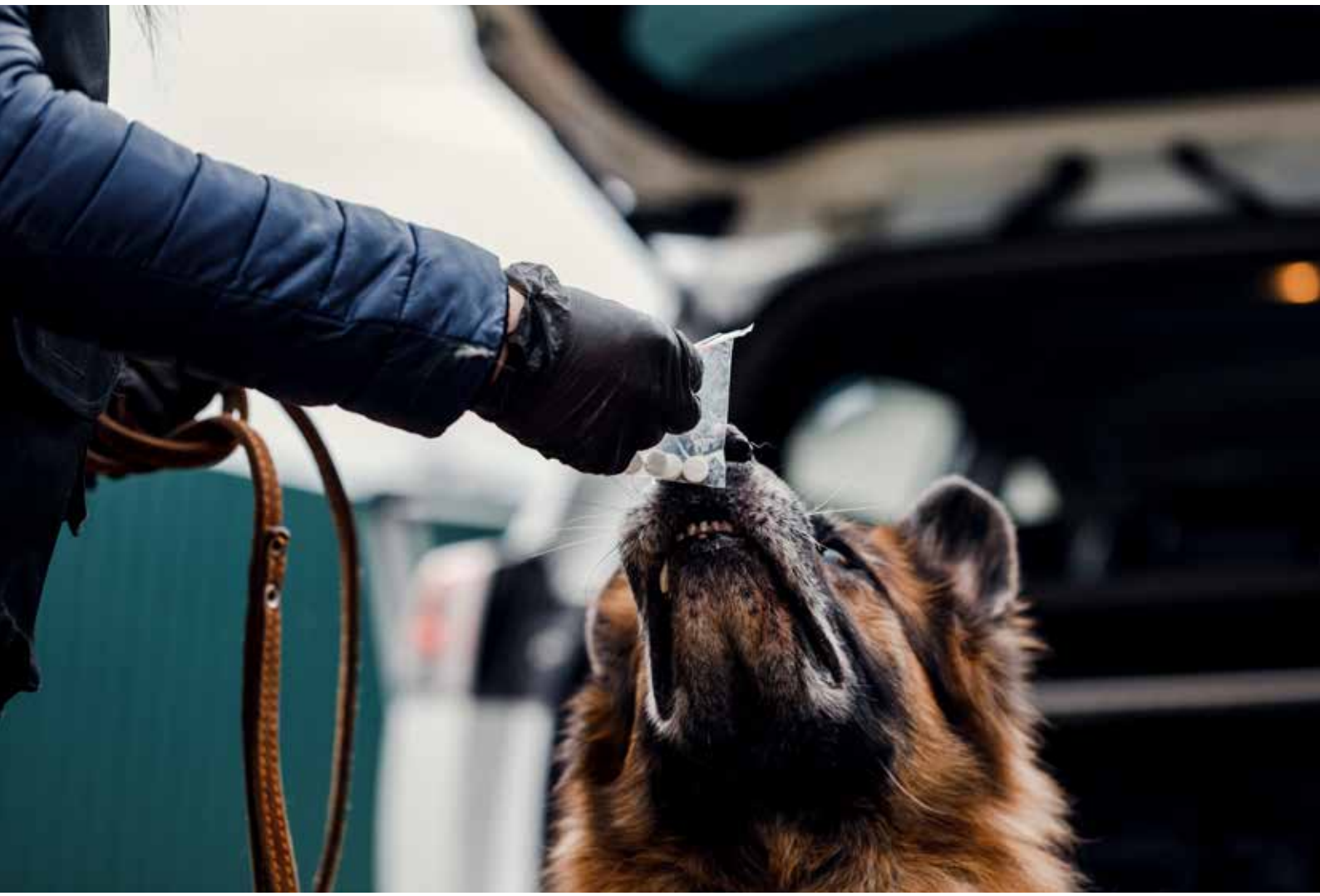
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June / Junie 2022

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



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Contents | Inhoud

Articles / Artikels
6 Olfactory Detection Dogs for Covid-19 Screening a Real Adventure…
10 Working, Assistance, and Therapy Dogs: Veterinary Considerations
16 Importance of managing stress in the working human-animal relationship

Regulars / Gereeld
2 From the President
4 Editor's notes / Redakteurs notas

Vet's Health / Gesondheid
32 Life Coaching

Association / Vereniging
18 CVC News
22 In Memoriam
23 SAVA News
28 SAVA Legal Column

Technical / Tegnies
31 Royal Canin Column
34 Dental Column
36 Zoetis Pages

Relax / Ontspan
30 Did you Know?
46 Life Plus 23

Marketplace / Markplein
38 Marketplace

Jobs / Poste
40 Marketplace/Jobs / Poste
44 Classifieds / Snuffeladvertensies

Diary / Dagboek
49 Dagboek • Diary







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Dear members,

As the first fingers of winter are folding around us, it is with deep regret and empathy to once again be informed about devastating floods in Kwa Zulu Natal and unexpecting high snowfall in the high lying regions of Lesotho and surrounding areas. With climate change now very evident, we will have to plan and be prepared for the changing times.

The month of May has been a hectic month with the RuVASA congress, followed by Mentorship training, the Young Veterinarians' weekend, various One Health and Congress organising meetings, the Pig Veterinary Society congress and Annual General Meeting, and the Eastern Cape and Karoo Branch Congress.

It is heartwarming and encouraging to see how active SAVA and its substructures are in serving the profession. Let us build these relationships for the benefit of all SAVA members and the veterinary industry. It is trusted that the engagements at the Young Veterinarians' weekend will have positive spinoffs and that a committee will soon be appointed.

During this myriad of engagements is that we are living in tumultuous times, aptly described as a VUCA world. In this world, volatility, uncertainty, complexity, and ambiguity are the day's order. It is a situation of constant, unpredictable change that is now the norm. Are we, as veterinarians, prepared for it? Through the One Health/Disaster Management Committee, SAVA assists the Faculty of Veterinary Science/University of Pretoria in drafting a proposal to establish a Pandemic Prevention and Preparedness Institute.

This Institute, unfortunately, will only address health threats from a disease perspective and not other hazards that may lead to disasters. Disaster Management, and especially Early Warning Systems, will have to be addressed to prepare the veterinary fraternity to deal with future threats. We can no longer look at governmental structures but will have to become the solution ourselves.

The Compulsory Community Service veterinarians were recently placed and need our assistance finding their feet. The mentorship programme, initiated by SAVA and the SAVC, funded by the Health and Welfare SETA, is doing absolute outstanding work to support our new colleagues. A huge thank you to Annalie McCallum and her team.

Further assistance is needed to incorporate more mentors, especially with the program to be extended to the final years soon and other years and para-professionals in the foreseeable future. If you are willing to be part of the team building into the success of our new colleagues, please get into contact.

It is also exciting to announce that SAVA will become a scientific partner of the Middle East and African Veterinary Congress (MEAVC). The MEAVC is a company that is planning to host an annual congress to build veterinary capacity in the Middle East and Africa.

The first edition of the MEAVC will be a unique milestone event with an innovative format. It is being organised in association with some of the most prominent international societies to provide a world-class scientific experience. The congress will be hosted in Dubai from 25 to 27 November 2022.

Being a scientific partner will not only give our members a springboard for scientific participation but will build veterinary relationships with the Middle East and Africa to uplift veterinary services to the benefit of all its people.

May June be a blessed month for all amidst the inclement weather, building and contributing to a local, national, regional and global veterinary landscape that will benefit the world and its inhabitants.

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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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
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- 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

Emotions run down the leash

The 21st of June is the "Bring your dog to work" day. Yes, there is a day like that. Some of us would imagine that as a little silly, even risky, due to the possible behaviour of our animals. But there are lots and lots of people for whom their animal is a working animal. In this issue, the focus falls on the working dog.

After the devastating floods in Kwazulu-Natal, the whole country's eyes were drawn to the work done by the working dog after K9 Leah drowned while attempting a rescue. In this incident, the Search and Rescue police officer, Sergeant Busisiwe Mjwara, got into trouble while conducting a search in the Msunduzi River for three victims of the floods. Leah jumped into the river to try and assist Mjwara. Suddenly the work and plight of these silent heroes were splashed in the headlines. Sadly both Sgt Mjwara and K9 Leah passed in the line of duty.

Working dogs and other working animals have very specialised veterinary needs due to their working environments. Only a month later, in Kwazulu-Natal, another dog Dante, who was on a search and rescue mission for a missing person in Nongoma and his handler, was attacked by bees.
K9 Dante's hind legs went limp, and they began to swell.



Dante doing well after the bee accident

He was airlifted to Westville Vet Hospital in Durban, where for emergency treatment by Dr Steve Wimberley.

It may be a good idea for veterinarians to find out whether there are working dogs in their area, get involved in their dogs' emergency care training, and understand their unique needs.

In the magazine, there is an article on Dr Sune Scholtz and the work she does with her dogs, not necessarily the breed you would consider a working dog. She also stressed that the animal reflects the handlers' emotions and that a veterinarian may want to keep that in mind when an unwell working-dog presents.



We are privileged to have articles from two world-renowned experts in the field of working dogs. Dr Cindy Otto is a Professor of Working Dog Sciences & Sports Medicine, University of Pennsylvania School of Veterinary Medicine. She and her team wrote guidelines for working-, assisting- and therapy dogs. Our article is an excerpt from that article focusing on what applies to a veterinarian.

She is currently doing an informal experiment on a Black vulture called Sirius that hangs around the training centre. Watch the video on Youtube for a lesson in patience and perseverance.

https://www.youtube.com/watch?v=XXtEEvyny0Y
https://www.facebook.com/cindy.otto1/videos/3950937881583013

The second working dog article is by the veterinarian Dominique Grandjean (DVM, PhD, HDR), a Professor at the national veterinary school of Alfort (France), where he works as head of the equine and carnivores clinical sciences department and the canine breeding and sports medicine unit. He was head of the team that trained dogs to detect Covid infection in people. He also highlights a new computer-based training method where human intervention is eliminated.

I hope you enjoy this edition of Vetnews and that June is a good month; remember to take your dog to work on the 21st.

Regards,

Andriette



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OLFACTORY DETECTION DOGS FOR COVID-19 SCREENING A REAL ADVENTURE…



Dominique Grandjean, Capucine Gallet, Clothilde Julien, Marc Blondot
Nosaïs program, Alfort National School of Veterinary Medicine, University Paris-Est, Maisons-Alfort, France



ABSTRACT

For the detection of SARS-CoV-2 infection, olfactory detection dogs are an alternative method for COVID-19 testing and screening, by revealing the presence of specific Volatile Organic Compounds (VOCs) generated by the virus.

Several research teams are working on the subject and already demonstrated high levels of success in sensitivity and specificity of the "K9" COVID-19 test, and dogs are deployed in several countries to date. The overall success reported by the summarized studies is comparable to the standard RT-PCR results and higher than those with antigenic tests.

Therefore, even as further research is conducted, correctly trained and validated dogs could be deployed to non-intrusively screen and identify persons infected with SARS-CoV-2 in mass testing or pre-testing in airports, senior care facilities, universities, public events, etc.

INTRODUCTION

The COVID-19 worldwide pandemic has led to valuable research for both treating and vaccinating. However, probably the most important action to stop the SARS-CoV-2 virus from spreading remains testing and rapid quarantine of positive individuals, as done for any epizootic episodes, widespread screening with rapid results slows down and limits the progression of the infection.

Dogs are known for that extremely sensitive olfactory system that can even detect substances at a concentration as low as 1 part per trillion[1]. Humans have trained dogs for olfactory detection of explosives, illicit drugs and lots of other options including forensic purposes or search and rescue operations.

Recent research shows that there is an increased interest in the use of biodetection dogs in medical areas such as cancer identification, bacterial and parasitic infections, or alerting diabetic/epileptic individuals of an upcoming episode.

It appears that dogs can detect the Volatile Organic Compounds (VOCs) generated during such conditions, although in the case of microorganisms, the specifics of the induced odour remain unknown.

In early 2020, the Nosaïs-COVID-19 program was developed at the Alfort School of Veterinary Medicine (France). Several countries adopted this basic protocol based on axillary sweat samples, while others started working on urine, saliva or exhaled air.

RESEARCH: WHAT IS KNOWN

Training dogs for acute medical detection like COVID-19 is not easy, especially because the whole process requires a large number of high-quality samples (both positive and negative samples in the case of COVID-19). But once correctly trained, dogs can be used in real-time to detect whether or not individuals are infected by an active SARS-CoV-2 virus.

Several studies recently conducted in different countries to evaluate if a specific odour is related to COVID-19 in humans, converge to confirm the capacity of dogs to detect it in various body fluids, with high levels of sensitivity and specificity.

A proof of concept[2] based on axillary sweat samples of 198 COVID-19 positive and negative individuals was published by the authors with an accuracy of the dogs ranging from 83 to 94p100.

Jendrny[3] published a pilot study showing that the dogs were able to discriminate between samples of infected and non-infected individuals with an average diagnostic sensitivity of 82.6p100 and specificity of 96.3p100, based on saliva or tracheobronchial secretion of patients.

The same authors, more recently[4], assessed that the scent cognitive transfer performance between different sample materials (saliva, urine, sweat) indicates that global, specific SARS-Cov-2 associated Volatile Organic Compounds are released across different body secretions, independently from the patient's symptoms. Essler [5] also published a proof of concept where dogs successfully discriminated between infected and uninfected urine samples, while Vesga[6] trained dogs on respiratory secretions of infected patients, achieving average sensitivity of 88.8p100 and specificity of 97.4p100.

Finally, in a long-term collaboration with the dog teams deployed in the United Arabian Emirates, we could evaluate the sensitivity of 21 trained dogs with results higher than 90p100 for 15 of them, ranging from 80 to 87p100 for the remaining 6 dogs[7].

Country	Success rate	Sensitivity	Specificity	Ref.
France Sweat	90.5% 76-100*	-	-	Grandjean and coll, PLOS One, 2020
France Sweat		89.8%	90.2%	Preprint
France Sweat		88%	85.2%	Preprint
Germany Inactivated saliva and/or tracheobronchial secretion	94 %	82.6% (82.02– 83.24)	96.35% (96.31-96.39)	Jendrny and coll, BMC Inf. Dis., 2020
Inactivated saliva		84% (62.5–94.44)	95% (93.4–96)	Jendrny and coll, 2021
Non inactivated Saliva		82% (64.29–95.24)	96% (94.95–98.9)	
Sweat		91% (71.43–100)	94% (90.91–97.78)	
Urine		95% (66.67–100)	98% (94.87–100)	
Iran Nasopharyngeal		65.4%	88.9%	Eskandari and coll, BMC Inf. Dis., 2021
Masks & clothes		86%	92.9%	
Colombia Saliva and/or respiratory secretions		88.8%	97.4%	Vesga, Preprint
Brazil	97.4%			Preprint
UAE		91.5%	96.3%	Grandjean, Preprint
Argentine		93%	88.8%	Preprint
Australia		99.6%	94.5%	Conference
Lebanon Sweat		99.8%	92%	Sarkis, Preprint
Lebanon Sweat-airport		96%	90%	Conference
Chile Sweat		89.5% (83.8–93.4)	97.2% (95-98.5)	Conference
Finland Sweat urine, saliva		100%	90.7%	Conference
Belgium Sweat	95%	81%	98%	Conference

Interval of success; Between brackets: 95% confidence interval. Note: this list is not exhaustive. Table 1, published by the World Health Organization (WHO), summarizes the actual results found in the literature and conferences obtained to date around the world[8].

>>> 8

In September 2021, thanks to cooperation with the Pasteur Institute (Paris, France), a training lure, based on cell cultures, was developed in this study; followed by a treatment to deactivate the virus and release its proteins, especially types S and N (Spike and Nucleocapside). This provides the opportunity to use training samples containing the specific volatile organic compounds plus the specific proteins of the virus. Proteins are not volatile, but they are in the expired air and can, therefore land on garments, plus they are also present in the sweat of the person. This approach is used to avoid all the administrative authorizations (the use of biological samples of humans is strictly controlled) and is also time and effort effective.



At the same time, different training methods were explored (the basic method was obtained with olfaction cones) by utilizing the DDTS (Dog Detection Training System), a computerized training device (Kynoscience, Germany). The device is composed of seven scent holes. Behind each hole, two tubes are leads to two metal containers. In the study, the first container contained the target sample and the second one the control sample. Only one container is presented in each sniffing hole at any given time as the pairs of containers are situated on movable slides inside the device. The metal containers were covered with grids, which allowed the odour to escape and reach the sniffing hole. Each tube extension was identical and L-shaped, which prevented dogs from physical contact with the samples and excluded any visual cues that may have enabled further detection capabilities. For each trial run, only one hole presented a SARS-CoV-2 positive sample at a time while the other six holes presented negative samples. After the indication of the hole with the positive sample, the dog was automatically rewarded by the device with food or a ball. The indication time was changed during successful training from 1 s to 2 s. While the reward was eaten, the device's software randomly and automatically assigned new positions to the slides for the following session with again only one hole presenting the positive odour sample[3].

Dogs were deployed to test for COVID-19 in numerous countries such as Lebanon (airport and public), UAE (airports and mobile detection units), France (on tourists clusters, fire departments, students, nursing homes), USA (sports events, nursing homes, schools), Pakistan (airport), Saudi Arabia (airports), Egypt (airport), Italy (airport), Finland (airport), Mexico (airport, shopping malls)…

Finally, in March 2021, the World Health Organization published a synthesis on the subject. It endorses the program as it could be very useful for countries lacking testing equipment, but also for future virus-driven pandemics.

RESEARCHES / WHAT IS NEXT

Besides, proving concepts or results by double-blind validations of the individual values of dogs' sensitivities and specificities, other research programs are ongoing and now more or less coordinated thanks to the action of WHO and bimonthly symposiums organized by the UAE Ministry of the Interior.

Involvement:

- The chemical analysis of the Volatile Organic Compounds involved
- The effects of the different variants on the dogs' detection
- The eventual interactions induced by vaccination (especially with mRNA vaccines)
- The standardization of the training/validation process
- The technical means that would facilitate rapid deployments of dogs

The Nosaïs team completed a field study of a large cohort of individuals, showing up in Detection centres and tested by both nasopharyngeal and saliva RT-PCR, conducted by APHP (Assistance Publique Hôpitaux de Paris) providing us anonymous sweat samples without any information on their positiveness or negativeness, the results, not published yet, show a global sensitivity of 97p100 with a specificity of 91p100 for the dog olfaction test, and these values raise 100p100 and 94p100 for asymptomatic individuals! It seems also that dogs have no problem with English, Brazilian and South African variants.

The next part of the study is on long COVID affected people, and the first study (9) shows that more than half of them still carry the active virus while the RT-PCR stay negative. These results reinforce the hypothesis of a SARS-COV-2 virus persistence, very possibly with the virus actively replicating. It also shows the limitation of serological tests made during long COVID.

In addition, with a better understanding of the detected VOCs, odour sampling methods and the development of point-of-care instruments are improved. The detection by dogs could also help to implement scent-based tests for other major pathogens.

CONCLUSION

Biodetection dogs can represent a robust diagnostic tool, when correctly trained and validated, in the fight against COVID-19. They are efficient, non-invasive, and way cheaper than any other test. Such dogs have already been deployed and showed their efficiency.

The economic benefits from such a screening exist, and dogs can be trained ahead of the adaptation of technical equipment in a pandemic situation. Fast results and the accurate sensitivity, specificity and overall success rates reported by all early COVID-19 scent dog detection studies appear to be at least equivalent to the standard RT-PCR and better than the antigen testing methods. Unfortunately, most national health administrations seem to be prone to high levels of lobbying hindering the development of biomedical detection dogs.

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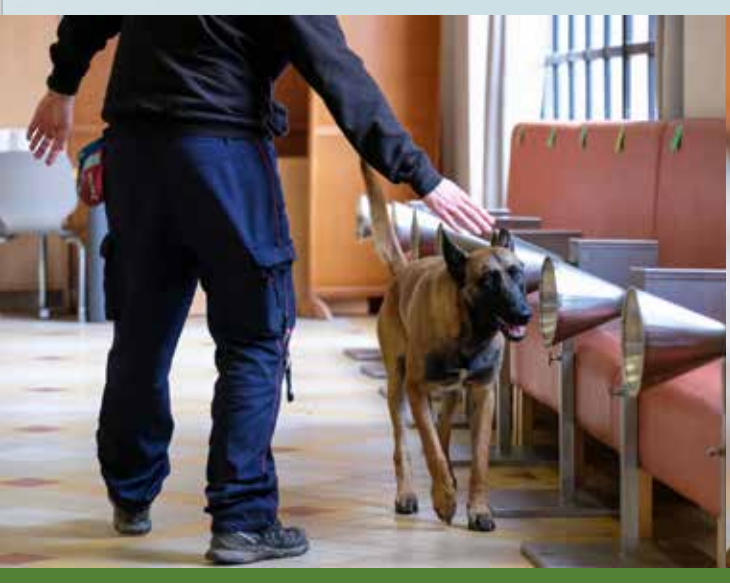
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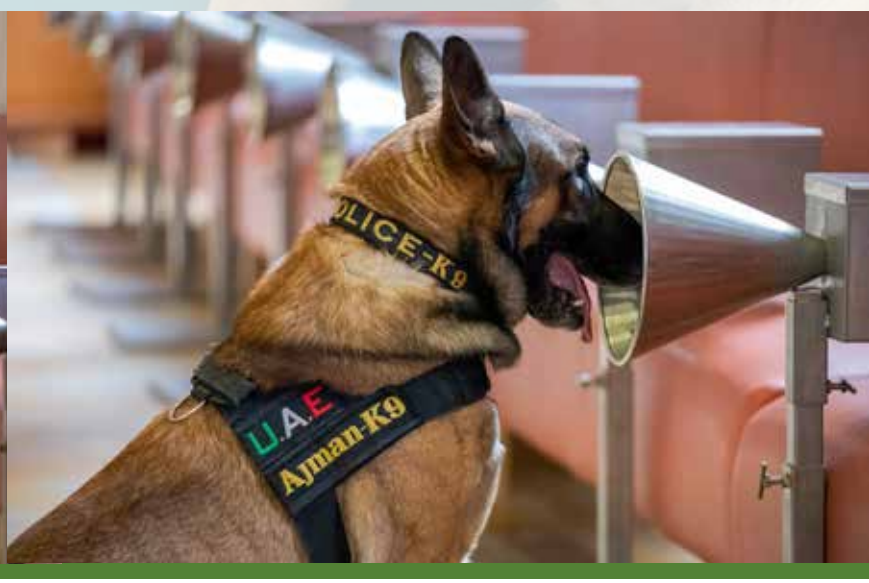
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An extract from the 2021 AAHA Working, Assistance, and Therapy Dog Guidelines (J Am Anim Hosp Assoc 2021; 57:253–277. DOI 10.5326/JAAHA-MS-7250) JAAHA.org
https://www.aaha.org/aaha-guidelines/2021-aaha-working-assistance-and-therapy-dog-guidelines/home/

Working, Assistance, and Therapy Dogs: Veterinary Considerations

Introduction

Working, assistance, and therapy dogs (collectively referred to as working dogs) have high intrinsic value because they perform various practical, service, or commercial functions. As such, these animals are generally expensive to purchase and train. In addition, the physical and behavioural demands placed on working dogs often require an exceptionally high standard of healthcare and close monitoring by the attending veterinarian.

Categories of Working, Assistance, and Therapy Dogs

Knowledge Topics:	Veterinary Team Members Should:
Relationship with the handler	Understand the dog's "job" and how they interact with their handlers. Have a willingness to partner with the handler
Handling: Locations	Have a willingness to adapt waiting room policies to involve the handler/owner.
Handling: General	Provide calm, low-stress handling.
Appointments	Consider additional time for appointments (e.g., scheduled appointments at the end of the day). Prioritise early intervention and accommodation for common disease processes (e.g., otitis, dermatitis)
Experience	Have experience /work toward gaining experience—watch the dogs work. Have a genuine interest in what these dogs do. Develop/have an appropriate confidence in working with potentially reactive dogs.
Communication	Use appropriate terminology for these dogs (canine vs military working dog, etc.) Recognise the importance of timely and thorough communication with the handler and/or the organisation that owns the dog. Discuss how they prefer to have initial and follow-up communications handled with the handler. In many cases, provide written follow-up outlining the expected duration of recovery and return to work. Understand when dealing with service/assistance dogs: Importance of communications tailored to disabled individuals (e.g., call-backs, e-mails).

Table 1 Practice Team Attributes and Skill Sets for the Care of Working, Assistance, and Therapy Dogs

It is helpful for practitioners to define working and service dogs according to their specialised function or work environment, as follows:

- Working dogs are further categorised as detection or protection animals. As the name implies, working dogs are trained to accomplish specific, defined tasks.
- Assistance dogs are classified as either service dogs or emotional support dogs. Assistance dogs help persons diagnosed with psychological or physical limitations who benefit from interaction with the dog. Service dogs have a specific job to accomplish, whereas an emotional support dog does not have a specific job but provides support by their presence alone.
- Therapy dogs perform animal-assisted activities (AAA) or animal-assisted therapy (AAT). AAA dogs have been described as "happiness delivery" animals, performing duties such as hospital visits and destressing interactions with people. AAT dogs provide goal-directed therapy, often directed by a healthcare professional such as an occupational therapist or psychologist.

Attributes and Attitudes of Veterinary Practices

- Improve the practice team's understanding of the particular needs of working dogs
- Develop an understanding of the dog's special needs from the perspective of its handler or trainer
- Enhance the well-being and safety and decrease the stress imposed on the practice teams who
- Minimise the risk of infectious disease transmission and injury to working dogs by providing optimum preventive healthcare and nutrition

Relevant Information for Veterinarians

Many of the breeds and breed mixes used as working dogs have low thresholds for arousal and may become highly aroused quickly. This response characteristic can make handling a challenge and underscores the importance of recognising threshold levels, low-stress handling, avoiding over-restraint, and focusing on the safety of the veterinary team. It can be helpful to develop specific guidelines for your practice team for interacting with and caring for working canines with their handlers in your practice. For example, to reduce arousal, bring the handler and their canine directly into a separate room or hospital area upon arrival (or leave them in their vehicle until you have an available exam room or greeting room space). Unless recommended by the handler, do not separate the handler from the dog unless absolutely necessary. If needed, administer sedative drugs before separating the two and ensure the handler is present during recovery.

Ensure all team members recognise the difference in handling, approach, and care these specialised working dogs require. The use of muzzles should be advocated when there is any question regarding the patient's disposition and temperament. Even a muzzled dog may strike with full head force (known as "muzzlewhipping"), leading to some painful concussive injuries to veterinary personnel.

In light of these risks, the inclination is to overhandle working dogs often, making them more reactive and aggressive. An uncontrolled situation is a common scenario that emphasises the importance of low-stress handling techniques. Experienced veterinary personnel and dog handlers will develop a coordinated and calmflow of movements around the dog while performing the physical exam and various procedures and treatments

The Detection Dog

Detection dogs are often categorised by the specific odour/scent or category of odours/scents they are trained to detect). They can also be classified by how they work (e.g., trailing, tracking, and air scenting). Finally, detection dogs can be categorised by the industry or sector for which they work (e.g., agriculture, conservation, or search and rescue).

Practitioners should understand that medical conditions and therapies may affect olfaction. This potential should be discussed with the handler so decisions can be made to remove a dog from service if a decline in performance is expected. For example, oral administration of metronidazole may degrade a dog's ability to detect explosives. Therefore, practitioners should consider limiting metronidazole in detecting dog patients to conditions with no reasonable alternative.

Systemic steroids may either enhance or inhibit olfaction. A steroid for an underlying nasal inflammatory condition can be of assistance; however, high-dose, long-term, systemic steroids may harm olfaction. Functional odour recognition reassessment and possible recertification should be advocated when placing the patient on an extended prescription of the medications mentioned above.

Although there is growing scientific data on the olfactory effects of some pharmaceuticals and biologics, there is limited information on many commonly used therapies. Detection dogs can be at risk of toxic exposure to opioids or other drugs and toxins.

Practitioners must collect a comprehensive history to determine the likelihood of exposure and be aware of the presenting clinical signs. A dog exposed to opioids may be a fomite and carry those opioids on its fur/face, thus putting in-contact humans at risk.

The Protection Dog

To perform the tasks required of a protection dog, appropriate physical structure, including dentition, orthopaedic soundness, a body condition score of 4–5 out of 9, and physical conditioning are necessary. Disruptions in the normal anatomy or physiology that go unnoticed in a pet dog, such as dental disease or tooth fractures, being overweight, or lack of a fitness and conditioning, can impair the protection dog's performance putting the handler's life at risk.

Recognising these deficiencies is the first step in a clinical assessment. Clinical acumen may benefit from direct observation of the patient's training. Alternatively, video or photo documentation of work-related compromise (provided by the client) may facilitate the practitioner's determination of the patient's medical diagnosis.



Picture 1 Root canal therapy for a complicated crown fracture of a canine tooth in a working dog. Veterinarians should be prepared to recommend dental referral practices to organizations using protection dogs. Photo BJ Pierce.

>>> 12

Basic healthcare recommendations

Table 2 is a summary of the Healthcare Recommendations for working dogs per type.

Healthcare Category	Protection Dogs	Detection Dogs	Assistance/ Therapy Dogs
Preventive care	Dental care Core vaccines to include leptospirosis, Bordetella, CIV (in at-risk populations) Annual heartworm testing; vector-borne disease in at-risk populations Fitness and conditioning; adequate warm-up before work Annual wellness screening tests (e.g., biochemistries, faecal analysis) Flea and tick preventives Prophylactic gastropexy Leave functional dewclaws and tails intact Awareness of susceptibility (exertional and non-exertional) to heat stroke	The consideration that dogs may travel outside the area Additional vaccines beyond core may include respiratory complex, leptospirosis, Lyme disease, etc. Intranasal vaccines or olfaction May need frequently updated health certificates for travel Health screenings may need to be expanded based upon unique risks (infectious disease or other exposures) Annual wellness screening tests (e.g., biochemistries, faecal analysis)	Standard canine preventive care based on lifestyle: vaccines, parasite (including HW), etc. Annual wellness screening tests (e.g., biochemistries, faecal analysis) May travel extensively with the owner; therefore, preventive care may require a more global approach May need frequently updated health certificates for travel
Behaviour	Be aware of and prepared to address • Noise sensitivity • Anxiety • Environmental aversions • Acclimation to husbandry practices Recognition and early treatment of post-traumatic stress Implications of training methods on welfare	Be aware of and prepared to address • High arousal • Predisposition to compulsive behaviours • Benefits of behavioural and environmental enrichment	Be aware of and prepared to address • Highly trained • The dog is not "working" when not in a harness or vest.
Nutrition	Body Condition Scores (ideal is 3.5–4.5 out of 9) Use of supplements as appropriate to the individual (joint, probiotics, skin) Caloric requirements and dietary assessments Need for special diets (prescription, performance)	Dietary flexibility should be encouraged by regularly interchanging 2–3 complete and balanced diets to support lean body condition and GI microbial diversity Use of supplements as appropriate to the individual (joint, probiotics, skin) Detection dogs may require adjustment to protein and fat intake to maintain muscle condition and avoid weight gain	Adjust based on the activity level of their job/ MER Encourage not utilising raw diets owing to exposure of some of these dogs to immunocompromised patients
Reproduction	Delay desexing in both males and females until past closure of growth plates to decrease the risk of orthopaedic issues later Consider leaving males intact through working life Neutering does not measurably change motivation to work Consider minimally invasive ovariectomy or OHE and combining it with gastropexy	Delay desexing in both males and females until past closure of growth plates to decrease the risk of orthopaedic issues later Brucellosis if breeding See heritable diseases	Puppy stages (before being in service) • Discuss age of desexing based on orthopaedic risks and breeding potential
Common injuries	Feet, pads, nails Musculoskeletal (muscle strains, DLSS, overuse/ repetitive injuries) Ballistic wounds (gunshot, handgun); penetrating injuries (knife, impalement); blunt trauma from falls Dental trauma (fracture of teeth, particularly canines) Tail tip trauma ("happy tail") Airway obstructions (e.g., inhaling ball) Heat injury	Heat-related Bites/stings Toxicities Punctures/lacerations/trauma Orthopaedic and musculoskeletal injuries Feet, pads, nails	Blunt trauma: HBC, falls, burns and cuts (advise booties in inclement weather) Risks vary based on environment (hot, cold surfaces) Local dermatitis such as harness rub Bite wounds
Common diseases	Infectious diseases (vector-borne, region-specific disease; leptospirosis) Gastrointestinal: diarrhoea, GDV Ear/skin disease (atopy, environmental, food allergy) Upper respiratory (in at-risk kenneled populations) Urinary: UTIs; prostatitis Ocular: corneal disease (pannus), foreign bodies	Gastrointestinal: GDV/discuss prophylactic gastropexy Environmental risk factors Orthopedic: hip/ elbow dysplasia, osteoarthritis, lumbosacral disease	Based on age, breed, lifestyle Early intervention and accommodation for all disease processes are encouraged Osteoarthritis from increased load or strain (i.e., mobility/ balance)

Handling	Low-stress techniques Premedication as appropriate Keep handlers with dogs Have handler apply cage-style muzzles Staying below the threshold; avoid triggers Practice calm behaviours from the veterinary team and dog-handler team Consider performing exams outside (do not trap the dog in small area) Understand and identify special commands	Keep handler and canine together as a team Avoid arousal Do not over-restrain Consider keeping them separate from other animals	Should not be handled or examined while in harness or vest (working) Understand/identify special commands The presence of a handler is advised
Screening for heritable diseases	Hip dysplasia LS disease Elbow dysplasia Degenerative myelopathy Progressive retinal atrophy (PRA)	EIC CNM Elbow and hip dysplasia Ophthalmic diseases: CERF exams (PRA, etc.)	Note training facility may have already run these Orthopaedic, cardiac Breed dependent: DM, PRA, MDR1, EIC
Mental/ emotional considerations	End-of-life or end-of-career decisions require additional considerations/ accommodations Euthanasia: it will involve a network of support from teammates and honouring their process and culture Traumatic events (apprehension, getting shot) create a solid bond with the dog Financial limitations and responsibilities The dog may be a proxy for handler stress (emotions roll down the leash)	End-of-life or end-of-career decisions may be tough and require additional considerations/ accommodations Financial limitations and responsibilities The dog may be a proxy for handler stress (emotions roll down the leash)	End-of-life or end-of-career decisions may be tough and require additional considerations/ accommodations Fatigue and burnout Breaks appropriate for the intensity of work? High level of attachment to the handler Separation anxiety
First aid	Trauma/haemorrhage Airway obstruction Toxicity, field decontamination (both oral and dermal decontamination) Hydration Heat injury Transport Triage GDV Assessment of vital signs and knowledge of normal values	Haemorrhage control Airway obstruction Toxicity, field decontamination (both oral and dermal decontamination) Heat injury Hydration Opioid reversal Allergic reactions	Toxicity (e.g., human medications) Minor wounds Bite wounds
Triggers for retirement	Loss of mobility, pain Loss of interest in the job Terminal disease Inability to certify/recertify Contraindications for high-stress performance: Addison's disease, epilepsy, laryngeal paralysis, cardiac disease	Agencies and organisations may have specific requirements and/or recommendations Medical Performance/behavioural	Hearing or vision loss Addison's disease (depending on service) Any severe disease that impairs the dog's function If the handler cannot handle the long-term treatment needed for the dog Loss of interest in the job
Needs of handlers	Communication Respect for bond Access to medical education and medical information regarding their dog (resources 24/7)	Include handlers in treatment decisions Full treatment plans with a detailed return to work strategies/requirements Evaluate the need for and implement a return to work fitness program	Disability may impair the ability to treat a dog (e.g., eye drops) Accessibility of hospital Discharge letters/ medications labeled such that client can get the information Dog-proof the house to prevent FB
Needs of owners	Financial planning Communication; timely written reports Utilising "HMO" contract or insurance Investment in dog, assurances; value of treatment	Agencies or organisations may need to be involved in treatment decisions	Usually as above (or as below) Who is paying the bill? Practitioners may consider offering discounts
Needs of organisations	Education Needs dogs that can provide the services expected of them PR: media loves a good working dog story	Agencies or organisations may need to be involved in treatment decisions	Varies depending on the organisation Some maintain ownership Update to help in breeding for the future
Possible exposure risk	Illicit drugs	Illicit drugs	Human pharmaceuticals

>>> 14



Picture 2 End of Watch–a funeral for police dog killed in the line of duty. Photo BJ Pierce.



Picture 3 An athletic working dog performing bite work training. The photo illustrates the physical demands required of protection dogs. Photo BJ Pierce.



Picture 4 Photo C. M. Otto.

Knowing when to refer the dog to a specialist familiar with problems and requirements of protection dogs (www.workingdogpractitioner.com) is critical. It will be influenced by the ability to communicate the work, safety, and health implications to the handler or the sponsoring organisation.

The practitioner should take an active role in injury prevention, for example, by educating the handler on the importance of the athletic requirements of the dog and the importance of allowing the animal to warm up prior to job performance.

Assistance/Therapy Dogs

When working with assistance dogs, medical considerations include recognising that pain and certain drugs and anaesthetic procedures will temporarily impact cognitive ability to make decisions and, therefore, work, particularly in service dogs.

Antihistamines, anxiolytics, epileptic medications, and analgesics or some pain medications may alter work performance.

A service dog should refrain from working or be closely monitored when adjusting to these medications. Clients with assistance dogs should be allowed to be present during medical exams, and the communication with the handler needs to be adjusted to the handler's disability.

Certain medical conditions can be incompatible with an assistance dog's job if a particular disease results in performance deficits.

The medical management of assistance/therapy dogs focuses on the canine standard of care, emphasising preventive healthcare, preventing infectious diseases, including zoonotic diseases, and ensuring the dog's general welfare.

Behavioural recommendations should focus on training consistent with the emotional support dog's role and providing that the dog has a stable temperament.

Practitioners should bear in mind the importance of transmission of disease (particularly zoonotic disease) as therapy dogs often visit immunocompromised individuals.

Raw diets should be avoided because of the risk of contamination with pathogenic organisms. Routine preventive healthcare and deworming for internal and external parasites are essential.

First Aid Training and Referrals

Working dogs require extensive training to achieve the skill necessary for their jobs. In a medical emergency, the expectation is that the veterinary practice can provide immediate, top-notch care.

Hands-on experience in first aid and triage that is specific for working dogs is invaluable when a working dog presents to a veterinary practice. In addition, many search and rescue canines

>>> 15





Working, Assistance, and Therapy Dogs: Veterinary Considerations <<< 14

work in remote environments where veterinary care may be quite distant. As a result, search and rescue teams often use field care training and the assistance of EMT paramedics to provide stabilisation care for their dogs. Veterinarians should support this specialised training and actively engage and improve appropriate pre-hospital care activities for these working dogs.

Gunshot wounds in protection dogs, significant injuries from falls or environmental exposures, surgical and critical care for GDV or urgent medical or surgical conditions, and respiratory emergencies require immediate reaction and specialised medical capabilities for care.

A primary-care veterinary practice may not be equipped to provide 24-hour critical care support for a working dog in critical condition. However, all veterinary practices should give basic life support and stabilisation followed by immediate transfer to a facility that can provide specialised care.

Euthanasia in the field or the veterinary setting should only be considered under the most dire humane and devastating injury circumstances, as this will impact the entire unit, not just the handler. Veterinary care providers should understand that their recommendations will affect the entire service team (police, search and rescue, working department).

To the reasonable and possible extent, the medical care rendered to the service/working dog merits the highest priority and highest capability available. In many organisations, working dogs are assigned rank immediately superior to the handler with whom they partner, reinforcing the highest levels of respect and recognition of their shared role and responsibilities.

Similarly, end-of-life considerations may be impacted by organisational policy and requirements that include but are not limited to a chain of command notification, funeral honours, mandatory necropsy and pathology sample submissions, and preferential remains handling and care.

Conclusion

Working dogs are valuable animals with special needs. A veterinarian should consider this when treating such animals, both when handling and the drugs used. The human-animal bond is powerful and should always be considered.

The handler is not the owner, and the decision on treatment options may not lie with the handler.

The veterinarian should be mindful of end-of-life protocols and traditions.



Importance of managing stress in the working human-animal relationship

Dr. Suné Scholtz
Educational Psychologist in private practice.
She recently completed doctoral research titled:
An auto-ethnography of a therapy dog's role in establishing a therapeutic bond.

As an educational psychologist, I have been working alongside my therapy dogs, Morkie and Mzansi, for the past 13 years. I actively integrate them into therapeutic sessions with children, which often includes play therapy, in order to support the child emotionally and psychosocially. The natural playful nature of dogs and children adds to the effectiveness of reaching therapeutic goals. I have found that I often gained children's trust much sooner if I worked with my therapy dog, and children were often more open to the process of therapy if a dog is part of the process.

My first therapy dog Morkie, who is now happily retired, started this animal-assisted therapy journey with me. Together, we learned a lot of great but also challenging lessons. The effect of her presence on the children I work with was evident. Children were very interested in Morkie and often interacted more with me when we discussed Morkie. They were also more willing to project their own feelings onto Morkie, which would open the door to the therapeutic process. Mzansi is my second therapy dog. It was and still is very important to me that Morkie and Mzansi enjoy therapy. They each have a crate in our therapy room which they can go into for some rest or when they need some time-out.

Morkie often intuitively sensed how children were feeling in therapy and adapted her behaviour accordingly. One example is that she comforted children when they were sad or cried. She would either sit very close to them or lick the tears on their cheeks if they'd allow it. I was privileged to see the value of my little therapy dog, and I could see the value of our work together. Unfortunately, even though I had some training and knowledge of animal behaviour, I did not notice that my dog was internalising my own and children's stress and emotions. The human-animal bond is incredible and profound; however, as owners, we sometimes do not see what is happening right in front of us. That is why we need guidance from veterinary professionals. My dog became very sick, and after several visits to the animal hospital, I learned that she had a stomach ulcer. My veterinarian mentioned that it may have been from her deep involvement with

children, internalising their and my emotions. At that stage, I was working full-time and completing my PhD research, so my self-care and stress levels were through the roof.

I learned a harsh and valuable lesson that day. I had to change my approach to managing my own and my dog's stress and the interaction I have with my therapy dog.

Now, I do things differently; I monitor the number of clients my dog interacts with, the type of interactions we have, and most importantly, I manage my stress levels and hers.

I know how focused Mzansi is on my well-being and how my emotions affect her. Therefore, I actively plan our stress management by taking regular walks and playing after work. My self-care is also essential in managing our well-being.

As veterinary professionals working with an owner and the service/working dog, I believe it would be beneficial to ensure that you have the knowledge and expertise to guide the human-animal team in identifying their stress as humans and that of their animals.

They need to be aware of the behavioural signs a dog will provide once they feel stressed and the type of situations that may add to the stress. Each type of animal, type of personality and type of intervention they are involved in is unique, and therefore also the self-care and stress management.

Even though you treat the animal, they are a team, and you are indirectly working with the human being. Guiding them in identifying and managing their stress and their animals may make a difference in their fantastic work. In my experience, it changed my life and that of my therapy dog.







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TRANSKEI OUTREACH 4-8 APRIL 2022





The Transkei Wild Coast is a place of breath-taking beauty, a rugged and unspoiled coastline of sweeping bays, pristine beaches, rocky headlands and the typical traditional Xhosa heartland of rolling green hills dotted with thatched rondavels. But sadly many of these tiny communities still live in heart-breaking poverty. One such village is Tshani, north of Coffee Bay, south of Port St Johns, where the majestic Mdumbi River separates it from the village of Mngcibe in the north.

Although there are in fact two animal welfare organisations working in the Transkei namely Pet Animal Lifeline (PAL) and Transkei Animal Welfare Initiative (TAWI), neither has the capacity to run a large sterilisation drive alone. It's also not easy to find veterinarians willing to volunteer their time and expertise backed up by an entire veterinary team able to handle the complicated logistics of an effective outreach in remote rural areas. There are few passable roads and the rondavels are set far apart and a 4x4 is essential. So when Toni Tew contacted Envirovet CVC asking for help with a sterilisation outreach in Tshani, we were only too happy to oblige, particularly as Envirovet CVC firmly believes in co-operation where possible with like-minded organisations.

The Transkei Animal Welfare Initiative is a grassroots NPO dedicated to eliminating the suffering of domestic animals in impoverished communities and to 'rescue rural companion animals in their own homes' by providing primary animal healthcare, sterilisations and education to indigent rural homesteads.

Pet Animal Lifeline similarly provides a life-line for rural pets in the Transkei, many of which live in unbearable conditions. Devastating, inhumane treatment is still common and dogs are largely abandoned to fend for themselves. But with help from the National Sterilization Project (NSP) PAL are able to offer solutions through sterilisation, owner education and basic animal health care.

Of course for any such ambitious campaign money is a huge problem, but when Debra from the NSP offered to make requisite funding available to Envirovet CVC for a project of her choice, the decision was made: Envirovet CVC would mount a campaign to the under-resourced Transkei Wild Coast more specifically Tshani Village.

So it was that in happy collaboration with NSP, PAL, TAWI and our frequent partners Dancers Love Dogs we set off in great excitement, undaunted by the long yet scenic trip from Cape Town stretching over 4 days (33 hours) there and back. Naturally we were warmly welcomed in Tshani on Sunday afternoon and eager and ready to start work early on Monday morning. This is what we found.











The majority of the local population is dependent on government grants, small-scale animal husbandry and planting vegetables, maize and other crops just to survive. Most are hard-pressed to care for themselves, let alone their pets, and with the spread of unwanted animals, comes an increased risk of disease for animal and human. Yet we received a very friendly welcome from community members, especially as Selina, one of our team members is Xhosa speaking and was able to translate, as also Isaac and Tyson working locally with TAWI.

Unfortunately the level of education in terms of responsible pet ownership is extremely low. The dogs are generally friendly but definitely not used to being confined or on a lead, so sometimes it was quite difficult to catch and confine them in a cage! The canines in particular presented with poor nutrition and unbelievably many internal and external parasites. Of particular importance is the South African bont tick (Amblyomma hebraeum) that causes the infectious tick-borne disease heart water in cattle, sheep and goats. All the dogs were treated for ticks and fleas (Advantix, Fibrotec Spray).

Disturbingly we found a high incidence of TVT and 13 canine cases with malignant tumours received chemotherapy to stem sexual transmission to other animals. Of course sterilisation will also help prevent further incidence of cancers.

Pleasingly there was a lower than expected incidence of mange and all patients were treated with Citrunil. There was however a high incidence of spontaneous abortion at near full-term probably due to adverse weather conditions the previous week.



>>> 20

Other value-adding procedures included deworming, 250 rabies vaccinations and one-to-one consultations with concerned owners. We noted lower than normal numbers of feral cats in the community which was encouraging.

We also had enormous help from Tamryn and Antonia, two State Veterinarians from TAWI who helped treat skin lacerations and remove tumours. They also reconstructed a self-mutilated tail amputation and handled the castration of two male cats and the sterilisation of one female.

It will be difficult to find more patients in Tshani in the immediate future, as we covered its animal population fairly extensively, but there are many more intact pets in Mngcibe village on the other bank of the Mdumbi River.

Follow-up visits should amongst other things address the hunting-dog issue that impacts this precious ecosystem and threatens to result in a 'sterile wilderness.'

Communities will have to be apprised of the fact that the act of hunting with dogs is illegal in terms of the Animals Protection Act no 71 of 1962 and contravenes the various Provincial Nature Conservation ordinances. But this is a whole other issue.

Despite heavy recent rains in the Eastern Provinces of South Africa, we were lucky with the weather and despite showers on our last day, still achieved our (ambitious) goal. But when the heavens opened on Friday afternoon we decided to call it a day and believe me we were grateful for our trusty 4-wheel drive to safely negotiate our way out of the mud, slosh and potholed gravel 'roads' and on to the long tarred-road home.

Sincere and heartfelt thanks are due to our wonderful partners TAWI, PAL and the NSP. All three teams worked really well together with special appreciation due to Oscar and Shirley for their dedication and love for the animals, to Isaac and Tyson for picking up and off-loading patients (always with a smile) and to the two young vets Tamryn and Antonia. It was such a pleasure working with you all.

Many thanks to everyone who provided comfortable accommodation and meals and making us feel welcome and special especially when we felt particularly exhausted. And to our loyal Envirovet friends and supporters, for their generous response to our prior Facebook appeal. Thanks to you, every cat and dog was sent home with a nice big bag of nutritious food!

And a huge 'hats' off' to the team for the staggering number of animals sterilised under less than ideal conditions: 10 male cats, 20 female cats, 109 male dogs and 111 female dogs.

We believe that through such non-prescriptive community engagement and education augmented by the SAVA-CVC pictorial booklets, we (and our partners) did make a positive difference in this beautiful but still endemically under-resourced part of our country.

Hopefully in the not too distant future we'll be able to return. V












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In Memoriam

Dr Anne de Vos



Anne passed away on 26 March 2022.

Dr De Vos née Fraser [Anne], a private practitioner from Ladybrand, served on the South African Veterinary Council [SAVC] as Councillor, Vice-President and Chairperson of the Education and Specialist Committees. Anne was a dedicated and hard-working Councillor. She undertook her tasks with integrity, circumspection, and humility.

Anne read every single document that she received, and her preparation to understand what was required for meetings, whether as chairperson or committee member, was always thorough. Not a single aspect of the work went unnoticed.

Anne served the veterinary and para-veterinary professions with distinction, even at the cost of her private practice. She expected nothing in return. She also served on the portfolio position related to stress matters and was the chairperson of the transformation committee. Both these tasks were executed with love, compassion, and circumspection as a professional and believer in Christ.

She supported staff members of the SAVC, and she continued to support them even during her own struggle with ill health.

Anne selflessly served her fellow human beings and made a lasting impression on us. She paves the way for a new life for us.

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LANGUAGE POLICY

1. PRE-AMBLE AND INTRODUCTION

In line with Section 6 of the Constitution of 1996, with the 2012 Use of Official Languages Act, this Policy is concerned with the development and promotion of respect for all languages used by South Africans, and in particular, with the equitable use of the official provincial languages by the South African Veterinary Association (SAVA).

2. POLICY

The policy recognises that South Africa is a multilingual country and that SAVA reflects this multilingual diversity. It also recognises that language has the potential to contribute to transformation in various ways. The policy therefore seeks to facilitate exploring the ways this could occur at SAVA through dynamic, collaborative partnerships and approaches to language use and the awareness of language issues in communication with members through various media.

The policy supports English as the *de facto* language of communication, but is also committed to simultaneously promoting multilingualism, a possible paradox that has to be carefully managed.

This policy is intended to be a living document which continually responds to SAVA's language needs and may require regular revision. SAVA will seek to adopt a wide range of strategies that will enhance its multilingual character. In the light of historical conditions and contemporary realities, in the foreseeable future:

- **SAVA's language of communication will be English**
- **SAVA's official business will be conducted in English;**
- **The official language of record at SAVA will be English;**

3. VETNEWS

It is acknowledged that VetNews receives articles from contributors in official languages other than English.

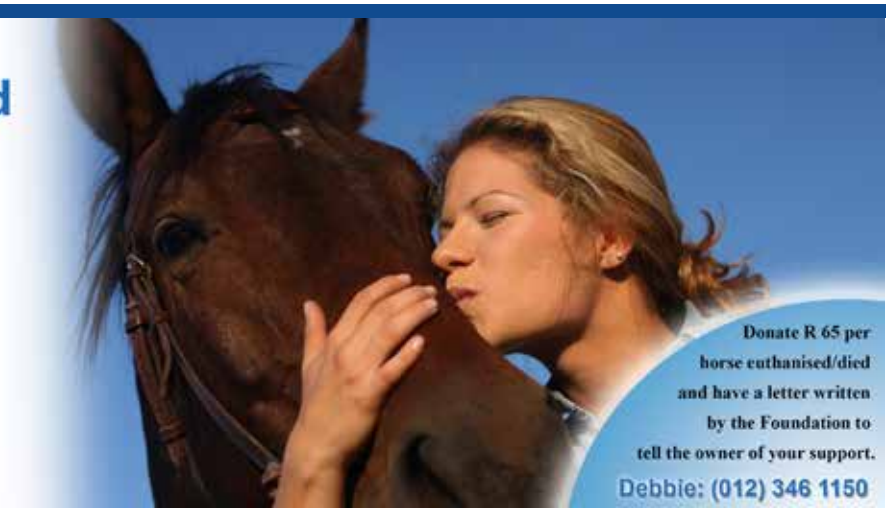
The VetNews Editor must, insofar as is possible, encourage the use of English in articles published in Vetnews.

In the event that contributors wish to submit articles in other languages as English and the Editor is of the opinion that it is in the interest of members that the article be published, a comprehensive summary of the article must be produced in English for publication in the same VetNews edition and adjacent to the non-English language article.

In this event, the author must sign off on the comprehensive summary as a fair reflection of the original article.

Approved by SAVA BoD and Fedco
22nd and 23rd April 2022

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Dr Gideon Brückner

OIE Gold medal award goes to one of our own

The Gold Medal of the OIE is a mark of international recognition awarded to persons who have distinguished themselves by their outstanding service s in the field of veterinary science and by their outstanding contribution to the technological and scientific development of activities relating to the objectives of the World Organisation for Animal Health (OIE).



Dr Gideon Brückner receives the God medal of the OIE for the year 2020. Only one Gold medal is awarded each year. Indeed, the highest international honour for any veterinarian, and this time it is proudly a South African vet and SAVA member. Due to the Covid pandemic, the ceremony was postponed, and Dr Brückner could only be presented with his medal in May this year.

Dr Brückner's significant achievements include his role in the control of Foot and mouth disease (FMD). He was involved in several campaigns to control outbreaks of FMD, notably in his native country of South Africa, to rid the incidental incursion of FMDV serotype O and incursions of the disease from neighbouring countries.

However, he considered his role in the elimination of FMD in South America as one of his most significant achievements. Here, he was instrumental in introducing the concept of a high surveillance zone in the countries of MERCOSUR that eventually resulted in freedom from disease for these countries and Bolivia, Colombia, Ecuador, and Peru.

'Dr Brückner's efforts have been recognised in South Africa with a President's Award and a Medal by the South African Veterinary Association.'

Dr Botlhe M. Modisane, Delegate of South Africa



Dr Brückner is not unfamiliar with receiving awards from the OIE. In 2015, he was one of the five winners of the OIE photo competition with the theme "Animal Health: beyond the cliché". The photo Dr Brückner is titled "Ensuting safe exports". In the same year, Dr Roy Bengis also received the Gold medal award from the OIE.

As a profession, the veterinary community and SAVA, in particular, would like to congratulate Dr Brückner on this outstanding achievement.



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Dr Koos Coetzer



The University of Pretoria (UP) has conferred the degree of Doctor of Veterinary Science (honoris causa) on Emeritus Professor Jacobus Andries Wynand (Koos) Coetzer. He receives this for his national and international scientific, teaching and learning contributions to the field of infectious and parasitic diseases of livestock and wildlife and his significant contribution to creating online tools that support education in his field of study. Prof Coetzer, who grew up in (formerly Lydenburg), obtained his BVSc degree in 1973 and attained specialist status in veterinary pathology by obtaining his M Med Vet (Path) degree in 1982. His scientific and academic career spanned almost 50 years at the Onderstepoort complex. During this time, Prof Coetzer occupied various senior positions at UP, including Head of the Department of Veterinary Tropical Diseases (1994 to 2011) and Deputy Dean of Research, Postgraduate Studies and Internationalisation (2011 to 2014). Between 2001 and 2014, he was a part-time visiting professor in Tropical Veterinary Medicine at Utrecht University, Netherlands. Since his retirement in 2014, he has been an emeritus professor at UP's Faculty of Veterinary Science.

Prof Coetzer has a significant national and, particularly, international profile. He is one of the world's foremost authorities in infectious diseases in livestock and wildlife. In recognition of his high-quality research on infectious and parasitic diseases, in 1982, Prof Coetzer received the South African Veterinary Association's (SAVA) research award for outstanding research published in scientific journals. In 1997, he received a SAVA gold medal in recognition of his exceptional scientific achievements and promotion of veterinary science. His research interests covered a wide range of diseases and plant poisonings and mycotoxicoses of livestock, including Rift Valley fever, Wesselsbron disease, lumpy skin disease, bovine theileriosis, geeldikkop and other hepatogenous photosensitivity conditions.

Heartfelt congratulations from SAVA and the Vetnews team to Prof Coetzer on this prestigious accolade.

Meet the SAVA team

Dr Tom Spencer



After qualifying, Dr Tom Spencer sought a post in Pretoria as he had a serious girlfriend still at Tuks. This brought him into the Pig Industry and an advisory/consultative work that suited his nature and veterinary style. The years of study at Onderstepoort were added to with a BComm and MMedVet. Yes, he did marry the girlfriend, and they have three children and now six grandchildren from that student acquaintance. The Pig Industry has been good to the Spencers, with many Overseas trips extended for short holidays.

Brenda considers Tom, a workaholic who cannot spell "retirement." He enjoys the facets of veterinary science, et al. He is currently involved in, being, drug registration, auditing pig farms, consulting with pig farmers, monitoring practices for SAVC and some farming outside Bronkhorstspruit. The knees, specifically the meniscus, gave notice, so the destressing 10 km runs were terminated. Local holidays have been mainly in KZN with family, but good trout streams and dams are a pleasant diversion.

Tom was asked to take the chairman post of FINCO at SAVA, where he plans to keep Vethouse financially sound and encourage many non-members to join the Association serving colleagues' interests. It is pleasing to see our classmates planning for the big 50-year reunion next year.

Regional SAVA Branch Congresses 2022

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SAVA
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Suid-Afrikaanse Veterinêre Vereniging

Western Cape Branch
22-23 July 2022
Houw Hoek Hotel, Grabouw

Free State & Northern Cape Branch
13 & 14 August 2022
MonteBello Estate, Bloemfontein

Eastern Free State Branch
2-3 September 2022
Golden Gates Hotel, Clarens

Oranje Vaal Branch
14-15 October 2022
Stonehenge River Lodge, Parys





Registration Fees

Member (2 days)	R1,550
Member (1 day)	R 855
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For more information on the programme, accommodation, registration and sponsorship opportunities, please contact

Corné Engelbrecht
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corne@savetcon.co.za
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PROGRAMME UPDATE

The 11th Biennial South African Veterinary and Paraveterinary Congress will be held from 25-27 October 2022 at Emperors Palace Convention Centre & Hotel in Kempton Park, Gauteng.

We are delighted in with the interest in the Congress. We received a total of 130 abstracts from across South Africa, the USA, UK and the Netherlands, making this a truly international congress. The programme will include 1 keynote plenary speaker, 2 full day workshops, 3 panel discussions, the South African Veterinary Technology Association Conference and a variety of oral presentations.

Our main Congress themes are:

- The SA Veterinary Technologist Congress (SAAVT)
- Animal Ethics & Welfare
- Equines
- Mental Health and Well-being
- One Health
- Practice Management
- Production Animals - Pigs
- RuVASA
- Small Animal Medicine
- Veterinary History
- Wildlife & Exotics

WORKSHOPS

The Congress will also host two full day workshops, both presented by Prof. Kenneth Joubert, on 'A Practical CPR Workshop for Vets & Nurses' (10 CPD points), and 'Anaesthesia, the anaesthetic machine and monitoring of patients', also for both Vets & Nurses.

Costs to attend either workshop are:

- R250 pp additional, if you have registered to attend the full congress;
- R2,500 p/vet/workshop, if you would only want to attend the workshops; or
- R1,400 p/nurse/workshop, if you would only want to attend the workshops.

SAVA 2022

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25-27 October 2022 | Emperors Palace, Gauteng

FACTS

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TO VACCINATE OR NOT TO VACCINATE – the other side of the coin

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.

There is often confusion about who may legally vaccinate veterinary patients. Two sets of legislation must be considered to provide clarity on this issue. The first is the Veterinary and Para-Veterinary Professions Act ("the Veterinary Act), and the second is the Animal Diseases Act. It should also be noted that owners may vaccinate their animals in most instances.

The Veterinary Act and its Rules set out which services the various veterinary professions may perform for gain. Apart from veterinarians, veterinary nurses and animal health technicians ("AHTs") may also vaccinate animals.

Currently, they may only do so while under the direction or supervision of a veterinarian or while employed by the State (in the case of AHTs). Registered students may vaccinate animals while undergoing practical training but only under the supervision and direction of a veterinary professional.

A further aspect to consider is the purpose for which an animal is vaccinated. If the vaccination is done purely as part of disease control, then, subject to the Animal Diseases Act, it can be done by the owner, a veterinarian, a registered student, an AHT, or a veterinary nurse. Vaccination done by veterinary nurses, AHTs, or students can only form part of a vaccination record (subject to Rule 6 of the Rules Relating to the Practicing of Veterinary Professions).

As soon as vaccinations are done for any certification purposes, the certification principles as set out in Rule 5 must be adhered to. The regulations include the requirement that a veterinarian can only certify facts that can be personally verified, and the veterinarian must personally sign the certificate.

The Animal Diseases Act and, more specifically, the Animal Diseases Regulations determine which controlled diseases vaccination is compulsory and who must administer the vaccinations. For example, as part of anthrax control, it is stipulated that cattle must be vaccinated annually by the owner.

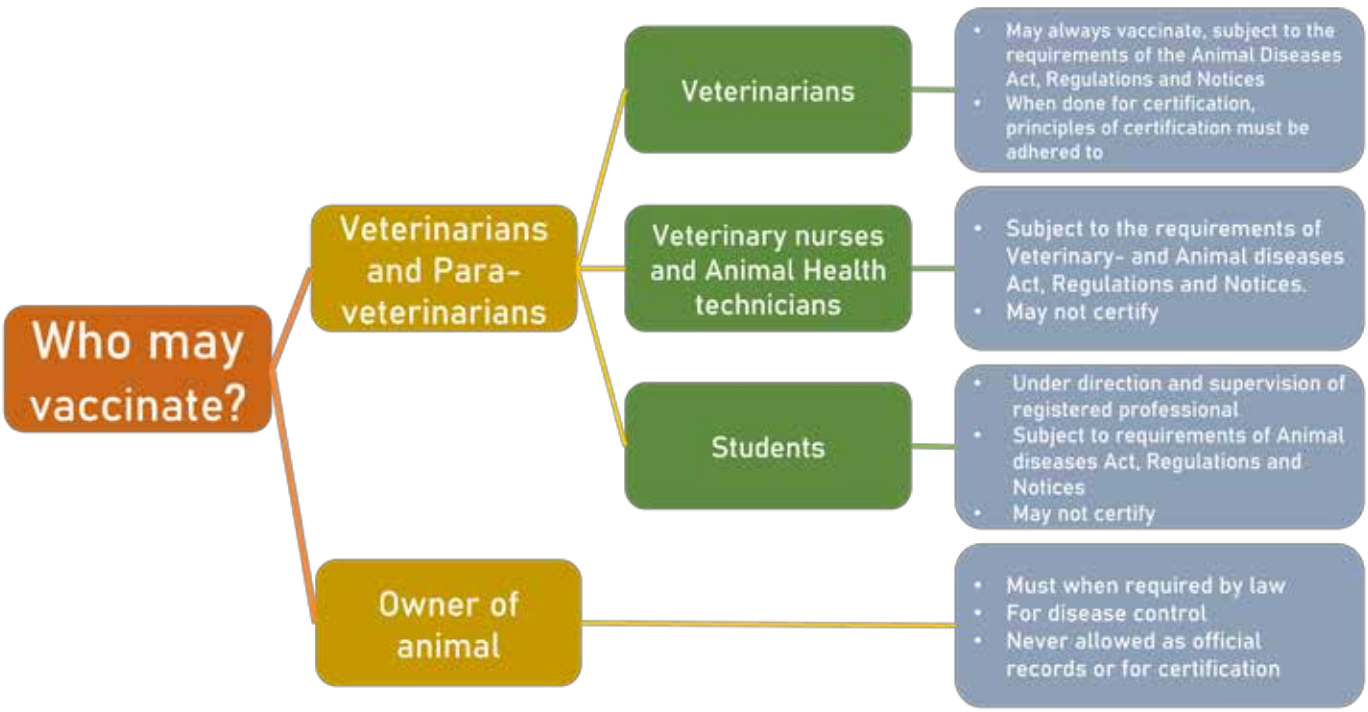


For rabies control, it is required that all dogs and cats must be vaccinated by a state veterinary official, a veterinarian, or an authorised person. There are some controlled diseases for which vaccination is not allowed at all. In contrast, for others, such as equine viral arthritis, animals may only be vaccinated with the director's written approval. It may also be a specific requirement that a veterinarian must do vaccination.

African horse sickness (AHS) vaccinations provide an example of how the two acts interact. The Animal Diseases Regulations stipulate that horse owners must vaccinate their horses against AHS, except for horses in the AHS free- and surveillance zones. Horses in the free- and surveillance zones may only be vaccinated with the director's written permission, and horses in the controlled area (including the protection zone) may only be vaccinated between 1 June and 31 October of each year. Furthermore, such vaccinations may only be done by a veterinarian. Horses that travel to the AHS-controlled area also need passports in which their AHS vaccinations must be certified by a veterinarian. Even if an owner had vaccinated the horse as part of disease control, that vaccination is not valid for movement purposes. A veterinarian will have to re-vaccinate the horse to certify the immunisation to satisfy the legal movement requirements into the controlled area.

Before vaccinating an animal, first, establish the reason for the vaccination. For certification purposes, only a registered veterinarian may do the vaccination and complete the certificate. Suppose it is not for certification purposes, and it is not a controlled disease that has specific requirements about who is allowed to vaccinate the animal. A veterinary nurse, AHT, or registered student may do it if both acts' other requirements are fulfilled.

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







SUMERIAN DOGS: TWO SIDES OF THE COIN

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

Canis lupus was the first wild species to share a home with man. The fact that it possessed a set of characteristics that distinguished it from the rest, such as its great adaptability and teamwork skills, contributed to creating a very particular relationship.

There is still much debate about the origins of the dog, considered by the current taxonomy to be a subspecies of the wolf, *Canis lupus familiaris*. In the Sumerian classification, the domestic dog is included in the "ur" group, which comprises quadruped predators (figure 1a). It is an animal endowed with a marked duality: a predator on the steppes and a guardian in the service of man; disease-causing and at the same time a healer, the latter facet represented by the goddess Gula, whom the dog accompanied and embodied.

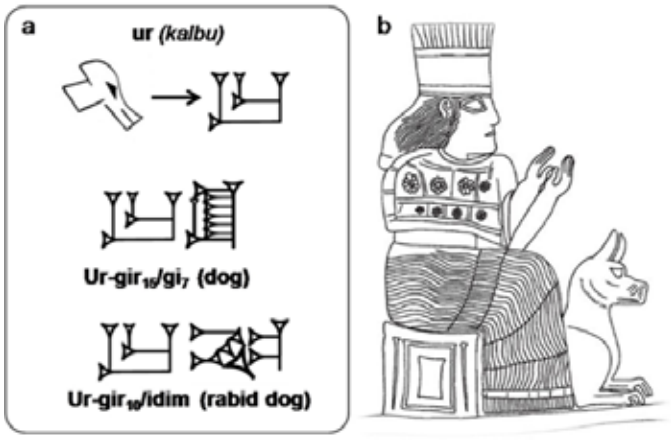


Figure 1a: Sumerian determinative ur (Akkadian kalbu) and its evolution to cuneiform sign. The species included in this group are wild, with the exception of the dog. The spellings of the utility dog and the rabid dog are included. 1b: Goddess Gula on her throne with a dog at her feet. Schematized detail of the kudurru (boundary stone) of Nebuchadnezzar I (12th century B.C.).

Two principal breeds were distinguished: the corpulent and powerful mastiff-type molossers (Molossus dogs were famous throughout the ancient world for their size and ferocity) with two lineages, one with floppy and the other with erect ears. They were imported from the nearby mountainous areas to be used mainly to guard and defend livestock and properties.

The Central Asian Shepherd Dog is an ancient breed with similar morphology. The second breed of slender dogs of greyhound type like the modern Saluki would have been used for hunting fast prey such as gazelles. These breeds were highly valued, and the term "**gir**" $_{15}$, meaning native, local, domestic, civilized or noble, was used to distinguish these utility dogs.

In addition to the harsh conditions of the steppe, the dog was also able to adapt to the new urban environments. The 'pariah' or marginal dog was feral, without an owner or training and had no economic value, but its presence was tolerated because of its ability to dispose of annoying waste; for this reason, it was considered an impure animal. However, a special place was reserved for some of them in the city.

Due to the supposed healing properties associated with its saliva, the dog was linked with the goddess of health, Gula (figure 1b). Her principal cult temple was the é-ur-gir$_{15}$/**gi$_7$-ra** or "the house of the dog", situated in the city of Isin (in Southern Iraq).

In Isin, the first evidence linking dogs to a possible healing ritual was found, although it is still unknown how the animals participated. Other essential cult centres were located in the cities of Larsa, Nipur, Uruk, Girsu, Babylon and Assur and probably all of ancient Mesopotamia since they could have been centres of healing.

As a result, mistreating a dog or not ensuring its welfare was considered an offence against the goddess, who could then turn against the offender.

On the other hand, in Mesopotamia, it was also well known that the dog transmitted rabies or hydrophobia through its saliva. So, showing its double profile, the dog or "the hand of Gula" is presented simultaneously as a healer and as a cause of fatal disease (**ur-gir$_{10}$**, **ur-idim** or "furious or rabid dog").

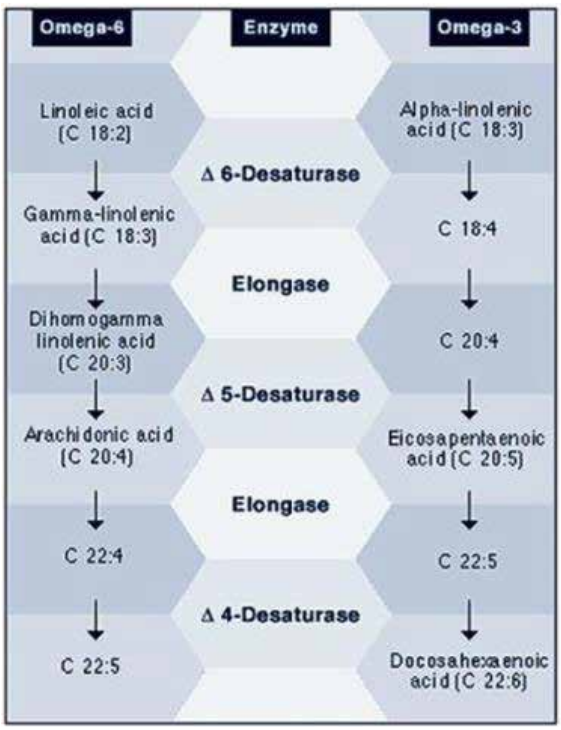
Thus, the rabid dog shares space in art and literature along with venomous species such as the scorpion and the snake, with which it shares this same symbolic value and which we will look at in future issues.

Essential fatty acids



Essential Fatty Acids (EFAs) come from dietary fat. The body has a physiological requirement for two distinct families of EFAs: the omega 6(n-6) and omega 3(n-3) series. All EFA are polyunsaturated. The most significant fatty acid in the n-6 series is linoleic acid (sources include: corn, soybean, sunflower oils, poultry and pork fat). In most animals, gamma-linoleic acid (GLA) and **arachidonic acid (AA)** can be synthesized from linoleic acid; therefore, there is no dietary requirement if there is enough LA in the diet for GLA and AA. Although the dog can synthesize adequate amounts of these fatty acids during all life stages, the cat is one of the species that does not synthesize sufficient amounts of AA during all life stages, even if linoleic acid is present in the diet.

As a result, AA is considered to be conditionally essential for the cat during pregnancy and normal neonatal development.



In the n-3 family, alpha-linolenic acid (ALA) is essential in dogs and cats. The conversion of ALA to physiologically necessary long-chain PUFAs such as **EPA** and **DHA** is limited, leading to dietary requirements during periods of reproduction and development.

During metabolism, the n-6 and n-3 families complete for the same enzymes and metabolic pathways, although their end products differ; therefore, the effects of these fatty acids will be influenced by both their absolute quantities in the diet and their relative levels each other.

Linoleic acid & Arachidonic acid

Linoleic acid has essential functions in maintaining the epidermal water barrier in the skin. It is incorporated into a fraction of cellular phospholipids in the epidermal keratinocytes called ceramides. The most crucial long-chain polyunsaturated fatty acid produced from linoleic acid is AA, a major cell membrane fatty acid and a precursor of certain types of eicosanoids. Eicosanoids are produced and released from cell membranes in response to physical and chemical trauma and have local effects on the immune and inflammatory response.

The four primary types of eicosanoids are prostaglandins, prostacyclins, thromboxanes and leukotrienes. AA, which generally comprises more than 20% of the total fatty acids in cell membrane phospholipids in the skin, is converted to prostaglandins of the two series (prostaglandin E2) and leukotrienes of the four series (leukotriene B4) These eicosanoids are pro-inflammatory and are central mediators of inflammatory and allergic responses.

Alpha-Linolenic Acid, EPA & DHA

The primary role of ALA is to act as the parent fatty acid for the synthesis of EPA and DHA. There is evidence that ALA may contribute to a healthy trans epidermal water barrier. It has a sparing effect on linoleic acid as a source of LCPUFAs, which allows the accumulation of linoleic acid in the ceramide fraction of the skin.

EPA is incorporated into cell membranes and, like AA, serves as a precursor for the eicosanoids. Important eicosanoids produced from EPA are prostaglandins of the three series (prostaglandin E3) and leukotrienes of the five series (leukotriene B5). These eicosanoids are less potent mediators of inflammation than those produced from AA and can effectively reduce inflammatory and allergic responses when they replace AA; therefore, they form the basis for n-3 fatty acids in managing inflammatory disorders.

DHA is found in large amounts in the cell membranes of neurological tissues and is one of the most abundant fatty acids found in the retina. It is essential for normal neurological and visual development during foetal and neonatal life. ALA can be converted to DHA in very young animals and is less effective in adults.

The amount and type of n-3 and n-6 fatty acids and the ratios of these two classes of fatty acids in the diet must be considered when determining effects on plasma and tissue levels and consequent eicosanoid synthesis. An early study with healthy dogs showed that feeding a diet containing n-6 to omega-three ratios between 5:1 and 10:1 resulted in significantly lower levels of LTB4. It also shows significantly higher levels of the less inflammatory metabolite LTB5 in the skin compared with levels produced when the dogs were fed a diet with ratios of 28:1 or higher. Results of studies have suggested that when a favourable ratio is included in the diet, increasing the source of EPA and DHA while maintaining a constant n-6 to n-3 ratio positively affects plasma fatty acid profiles and, presumably (although not yet reported), the production of less inflammatory eicosanoids.

The National Research Council (NRC) recommends a **2.6:1 to 26:1** omega-6 to omega-3 ratio.

Influential Life Coaching

IDENTIFYING BURNOUT: PART 3



Dr Mats Abatzidis

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Author of the published book "Life outside your comfort zone. Better and beyond all expectations".
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http://www.life-coach-directory.co.za/mats-abatzidis

I hope this article finds you and your families well and safe!!! Last month we looked into the different stages of "Burnout". Whether burnout is a form of depression or a distinct phenomenon is an object of controversy. A systematic literature search was carried out in PubMed, PsycINFO, and IngentaConnect. A total of 92 studies were identified as informing the issue of burnout–depression overlap, suggesting that the distinction between burnout and depression is conceptually fragile. It is notably unclear how the state of burnout (i.e., **the end-stage of the burnout** process) is conceived to differ from clinical depression. (Clinical Psychology Review Volume 36, March 2015, Pages 28-41; https://doi.org/10.1016/j.cpr.2015.01.004). However, the early stages of depression are very much distinguishable and identifiable and should be addressed as such.

General principles of **burnout prevention** are:

- Plan regular breaks for yourself or have activities that allow your mind to escape your daily challenges and routine.
- Refresh with proper diet & exercise.
- Re-evaluate commitments, priorities, and responsibilities regularly (at least once a year if not more often).
- Relegate and delegate for reinforcement.
- Learn to live with the challenges inherent in trying to create the elusive "work-life balance."
- Understand that life goes through phases, and that is normal

Job burnout has long been recognized as a problem that leaves once-enthusiastic professionals feeling drained, cynical, and ineffective. An article by Christina Maslach proposes two new approaches to preventing burnout that focus on the interaction between personal and situational factors. The first approach focuses on the exact opposite of burnout: increasing engagement with work by creating a better "fit" between the individual and the job. The second approach draws from the decision-making literature. It reframes burnout in terms of how perceptions of the risk of burnout may lead to suboptimal choices that increase the likelihood of burning out. (Applied and Preventive Psychology Volume 7, Issue 1, Winter 1998, Pages 63-74; https://doi.org/10.1016/S0962-1849(98)80022-X)

Recovering from burnout: At this point, burnout probably sounds stressful enough to wonder if you can ever recover from it. The good news is there are ways to bounce back. First, be honest with yourself and **recognize the burnout**. It will be challenging to move forward if you can't see the problem yourself.

- **Evaluate your options**. Discuss specific concerns with your employer/boss/supervisor. Maybe you can work together to change expectations or reach compromises or solutions. Try to set goals for what must get done and what can wait (prioritizing your tasks).
- **Seek support**. Whether you reach out to co-workers/colleagues, friends or loved ones, support and collaboration might help you cope. If you have access to an employee assistance program, take advantage of relevant services.
- **Try relaxing activities.** Explore programs that can help with stress, such as yoga, meditation, or tai chi. Relaxing activities improve concentration, improve digestion, helps with oxygenation of your body's various tissues, reduce anger and frustration, lower blood pressure, reduce the risk of stroke, promote well-being, reduce fatigue, reduce inflammation, and slow the heart rate. In addition, we can try specific relaxation techniques, including progressive relaxation, guided imagery, biofeedback, self-hypnosis and deep breathing exercises (https://www.adventhealth.com/blog/10-health-benefits-relaxation-plus-tips-help-you-unwind)

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Life Coaching <<< 32

- **Get some exercise**. Regular physical activity can help you to better deal with stress and put you in a better mood. It can also take your mind off work, help you control your weight, help combat certain health conditions and diseases, boost muscle strength and endurance, and improve your quality of sleep (https://www.mayoclinic.org/healthy-lifestyle/fitness/in-depth/exercise/art-20048389)
- **Get some sleep**. Sleep restores well-being and helps protect your health. Restoring healthy sleep patterns will help you have a sharper mind, boost your emotional state, improved heart function, better physical performance, better blood sugar control, stronger immunity, and steadier weight control. (https://www.webmd.com/sleep-disorders/benefits-sleep-more)
- **Mindfulness**. Mindfulness is the act of focusing on your breath flow and being intensely aware of what you're sensing and feeling at every moment, without interpretation or judgment. In a job setting, this practice involves facing situations with openness and patience and without judgment (https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/burnout/art-20046642).

If you're struggling from burnout and are unsure of where to turn, ask your primary care physician to refer you to a mental health provider. They can help you develop coping strategies to find a happy medium with your work.

Next month, we will continue looking at other concepts and ideas and improving our quality of life and overall performance both at work and at home.



How much bone can or should you remove to extract a tooth?

Prof. Gerhard Steenkamp

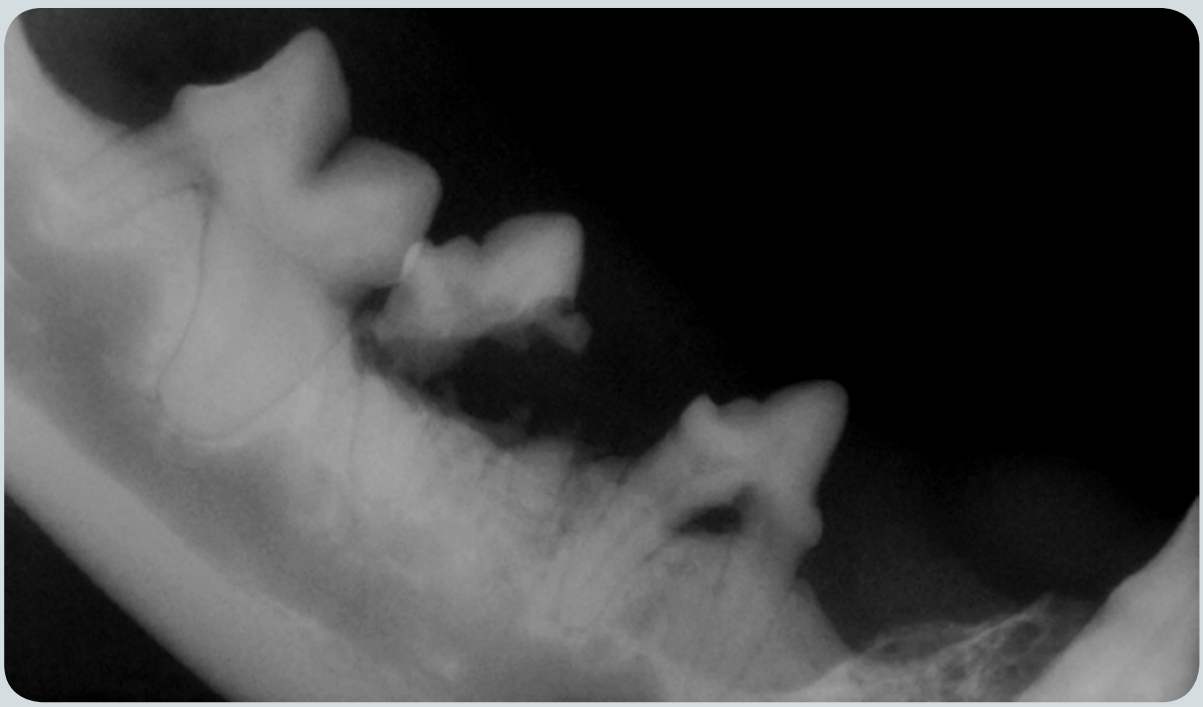
There is a question I am often asked, and it is one to which there is unfortunately not a simple answer. In general, removing the alveolar and cortical bone over a root is an effective way to remove the attachment of the root to the overlying bone. In doing so, you destabilise the tooth, and hence it is easier to remove it.

If you were to use an instrument like a dental periotome, which is very fine-tipped and meant to operate within the periodontal ligament space, you would not need to remove bone in the majority of cases.

Let us look at some examples where you will need to or want to remove bone by conventionally doing extractions without a periotome.

Periodontitis

When a tooth is affected by periodontitis, bone loss is often due to the inflammatory process that destabilises the tooth. As a general rule of thumb, you need to lose about 50% of the attachment for a tooth to become mobile. Depending on the grade of mobility, you may not need to remove any bone in order to remove the tooth. In multirooted teeth, however, you may have one of the roots affected in this way and have a deep periodontal pocket, but the second and or third roots are still firmly attached. In such a case, you may need to remove bone overlying those two healthier roots to remove them with ease.



Tooth fractures Figure 1. The mandible of a cat with resorptive lesions affecting the 3rd and 4th premolar teeth. The 4th premolar tooth's crown has fractured, leaving two root remnants within the mandibular bone, which will need to be extracted by removing overlying alveolar and cortical bone.

Trauma to a tooth may cause it to break at the gingival margin or just below. In these cases, you will need to remove bone to expose the root for you to delineate its outline, and in so doing, you will remove some attachment.

Jaw fractures with a tooth in the fracture line

Teeth that will have no beneficial effect on the fracture healing must be removed. In these cases, you may often have a multirooted tooth with one of the roots still embedded in healthy bone. Excessive removal of bone is contra-indicated here as this will lead to more bone loss around the fracture area.

Canine extractions

Canine teeth have extensive roots, and unless they are severely affected by periodontitis and mobile, an alveolotomy is indicated to remove them.

Abnormal root anatomy

Roots may often have a strange shape, which should be evaluated radiographically before extraction. It is, therefore, recommended to radiograph any tooth you would want to extract. In cats especially, we may see a periapical enlargement, making the apex wider than the rest of the root. A better way of addressing the question is to instead look at what is safe, and you will need to decide for every tooth where it fits in on the scale.

In a healthy mandible, it is possible to remove the entire bone overlying an incisor tooth's root, premolar teeth and molar teeth roots without adversely affecting the stability of the bone.

In these cases, leaving the ventral and lingual cortices of the mandible intact is sufficient strength for the bone to function normally.

The mandibular canine tooth is the exception in the mandible as the mental foramen often prevents you from exposing the entire root. So in cases of the apical bulb on a premolar tooth in a cat, you will be able to expose the entire length of the root.

In the maxilla, exposure of the entire root of the caudal 3rd premolar tooth, the rostrolateral root of the 4th premolar tooth and the palatal root of the 4th premolar tooth is a dangerous affair with the infra-orbital canal.

Therefore, I usually remove 50% - 66% of the overlying bone where no other complicating factors (like previously discussed) exist. In extreme circumstances, under the guidance of a radiographic diagnosis, I will remove the entire lateral bone wall to remove a specific deformed tooth. The last reason to remove more bone would be to retrieve fractured root tips. As mentioned, these are guidelines, but I always remember one of my great mentors, Prof. Colin Harvey, saying: 'It is easier to break a jaw by removing too little bone than too much bone.'



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Zoetis Animal Health Pages

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The Strong Bond Between People and Pets is a Global Phenomenon

Dr. Liza le Roux BVSc (Hons)
Technical Manager
Companion Animal Team

Human Animal Bond Research Institute (HABRI) and Zoetis Announce Groundbreaking International Survey Showing the Human-Animal Bond Improves Animal and Human Health[1]

A new survey of 16,000 dog and cat owners and 1,200 veterinarians across eight countries and four continents were announced in January 2022. The research shows that the human-animal bond is strong, that pets positively impact their owners' health, **and that stronger bonds are connected to improved veterinary care worldwide.[1]**

The pandemic has elevated the role of the human-animal bond in people's lives, and the data shows this is being felt on a global scale, with unexpected consequences that can benefit human and pet health worldwide. **. By conveying and championing the human-animal bond, a direct correlation between the strength of the human-animal bond and better veterinary care is created. It results in veterinarians being critical to the effort and improving health for both people and companion animals.**

To measure the human-animal bond among pet owners, the Human-Animal Bond Score (HABSCORE)[1] was developed to expand on previous scientifically validated scales. The HABSCORE examines the human-animal bond across four distinct dimensions: **attachment, humanization, commitment, and integration.**

Key Findings on Veterinary Care[1]

There is a clear correlation between the strength of the bond and improved veterinary care for pets.

- The stronger the bond, the higher number of annual vet visits.
- It is the most substantial evidence to date showing the impact of the bond for veterinary medicine.
- 81 % of veterinarians know the scientific evidence showing mutual health benefits from the human-animal bond.
- Only 43 % talk to their clients about the science behind the human-animal bond.
- 58 % believe talking about the human-animal bond encourages clients to provide the best care for their pets.

The Human Animal Bond Research Institute (HABRI)[2] maintains the world's most extensive online library of human-animal bond research and information; funds innovative research projects to scientifically document the health benefits of companion animals, **and informs the public about human-animal bond research and the beneficial role of companion animals in society.**

Paws 4 U Therapy dogs[3]

Paws 4 U therapy dogs is a non-profit organization headed by Eileen Calvert, based in Benoni. Eileen is passionate about the human-animal bond and firmly believes that every human should be exposed to the love and care of a furry friend.

Paws 4 U dog handlers are ordinary citizens with a love for people and dogs, who have found a unique way of combining both and giving back to their communities. About 60 working dogs and their handlers step up to the challenge of making a difference to people in difficult situations.

Children who are confined to a hospital bed, patients dealing with issues in a specialist facility or senior people moving into a retirement or assisted living facility where surroundings are not familiar and situations are stressful. Handler and dog must pass the evaluation for suitability to become a potential therapy dog/handler team.

Puppies will only be certified at 18-months, and a Unit Leader will monitor puppy visits. Evaluators will be officially involved in obedience work, e.g. training or competing, and be a therapy dog handler for at least three years.

The unconditional love that dogs give, together with their innate sense of knowing where there is a need for comfort, means that a visit from a Therapy dog allows one to draw on a sense of calm, love, peace, and complete acceptance of self.

Paws 4 U Therapy dogs visit super clean environments, and all of them are treated with Simparica monthly, all sponsored by Zoetis since the launch of Simparica.



References:

1. www.habri.org/international-hab-survey (The full survey)
2. www.habri.org
3. http://paws4u.org/
4. www.simparicafordogs.co.za

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Emails should have the subject reading: Attention Talitha

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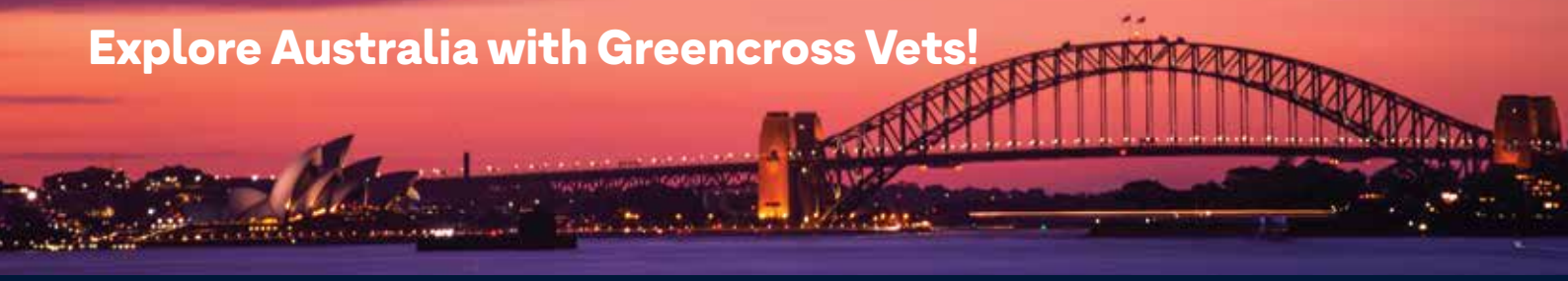


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TO APPLY PLEASE SEND A COVERING LETTER AND CV TO equinevet@savets.co.za

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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.

Sitting wondering what to write about, and on Facebook jumps a picture of Henry up, a massive male croc that I had lots to do with nearly 40 years ago. So here follows one of my encounters with this old chap. The picture below is of Henry, now in 2022.



This sizable fellow had been caught in the Okavango swamps, then sold to a client of mine who was setting up a crocodile breeding farm. My involvement was entirely coincidental as I looked after other aspects of their operation, and the General manager asked me to get involved.

At that stage, very little was known about crocodiles, and much of the published information was observational, which meant we were starting at Ground One.

One of the noteworthy aspects was that the crocodiles showed mating behaviour in May for about a month. Then they would hibernate for four months. Then, in September, this was followed by further mating and egg-laying in October. What was the May mating all about? Was it that sperm capacitation occurred, as is seen in many viviparous fish species where the female can be mated once and then deliver many babies subsequently at various periods?

In an attempt to work all this out, it was decided that, without ultrasound, to attempt to collect semen from Henry when he was sedated to treat a fight wound.

The rest of this story carries a lot of speculation because I have never had the occasion or need to repeat what happened. The literature is not oversupplied with scientific proof of any of this!

A sheep electro-ejaculation probe was inserted into Henry's cloaca, and light stimulation was applied. It was not long before a mammoth "penis" emerged – not sure if that is the correct anatomical term – but it was extraordinary. No urethral opening could be found, and here follows another speculation.

What seemed very similar to a reticular groove in ruminants then seemed to develop, and a "urethra" was formed by a groove in the ventral surface closing over to create this tube.

Then another next bit of speculation. An ejaculate appeared, thick and creamy with good motility. Under the microscope, the semen was all flagellated. I still wonder if I saw things, but their activity was similar to sperm cells but had I somehow burst a Shigella abscess? I will love someone to settle this for me if you are better informed.

A slide was prepared for further investigation, but this went amiss in the post as it happened.

Anyway, that was in the mid-eighties, and Henry now is 40 years older and believed to be close to 90 years old and still mates twice a year.



For anyone wondering what a crocodile penis may look like, here is a picture of a dolphin off the Wild Coast with his penis erected for whatever reason. This picture was captured during a sardine run.

Henry was very like that and about the same size proportionately.

Maybe this is trivia or perhaps a unique experience not encountered by many veterinarians. I make no apologies for the lack of scientific proof.



NVCG EVENTS 2022

ENDOCRINOLOGY ROADSHOW

Cape Town, 3 & 4 August
Durban, 10 & 11 August
Johannesburg 12 & 13 August

MEDICINE AND ENDOCRINOLOGY

MSD Animal Health

Hill's Transforming Lives

Registration fees

Super Early Bird fees
(will increase with R350 1 July)

NVCG Member - Full Programme
R1,750.00

Non Member - Full Programme
R2,350.00

One Day Attendance
R1,350.00

SAVA KZN-Branch Member Full Programme
R1,350.00



Prof. Jill Maddison BVSc, DipVetClinStud, PhD, FACVSc,SFHEA, MRCVS

Royal Veterinary College, University of London

Jill is Professor of General Practice and responsible for the RVC's Continuing Professional Development (CPD) programme including management of the RCVS Certificate of Advanced Veterinary Practice. She is also Director of Bachelor of Veterinary Medicine (BVetMed) course and chair of the RVC's Equality and Diversity Committee. She contributes to the RVC's teaching programme for veterinary students and veterinary nurses in the areas of small animal medicine, clinical reasoning and clinical pharmacology.



Prof. David Church BVSc PhD MACVSc FHEA MRCVS

Royal Veterinary College, University of London

David is Deputy Principal and acting Vice Principal Clinical Affairs at the Royal Veterinary College. He is an internationally recognised specialist in disorders of the endocrine system in dogs and cats. David's current research interests include the underlying mechanism for the development and resolution of diabetes mellitus and the use of clinical data collected from general veterinary practices to enhance understanding and consequently improve both the health and welfare of animals and translational medicine opportunities.

Programme of Events

DAY 1

8:00	Registration
8:45	Welcome
9:00	Are we all the same? Thinking and learning styles and their impact on clinical decision making (JEM)
9:45	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	PROMOTION SESSION
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
17:00	Drinks

DAY 2

8:00	Registration
8:45	Welcome
9:00	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	PROMOTION SESSION
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
17:00	Drinks

TO REGISTER: https://bit.ly/NVCGEndocrinology



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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

June 2022

NVCG Surgery Congress.
01-02 June
Venue: Hazendal, Cape Town
03-04 June
Venue: The Capital Zimbali, Durban
Info: Vetlink, 012-346-1590, www.vetlink.co.za

SAEVA Congress.
02 - 04 June
Venue: The Blades / Roodeplaat Premier Hotel
Info: Vetlink, 012-346-1590, www.vetlink.co.za

Veterinary Nurses Weekend.
11 - 12 June
Venue: Houwhoek Hotel, Grabouw
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
corne@savetcon.co.za

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

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: to be confirmed
Info: www.savetcon.co.za

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

SASVEPM Congress.
24-26 August
Venue: East London ICC
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
corne@savetcon.co.za

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, 071 587 2950,
corne@savetcon.co.za

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

SAVE THE DATE

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:

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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

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