcass with an abnormal pink or red tinge. Engorged blood vessels are visible on the outer surface and in the peritoneal and thoracic cavities. The carcass pH often remains above 6.0 after chilling, leading to a decrease in shelf life and meat quality. Fever warrants total condemnation in all cases.

b) **Cysticercosis**: *Taenia saginata* is a tapeworm of humans with bovines as the intermediate host. In carcasses, the metacestodes are visible as small cysts that can either be live (fluid-filled) or dead (calcified), and the condition is widely known as "measles". If any cysts are discovered during inspection, the carcass and all its parts must be treated following the regulations before being passed. Carcasses in which the majority of cut surfaces contain cysts must be condemned for heavy infestation. In the tapeworm of pigs, *Taenia solium*, humans can act as accidental intermediate hosts and develop neurocysticercosis, a severe neurological disease.

c) **Soiling/Contamination**: Contamination of meat with the outer skin surface or gastrointestinal content should be viewed in a serious light, as this is a common route through which foodborne bacteria is introduced. A carcass that has been excessively soiled with faecal matter due to an operator error (iatrogenic bacterial cross-contamination) will obviously require total condemnation. At the same time, smaller, isolated areas can be trimmed, taking care to apply strict hygienic principles. No washing of contamination is permitted. Additionally, the root cause should be investigated to prevent a recurrence.

d) **Emaciation**: Excessive weight loss can be due to underlying pathology or poor nutrition, and both the history and associated organs should be investigated to establish the origin. Most cases of emaciation are condemned on aesthetic grounds, with the pH also often remaining high due to low levels of muscle glycogen reserves.

e) **Icterus**: It is imperative to distinguish between icterus and carotene pigmentation in all yellow carcasses. Findings such as liver cirrhosis, subacute hepatic injury, red pulp hyperplasia of the spleen and gall bladder extension could point to a diagnosis of icterus, with the inner aortic lining and spinal cord also more likely to be discoloured. A phase test is indicated for cases where no definitive conclusion can be reached. Moderate and severe cases of icterus must be condemned on aesthetic and sensory grounds.

Making the correct judgement is not always a simple task. If you are still unsure, you should not hesitate to reach out to the established and experienced VPH veterinary communities and WhatsApp groups for guidance and advice (*see end for more information*).

"But wait, there's more!"

Secondary meat inspection, although critical, is only one component of the potential veterinary involvement at abattoirs. As the requirement for veterinary monitoring increases, the following are aspects in which veterinarians could and should play a leading role:

1. Ante-mortem inspection

An animal's history is central to ensuring its suitability for consumption. By law, each load of animals received for slaughter must be accompanied by a health declaration listing the delivery date, the farm address, the number of animals, the herd's health status, medications administered, and withdrawal periods. Whether this is widely and truthfully adhered to in our local industry is sometimes questionable. A veterinary movement permit is required for some animal products destined for sophisticated export markets. Information from the animal and herd of origin is called the Food Chain Information (FCI). If this is reliable, it can significantly influence the focus areas of meat inspection and indicate disease risks. In the EU, risk-based meat inspection is increasingly followed based on detailed FCI.

The ante-mortem inspection aims to identify sick or abnormal animals before slaughter, and it is best done by observing animals in motion and at rest. Any findings of note must be communicated to the slaughter line. It could therefore be required that an animal with multiple cutaneous abscesses be isolated and slaughtered last to prevent bacterial cross-contamination of other carcasses on the slaughter line. Should a notifiable or controlled disease be suspected, the animal should be isolated, and the state veterinarian notified. Injured animals can also be identified in time and treated as emergency slaughters. Furthermore, some highly contagious and important zoonotic diseases can only be detected at the ante-mortem inspection, e.g., Rabies.

The cleanliness of animals has been recognised as one of the highest risk factors for foodborne bacterial cross-contamination of meat. This fact is particularly relevant to cattle and sheep. The risk for animals with excessively dirty skins contaminating the underlying clean carcass tissues during the skinning procedures is high, even when the best techniques are applied. Ideally, excessively dirty animals should be kept separate and slaughtered last, leaving enough space between carcasses and allowing adequate production time for frequent sterilising of equipment, washing of hands, and the trimming of contamination.

In South Africa, the ante-mortem inspection is mainly conducted by meat inspectors, who are required to isolate any suspect animals for the attention of a veterinarian.

2. Animal welfare

Although animal welfare at the abattoir justifies an entire article on its own, the potential beneficial involvement of a veterinarian in this regard cannot be overstated. Observing offloading, animal handling, stunning and bleeding procedures are crucial to ensure that staff are adequately trained, that animals never suffer, and that legislation is adhered to. Ante- and post-mortem meat inspection can also serve as ideal monitoring tools for animal welfare practices. A high prevalence of carcass bruising from a producer, an acute injury, or specific conditions such as necrotic tail-bite wounds in

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pigs or foot lesions in cattle could assist in identifying and rectifying a problem at a farm or feedlot. This action requires accurate traceability and the precise recording of disease conditions by meat inspection personnel.

3. Disease surveillance

Meat inspection can provide unique insights into disease occurrence on the farm of origin, including subclinical disease. The prevalence, distribution, chronicity, and severity of *Parafilaria* lesions, liver abscesses, liver fluke, pneumonia, rumenitis or gastrointestinal parasites can provide valuable data in conjunction with production parameters from the farm or feedlot while providing information on treatment efficacy and the burden of disease.

The abattoir further serves as the perfect surveillance zone for the early detection and prevention of contagious and controlled diseases such as Foot-and-Mouth-Disease (FMD) and African Swine Fever. This potential can only be fully realised with the involvement of the veterinarian.

4. Training and support

There is a tremendous opportunity for veterinarians to share their skills at abattoirs. Although the general standard of training for meat inspectors and meat examiners is sufficient, there are very few opportunities for continuous professional development and refresher training during their careers. As the final authority on carcass judgement and organ pathology, veterinarians are ideally suited to provide training on conditions as they are found on the slaughter line. The emergence and spread of controlled diseases such as FMD into new areas also offer the perfect opportunity to conduct refresher training on diseases of importance. At most abattoirs, the knowledge and alertness of meat inspectors are the cornerstones of ensuring that only healthy carcasses reach the consumer.

Conclusion

Veterinary Public Health is a vitally important and neglected component of veterinary science. The increased involvement of private practice veterinarians at abattoirs represents an opportunity to re-establish healthy relationships within the sector, cultivate renewed interest among young graduates, and challenge existing negative perceptions. The role of a veterinarian at an abattoir can and should add value, and it is paramount that this is demonstrated to both the industry and the profession.

- Dr Matthys Uys (BVSc, MSc) is a Food Safety Agency veterinarian resident of the European College of Veterinary Public Health. He can be contacted at matthys.j.uys@gmail.com.

- If you are interested in joining the SAVA VPH group to remain in the loop of upcoming webinars or information sessions, please get in touch with the chairperson, Dr Thandi Chiappero, at thandi@sappo.org.
- If you want to order the Secondary Red Meat Inspection Manual and Laboratory Guide, please contact Food Safety Agency at info@afsq.co.za. If you wish to join the Food Safety Agency VPH WhatsApp group for support (where VPH-related cases and relevant, interesting topics are discussed), please contact Dr Hein Nel at hein.nel@afsq.co.za.





Tanzania bans donkey slaughter to stop the risk of extinction

The Tanzanian Minister for Livestock and Fisheries, Hon. Mashimba Mashauri Ndaki, has declared a ban on donkey slaughter for the skin trade.

In a budget speech to Parliament, the Hon. Minister noted that Tanzania's current donkey population is estimated at 650,000[1] but recognised the risk of donkeys becoming extinct. He has advised investors in the donkey trade to use the current infrastructure to trade in other livestock animals instead.

Ian Cawsey, Director of Policy, Advocacy and Campaigns at The Donkey Sanctuary, said: "It's not often we have good news to share about the donkey skin trade, but this is a major victory.

"The rejection of donkey slaughter by Tanzania adds a powerful voice to the growing number of countries declaring their donkeys are not for sale for slaughter. It means that the 650,000 donkeys in a country, which support millions more people, will no longer be at risk of slaughter for their skins.

"Since 2016 The Donkey Sanctuary has been working with partner organisations in Tanzania in East Africa[2] to help communities protect their donkeys from theft for the trade and also to expose the truly horrendous animal welfare issues around their slaughter – some of the worst cases we have ever seen."

Tanzania's stand against the trade mirrors action by Kenya, Nigeria and a number of West African countries to prohibit the slaughter of donkeys for their skins. Nigeria has gone so far as to declare its donkeys an endangered species owing to their unsustainable slaughter.

1. https://www.mwananchi.co.tz/mw/habari/kitaifa/serikali-yasitisha-uchinjaji-punda-3826826

2. **In-country partners are ASPA (Arusha Society for the Protection of Animals) TAWESO (Tanzania Animal Welfare Society) and MAWO (Meru Animal Welfare Organisation).** V

Gastric Stasis Syndrome in rabbits

Dr Coetzee de Beer

As an avian and exotics veterinarian, one of the most common presentations I see is gastric stasis syndrome in rabbits. It is considered a syndrome rather than a disease process as there are multiple factors that can lead to its development ranging from environmental stressors to pain. Gastric stasis syndrome is a common presentation in rabbits and is characterised by reduced/no stool production and anorexia. Rabbits are hind-gut fermenters which adapted to digest a high fibre, low quality diet. Fibre stimulates and maintains motility. Stress will have an adverse effect on motility via the autonomic nervous system. Excessive carbohydrates in the diet will inhibit the hormone motilin.

This article will discuss a practical approach to gastric stasis syndrome. Different protocols may work for you; in this article I will tackle such a presentation in practice. It is vital to have the correct medications available; the medications with supplier are listed below for ease of use.

When an anorexic rabbit presents to my practice, I foremost establish the longevity of clinical signs; administration of medications or home remedies, and a thorough clinical examination. A complete history concerning environmental stressors should be performed. Simple stressors like housing and diet changes, the proximity of dominant inhabitants or predators, and transport or weather changes can result in stress. Firstly I recommend assessing the stomach to help differentiate gastric stasis syndrome and obstructive ileus. The stomach can be small and empty, fluid-filled and doughy OR tympanic. Secondly, I would encourage the assessment of hydration and blood glucose levels. The marginal ear vein can be used with a glucometer.

Research has shown that blood glucose can be used to differentiate between gastric stasis syndrome and obstructive ileus. Rabbits with severe hyperglycaemia (>20mmol/l) had confirmed intestinal obstruction (Harcourt-Brown et al.). Ideal case management should include radiographs and biochemistry to assess for organ involvement. Dental health should always be evaluated, which can be done consciously with a speculum with a light source or an otoscope. Hepatic lobe torsion, gastric ulceration and other sources of pain can result in gastric stasis syndrome. Cases should be managed accordingly.

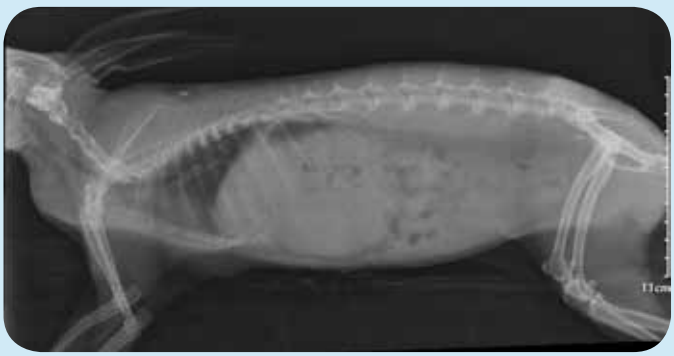


Figure 1 Pt with obstructive ileus note the distended stomach

My standard protocol for true gastric stasis syndrome is as follows:

1. Restore hydration – maintenance volumes are 100ml/kg/day. The oral route can be followed in mild cases; moderate dehydration with subcutaneous fluid administration OR severe dehydration with intravenous fluid administration (IVFT). The rate of IVFT would highly depend on the patient's clinical condition. Do not fluid overload the rabbit patient. The technique is similar to that of a cat. Access can be gained via the marginal ear, cephalic, or saphenous vein.



Figure 2 Pt presented with gastric stasis syndrome with underlying right-hand side coxofemoral pathology



Figure 3 Gas accumulation in the stomach due to aerophagia

2. Analgesia – this is based on the presumption that the underlying diagnosis may be painful. Commonly used opioids include Fentanyl (continuous rate infusion at 3-9mcg/kg/hr), Buprenorphine (0.01 - 0.05 mg/kg SC/IV TID), Tramadol (11mg/kg PO BID V-Tech) which is compounded in an apple flavor by V-Tech. Fentanyl does have a greater sedative effect than that of Buprenorphine. In a well-hydrated patient, NSAIDs like Meloxicam (0.6-1mg/kg PO BID) can be given alongside opioids.

3. Heat – some patients are immobile and can sit in their urine, causing hypothermia.

4. Prokinetics – Commonly used prokinetics are Metaclopramide (0.5mg/kg SC BID), Ranitidine (2-5mg/kg PO BID V-Tech), Cimetidine (5-10mg/kg PO BID V-Tech), Cisapride (0.5mg/kg PO BID V-Tech). I prefer a combination of Cisapride and a histamine H_2 receptor antagonist like Cimetidine or Ranitidine, which is compounded in an apple flavour by V-Tech.

5. Assisted feeding is integral to rehabilitation as a negative energy balance can result in hepatic lipidosis. A few commercial

products like Burgess Excel DualCare, Oxbow Critical Care or Emeraid Herbivore are available. You can make slurries of ground rabbit pellets. I use 60ml/kg/day divided into 2-4 hourly feeds. Oral syringe feeding would suffice; however, in severe cases, the placement of a nasogastric tube may be needed.

6. Exercise – movement aids in GI motility.

7. Simethicone (20-40mg/kg PO QID) can be helpful if gas is present.

The patient may take 24-48 hours before producing droppings. It is important to continuously assess the patient as you may have to adjust the treatment plan according to the progression. The patient may develop comorbidities.

You must treat the patient entirely differently when presented with obstructive ileus. It is essential to focus on rehydration and analgesia like above. Avoid prokinetics at all cost early in the presentation as it can result in significant intestinal trauma or even gastric rupture.



Figure 4 Liver biopsy in a pt with gastric stasis syndrome after a few days of anorexia



Figure 5 intestinal ulceration due to NSAID administration in a dehydrated pt, second opinion

Trocarisation is contraindicated in this species due to the nature of the gastric contents. If the patient's stomach is severely distended and tympanic, a nasogastric or orogastric (under sedation) tube can be placed to alleviate the pressure. You can perform a series of radiographs to assess the stomach silhouette size or palpation.

In some cases, surgical intervention may be required to remove gastric material; alternatively, the foreign body can be 'milked' into the caecum, after which the patient can be treated as a gastric stasis syndrome case.

I do not recommend performing enterotomies as the intestinal wall is thin and can dehisce. Avoid assisted feeding until after alleviation of the obstruction.

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Harcourt-Brown FM, Harcourt-Brown SF. Clinical value of blood glucose measurement in pet rabbits. Vet Rec. 2012 Jun 30;170(26):674. doi: 10.1136/vr.100321. Epub 2012 Jun 1. PMID: 22659922.



The farmer, the veterinarian and regeneration: A solution in waiting

James Blignaut[1]

The world at risk

The world is plagued by extremes related to climate variability, biodiversity loss, a lack and loss of social cohesion, poverty, infectious diseases, environmental degradation and debt. In its 2022 Global Risks Report[2] , the World Economic Forum highlights these matters (Figure 1) as being the greatest threat to the global economy over the next ten years. Sadly, this is also the story of South African farmers.

Farmers need to adapt to climate extremes, losses in soil health and the associated ecosystem degradation, a failure in trust and an increase in the fragmentation of relationships, increased debt and infectious diseases. Simultaneously they must seek ways to produce affordable, high-quality food to ensure a country that has food security amid spiralling poverty and failing nutrition. As such, the farm has become a microcosm reflecting many global economic concerns.

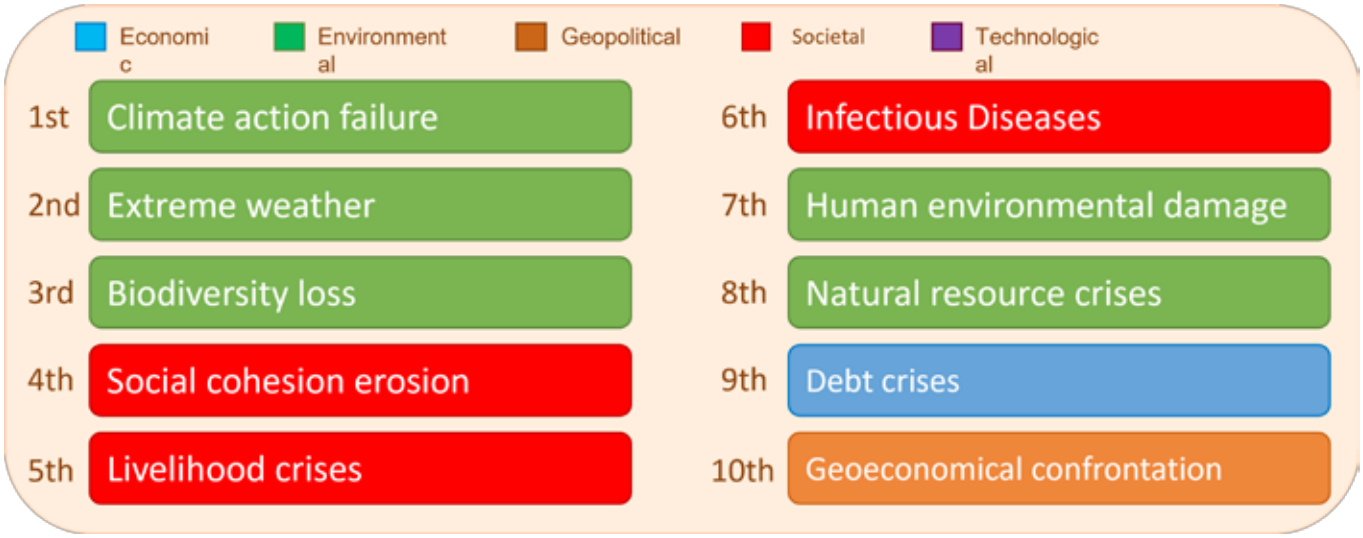


Figure 1: The most severe perceived risks to the global economy over the next ten years. Source: World Economic Forum, Global Risks Report, 2022

The farmer to blame

In many circles, the agricultural sector is being blamed, at least in part, for many of the challenges mentioned. Various parties are seeking the demise of the traditional family farm and the radical transformation of the sector. Instead, they want a more industrialised, controlled and technologically focused food supply system. This non-natural, animal-free, farmer-free alternative to food production and the food value chain will garner more power and money in the hands of fewer people than we can ever imagine. Currently, it is estimated that there are 608 million farms globally, of which 90% are family farms. They control 70-80% of the farmland and about 80% of the food in value terms[3] . Dismantling these farms and transforming the food production systems to a lab-based, industrial and technological alternative will concentrate both financial power and the ability to manipulate food provisioning, and thus food security, in the hands of a few conglomerates. The global food system will therefore be at a more significant, not less, risk. A disaggregated production system where the traditional family farm, or its close surrogate, is at the core of a well-functioning production system embraces the principles and values of diversity. In diversity lies resilience – also resilience regarding production. These family farms are therefore of the utmost importance to the future of the food production network.

Perhaps it is not the thriving, diverse and resilient family farm system that must be replaced, but the farming methods and the perceptions concerning the farms that need to be revolutionised. What if perceptions and actions can be re-aligned and farmers were not to be perceived as the villains but as the allied forces onto restoration? After all, it is the farmers who can change things for the better both at the farm and global level, which they can do relatively fast. What if farmlands can both improve the quality and the assurance of food supply while sequestering carbon and being a haven for biodiversity? What if the farm enterprise improves its profitability while improving the carbon, nutrient and water cycle? What if farmers are esteemed restoration practitioners who heal the land and, in the process, heal societies mitigating the risks listed above? How much are we, as a society, willing to assist farmers in reducing the material threats to our economy? These are pertinent questions to ask since the agriculture sector in South Africa earns only about 2,5% of GDP and is deeply in debt, yet it has the responsibility to manage more than 70% of the land (Figures 2a & b). The agricultural sector is in desperate need of support. With the proper support, it can be an effective force for the advancement of food provisioning, water security, carbon drawdown and the conservation of biodiversity. How can this be achieved?

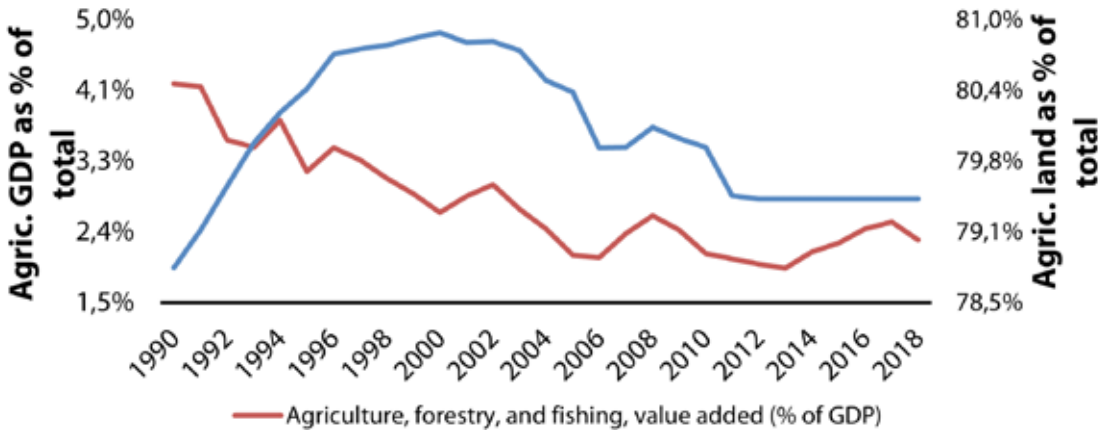


Figure 2a: Agriculture in South Africa: GDP as % of total and total land use. Source: World Bank, World Development Indicators[4]

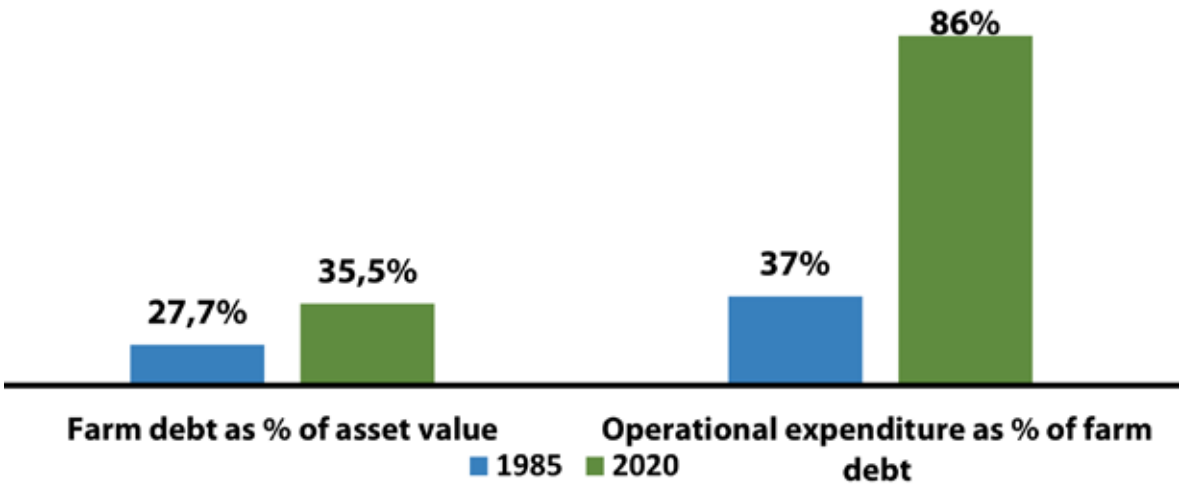


Figure 2b: Agriculture in South Africa: A selection of debt statistics. Source: Abstract of Agricultural Statistics, 2021[5]

The regenerative farmer

Conservation and regenerative agriculture can be defined as practices that seek to minimise soil disturbance, increase biodiversity and diversity of income streams, maintain a living root system throughout the year, rotate crops and introduce cover crops as well as livestock into crop production systems. Such practices, i.e. agriculture that focuses on rejuvenating the hydrological, nutrient and carbon cycles at a much-reduced cost and increased profitability[6] , have the potential to mitigate many of the threats to the global economy. While not following a fixed recipe, since the context in which the operation is taking place will determine the specific application of these principles, the broad philosophy is to maximise the diversity of different forms of life on the farm. This effort is to start in the soil and progress to other biotas whereby the ecosystem goods and services generated by the land can be increased and broadened. Conventional farming practices only value one ecosystem service: the crop, commodity or livestock produced. Regenerative agriculture farms in accordance with the principles in nature to optimise a suite of ecosystem services. That helps to reduce the cost of production. In the Mpumalanga/Eastern Highveld region, for example, conservation and regenerative agriculture's input cost is 23% and 26% lower for maise and soy production, respectively, when compared to conventional systems, and that is before accounting for the 2022 increase in fertiliser prices (Figure 3). The profitability and hence sustainability of the farming enterprise is greatly enhanced.

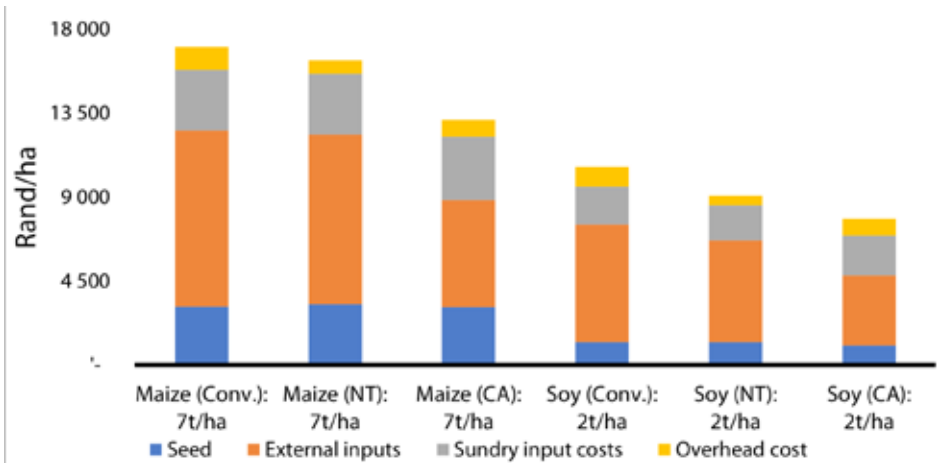


Figure 3: Comparative analysis of input costs of crop production systems: Mpumalanga 2021/22.

Sources: GrainSA production accounts, 2021/22[7] ; ASSET Research trials[8].

Conv. = Conventional tillage; NT = No-Till; CA = Conservation and regenerative agriculture

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Farming in accordance with nature through regenerative practices also reduces the carbon footprint of a farm. The nett emissions (i.e. emissions of the operations less those of sequestration by the plant and in the soil) of a conventional maise crop production system can be as high as 2,800kg CO2e/ha/year as is in the case of the Eastern Highveld and KZN (see Figure 4a). Under sound conservation and regenerative agriculture systems, this figure declines by a staggering 1,700kg CO2e/ha/year to only 1,150kg CO2e/ha/year. This implies a saving of 60% on the carbon budget.



Figure 4a: Nett CO2e emissions of conventional and CA maise production systems.

Conv. = Conventional; CA = Conservation and regenerative agriculture; savings = difference between the two systems. Source: Smith et al. 2021[9]

Livestock farms that apply regenerative methods can also reduce the industry's carbon footprint and even act as a net sink[10]. Using conventional carbon accounting methods, and if only 20% of the carbon component of the manure is sequestered, then the unit emissions of a cow over her lifespan within typical South African conditions are estimated to be 19,1t CO_2e/t meat produced. When considering the short lifespan of methane in the atmosphere and recently developed methods of accounting for it, and if 70% of the carbon component of the manure is sequestered, then the cow and her offspring's net emissions are -12,6t CO_2e/t meat produced (Figure 4b). That implies a net sink of emissions.

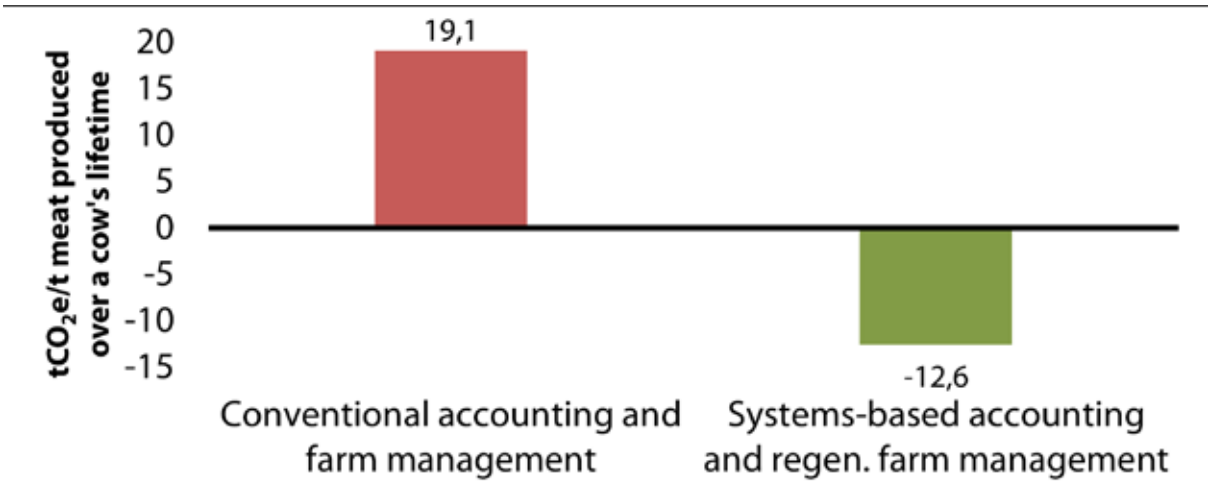


Figure 4b: Relative carbon emissions of a cow and her calves over their lifespan according to different management systems.Source: Blignaut et al. 2022[11]

The farmer, the veterinarian and regeneration: A solution in waiting

Farmers are the best people on this planet to restore and rejuvenate the soil and farm ecosystem. They know the land and the natural systems of their farms best and have a deep-seated interest in making a great success of the transformation towards regeneration.

They have the workforce, the equipment and the systems in place to implement regenerative change that rejuvenates. We can therefore imagine the revolution of the agricultural sector from farmers being deeply in debt producing a single product or commodity to being the leaders in the protection of biodiversity, stewards of water resources, masters in the drawdown of carbon and producers of healthy and affordable food while reducing debt and making a profit.



Such transformation is not far-fetched at all. The science behind it and the evidence indicating that this transformation is not a pipedream are overwhelming. This transformation to regeneration is already happening in various pockets.

Given regenerative agriculture's focus on soil, animal, plant, ecosystem and human health, among others, while promoting the farm's financial sustainability, regeneration is the on-farm operationalisation of the One Health concept. The One Health concept, which refers to an integrated approach concerning animal, human and environmental health, while complex and challenging, is essential in reducing risk in the food supply system and is thus embraced and promoted by SAVA[12].

Therefore, it goes without saying that veterinarians, given their valued and influential position in farming communities, have a key role to play in implementing regeneration onto One Health. They perform this role as scientists, observers, researchers, and trusted compatriots and advisors to the farmers. With regeneration, the vet's role will morph from being reactionary crisis management to proactive prevention and care.

By the on-farm application of the principles of regeneration, the farmer, with the veterinarian as a strong ally, can address most of the challenges listed in the introduction at the local level. Collectively a regenerative farming community will mitigate the global economic risks, and such is priceless. V

References:

1. James is an environmental resource economist specialising in the economics of restoration. He is a member of the scientific panel of the World Farmers' Organisation, professor extraordinaire attached to the SPL of the Stellenbosch University and honorary research associate of SAEON. He is also director of ASSET Research and Restore Africa Fund manager.
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Veterinary Services in South Africa The establishment of a functional public-private-partnership

Dr Chris van Dijk MMedVet (Bov)

Agriculture, forestry, and fisheries sectors are crucial to South Africa's socio-economic development and are fundamental elements of socio-economic development and significant contributors to food security and food sovereignty. Seventy percent of agricultural land in South Africa can be utilised only by livestock and game; on a weight basis, livestock contributes 27% of the consumers' food basket.

However, the future of the above sectors depends on critical issues such as climate change, population growth, skills shortages, changes in consumer needs and shifts in the global economy and related markets.

The challenges facing the agricultural, forestry and fisheries sectors are substantial: rising input costs, a disproportionate international trade environment, lack of developmental infrastructure, and a rapidly evolving policy and production situation while the transformation of the agriculture, forestry and fisheries sectors has been slow and tentative.

Veterinary services play a vital role in the aspects mentioned above and ensure that the biosecurity and sanitary requirements for livestock production, health, and trade are optimised and that the food and other animal products are safe for use.

Over the years, new challenges have emerged as diseases which were unknown a decade or more ago have appeared as a threat to our industry – such as Peste des petits, Enzootic bovine leucosis etc.- while others such as foot and mouth disease and highly infectious avian influenza, have recently presented new challenges, reminding us that they remain grave risks.

In 2014 the OIE, following an extensive evaluation of veterinary services in South Africa, published the PVS Gap Analysis Report highlighting the following challenges in our industry: management of animal health (National vs Provincial); compliance and enforcement of current acts, rules, and regulations; declining veterinary research and diagnostic capacity; skewed delivery of Veterinary Services (70% Private practice and 70% companion); training of veterinarians; a low ratio of Veterinarians per livestock unit and lack of career path for veterinarians; animal welfare; traceability of animals and animal products; veterinary public health and food safety; aquaculture and bee health; game farming and trans-frontier conservation areas and the One Health Initiative.

Following the PVS report and extensive consultation with various stakeholders by the then Department of Agriculture, Forestry and Fisheries (DAFF and now DALRRD), The South African Veterinary Strategy 2016-2026, aligned to the 17 Sustainable Development Goals of the UN as well as the One Health concept was presented to improve the performance of veterinary services in South Africa. The Veterinary Strategy intended to strengthen the competencies for animal health, veterinary public health, feed and food safety, veterinary laboratory diagnostics, access to veterinary laboratories, animal welfare and development and implementation of an Animal and Products Identification, Recording and Traceability (AIRT) system.

After this, as an initiative from various stakeholders in the private industry, the National Animal Health Forum (NAHF) was established with the primary objective of supporting the implementation of the National Veterinary Strategy as defined by DALRRD

Ancillary to their primary goal, the NAHF endeavours to:

- **Facilitate co-operation between its members on a national basis.**
- **To develop common points of view for animal health matters. Interact with and convey these viewpoints to the Government.**
- **Coordinate collective actions from the members.**
- **Establish synergy between the members and provide leadership in securing outcomes that position South Africa as a world leader in terms of its animal health status, protecting the national herds / flocks, and promoting national and international market access both in the short and long term.**
- **Promote and improve the health status of the national livestock herds/flocks to promote sustainable livestock production and food safety.**
- **Foster or stimulate effective disease control and ensure safe food and related products.**
- **Foster and promote relations between the organised role players in the animal production industry, such as Government, Veterinary groups, research groups, and disease control laboratories - as well as between representatives of the Forum members, in all aspects concerning animal health and food safety.**
- **Promote, support, or oppose, as necessary in the interests of animal health, disease control and food security: Any legislation or regulation or national health standard introduced by Central, Provincial, or Local Government bodies, including any international Statutory Agencies, which could affect the Forum's members.**

- **Promote acceptable national health standards to meet consumer and market requirements nationally and internationally.**
- **Encourage a Code of Conduct for all stakeholders of the Forum such as to command the confidence and respect of the public in general.**

The South African Veterinary Association (SAVA), with their document on the FUTURE STRATEGIC REALIGNMENT OF SAVA, recognised that the veterinary landscape has changed drastically in the last couple of years, and we need to take cognisance of the challenges identified in delivering veterinary services in South Africa.

With this as background, the Animal Health Committee of SAVA was recently established by the Federal Council of SAVA with one of their main objectives aligned to the strategy and objectives of SAVA to coordinate the interaction between the myriad of role players in the animal health industry to uphold one of SAVA's strategic imperatives, namely to "promote the health and welfare of animals and mankind."

The strategic activities of the SAVA Animal Health Committee will focus on the establishment of an environment where all involved parties and especially members of SAVA, can contribute and add value as part of a proposed Public-Private Partnership between all role players with one general objective, namely to optimise animal health in South Africa.

The inter-relationship between SAVA, the SAVA Animal Health Committee, the National and Provincial Animal Health forum and National and Provincial government structures, especially in the two divisions of DALRRD, namely Animal Health and Veterinary Public Health, will be discussed as part of the SAVA Animal Health Committee drive to establish a multi-stakeholder platform to form a functional public-private-partnership to develop a sustainable environment for veterinarians (private and public) to optimise animal health at all levels in South Africa. V





SAVA Community Veterinary Clinics

An initiative of the SOUTH AFRICAN VETERINARY ASSOCIATION

Non-profit Company: 1998/016654/08
Non-profit Organisation: 000-234 NPO
Public Benefit Organisation: 130001321

Vets step forward to help combat rabies

Toni Younghusband



Veterinary nurse Sr Denise Thomas of Cottage Vet



Veterinarian Dr Esmaré van der Walt of EberVet Pet Clinic

Veterinarians, vet nurses, receptionists and vetshop sales staff from the EberVet Petcare Group in the Western Cape are urging colleagues to join them in donating blood towards rabies prevention.

Plasma, a component of blood, is extracted from people who have been vaccinated against rabies and used to create the serum needed to treat those who are bitten. Unfortunately, due to low donor numbers, the serum is often in short supply.

"We feel we are in a unique and privileged position to help," said Cottage Vet Clinic senior veterinarian Dr Morné de Wet.

"After one of our vets was bitten by a rabid dog last year, all of our vets and staff and our colleagues within the EberVet Petcare Group were vaccinated as a preventative measure so we are now donating blood that can help to protect others." The EberVet Petcare Group has three veterinary clinics – Cottage Vet, Country Animal Clinic and EberVet Pet Clinic – and seven EberVet Vetshops across the Helderberg and Overberg regions.

This is the first time an initiative of this kind has been seen in the province.

In the past year rabies, which was last seen in the Cape around 27 years ago, was detected in four dogs in Khayelitsha, Gordon's Bay and The Strand.

Rabies is a non-treatable disease that kills approximately 60 000 people die worldwide each year. More than 95% of these deaths occur in Africa and Asia, most often due to dog bites, and children are most often the victims.

Anti-rabies serum is administered along with the first dose of rabies vaccine and must be administered as soon as possible after exposure to be effective. "If proper medical treatment, including serum, is received immediately after exposure rabies infection can be halted before symptoms of the disease are present, and the disease can be prevented," Dr de Wet said.

Once clinical symptoms appear there is no effective treatment. Rabies has the highest case-fatality rate of any infectious disease known to man, because there is no proven cure or treatment available once there are signs of an infection.

In an additional effort to fight rabies, the EberVet Pet Clinic has vaccinated hundreds of animals in impoverished communities at free outreach clinics in the past several months.



Country Animal Clinic coordinator Kayley Clackett



Dale Gerber, assistant to the EberVet Petcare Group's CEO



Jesse Gerber, EberVet Vetshop's Operational Manager

EduCVC

Bank details:

SAVA Community Veterinary Clinics

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EduCVC
Company
Registration No:
2019/570769/08
FNB Bank Cheque
Account:
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THE TRUE VALUE OF SAVA/SAVC's SUCCESSFUL MENTORING PROGRAMME FOR VETERINARIANS AND ITS ROAD TO MATURITY

Annalie McCallum, Manager Mentoring

Mentoring is a term often discussed but rarely understood in its full context; often described as: "identifying a skilled individual and assigning a learner to them as an understudy so that on-the-job training can be provided." This explanation is very modest as it only underscores the process, not the complete spectrum of human emotions and experiences underlying this process.

From a small beginning with only 27 Mentors and 53 Mentees in 2020, the South African Veterinary Association Mentoring Programme has since grown to encompass 127 Compulsory Community Service Veterinarians (CCS) and 80 Mentors. It is now expanding to encompass other para-veterinary professionals as well.

Over the past two years, many accolades from both Mentees and Mentors have been garnered. Established veterinarians have been keen to participate as Mentors with CCS vets. Similarly, the program's success is well known among students and resulted in overwhelming numbers joining the program. The utilisation of technology is allowing our mentors and mentees to engage easily results in mentees receiving immediate and relevant assistance, regardless of geographical location.

However, a more hidden benefit of this programme lies in the knowledge that someone with skills and experience is only a phone or video call away - this does wonders for self-confidence. Mentors often act as psychological anchors to young veterinarians facing a completely new environment far removed from the comfortable scenario of a student and their homes. Immense responsibility for animals' welfare, which in many cases represents the livelihood of communities, suddenly rests upon their shoulders. The pressure of the work also often leads to personal problems such as depression and burnout, and here the Mentor plays a significant intercessory role to stabilise matters. Well-organised and highly formalised systems allow any problems to be quickly brought to the attention of the Mentors.

The fact is that every relationship, regardless of context, is driven by its unique dynamics. The mentoring relationship is borne out by the need for growth, development and sustainability. These must benefit all the parties concerned, the Mentee, the Mentor and the organisation, and in a broader context, the country, by way of skills transfer and distribution.

All journeys begin somewhere, and developing the Mentors potential is no different! This journey is not just about the places we visit and the people we meet but also about who we become through interacting with those places and people. Feedback from both Mentors and Mentees is that they experienced growth during the relationship.

The initial stages of the relationship are marked by efforts to become a more cohesive pair and revolve around getting to know one another and establishing a degree of safety, trust and comfort within the mentoring space.

Each subsequent programme, many new problems and issues must be addressed, and a full-time staff component at head office is constantly working with it. The activities include the annual recruitment of mentors and mentees, as the programme is entirely voluntary, the matching of mentees to mentors and the many arrangements that must be made to get the mentees settled in and contact with mentors established. Mentors' reports and mentees' progress are submitted monthly and have to be vetted and reviewed for any trends to be identified.

The training of mentors precedes the matching with new mentees and takes place in venues both in Gauteng and the Western Cape. Attendance from established veterinarians is and always has been excellent. These veterinarians must be commended for their enthusiasm and energetic participation in these courses. These courses also serve a different purpose in bringing together colleagues from the entire country to meet each other and officials from SAVA who continuously manage the programme. New relationships are built, and goodwill and mutual encouragement are generated.

Mentor Training took place on the 12-13 May 2022 in Johannesburg, and Mentors from the Free State, Limpopo, North West, Gauteng and Mpumalanga attended the two-day course. Also, on 18-19 May 2022, the second group of Mentors were trained and included delegates from the Western Province and KwaZulu-Natal. The focus of the training was to enable the participants to better mentor their assigned mentees. Delegates had the opportunity to apply practical techniques in simulation exercises which created confidence in the Mentor's skills. They better understood what mentoring entails and were more confident in using these skills in their work environment.

Intergovernmental relationships are the key to success in managing the Mentor Programme. Key role players attended the training course and DALLRD were represented by Dr Mphane Molefe and Ms Morongwa Senyatsi.

Ms Senyatsi delivered a presentation on the role and function of DALRRD during the CCS year of Veterinarians. From the SAVC, the Registrar of the SAVC, Mr Mongezi Menye, Programme Manager Mr Sive Nqawe and Director of Legal Affairs, Ms Dinamarie Stoltz who presented a Q&A session.

A heartfelt thank you to Prof Dietmar Holm, Deputy Dean, Teaching and Learning of Onderstepoort, for his continuous belief and support of the Mentor programme.

Dr Paul van der Merwe, President of SAVA, also attended the two days, and he plays a fundamental role in the marketing of the programme within the profession. Without his enthusiasm, the training would not have been the same!

In closing, it is essential to mention the fundamental role played by HWSETA in funding this programme. Their passionate support and encouragement not only in the oversight role, which they as funders undertake most efficiently, but also in the day-to-day contact that a programme of this size and complexity demands.







In Memoriam

Dr Gilbert Paul Victor de Cort



Gilbert Paul Victor was born on 19 October 1949 in Anvers/Antwerp -Belgium. In 1953 his parents emigrated to Kolwezi, a mining town in the south of the Congo. Gilbert went to boarding school for most of his primary school career in Belgium but completed high school in Kolwezi. Schooling was done in French. In 1969, his parents decided to emigrate to South Africa.

Gilbert's dream was always to become a veterinarian. Due to the limited annual intake of students at Onderstepoort, Gilbert was advised to obtain a Bachelor's degree first, thereby increasing his chances of being accepted. He enrolled at the University of Cape Town for a BSc in zoology in 1970. Even though Gilbert struggled with the language initially, not being able to speak English at the time, his final year thesis on marine sponges was very well received and published in the zoology department's journals. However, he had failed second-year maths, which he needed to obtain his degree. Gilbert completed the course at the University of Pretoria in Afrikaans.

Once qualified, Gilbert applied and was accepted at the Veterinary faculty of Onderstepoort. In his final year, Gilbert was a member of the Onderstepoort Housing Committee. Gilbert qualified as a veterinarian in 1980. Anglo American then offered him a job in their Artificial Insemination Centre and dairy farms in Ogies. In 1983 Gilbert opened in own practice initially in Ogies, then moved the practice to Kriel. Initially, he specialised in large animals, moving slowly into small animals until his death on 4 May 2022. Gilbert was also an avid soccer player from a very young age and was the captain of the soccer team at Onderstepoort. He loved music and played the piano, guitar and drums.

He leaves behind a wife, Helena De Cort, aka Tokkie.

SAVA South African Veterinary Association Suid-Afrikaanse Veterinêre Vereniging

Meet the SAVA team

Debbie Breeze



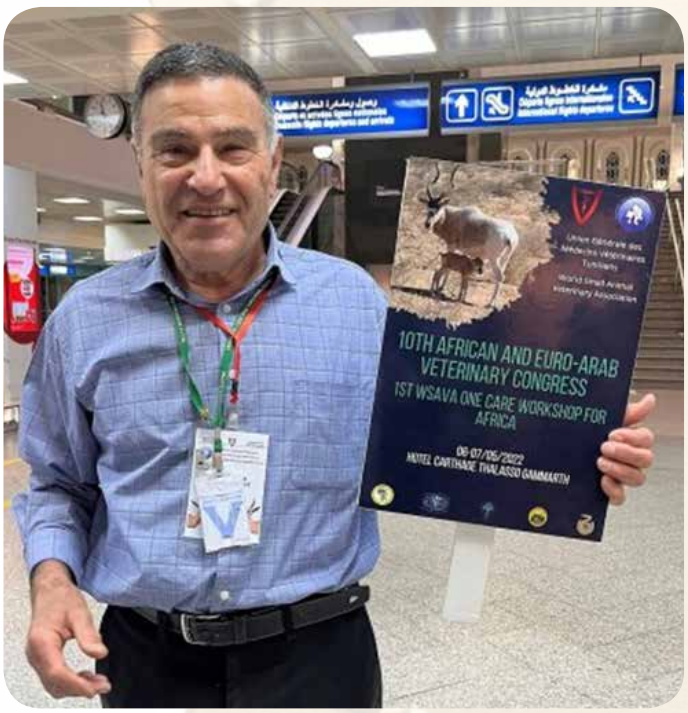
I joined SAVA in 2004 after working at the South African Veterinary Council for three years. I am the admin Assistant and SAVF Secretary with responsibilities that include the member register with updates, temporary suspension, new members, resigned members, and deceased members. I also design and print the vaccination books according to the practice requests. I am Secretary for the South African Veterinary Foundation and send out all the Pet Memorial Fund letters to clients of the practices whose pets have passed away.

In my private life, I am a grandmother to 3 fantastic grandchildren. My family is everything to me, and I enjoy spending as much quality time with my parents, children and grandchildren as possible. My hobbies are singing and helping at charity shows, entertaining our older folks at Old age Homes, and even spending time at Squatter camps entertaining the less fortunate. I enjoy playing pool and am presently in the pool league, hoping one day to be in the Championships in Cape Town.

My bucket list is jam-packed, and one of my dreams is to visit Nashville, mix with the great Country music artists, buy some real cowboy boots, and visit a rodeo or two. I would love to travel and explore South Africa. I love animals, especially Lions and Cheetahs and would love to spend time at Kruger National Park exploring.

I am spontaneous and enjoy meeting new people and making friends.

Tunisian Veterinarian to Receive WSAVA Award for Global Meritorious Service



The World Small Animal Veterinary Association (WSAVA) has announced that Dr Kechrid, a veterinarian in Tunisia and WSAVA member representative for the country, is to be awarded the WSAVA' s prestigious Award for Global Meritorious Service.

He is to receive the Award in recognition of his contribution to the One Health movement and to the veterinary profession in Tunisia, Africa, the Middle East and Europe.

During a long and distinguished career, Dr Kechrid has worked in many fields of veterinary medicine, including animal and public health, animal welfare and food security.

He has also worked as a consultant and advisor to the World Bank; the Food and Agriculture Organization (FAO) of the United Nations, and the World Organization for Animal Health (WOAH – formerly known as OIE) on projects including an assessment of avian influenza and transboundary animal diseases in the Middle East and North Africa and the co-ordination of several high-profile veterinary conferences.

Dr Kechrid is a past president of the World Veterinary Association and current president of the Association Vétérinaire Euro-Arabe and the African Veterinary Association. He is a founder and vice president of the Fédération des Associations Francophones des Vétérinaires (FAFVAC). In addition to being WSAVA member representative for Tunisia, he is a member of its Translation Access Taskforce, helping to make its educational resources accessible to Arabic speakers.

The WSAVA's Award for Global Meritorious Service is presented annually to a veterinarian who, in the opinion of the judges, has contributed meritorious service to the veterinary profession in the broadest sense. Dr Kechrid will receive his Award during this year's WSAVA World Congress which takes place in Lima, Peru from 29-31 October.

Commenting on the award to Dr Kechrid, WSAVA President Dr Siraya Chunekamrai said: "It is a privilege simply to know Dr Kechrid so the opportunity to honor such an altruistic, generous and brave leader of the veterinary profession is a real honor for our community. I am so happy to be able to express our gratitude to Dr Kechrid for all that he has done – and continues to do - for our profession."

Dr Kechrid said: "I am very humbled and proud of this recognition by the WSAVA and I want to express to all of its members my deepest gratitude. Thanks to your recognition and the Global Meritorious Award you have honored me with, I feel even more energized to continue to serve my profession and to encourage the development of our new active veterinary generation."

For further information, please contact:

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Easter Cape and Karoo regional congress

The charming Prof Ivan Lwanga-Iga welcomed veterinarians and others to the Eastern Cape congress on a chilly and wet Friday morning at the casual Mpekweni Holiday Resort next to the Mpekweni lagoon and right on the Indian ocean's shore.

The Deputy speaker from the Eastern Cape Provincial Legislature, MPL Mlibo Qoboshiyane, was introduced and took to the podium to open the proceedings. He praised the veterinarians for their unwavering dedication and commitment to the community and the animals who cannot speak for themselves. He also stressed that Private-Public Partnerships were the basis for the success of animal health. These Partnerships can only be successful if there is proper coordination, and the financial risk to the Public can be negated. Good partnerships develop when there is mutual trust, and non of the parties tries to dictate to the other; shared platforms can halt and even push back deterioration. He ended his speech with these powerful words: "You can avoid responsibility today but cannot avoid accountability tomorrow."

Dr Paul van der Merwe, SAVA President, delivered the keynote address. With the recent/current pandemic still a hot topic, he spoke on Preventing the next pandemic. He highlighted the plight of people, especially in poorer communities, being dependent on a degraded resource base that becomes progressively less able to withstand pressures from the environmental forces; human progress that led to the emergence of human-induced threats.

After a talk on Rabies by Mr Kevin le Roux from the Kwazulu-Natal Department of Agriculture, Environment and Rural Development, on Rabies and his plea for support from the Political sphere, the Hon Mr Qoboshiyane pledged his patronage to the cause of Rabies and other emerging diseases in the province of the Eastern Cape.

The day progressed with more talks on Rabies by Dr Didi Claasen, Haemostasis by Dr Liezel vd Merwe, Corneal ulcers by Dr Izak Venter and a stern talk on the Valuation of a Practice by Mr Andrew Christie. The session was sponsored by Digitail, who presented a web-based practice management system. The drinks after the long first day were sponsored by Vetserv.

The second day was chaired by Dr Marcel Snyman, the Treasurer of the SAVA EC & Karoo Branch. Talks on Equine immune-mediated keratitis and stromal abscesses (Dr Izak Venter), Fluid Therapy, Peripheral Neuropathies, Treatment of Hepatic disease (Dr Liezel vd Merwe), Cysticercosis Project in the Province (Dr Caryn Schacklock) kept the delegated glued to their seats. Mr Andrew Christie continued his practice management talk and elaborated on the sale of a practice. Dr Paul vd Merwe addressed the Concept and Motivation for One Health.

Ms Dinamarie Stoltz gave great insight into "The procedure around a complaint and tribunal and touching legal aspects if you get a civil suit against you or your practice." Dr Leon de Bruyn closed the congress with words of encouragement. As the Immediate Past President of SAVA, he also gave feedback on the work done by SAVA in the past two years. Vetbrands and Vetscripts sponsored sessions, and another great dinner was shared by all who did not leave the resort right away.

New friends were made, and old acquaintances picked up. It has been a long two-year congress drought broken fittingly. V



Hon Mlibo Qoboshiyane(Deputy Speaker EC Legislature), and Dr Asiwe Luningo (State Veterinarian from Elliot EC)



Prof Ivan Lwanga-Iga (Chairperson SAVA Eastern Cape Branch), Mr T. Yanta (Asst Director, Early Warning Unit, State Vet Services EC), Dr Paul vd Merwe (President SAVA), Mr Matshoba (CAHT, Early Warning Unit, State Vet Services EC)



Mr T. Yanta (Asst Director, Early Warning Unit, State Vet Services EC), Mr Matshoba (CAHT, Early Warning Unit, State Vet Services EC), Prof Ivan Lwanga-Iga (Chairperson SAVA Eastern Cape Branch, Dr Sabine Kroll-Lwanga-Iga (Head, Knowledge Management, Early Warning Unit, State Vet Services EC), Dr N. Zondi (Deputy Director, Early Warning Unit, State Vet Services EC), Dr Paul vd Merwe (President SAVA), Hon Mlibo Qoboshiyane (Deputy Speaker Eastern Cape Legislature), Dr Mushoriwa (State Vet, Alfred Nzo), Dr Asiwe Luningo (State Vet from Grahamstown)



Pig Veterinary Society Congress







On a coolish Wednesday, a group of about 15 veterinarians and related professionals got together to discuss matters of Pig veterinary medicine under the caring eye of Dr Annie Labuscagne. The event was again attended by old hands in the industry and a couple of students. After Dr Paul van der Merwe kicked off the afternoon session as SAVA president, Dr Thandi Chiaperro from the South African Pork producers Organisation (SAPPO) talked about Veterinary Public Health.

The next speaker was Dr Chris van Dijk on Animal health applicable to the Pig industry. Dr Caryn Shacklock gave an eye-opening talk on Neurocysticercosis as a One Health issue. After the feedback on SAPPO by Dr Peter Evans on the sustainability of the pig industry, where the people in the pork production chain, the community and their sustainable development, the environment with safeguarding and nurturing, the animal well-being and producing a safe and wholesome product all dome together; the day ended with a very entertaining Gin and chocolate bon-bon by The Capital Distillery. A number of the attendants discovered that the two nasal cavities detected different smells and that Gin taken neat is not for the faint of heart.

The following day feedback on SAVA and SAVC was presented to the members. The Pig Veterinary Society gave reports on the Education Committee, Animal welfare, disaster management, media and communication, the Medicine committee and the Red meat research and development trust.









Young veterinarians' CPD opportunity

The Hills pet nutrition company organised and sponsored an event where young veterinarians could get together to gain structured CPD points and interact with classmates and new acquaintances.

The meeting place was the 26 Degrees South Bush Boho Hotel in Muldersdrift, situated within the Cradle Moon Conservancy; definitely the right venue for the young vets.

One hundred and forty-three registrations were made. The criteria for a Young Veterinarian is to be qualified for not more than seven years. Twenty-eight young vets from around the country attended in person at the venue, and another 61 attended online.

This event was echoed in a watch party held in Cape Town. Fourteen young vets got together in Cape Town and could follow the proceedings in a conference setting at Crystal towers hotel.

A great way of taking the same content and community to more than one site.

Dr Guy Fyvie from Hills opened the congress. He and his team from Hills Pet Nutrition worked hard to ensure a successful event.

Day 1 consisted of Chronic Enteropathy by Dr Brogan Atkinson and the benefits of recommendations by Dr Guy Fyvie. A discussion by Desiré Rees on 'How to deal with bullies & other difficult personalities' followed these two talks. Many practical tips were shared with the young veterinarians to equip them in settings that may not be enjoyable.

On day 2, Dr Paul van der Merwe (SAVA President) started proceedings and encouraged the audience not to quit the profession and reach out to SAVA if they were in a dire situation. He also encouraged non-SAVA members to join and outlined the benefits and new developments supporting the Compulsory Community Service- and young veterinarians.

Drs Atkinson & Engelbrecht highlighted Upper and Lower tract infections in dogs and cats were highlighted by Drs Atkinson & Engelbrecht. A good refresher on a topic often encountered.

The day and conference were ended by Dr Anne-Marth Mullins on the lessons life has taught her. A good reminder that life happens, things cannot always be controlled, look after yourself, and don't take yourself too seriously.

It was heartwarming to see the interaction between the Young Vets and their piers sharing similar experiences.



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THE FIRST WOOL INDUSTRY

Silvia Nicolás Alonso Ph.D. in Veterinary Medicine
Biblical and Oriental Institute (León, Spain)

Sumerian civilisation owes much of its prosperity to sheep, a type of livestock that, due to its versatility, can satisfy multiple human needs without requiring abundant resources. Thanks to written testimonies, we know about the early development of various strategies for their breeding and use, prioritising a production system oriented towards the provision of wool.

Domestication of small ruminants took place approximately 10.500 years ago in the area stretching from the foothills of the Zagros Mountains (Iran) to Turkey. Due to their more excellent resistance and better adaptation to arid climates, with lower nutritional and water requirements, their breeding offers significant advantages over cattle. Initially, mixed flocks were kept as subsistence livestock in permanent symbiosis alongside agriculture; soon, sheep (**udu**) expanded due to the interest in wool (**siki**) production.

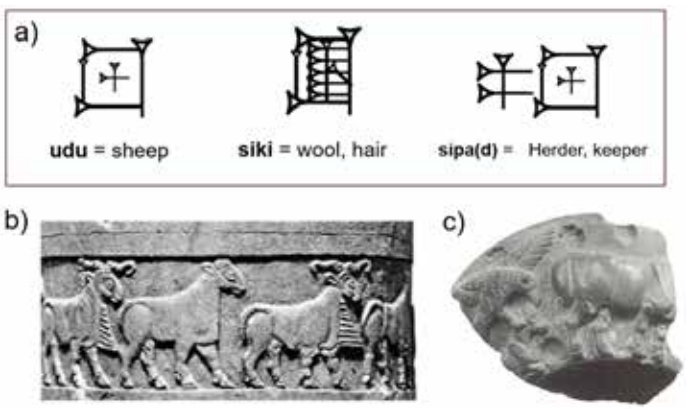


Figure 1: a) Cuneiform signs of Sumerian words quoted in the text. b) Warka vase detail, rams horned and polled. Uruk, 3300-3100 b.C. Iraq Museum. c) Fat-tailed sheep in the fragment of a bowl. Uruk, 3000 b.C. The Metropolitan Museum of Art. Approximately a quarter of current sheep breeds belong to this lineage.

Sheep experienced vast selection pressures: first for the appearance of wool and, later, for the whiteness and fineness of the fibre. It is not easy to imagine what these sheep breeds were like since the state of conservation of the remains found to date does not allow identification beyond the species. Lexical lists, texts and artistic representations provide an idea of what these, now extinct, breeds might have looked like. The earliest domestic sheep still retained traits of their ancestor, the Asiatic mouflon (Ovis Orientalis), such as the brown coat, throat wattles and spring moult hair coat, characteristics that some breeds still retain, such as the modern Damara. These primitive traits were shared with others resulting from domestication, such as a medium length tail, pendant ears and spiral horns in males, with the presence of some polled individuals. The lineage of fat-tailed sheep was highly prized.

The hair of the primitive sheep was plucked during the moulting season with combs and used to make felt. With the appearance of wool, sheep became more like modern sheep. In the III millennium a.C., wool became one of the main economic activities in the country, both at the private and state levels. Temples controlled many craft workshops in which men and women were involved in wool processing. Wool was mainly used in the manufacture of clothing, such as the *kaunakes*, a type of cloak tied around the waist and woven in a pattern of overlapping sheets. Later, the assortment of white sheep motivated and promoted the development of dyes.



Figure 2: Monarch wearing a kaunake. Detail of standard of Ur, British Museum.

The profession of shepherd should not be overlooked. Like many in ancient Mesopotamia, the herding profession was often passed down from father to son. Shepherds (**sipa/d**) dedicated their lives to livestock. This tendency was a highly respected occupation in Mesopotamia but a tough one. They were responsible for the care and protection of each animal, guiding them from the cities to the mountain pastures and back. V

SAVA AND SAVC: BOTH ESSENTIAL FOR THE VETERINARY PROFESSION BUT TWO ORGANIZATIONS WITH DIFFERENT FUNCTIONS AND PURPOSES

Dr Trudie Prinsloo, Legalvet Services; E-mail: trudie@legalvetservices.co.za



This article is intended to provide information and educate veterinarians on relevant aspects of the law. It is not intended as personal legal advice. Neither SAVA nor Dr Trudie Prinsloo is responsible or liable for any advice or other information provided herein.

It is surprising how many people think that the SA Veterinary Association (SAVA) and the SA Veterinary Council (SAVC) are the same organization. Even registered veterinarians are not always sure what the different roles and functions of the two organizations are. Although there are similarities, and both organizations are essential in the South African veterinary industry, there are significant differences. Veterinarians must understand the different roles and functions of these two organizations.

South African Veterinary Council ("SAVC")

The SAVC is a statutory body created by the Veterinary and Para-Veterinary Professions Act, No. 19 of 1982. The primary function of the SAVC is to regulate the veterinary and para-veterinary professions. It is mandatory for all veterinarians and para-veterinarians who want to practice in South Africa to be registered with the SAVC. The SAVC determines the standards of professional conduct and has legal control over the conduct of veterinarians and para-veterinarians. Anyone who wants to complain about the professional conduct of a registered professional can report it to the SAVC. The SAVC is then obliged to investigate the matter.

Another essential function of the SAVC is determining the minimum standards for the relevant degrees and other professional qualifications. Furthermore, the SAVC must protect the interest of the veterinary and para-veterinary professions nationally. The SAVC advises the Minister of Agriculture on matters affecting the veterinary and para-veterinary professions.

South African Veterinary Associations ("SAVA")

SAVA is a voluntary association for South African registered veterinarians. Each para-veterinary profession has unique voluntary associations to which those professionals can belong.

The main goals of SAVA are to promote veterinary science and the veterinary profession by promoting and protecting the collective interest of its members. These objectives serve the interests of animals and the public at large.

How does SAVA benefit its members?

Only a few of the significant benefits will be highlighted here. One of the most important benefits is that SAVA is regarded as a mouthpiece for the veterinary profession; as such, SAVA can engage with Government departments, the SAVC, and other professional bodies on behalf of its members. Through SAVA, its members can provide input on legislation and regulatory matters. SAVA can take legal action to protect the rights of veterinarians in South Africa and has successfully done this in the past.

The various committees of SAVA, such as the Animal Ethics and Welfare Committee, represent the interests of members and the profession. The inputs of these committees are valued, and they often contribute to the development and improvement of veterinary policy.

The special interest groups of SAVA, for example, the Pig Vet Society and the National Veterinary Clinicians Group, create an infrastructure for members with similar interests to meet and share information. The various branches of SAVA provide a similar structure for members on a regional level.

SAVA plays an active role in veterinary student support and mentorship programmes. It also supports members in numerous ways, including special benefits such as a veterinary wellness programme, funeral benefits, and practice support.

Continuing Professional Development is made easy for SAVA members through various events offered as well as through the VetNews and Journal of the South African Veterinary Association ("JSAVA") publications.

Functions not provided by SAVA

SAVA provides numerous benefits to its members, but there are limitations on what SAVA can do. SAVA can't engage with the SAVC on behalf of individual members when members experience challenges. General issues affecting members will be discussed with the SAVC when necessary. SAVA can also not assist with legal advice to individual members. Through this column and other resources, SAVA always attempts to inform its members of legal aspects they should be aware of. Members are also welcome to send requests on legal topics on which they would like more information.

If you have any specific further questions in this regard, feel free to send an e-mail to trudie@legalvetservices.co.za.



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FOUR MYTHS ABOUT SUCCESS



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I hope this article finds you and your families well and safe!!! Last month we completed the different stages of "Burnout". This month I would like us to start looking at elements of success and start to grasp some basic concepts that, in my experience, have had a significant impact on my own success rate throughout my years, but also the success rate of my clients, colleagues, friends and family members.

1. **Only gifted/talented people succeed.**

I have met many successful and unsuccessful people in my time, and this seems to be a very commonly encountered belief amongst those individuals who deem themselves unsuccessful or labelled unsuccessful by others. What is more important as an observation amongst those who have been considered unsuccessful is that they seem to **lack a focus in their life**. In addition, the same individuals will often lack an accurate understanding of their talents or gifts.

They fall into the trap of comparing themselves and thus frequently label themselves less intelligent or inferior. The result justifies their lack of success rather than taking responsibility for their progress or lack thereof. We must focus on our talents and develop them further or use them strategically and constructively to make progress. I would urge you to study "successful" people, not to compare to them, but to realize after a short exercise that talents, gifts, raw abilities, and good looks have very little to do with success. What will become evident is that **desire beats talent every time.**

2. **Those that succeeded had it easy.**

Think back to conversations you have had with people within your circle and identify how many **excuses** they offer for failing: no education or not enough of it; not enough money; not enough experience; poor economy; personal illness; too much competition; international disaster like COVID. Some of these people have not even tried to make something happen. They haven't even started.

A common excuse is your age. Those of you who think you are too young to succeed and need more time, consider that Bill Gates was 19 when he started Microsoft™. Then we also have those who believe they are over the hill and too old. Look at KFC™ and Colonel Sanders, who began the world-renowned franchise after he was 65. The takeaway point here is that **when your dream or desire or calling or goals are big enough, the facts surrounding your circumstances are irrelevant**.

3. **Successful people are lucky.**

Some people believe in scarcity only. In other words, there is a finite, quantifiable number of opportunities in the marketplace that some people never get. The famous cliché is "being at the right place, at the right time, talking to the right person". If all those things had happened, their lives would have been different and much better.

Do not confuse **success** with a lottery. It **is not random, and there is no limit to the number of successful people possible**. Spend some time talking to successful people you know. Gary Player said, "the more I practice, the luckier I get".

Similarly, the genuinely successful will tell you that their "luck" started to change when they were mentally ready to take on an opportunity. In other words, their luck improved the more they pursued their goals with their heart, mind, and soul.

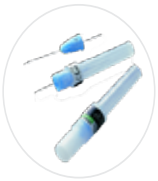
The more diligent they were, the luckier they got. **Here is what is available to all: bold dreams, goals, good attitudes, the right values, and the willingness to put in some work.**



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4. **You need to cheat to be successful.**

Unfortunately, I heard this a lot when I was growing up. My family was never wealthy, and my grandparents and parents struggled to provide us with everything they could.

Many believe that rich people amass wealth by cheating, stealing, lying or manipulating others. In other words, there are no honest, hard-working wealthy or successful people; contrarily, modest research will reveal that **most millionaires are hard-working family people**.

A lot of the millionaires within the USA are first-generation immigrants. Many started with a small, modest business, worked hard, and saved money to reinvest into their business and enable expansion. I can appreciate that greed and ambition may corrupt a few along the way.

Still, those individuals are often wealthy for a short time but rarely experience wealth in all the significant areas of their lives.

If you genuinely want to be successful, I recommend starting with rejecting these four myths. Next month, we will continue looking at other concepts and ideas and improving our quality of life and overall performance at work and home.



Figure 1 Mid-stromal corneal ulcer surrounded by corneal oedema. Very early limbal corneal vascularization is also visible.



Figure 2 Central deep-stromal corneal ulcer with a dense cellular infiltrate and corneal vascularization

Infectious bovine keratoconjunctivitis (IBK or "pinkeye")

Dr Izak Venter, Digital Veterinary Ophthalmology Services (DVOS)

IBK is the most common eye disease of cattle and can affect all cattle breeds. IBK is a disease with significant financial implications. Financial losses result from decreased weight gain, milk production, and treatment costs.

Etiology

Moraxella Bovis, a gram-negative bacillus, is considered to be the sole cause of IBK; however other microbial agents have also been implicated. Mycoplasma spp. has also been speculated to play an ancillary role in IBK. M. Bovis colonies are either rough or smooth.

Clinical cases of IBK are associated with the rough type, which has cell-surface pili. The capsular pili promote cellular adhesion and enhance the ability to overcome host defences and maintain an established infection.

Transmission

The source of infection is usually a new animal or a carrier animal within the herd. Carrier animals may be asymptomatic. Nonhemolytic M. Bovis may reside in a herd over the winter months and not cause clinical signs.

However, with the onset of spring and increased ultraviolet (UV) radiation, there can be a reversion to the pathogenic, hemolytic form, with subsequent infection of susceptible calves. M. Bovis is transmitted by animal handlers, direct contact with infected animals, contact with fomites, and mechanical vectors, such as flies.

Cattle exhibiting severe epiphora, ocular secretions harbouring Moraxella spp can easily soak into the clothing of animal handlers and veterinarians.

Due to this, it is recommended to wear gloves and an impervious apron or other non-absorbing clothing that can be disinfected with diluted bleach or chlorhexidine between animals.

The face, house, and stable fly have all been incriminated as mechanical vectors. These flies may harbour the organism on their legs for as long as three days.

Predisposing Factors

Bos indicus breeds are more resistant than Bos taurus breeds, and Herefords and Hereford crossbreeds appear to have a much higher susceptibility.

Younger cattle, less than two years, consistently have an increased risk and severity of clinical disease compared with older cattle.

Previous contact with M. Bovis and subsequent development of antibodies may be responsible for the increased risk in younger animals. UV radiation is another predisposing factor as UV causes degeneration of corneal epithelium.

The number of face flies present correlates well with the infection rate and the number of new isolates. Once the number of flies exceeds 10 per animal, IBK spreads from one herd to another. Cattle housed indoors have a higher infection rate of longer duration but milder clinical disease than those housed outdoors.

Clinical Signs

The earliest clinical signs are varying degrees of epiphora, blepharospasm, and photophobia; within one to two days after the onset of clinical signs, the axial cornea may develop minor epithelial defects. The next step is the development of a pale, yellow to white raised abscess near the centre of the cornea.

The abscess increases in size and may spontaneously slough, leaving a shallow, round to oval, superficial ulcer with perilesional oedema. Another characteristic finding is the development of marked circumlimbal conjunctival vascular hyperemia and corneal vascularization. These blood vessels proceed rapidly toward the primary central lesion and typically reach the central corneal ulcer 7–9 days post-infection.

Vascularization plays an integral part in the healing process; as it reaches the ulceration, the corneal opacity clears from the periphery toward the centre. The ulcer epithelializes, and the stromal defect reduces by stromal regeneration, leaving a scar.

Secondary uveitis often develops, and aqueous flare, hypopyon, synechiae, and even panophthalmitis may be present. Perforation of the corneal ulcer may occur, resulting in iris prolapse.

Medical Treatment

A recent review of randomized clinical trials reporting antibiotic treatment of infectious bovine keratoconjunctivitis in cattle was performed.[1] Effective treatments include Tulathromycin. A single SC dose of tulathromycin (2.5 mg/kg) leads to significantly fewer isolations of M Bovis from ocular swabs, shorter healing times, and a reduction in the size of corneal ulcers.

The most commonly used treatment for IBK is local ocular therapy with penicillin, usually administered in the bulbar or the palpebral conjunctiva.

A dose of 600,000 IU (2 mL) procaine penicillin injected through the skin into the subconjunctival space produced effective penicillin concentration in the conjunctival fluid for approximately 68 hours.

Topical Cloxacillin in the form of intramammary ointments is often used.

The abovementioned study found that cloxacillin is effective but that the commercially available cloxacillin preparation would only provide a small fraction of the drug levels necessary to achieve the desired doses of cloxacillin.

Vetscripts [South Africa] is currently developing a cloxacillin product in a stable carrier that will lead to an effective concentration in the tears with a longer contact time requiring treatment only every 48 hours. This product should be available in South Africa in the near future.

I would recommend combining a sub palpebral conjunctival injection of procaine penicillin with a longer contact cloxacillin topical preparation as the treatment of choice.

Regardless of the therapy chosen, additional treatment steps should be taken to control the herd infection and minimize the economic effects.

Critical measures include using insecticides to control face flies, segregation of affected animals, personal disinfection between treatments of affected and noninfected animals and frequent mowing of pastures.

Vaccination

Several vaccines for M. Bovis, including live or formalin-killed cells, ribosomes, pili, and cytolysin, have been tested. Vaccines provided only limited protection.

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1. John A Angelos. Infectious bovine keratoconjunctivitis (Pinkeye). Vet Clin Food Anim 31 (2015) 61–79
2. Kirk N. Gelatt, Brian C. Gilger, Thomas J. Kern. Veterinary Ophthalmology 5th Edition. A John Wiley & Sons, Inc., Publication.

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When vaccination fails…

Dr Chantelle Erwee,
Zoetis South Africa (Pty) Ltd,
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Introduction

With growing concerns surrounding Antimicrobial Resistance (AMR), the notion of 'Prevention is better than cure' is becoming increasingly important. Immunisation plays a vital role in preventative animal health care. While vaccines may not necessarily provide 100 % protection against infection, they will assist in decreasing the severity and incidence of the specific disease, depending on the vaccine.[2] The type of vaccine (modified live, killed etc.), route of administration, adjuvant, general health and condition of the animal, as well as storage and handling, are all significant factors that play a role in the type of immune response one can expect from a vaccine.[1] Understandably, there are exceptions to the general principles of vaccination discussed in this article, depending on the specific vaccine and disease(s) involved.[1]

In addition to improving animal welfare, immunisation is both an insurance and an investment.[2] Consider the 'insurance' immunisation can provide versus the potentially catastrophic consequences of a disease outbreak in a naïve herd.[2] And even during tough times, the cost of vaccination should be weighed against the cost of treatment or death of even one animal; in other words, what is this investment worth?[2]

Vaccination failure can be defined in several ways. I would ask questions: Was it the vaccine that failed, or was there a compounding factor that could have affected its efficacy? Which factors could have interfered with that animal's immune response to the vaccination?[1,2] There are several possible reasons for the lack of efficacy after vaccination:

1. Timing

Suppose the timing of the vaccination is unfortunate, in other words, administered while the animal is incubating the disease or perhaps shortly before or after exposure of the animal to the pathogen before an adequate immune response has had time to develop. In that case, the animal can still become ill.[1,2]

2. Vaccine handling and administration

Several external factors can hinder vaccine efficacy.[1] Handling, storage, and administration errors can all lead to the failure of the vaccine to elicit a proper immune response in healthy animals.[1] It is essential not to use a vaccine past the expiry date since there are no guarantees that the vaccine will still be viable or stable after this date.[1]

Avoid using chemical disinfectants to sterilise needles and syringes - any residues left behind can inactivate modified live vaccines.[1] Using an inappropriate diluent for mixing a vaccine should also be avoided since a diluent that is appropriate for one vaccine might inactivate another vaccine.[1] Inappropriate preservatives and diluents can potentially inactivate other modified live vaccines, so vaccines not registered for use in combination should not be mixed in one syringe.[1]

Give the vaccine time to work.[1] Modified live vaccines might need less time to elicit an immune response since interferon levels rise within hours after vaccination, and antibody levels are usually detectable within 4 to 5 days.[2] Killed vaccines often require two initial vaccinations, not less than ten days apart, but immunity might only be protective until after the second vaccination.[2]

3. Host factors

Several host factors can inhibit the animal's ability to respond adequately to vaccination.[1] In young animals, passively acquired maternal antibodies are well known to cause interference with the vaccine's ability to elicit an immune response.[1,2] These antibodies can neutralise the antigen before eliciting a proper immune response to the vaccination.[1] Virulent pathogens or a high challenge dose of infectious agents can break through this maternal immunity earlier.[1] Young animals will also be vulnerable to infections once there is a decline in maternal immunity before an adequate vaccine immune response.[1] Therefore, the timing of vaccination in these animals is difficult but important. If done too soon, it might be ineffective, but left too late might leave animals vulnerable for a prolonged period.[1]

Another significant factor to remember is that immunodeficiency can result in affected animals failing to develop a sufficient immune response after vaccination.[1] A primary immunodeficiency is a genetic disorder of the immune system.[1] Secondary immunodeficiency is usually caused by an external factor leading to immunosuppression, such as:[1]

- Any physical or psychological stress can lead to immunosuppression and reduce the immune response level you would generally expect from a vaccine.[1,2] These stress factors could include weather stress, handling, pregnancy, malnutrition, severe parasitism, concurrent disease, etc.[1,2] Vaccination in these immune-stressed animals will develop limited protection.[2]

- Adequate nutrition is vital to a healthy and functioning immune system.[1] Both over- and undernutrition can impair immune function.[1]

Animals might fail to develop an immune response if they are immunocompromised at the time of vaccination.[1]

4. Overwhelming infection pressure

Unfortunately, despite proper vaccination and adequate immune response, an animal will still be susceptible if a high infection pressure manages to overwhelm the immune system or if immunosuppression occurs at a later stage, for example, in situations of poor sanitation, overcrowding, etc.[1,2]

Conclusion

While vaccination might not confer complete immunity to disease, it can significantly assist the animal's immune system in resistance to disease.[1] While immunisation is an excellent tool to build herd immunity; it still has its limitations. It should not be expected to eliminate all disease problems or be a substitute for good management.[2] Management plays an essential role in how well a vaccine will work, and general animal health, animal density, nutrition, availability of clean drinking water, stress levels (including welfare), and hygiene are all management factors that can influence the level of immunity one can expect after vaccination.[2]

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We are a well-established practice on the West Rand. We see Small animals, Equines, Large Animals and some Game. We are looking for 2 Veterinarians and a Vet Nurse to join our dynamic team. We work on a roster basis with 1 weekend in 3. Interest in Equines would be preferable, but we could also accommodate a Small Animal Vet. Should you wish only to work half a day, we would be able to accommodate that. Please send CVs to vets@muldvet.co.za Ref22AP02

HONEYDEW

Opportunity to practice Great Veterinary Science in a clinic with all the modern equipment and facilities. Wide variety of cases in medicine, orthopaedics, general surgery, and spinal surgery. This clinic provides integrated treatments in both western and holistic veterinary medicine. Work with an enthusiastic group of progressive professionals who are encouraged to do continuous CPD and further studies. Top of the Range salary with access to Congresses and sponsored VDA. This clinic is for those wishing to progress and achieve knowledge and job satisfaction. If Veterinary Science is your passion, this is where you belong. Send CV to Brad@vetcareclinics.co.za. Ref22JN02

NORTH WEST / NOORD-WES

LICHTENBURG

Besige 3-man praktyk soek 'n assistent veearts om by ons span van 10 persone aan te sluit. Ons is 'n gemengde diere praktyk, (70% klein diere, 30% produksie diere, perde en wild) geleë te Lichtenburg. Ideaal vir 'n veearts wat ondervinding wil opdoen van alle aspekte van 'n privaat praktyk. Praktyk is toegerus met X-strale, ultraklank en bloedmasjiene. Dienste (na-ure, naweke) word gelyk verdeel. Kontak Anton/Andrea 018 632 3011/ 084 970 8146 Ref22MA05

WESTERN CAPE / WES-KAAP

VREDENBURG / LANGEBAAN

Vredenburg/Langebaan Dierehospitaal benodig 'n 5de veearts om by ons aan te sluit. Gemende praktyke aan die Weskus met aangename werksomstandighede en geleentheid om permanent deel te word. Jong gegradueerdes is welkom. Dr IC Rust 083 265 7529, admin@vburgdiere.co.za. Ref22MA02

KWAZULU-NATAL

DURBAN

Veterinarian needed at St. Johns Veterinary Clinic near Durban. Fully Equipped Small Animal Practice, Excellent working hours and remuneration. No after-hours work. Send C.V. to gwaza@mweb.co.za Ref22JN01

>>> 45

FOURWAYS EQUINE CLINIC

EQUINE VETERINARIAN

Fourways Equine Clinic is looking for a full time Equine Veterinarian to join the team. The clinic is based at Equicare in Blue Hills, Gauteng. The ideal candidate should be registered with the SAVC, have their own transport and an interest in anaesthetics / surgery. The clinic operates during normal office hours with a shared after-hours roster. Should you wish to apply please email your CV to terry@fourwaysequine.co.za

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PRACTICE FOR SALE / PRAKTYK TE KOOP

KWAZULU-NATAL

DURBAN

Long established (50 years +) one to one and a half vet small animal practice for sale in Durban. Computerised (Avimark) with extensive client database, Catalyst, CR X-ray, Isoflurane anaesthetic machines, surgical instruments, etc. Large purpose-built premises. Seller is willing to discuss any options, e.g. lease/ rental/ business purchase. Price negotiable.
Contact 0832648132 or yebojt@yahoo.com.
Ref21NV07

EASTERN CAPE / OOS-KAAP

PORT ELIZABETH

FOR SALE!!
Well established (23 years) veterinary consulting room/practice and vet shop with a solid client base that generates strong year on year growth. Ideally located in a bustling farming community next to the local petrol station, with surrounding high-end neighborhoods,15 min outside PE. Option to expand into equine field and farm animals. Ideal opportunity to build and manage your own practice or expand with a satellite practice. Contact cobi@icon.co.za
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FOR SALE / TE KOOP

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A new veterinary anaesthetic machine with MSS3 vaporizer or TEC4 refurbished vaporizer. All machine assembly, servicing and calibrations continue to be applied in accordance with the Blueprint of the former Ebrahim Cassim Chief Anaesthetic Technician of Groote Schuur Hospital. For further information call Cassim Veterinary Anaesthetics on 021 705 2880 / 082 681 9742. Email: encassim@gmail.com or visit www.cvanaesthetics.co.za
Ref13JA01

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2021 NEW LIGHTWEIGHT "PACK-FLAT" CONCEPT. Designed as START-UP or HIGHLY PORTABLE cost-saving unit for all environments, this new model includes everything you need; frame, handle, the "Multipurpose Humphrey ADE-circle breathing system", vaporiser, drip stand. Free-standing/ wall mounted. Just 11.4 kg complete. See advert above.
Details www.aesmedical.co.za. sales@aesmedical.co.za.
Ref21MY11





EQUINE VETERINARIAN REQUIRED IN KZN

SUMMERVELD EQUINE HOSPITAL provides a 24-hour emergency ambulatory, medical and surgical service for racehorses and sport horses. Our hospital has in-house patient facilities for 20 horses and a fully equipped lab.

TO APPLY PLEASE SEND A COVERING LETTER AND CV TO equinevet@savets.co.za

Perks include competitive salary, company car, cell phone, vet assistant, subs for SAVC and SAVA. Competitive salaries commensurate with relevant experience.

For more information, the website address is: www.savets.co.za

WE LOOK FORWARD TO HEARING FROM YOU.

Life plus 23 without parole

Mike Lowry

Mike Lowry has been in veterinary practice for "life plus 23" years. In this column, he shares his experiences and opinions.

We live in a changing world and understandably need to adapt. Sometimes this is easier said than done. It is tough to adapt to load shedding and increasing petrol prices when the change source is well established.

What about tattoos? It may seem a relatively innocuous topic where personal choice dictates the path followed.

One can but ponder the consequences. Yes, the lady with a beautiful impala tattooed on her breast. Years later, did she indeed want the giraffe?

Well, after years of beef work and many pregnancy tests done in the old-fashioned way of the rectal examination, I was thinking about an appropriate tattoo. I concluded that a dung beetle on my left shoulder would be highly relevant with all the cow dung I had pushed over the years. And that does not include the trouble given to me by customers over the years, a very different form of dung!

This little insect collects dung of all descriptions and laboriously moulds it into very definite and well-defined balls into which it later lays eggs. Well, maybe we are not egg-laying, but we undeniably put all the faeces we deal with into manageable mounds, and the returns pay the school fees. Very similar.

As you are all aware, I also do suicide counselling for the SAVA. One of the cases I dealt with is that of an exceptionally well known, internationally accepted artist who had lost a very dear friend to suicide. During our discussions, the topic of tattoos came up, and I told her my thoughts.

Some months later I received the most desirable gift – a beautiful watercolour done by Paula of that little dung beetle that means so much!!! Yes, it encompasses a life's work for a vet in bovine practice.

With the original painting came three well-executed copies of the image.

I had little difficulty deciding who should receive two of the copies. Vets who had spent years improving the cattle situation in South Africa – my close friend of 50 years, Tod Collins and a man who has put so much effort into the cattle industry from the time he qualified and with whom I had spent a delightful time in South America in the early nineties, Danie Odendaal.

But then there was a lone copy that needed a home. I have been out of veterinary politics, so I asked Danie who he thought would be a suitable recipient. Without thinking twice, he suggested Liezel Wasserman of Clocolan.

Done and dusted, the fourth print was off to her.

I never ever expected the reaction. Liezel phoned me to thank me with a teary voice; the gesture noticeably moved her.

The moral of this story is that it is incredible just how moving dung can be to a bovine practitioner – excuse the intended pun. Keep pushing it; it's better than working in many other places, and who has not enjoyed the aroma of a bushveld fire with plenty of cow-pats around.



NVCG EVENTS 2022

Medicine & Endocrinology

3 & 4 Aug | Hazendal, Cape Town
10 - 11 August | The Gateway Hotel, Durban
12 &13 |Midrand Premier Hotel, Johannesburg

Register/more info
https://bit.ly/ENDOCRINOLOGY22



Professor David Church

BVSc PhD MACVSc FHEA MRCVS
Deputy Principal, Professor of Small Animal Studies, The Royal Veterinary College

David is currently Professor of Small Animal Studies at the Royal Veterinary College. He has spent over 30 years in small animal specialist practices and is the author of over 180 peer-reviewed publications on companion animal endocrinology and small animal medicine. He has been a long standing advocate of the benefits of veterinarians developing a logical approach to clinical reasoning to complement their pattern recognition skills. As a co-founder of VetCompass, he is also passionate about developing mechanisms to define and understand the disorders encountered in general practice and how to optimise their management.



Professor Jill Maddison

BVSc, DipVetClinStud, PhD, SFHEA, MRCVS, Royal Veterinary College, London, United Kingdom

Jill is currently Professor of General Practice at the Royal Veterinary College (RVC) and Director of Professional Development overseeing the college's continuing education programmes. She is course director for the BVetMed and CertAVP programmes. She is actively involved in undergraduate teaching and continuing professional development (CPD) at the RVC in the areas of clinical reasoning in small animal medicine and clinical pharmacology. She is the senior editor of Small Animal Clinical Pharmacology, the 2nd edition of which was published by Elsevier in 2008. She is also senior editor of Clinical Reasoning in Small Animal Practice published by Wiley-Blackwell in April 2015. She has lectured extensively around the world on clinical problem solving, small animal internal medicine and clinical pharmacology. Jill is coordinator for the main small animal clinical CPD streams at The London Vet Show. To keep in touch with the realities of private general practice she regularly consults at a local veterinary practice and at the RVC's first opinion practice, the Beaumont Sainsbury Animal Hospital.

DAY 1

08:00	Registration
08:45	Welcome
09:00	Are we all the same? Thinking and learning styles and t heir impact on clinical decision making (JEM)
09:45	Introduction to clinical decision making - what we do and why we do it? (JEM)
10:30	TEA BREAK
11:00	Case conundrums I - the vomiting patient (JEM)
11:45	Case conundrums II - the jaundiced patient (JEM)
12:30	Welcome by Sponsor: MSD
12:45	LUNCH
13:45	Case conundrums III - the patient with coughing and dyspnoea (DBC)
14:30	Case conundrums IV - the weak patient (DBC)
15:15	TEA BREAK
15:45	Antimicrobial stewardship - a One Health issue (JEM)
16:45	Close

DAY 2

08:00	Registration
08:45	Welcome
09:00	Diagnosis and management of hypoadrenocorticism in the 21st century (DBC)
10:30	TEA BREAK
11:00	Diagnosis and management of hyperadrenocorticism in the 21st century (DBC)
12:30	Welcome by Sponsor Hill's
12:45	LUNCH
13:45	Case conundrums IV - the bleeding patient (JEM)
14:30	Case conundrums V - the patient with PU/PD (JEM or DBC)
15:15	TEA BREAK
15:45	Grand Rounds (JEM & DBC)
16:45	Close

REGISTRATION FEES

Early Bird (Will increase with R350 1 July)

NVCG Member - Full Programme	R2,050.00
Non Member - Full Programme	R2,700.00
One Day Attendance	R1,650.00
SAVA KZN-Branch Member Full Pro	R1,700.00

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Info: conferences@vetlink.co.za
Register: https://bit.ly/ENDOCRINOLOGY22

Vet·ED ONLINE

CONTINUING PROFESSIONAL DEVELOPMENT FOR VETERINARIANS



As a registered veterinarian, you have a responsibility to improve your knowledge and skills on regular basis for the end benefit of your patients. This responsibility is the driving factor behind the Continuing Professional Development (CPD) programme implemented by the South African Veterinary Council (SAVC).

What to expect as a practising veterinarian regarding your CPD requirements as set out by the SAVC?

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

WHAT IS CPD?

CPD is a process of lifelong learning whereby a Veterinary or Para-Veterinary Professional systematically engages in activities that maintain abilities, skills and knowledge required for a professional practice.

HOW DOES CPD WORK?

According to the SAVC's guidelines, veterinarians who enter the CPD system during their Compulsive Community Service, must accumulate a minimum total of sixty (60) CPD points, of which twenty (20) points must be Structured CPD, within every three-year cycle from commencement of the CPD system.

Visit our VetEDonline Platform for a detailed breakdown of your Structured and Unstructured CPD requirements. As a practicing veterinarian, the SAVC advises that you continuously accumulate your CPD points as part of your professional development portfolio which starts during your community service year.

It remains the responsibility of veterinarians to keep record and documented proof the of their CPD activities. A summary of all activities is to be submitted on an annual basis to the council on a form that is obtainable from the registrar.

MANAGING YOUR CPD COMPLIANCE

We understand that managing your CPD requirements can be a time consuming and somewhat frustrating process, which is why we want to introduce you to VetEDonline.

VetEDonline is an online CPD Management and Education Platform endorsed by the South African Veterinary Association (SAVA), which provide veterinarians with state of the art CPD Compliance and Education Solutions that assist them on their journey to CPD compliance.

VETEDONLINE SUPPORTS PRACTICING VETERINARIANS WITH THEIR CPD COMPLIANCE BY PROVIDING THE FOLLOWING SOLUTIONS AND SERVICES:

ONLINE COURSES

Online Courses from leading providers

JOURNALS & ARTICLES

CPD accredited articles from SAVA

ONLINE LEARNING PORTFOLIO

To manage your CPD certificates and keep track of your CPD points

Contact us for more information and guidance on your CPD compliance

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