VET nuus•news

May / Mei 2022

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



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Dear members,

The devastating KZN Floods impacted the lives of millions of people and animals. The impacts on the environment came as a sad reminder of the days we live. We pray for the relief and protection of all concerned, especially our affected members.

Within the animal health domain, unfortunately, there is not much relief with the continued rabies outbreaks, the fast-spreading of Foot and Mouth Disease to other provinces, continuous African Swine Fever outbreaks and the moratorium placed on the movement of buffalo, to name but a few of the animal health challenges. Fortunately, with the intervention of Dr Mike Modisane, the Chief Veterinary Officer, the moratorium on the movement of buffalo was speedily overturned. Our sincere gratitude to Dr Mike Modisane for addressing the challenge in the wink of an eye.

However, with all that is happening around us, it is time that we realise that we live in a day and age of change. We must either embrace it or live with the consequences. As an organisation serving the interests of our members, SAVA, that tally up almost 60% of veterinarians in South Africa, also needs to embrace change. Over the past couple of years, introspection had to be done on the activities of SAVA and the way it serves its members. Some areas of concern were identified that had to be addressed.

The Credo that guides the organisation and its members refers to honour our profession and its Code of Ethics. On introspection, it was found that the Code of Ethics is an ambiguous statement. After comprehensive consultation, it was finally agreed upon at the April 2022 Federal Council meeting to replace the Code of Ethics with the "Veterinary Oath", which newly graduates undertake.

SAVA also wants to serve all its members irrespective of their race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth. An aspect, however, that SAVA was grappling with is the language policy protecting the rights of all eleven official languages yet being logical and pragmatic in the use and implementation thereof.

At the October 2021 Federal Council meeting, an official SAVA language policy was proposed, which was subsequently approved at the April 2022 Federal Council. The official recording and communication language of SAVA will be English to ensure that most members will fully converse in communications. Yet, for the VetNews, contributors can use any of the eleven official languages. SAVA will translate all other languages, save for English, into English and, with the contributor's confirmation of contents, publish both in VetNews.

To manage the fast-changing environment, other role players in the animal health industry are also hard at work to relook at how animal health is being managed in a continuously changing environment.

The SAVC is obtaining approval for the new scope of practice for Animal Health Technicians, changes that might impact our profession. Through SAVA's participation in the International Veterinary Officers Coalition, inputs are provided for the World Veterinary Association to draft position statements on animal health matters of international concern. We, as members, are requested to respond. If we fail to provide input, we must accept that other role players will decide on our behalf our future.

It is with enormous expectation that SAVA was informed that the SAVC Council had endorsed the SAVC/SAVA EXCOs resolution of having a dialogue/engagement by relevant industry stakeholders to deal with matters affecting the SAVC, Associations and the Professions.

May this be the beginning of an exciting time for our profession to position ourselves as leaders in animal health.

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

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

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



Andriette van der Merwe

Editor's notes / Redakteurs notas

Dankie aan al die rolspelers binne die renosterbedryf wat help om hierdie majesteuse dier te bewaar vir ons kinders en vir die natuur.

Please pay special attention to the book review, and if you would like to obtain a copy of the book and review it for publication, please be in contact. Our deepest condolences to the family and friends of the people honoured in the eulogies.

May May be a good month in practice and the veld.

Regards,

Andriette

One day a man was walking along the beach when he noticed a boy hurriedly picking up and gently throwing things into the ocean.

Approaching the boy, the man asked: "Young man, what are you doing?"

The boy replied: "Throwing starfish back into the ocean. The surf is up, and the tide is going out. If I don't throw them back, they'll die."

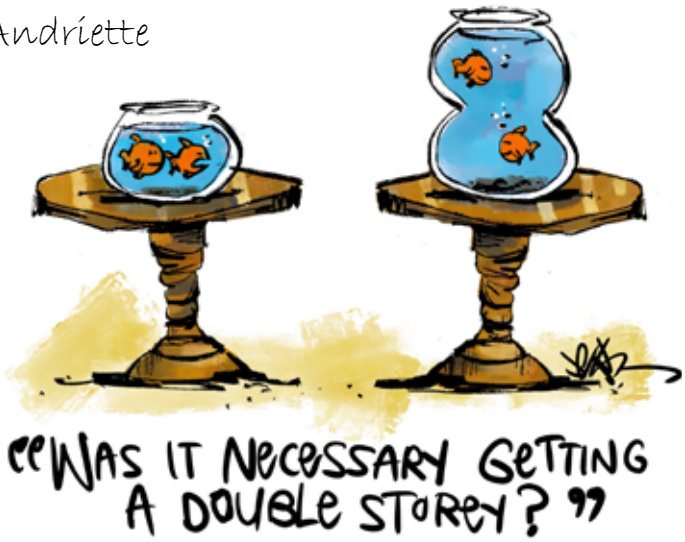
The man laughed to himself and said, "Don't you realise there are miles and miles of beach and hundreds of starfish. You cannot make a difference."

After listening politely, the boy bent down, picked up another starfish, and threw it into the surf. Then, smiling, he said to the man, "I made a difference to that one."

Op die strand van renoster stopery kan mens maklik oorweldig raak met die omvang daarvan. Elke oproep, elke geleentheid om te help en 'n renoster te red is een seester wat jy 'n kans gee op oorlewing. Met soveel fasette van die renoster bedryf is daar baie terreine met potensiaal om die oorlewing van renosters te bevorder.

The main article in this month's edition is on fine-tuning rhino anaesthesia. I want to thank the contributors from around the globe for all the input. Another shout-out to all the contributors. From the regulars to the once-off articles. You all contribute on the whole to the success of this publication.

In die maand van Mei word die volgende dae herken: Die 5de is Afrika wêreld Erfenis dag en die 22de is Die Internasionale dag van Biodiversiteit. Beide so belangrik vir ons renosters.



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Keeping anaesthetised rhinos safe

Developing safer capture and immobilisation techniques for one of the world's most endangered animals



In 2020 alone, poachers killed over 500 rhinos across South Africa – roughly one every 22 hours. And while this is an improvement on recent years, it is far too many for the highly threatened population to sustain. There are other risks too. Many of the techniques used to protect the remaining animals, including dehorning and translocation, depend on chemical immobilisation (anaesthesia) using drugs that pose a risk to the animals with effects that are not perfectly understood. In collaboration with Dr Peter Buss and SANPark's Veterinary Wildlife Services, Professor Leith Meyer and his team have been working for several years to change this.

Leith teaches wildlife pharmacology and medicine in the Faculty of Veterinary Science at the University of Pretoria and is spearheading research related to wildlife capture and chemical immobilisation. One of his primary research focuses is to improve the safety of rhinos during veterinary procedures in the field.

Rhinos are particularly sensitive to anaesthesia. They can suffer from severe cardiorespiratory perturbations, with respiratory rates dropping from 19 breaths per minute to as low as 3 or 4 breaths per minute, and heart rates can exceed 150 beats per minute. "When you look at the data of their physiology, these animals are sitting on a knife's edge. We must improve how we do things during rhino anaesthesia."

On top of this, Leith is focused on finding solutions that work out in the field where vets conduct procedures with limited resources. "Using oxygen from a big cylinder is very effective in rhinos but is not always practical, especially when working from a helicopter. When darting a rhino from a helicopter and you need to dehorn it or treat it, you want to make sure the animal has the best physiological response to the drugs used – you don't have any fancy equipment to revive the animal."

A white rhino can be up to 2m tall at the shoulder, and the average male weighs over 2 tonnes – although there are reports of the largest animals reaching 4 tonnes. Their sheer size makes any intervention a problematic proposition. First and foremost, there is the animal's safety to consider, but each procedure must be safe for people too.



Dr. Peter Buss (Veterinary Senior Manager, Kruger National Park) and Dr. Mathew Ndunda's (PhD student University of Pretoria, Veterinarian Kenyan Wildife Service) are monitoring and recording the heart rate of the immobilised rhinoceros while Dr Luke Mic aelides (MSc student University of Pretoria) is collecting a blood sample from the cephalic vein for the assessment of the stress response to the drug combination.



Chemical immobilisation of a white rhinoceros for a large collaborative study between the University of Pretoria, SANPark's Veterinary Wildlife Service and researchers from Cornell, Wits, Vienna and North West Universities assessing the effects of differ different drug combinations that are commonly used to immobilize white rhinoceros.

To better understand what different immobilising drugs do to an animal and improve the welfare of the animals and reduce the risks during anaesthesia, one needs to evaluate their physiology properly. So how exactly do you collect physiological data from rhino?

Once the rhino is immobilised, Leith's team uses a PowerLab system with transducers adapted from human exercise physiology gear – mainly a gas analyser and spirometer – to monitor the rhino's ventilation, tidal volume, respiratory rates, and metabolism during anaesthesia.

Rhinos are obligate nasal breathers that enable all expired gases to be collected from their nostrils. In place of a face mask, Leith uses adapted equine endotracheal tubes in their nostrils to collect the expired gases, measuring airflow and the CO_2 and O_2 levels each time the rhino breathes out.

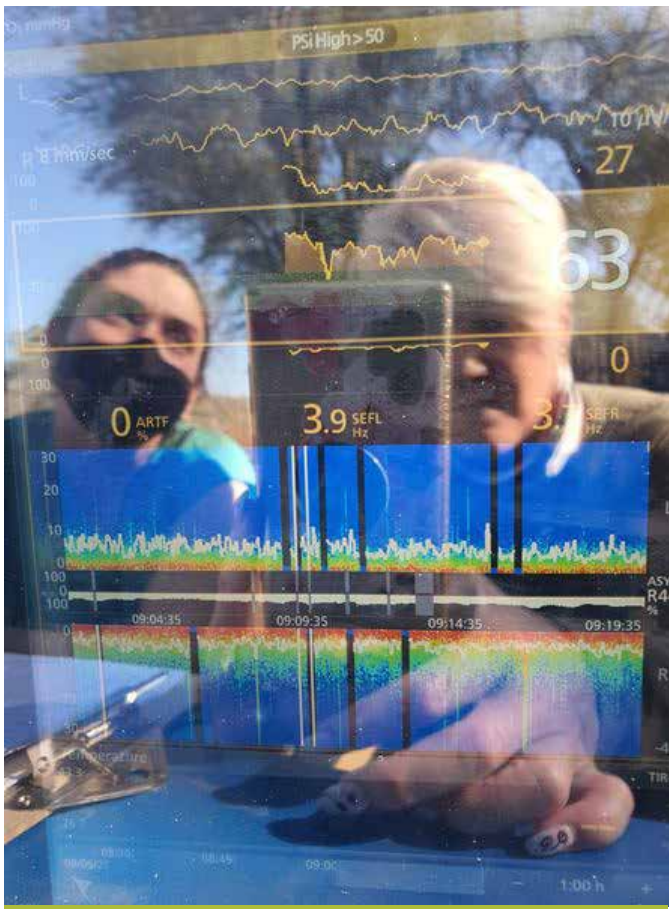


EEG:The team uses the Masimo Root with Sedline® EEG (electroencephalography) system to continuously monitor brain activity in the immobilised rhino. The sensors are placed on the frontal part of the rhino's skull, and alcohol and gel are used to improve the contact between the skin and the sensors, which are secured to the rhino's head with tape. The monitor displays EEG tracings that represent the electrical activity on both sides of the brain simultaneously and processes EEG indices that give an indication on the rhino's level of anaesthetic depth.

Calculating VO_2 and VCO_2 from these measures indicates how much O_2 the rhino is burning up and how much CO_2 they produce. Capture drugs often make the animals hypermetabolic – Leith's team aims to develop ways to reduce this elevated metabolism. A catheter is inserted into an artery in the rhino's ear to monitor blood pressure and other variables such as blood oxygenation and pH.

Other devices, including a pulse oximeter and electroencephalogram (EEG) monitor, are also placed on the animal to determine blood oxygen levels and the changes in the activity of the brain waves to get a better assessment of the depth of the immobilisation/ anaesthesia. Venous blood samples are also drawn from the cephalic artery to measure some stress and health biomarkers.

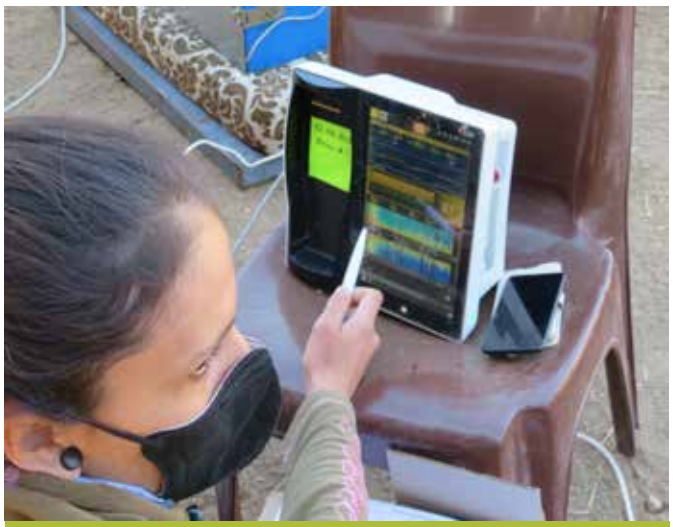
>>> 8



The reflection of Dr. Jordyn Boesch (left, Cornell University, USA) and Katherine Kewley (Masimo South Africa) monitoring the EEG of a rhino



Thembeka Mtetwa (PhD student University of Pretoria) is evaluating various lab techniques, such as the use of Tucker chambers, to determine how to best assess blood oxygen levels in immobilized rhinoceros.



Dr. Friederike Pohlin (Vetmeduni Vienna), monitoring the EEG on a rhino

A large collaborative study was recently established between the University of Pretoria, SANParks Veterinary Wildlife Service, and researchers from Cornell, Wits, Vienna and North West Universities. Several rhinos in Skukuza were assessed to see the effect of different drug combinations commonly used to immobilise rhinos.

This study had four components to it. One of these included assessing the cardiorespiratory effects of these drug combinations - this study forms part of Dr Mathew Ndunda's (from Kenyan Wildlife Service) PhD. Another component, which forms part of Dr Luke Michaelides' MSc degree, assessed the stress responses to these drug combinations.

The effects of these drug combinations on the animals' brain activity (EEG) were led by Dr Friederike Pohlin from Vetmeduni Vienna, a former PhD student of Leith's. The final component of the study was focused on determining how best to assess blood oxygen levels when rhinos are immobilised, and this study is part of Thembeka Mtetwa's PhD. Although not all data has been analysed and written up, there are already exciting preliminary findings allowing the capture process to be fine-tuned to keep rhinos as safe as possible during the capture process. Dr Peter Buss, Veterinary Senior Manager, Veterinary Wildlife Services, Kruger National Park, collaborates with Leith on research to improve methods for immobilising wildlife. "It's imperative to know what physiologically happens to a rhino when you immobilise it.

What's going on with its breathing, heart function, blood flow, and all those things? And our ultimate question is, how do we improve it? What interventions can we apply to make things safer for that rhino? And overall, how do we adjust our immobilisation protocols for rhinos?" While they currently focus on rhinos, there are plans to work on other species, including giraffes, lions, and antelope. Peter has taught veterinarians and veterinary students wildlife anaesthesiology for many years and cannot stress enough how valuable it is as a conservation technique. "Immobilising wildlife is a fundamental tool that allows us to move animals between



Dr. Peter Buss (Veterinary Senior Manager, Kruger National Park) placing tubes in the rhinoceros' nostrils for the administration of supplementary oxygen during the immobilization.

different national parks, treat animals who may have been injured in a poaching incident, dehorn animals, and conduct disease investigations. We can also support other teams' research projects – putting collars on animals to track them, collecting blood samples and so forth for people who need those types of resources."

"To this day, I still find it incredible that you can take an animal like a rhino or an elephant, both huge animals, and we can safely immobilise them with a minimal volume of drug. We have to be able to get the drugs into a dart, which is about 3 mL.

What is more incredible is when you give the antidote, literally within a minute or two, these guys are standing as if nothing ever happened to them." V







Dr Cobus Raath and Dr Ben Muller dehorning a black rhino

THE CAPTURE AND RESTRAINT OF BLACK RHINO

By Dr Liesel Laubscher

Black rhinos are classified as critically endangered, with population numbers plummeting by 96% between 1970 and 1993. Intensified anti-poaching efforts and strategic translocations have resulted in a slow recovery of the species, with numbers gradually climbing from only 2600 surviving individuals in the wild in 1993 to over 5600 in 2021. Chemical immobilisation has become an essential tool in the translocation and dehorning of black rhinos, with significant advances in recent years. With the advent of potent opioids, such as etorphine and thiafentanil, the safe immobilisation of large, wild ungulates like the black rhino has become significantly safer for both the animals and the personnel. Before this, animals were physically caught with ropes and a pursuing vehicle, resulting in numerous injuries, fatalities, and failed operations.

Black rhinos are good candidates for chemical immobilisation. When darted correctly, inductions can be predictable and quick with the right drugs at optimal doses, and immobilisations can be very stable. Unlike their white rhino counterparts, black rhinos appear more resilient to the respiratory depressive effects of opioids, and cardiovascular functions are generally well-maintained under anaesthesia. Regardless though, their large size and aggressive nature and the rough terrain in which this species often resides can make chemical immobilisation still somewhat tricky.

Black rhinos were one of the first species where etorphine was initially investigated for complete chemical immobilisation. It was combined originally with azaperone, and till today, this remains the combination of choice for many veterinarians. Doses are generally similar to those used in white rhinos, with adult animals requiring 2 - 5 mg of etorphine with 40 – 60 mg of azaperone. Doses of up to 200 mg azaperone have been reported, although these should be restricted to animals transported after the reversal of immobilisation. Big bulls require the highest doses. Because of the aggressive nature of the animals and their predisposition to excitation during induction, it is always advisable to rather use a higher dose when in doubt regarding the animal's size. Thiafentanil has also been mixed into the dart to give a 50% etorphine dose and 50% thiafentanil dose in combination with azaperone. It is thought that this provides both the benefit of the quick inductions provided by thiafentanil with the longer immobilisations provided by etorphine. More recently, thiafentanil is being used on its own as the primary immobilising agent in the mixture with no etorphine in the dart. For quick inductions, thiafentanil can be used in black rhinos in combination with azaperone at similar doses as etorphine. This protocol is particularly useful when darting from a helicopter or in situations where quick inductions are essential because of terrain and the difficulty in recovering immobilised animals.

Azaperone can also be replaced in the dart mixture with other sedatives and/or tranquilisers. Although these do not significantly shorten the induction times, they do improve muscle relaxation and the quality of immobilisation. Traditionally, azaperone was added to the dart mixture to alleviate some opioid-induced hypertension observed in large ungulate species like elephants and rhinos. This alleviation is primarily due to the peripheral vasodilation caused by azaperones' blocking of alpha1-adrenergic receptors in the periphery. Xylazine, medetomidine, detomidine, or midazolam have been used instead of azaperone, although the literature is still lacking regarding the physiological effects of using these drugs in the dart. It is reported that the addition of xylazine produces quicker inductions compared to azaperone, although increased salivation may be observed. Standing sedation in captive black rhinos has also been achieved using combinations of butorphanol and detomidine as well as medetomidine and midazolam. However, more research is required in the field of standing sedation of this species to determine which combination provides the safest sedations. Regardless of the tranquiliser and/or sedative added to the opioid for total chemical immobilisation, it is always advisable to include at least 2000 IU of hyaluronidase in the drug mixture to reduce the induction time as much as possible.

An important consideration when immobilising black rhinos is that they appear much more sensitive to butorphanol's effects than white rhinos. Butorphanol is often given in white rhinos to alleviate respiratory depression at a dose rate of 10 – 15 mg butorphanol per mg of opioid given intravenously (IV). However, this same dose may bring a black rhino to its feet quite easily. It is advisable to titrate the butorphanol dose with 5 mg butorphanol IV until the desired effect is achieved. Similarly, the opioid effects in black rhinos are rapidly reversed by administering either diprenorphine or naltrexone. In animals to be transported after immobilisation, diprenorphine should be used instead of naltrexone since the latter can cause animals to become alert and highly aggressive very quickly.



Dr Hayden Cuthill with an immobilised black rhino



Dehorned black rhino

Black rhinos can be kept immobilised with potent opioids for several hours, although repositioning animals approximately every 30 minutes is critical. Good blood flow to the legs must always be maintained. Suppose animals are to be transported after immobilisation or wild animals are to be kept in confinement. In that case, it's essential to consider an appropriate tranquiliser and/or sedative and to administer this before reversal of immobilisation. Azaperone is suitable for short-term sedation and can work for up to 3 hours. Midazolam is also relatively short-acting and has been used quite successfully. Although haloperidol can be used, care should be taken with high doses as animals are susceptible to extrapyramidal symptoms. Zuclopenthixol-acetate is an effective long-acting tranquilliser in black rhinos and is particularly useful in wild animals that are first brought into boma confinement and during transport. It takes about an hour to take effect after intramuscular administration, but its effects can last for up to 72 hours.

Due to their conservation status and the nature of black rhinos, care should always be taken when planning and executing a chemical immobilisation operation. It is essential that drug protocols are customised to the animals and the situations and that all the personnel involved are knowledgeable on what these protocols entail. Complications should always be anticipated, and drug protocols adapted accordingly. Potent opioids have made it much more achievable to safely capture and handle this iconic species. Still, cognisance should always be taken that improper dosing can lead to serious adverse effects. V

For more information on the potent opioids and their doses in different species, visit the Wildlife Pharmaceuticals website at www.wildpharm.co.za or contact them at specialist@wildpharm.co.za.

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World Veterinary Association Congress and General Assembly 2022 - Abu Dhabi

In 1863, Dr J. Gamgee convened the first International Veterinary Congress. This initiative ultimately grew into the World Veterinary Association (WVA) as it is known today: a global association that represents over 500.000 veterinarians worldwide through its 95 member associations. The WVA continues to build on Dr Gamgee's ambition to unite veterinarians from around the world to share experiences, exchange ideas, and to unify for the advancement of the veterinary profession. The WVA defends the interest of its member organisations and their general body members and holds the need for international consonance in veterinary medicine to be self-evident. Disease control and prevention, food safety and security, animal welfare, the availability of medicinal products, and the ecological impact of human and animal health systems are all issues that necessitate a global approach. Through the promotion and practice of the One Health concept, the WVA strives to protect the health and welfare of humans, animals, and the environment.

The WVA partners with relevant organisations and authorities to offer advocacy, support, and education on global veterinary issues.

In the World Veterinary Associations Strategic plan for 2020 to 2025, the WVA prioritised four core issues

- Animal Welfare
- One Health
- Veterinary Education
- Pharmaceutical Stewardship

These issues are underpinned by the WVA Core Values, namely Knowledge, Community, Nimbleness, Transparency and Respect.

At this year's Congress in Abu Dhabi, it was clear that the global pandemic changed the way congresses will look in future.



Opening ceremony

Veterinarians and para-veterinarians tentatively braved this new world under strict Covid prevention protocols that included being vaccinated, a negative PCR test (done in the UAE and loaded on an App for entrance to all places of social gatherings, including restaurants, bars and the convention centre) and the wearing of face masks where indoors. Numerous international guests and speakers attended; it was opened by the President of the Emirati Veterinary Association, Dr Roula Shabaan. Eighty-four presenters represented twenty-four countries, with South Africa falling in the second-largest defined category. UAE with twenty-two, USA and South Africa with seven, UK with six, Egypt with 5, KSA with four, Italy, France, Canada and Belgium with three, and the rest of the represented countries with one or two.



Dr Leon de Bruyn, Dr Paul van der Merwe

Dr Paul van die Merwe (President SAVA), and Dr Leon de Bruyn(Immediate Past President) attended the WVA Congress and General Assembly. One specific day the criteria for presenting papers in a lecture hall almost changed to having a South African Passport.

The program was diverse, and presentations were run in parallel streams of Companion Animals, Food Production Animals, Equids and Camelids, Wildlife Conservation, One Health, Update Technologies, Food Safety – Public Health, Veterinary Innovation and Technologies, Antimicrobial resistance and Zoonootic Diseases

Unfortunately, due to Covid restrictions and the uncertainty of how these events will be attended, very few exhibitors showcased their goods and services.





International Veterinary Officers Coalition (IVOC)

The International Veterinary Officers Coalition is a grouping of veterinary associations pursuing the same goals. Current members are the BVA, CVMA, AVMA, SAVA, AVA, and NZVA. The meeting is attended by the President and MD of the various associations and other officers invited. A speaking slot is allocated to the President of the WVA.

The annual meeting takes place over two days just before or after the WVAC in the WVAC host country and is organised by rotation. South Africa will be privileged to host IVOC just before the WVAC 2024 in Cape Town, South Africa. An opportunity to showcase our country.

However, the last IVOC was a hybrid meeting over only one day due to Covid restrictions on Australia and New Zealand.

IVOC is held in such high esteem by the WVA that the WVA asked IVOC to precede the WVA Council meeting, held on the first day of the WVAC, to allow IVOC to deliberate upon present position papers at the WVA Council meeting. The next IVOVC meeting will be hosted in 2023 by CVMA in Taiwan.

The WVA Congress was followed by an IVOC meeting, the first in-person/hybrid meeting for the past couple of years. South Africa, Britain, Canada and the USA attended in person, whilst New Zealand and Australia followed by a link provided. The country reports were deemed read, and the following points were discussed:

- Veterinary shortages and recruitment/retention challenges. These are longstanding challenges that IVOC may want to consider from the global shortage point of view. What is the current picture across the IVOC countries? How are associations responding? Are you facing calls for a lowering of standards to recruit from overseas?
- How are workplace expectations changing (e.g. requests for flexible working and improved working conditions), and what role do associations have in this discussion? Also, within this heading, the AVA updated their employer accreditation scheme, wellbeing and DEI initiatives, access to care/choosing to seek care, and recognising the value of preventive care. SAVA to investigate:
    - Supply and demand.
    - Retention/remuneration/wellness.
    - Alternative practice business model
    - Ease of setting up practices.
    - Minimum standards for veterinary practices compared to human medicine practices.
    - Veterinary value chain.
    - The scope of practice of veterinary paraprofessionals
- Changes in ways of working post-Covid. How much has Covid changed the way veterinary care is delivered? What role could and should telemedicine have in the future? What role is there for new technologies, and how should they be regulated? How is data gathered and stored, and who owns it? What is the impact of telemedicine on preventive care visits? What role should "alternative providers" have given the crossover between the growth of technology and uptake and use by non-vets who want to offer services (e.g. discussion around ultrasound units that are now more broadly available)? And how does all of this fit into both animal health and welfare and meeting the workforce's needs?
- Extreme conformation. Are trends towards more extreme breeding of pets getting worse globally? What are the drivers, and what can the veterinary profession do about the problems? Is it time to say enough is enough? Context: Norway has just had a court case brought by a vet in an NGO which has banned the breeding of Cavalier King Charles Spaniels and British Bulldogs. Is a legal route the only answer?
- One Health/Disease Surveillance. To what extent are the associations engaged with the national responses to HPAI outbreaks and managing concerns about ASF? How are associations keeping members informed and what resources are being provided or asked for?
- The environmental impact of small animal parasiticides came into view. A recent research paper found that the active ingredients from small animal parasiticides could be traced in rivers and other watercourses. Is this an issue of concern globally? What role should associations have in responding to this One Health issue?
- Antimicrobial stewardship and regulation. There's been a massive amount of effort – led by vets and industry – to improve the responsible use of antimicrobials in livestock. We're now seeing a shift of focus towards companion animals. The FDA is trying to bring some over-the-counter antimicrobials under veterinary prescription in the US. In Europe, new rules have come into force on routine use in farming. This session is an opportunity to share recent updates and look ahead to what's next and how associations can support members.

It was reassuring to interact with heads of Veterinary Associations worldwide and realise that the issues haunting the South African Veterinary Association members are issues that Veterinary Associations worldwide lay awake over. Being geographically isolated from Australia, New Zealand, and the northern hemisphere does not separate South Africa from the problem experienced worldwide.



Members on the photo from left to right: Sally Burnell – Secretary BVA, Enid Stiles – Immediate past-President CVMA, Louis Kwantes – President CVMA, Jose Arce - President AVMA, Janet Donlin - Immediate Past-President AVMA, Andriette van der Merwe – SAVA guest, Paul van der Merwe – President SAVA, Beth Sabin – Secretary AVMA, David Andrews – President-Elect BVA, Cassandra Tansey – AVMA guest, Mark Carlson – AVMA guest, James Russell – Vice-President BVA

IVOC 2022 meeting (round the table anticlockwise starting with Pat in the red jacket), Pat Turner – Immediate Past- President WVA, Zeev Noga – Executive Secretary WVA, Rafael Laguens – President WVA, Enid Stiles – Immediate Past-President CVMA, Louis Kwantes – President CVMA, David Andrews – President-Elect BVA, James Russell – Vice-President , BVA, Leon de Bruyn – Immediate Past-President SAVA, Paul van der Merwe – President SAVA, Janet Donlin - Immediate Past-President AVMA, Jose Arce - President AVMA , (can't quite see Beth Sabin – Secretary AVMA)





IVOC boat trip 1. Paul – BVA guest, James BVA, Louis CVMA, Sally BVA, Janet AVMA, David BVA, Andriette – SAVA guest, Beth AVMA, Leon SAVA, Enid CVMA, Paul SAVA, Yannick – CVMA guest, Jose AVMA

SAVA Community Veterinary Clinics

An initiative of the SOUTH AFRICAN VETERINARY ASSOCIATION

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

Put on your capes, lets vaccinate!

Dr Renee van Oudtshoorn

Dr Renee van Oudtshoorn has recently moved to Port Elizabeth (Gqeberha) and is the principal veterinarian for Optima CVC. Her work is sponsored with funding obtained from The Scheinberg COVID19 Relief Fund applied for and managed by SAVA-CVC.



During these last 2 years we all, as humans, felt the pains of the pandemic.

Adjusting to new normals and, at times, watching helplessly how we are reminded we are in a world we cannot always control.

From pandemics to wars, there are many things we just have to deal with. Just try to survive.

Then comes along another deadly, devastating outbreak of a virus, lurking in our streets.

The zombielike, neuron attacking, deadly NEXT thing to worry about.

With many humans already dead and many animals infected and spreading this disease at a rapid rate. Public being unaware of this lurking monster, almost apathetic towards any warnings heeded by an equally crisis numbed media and social media world...not another drama...our adrenals can't take any more.

Sound like the next bad low budget movie?

This sadly is the frustratingly real saga playing out in the Eastern Cape. With Rabies spreading and us seeing one of the worst outbreaks in many years.

Resources and manpower in our state departments stretched to their limits. They having to deal with not just Rabies, but FMD and many other obstacles, while they helplessly watch people die.

This time we as vets are in a privileged position to be the heroes of this horror movie.

We have the power to stop this devastating virus from killing yet another child.

Don't you think it will feel great to not have to powerlessly watch while yet another disease ravishes our communities?

This time WE AS VETS and VET NURSES can make the difference. We have no choice really. We have to be the difference and stop this outbreak.

This is why SAVA CVC is leading by example. We have raised our hands and accepted the challenge to do our bit in stopping this crisis.

We are changing the script of this movie, by walking from house to house in the Nelson Mandela Bay hotspot areas, vaccinating







nearly 2000 animals in last month and educating about rabies from door to door. We also supply schools with information packages and education sessions.

We have deliberately chosen this tedious method as to avoid having animals moved to a central vaccination point and transmitting the virus.

But we are running out of time. We need more players to join the field. We need each and every vet to join us in this battle. All OVER the country.

Whether you vaccinate your local area, ask your reception to visit a school to educate the public about rabies , how to avoid being bitten and what to do if bitten or just run a special offer on rabies vaccines from the comfort of your clinic.

EVERYONE has their own abilities and limitations, but each and every one can contribute and make a difference.

We are seeing between 60 and 100 positive cases just in Nelson Mandela Bay every month for the last 6 months. 11 people already dead.

We suspect it is only the tip of the iceberg, as we are limited by testing capacity.

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We know it is also rife in Buffalo City and Alfred Nzo. We know it is lurking all around us. Many of our field teams already received at least one round of post exposure treatments. Risking their lives, catching rabid dogs on a daily basis.

The threat is real, to all of us, including those working in the perceived safety of a suburban practice.

How can we as vets have public so ill informed about rabies? How can we as vets have children die due to a dog scratch in this day and age? How can we as vets stand back and not take some responsibility? Yes, owners need to take responsibility, but does some of it, at least educating and informing, not lie with us as professionals?

Let us all do our share, let us pick up our weapons of vaccination and education. Let us blanket vaccinate our country's dogs and cats and not just stop this current crisis, but eliminate rabies altogether.

Put on your capes, lets vaccinate!

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cvcmanager@sava.co.za
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Mark Your Calenders

Regional SAVA Branch Congresses 2022

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South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

Western Cape Branch
22-23 July 2022
Devon Valley Hotel, Stellenbosch

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





For more information on the programme, accommodation, registration and sponsorship opportunities, please contact

Corné Engelbrecht
SAVETCON Event Management
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www.savetcon.co.za

Committed to promoting the health and welfare of animals and mankind

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

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



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

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

24-Hour, Toll-Free Helpline (manned by psychologists, social and frontline healthcare workers):
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Sonja van Rooyen at SAVA
Tel: 012 346 1150
E-mail: assistant@sava.co.za

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

VET nuus·news

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

Vetnews is looking for past hardcopies of Vetnews editions.

Lost! Lost! Lost! Lost! Lost!

- July 1980, January 1981, April 1981, March 1982, April 1982

If anybody has a hardcopy of the abovementioned Vetnews editions, please get in touch with The Vetnews Office at:

Andriette van der Merwe, vetnews@sava.co.za
Prof Gareth Bath, gfbath@gmail.com
Elize Nicholas, elize@sava.co.za

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SAVA
South African Veterinary Association
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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.

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To complete the CPD articles in the VetNews magazine, go to "Members Menu". Click on the CPD / VetEDonline tab. www.veted.online opens. Now you can answer the questions and earn your CPD points.

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The JSAVA is a contemporary multi-disciplinary scientific mouthpiece for veterinary science in South Africa and abroad.

Its content includes reviews on various topics, clinical and non-clinical articles, research articles and short communications as well as case reports.

The JSAVA is published in digital format and is available free (open access).

Members of SAVA can publish in the JSAVA free of charge (non-members to pay a fee).

For more information, please go to www.jsava.co.za

Conferences and Webinars

SAVA's event & webinar company, SAVETCON offers discounts to SAVA members.

For more information on conferences and webinars, please go to:

www.savetcon.co.za

Your discount will be applied upon making a booking for an event.

South African Veterinary Foundation

Promoting the knowledge, image and status of the Veterinary and Paraveterinary Professions through research and support.

For more information, please go to www.savf.org.za

Or contact us on (012) 346 1150

Individual Member Benefits

Funeral Plan

R10,000 funeral policy free of charge to members younger than 65 years.

For assistance with this benefit, please have the member number ready and email FNB on fnblifebusiness@fnb.co.za or contact them on 087 736 7778.

If further assistance is needed from SAVA with this benefit, please contact Debbie Breeze on debbie@sava.co.za

VODACOM BUSINESS

SAVA understands the importance of reliable and cost-effective communications for all businesses, and to support our SAVA members, we have negotiated with Vodacom to make available the same deals and support they offer to big businesses.

For more information, please contact Ashton Chetty on:
Ashton.chetty@vodacom.co.za or 082 858 9909.

Veterinary Mental Health Wellness Programme

The SAVA stress hotline, where colleagues make themselves available to talk to members in need through difficult situations or to refer them for professional help. For assistance, pls contact our hotline on 0800 21 21 21.



Members can also contact one of our mentors:

Ken Pettey: 082 882 7356, ken.pettey@gmail.com

Tod Collins: 083 350 1662, tcollins@isat.co.za

Aileen Pypers: 072 599 8737, aileen.vet@gmail.com

Willem Schultheiss: 082 323 7019, Willem.schultheiss@ceva.com

Mike Lowry: 084 581 2624, mikelowry@sai.co.za

Discount on Vehicle Purchase



SAVA has negotiated a preferential discount on Ford vehicles at the Ford Lazarus Dealership.

For more information, please contact burger@laz.co.za or contact them on (012) 678 0000.

Practice support

Merchandise









Vaccination booklets are R11.50/booklet if an order is for less than 500 booklets. More than 500 booklets, are charged at R11.40/booklet.

For more information or to order, please contact Debbie Breeze on debbie@sava.co.za

For more information on the purchases of name badges, clothing and face masks, please contact Sonja van Rooyen on assistant@sava.co.za

Practice Insurance

VetProtect offers a discount on relevant and practice-based indemnity insurance to SAVA members.

For more information, please contact Leoni Delgado:
leonie@myownbroker.co.za
(011) 662 1204

Community Veterinary Clinics

SAVA-CVC offers support to practices that offer CVCs in the form of central fundraising, donations of stock as well as very low cost short dated veterinary supplies.

For more information, please email Claudia Cloete on: cvcmanager@sava.co.za

Meet the SAVA team

Graham Tedder



Dr Graham Tedder is the Board Director with Groups as his portfolio. Practising in Escourt, he almost got derailed from being a veterinarian by career guidance (mislead) and an unfortunate run-in with his First Year. Fast forward a good 46 years and find him married to Michelle and blessed with a married son and three delightful grandchildren in Perth, Australia.

Dr Tedder has been involved in various committees and sports clubs, culminating in serving on the SAVA board for the last few years. He is excited about the various SAVA projects like the mentorship programs for CCS Vets, CVC (Community Veterinary Clinics) and SAVETCON, which have come to successful fruition under the SAVA banner.

When not tending to some milk cows, you will find him fly fishing or bird watching

Dr Tedder would like to recommend colleagues and new graduates to get involved in veterinary structures, sports and social clubs in your communities and achieve a balance in home, social and work life.

Vetnews would like to wish him a happy birthday on the **9th of May**.

Andriette van der Merwe



Met 'n agtergrond in Programmering geniet ek dit steeds om agter my rekenaar skerm in te skuif en nuwe uitdagende projekte aan te pak. Vetnuus is beslis die mees stresvolle, uitdagende en bevredigende projek in 'n lang tyd.

Wanneer ek nie op soek is na nuwe artikels en interessante verwikkelinge binne die veeartseny omgewing nie, geniet ek 'n glasie rooiwyn en 'n asemrowende sonsak op my dek, slaan dalk 'n kledingstuk aanmekaar of sweis 2 stukke metaal saam.

My ouers het my as kind Goggabie genoem omdat ek altyd of in 'n boom geklim, of in die grond gegrawe. Groentetuine is 'n groot liefde en ek het nog nooit op 'n plek gebly waar ek nie groente geplant het nie. Selfs hier in die diep Bosveld het ek 'n klein groentetonnel om my naby die aarde te hou, en die diere weg te hou wat voor ons wil eet.

Ek omring myself graag met diere – al van klein af – en het tans 3 katte, 'n papegaai en 'n kokketiel wat ons eintelik namens ons kinders aanhou. My gunsteling dier is sekerlik 'n luiperd en min dinge so mooi soos sy saag-saag geluid in die nag

Ek verjaar op **20 Mei**, die jaar…. my geheim.

In Memoriam

Dr Pascale Raine Cooper 06.07.88 – 03.02.22

The flame that burns twice as bright burns half as long



On 3rd February 2022, the South African veterinary community lost one of its brightest young stars as Dr Pascale Cooper tragically passed away following a heart attack at age 33 (post-partum cardiomyopathy as she had recently given birth to her second child).

Pascale graduated from Onderstepoort in 2013, the third generation of vets in the Cooper line. Great-grandfather Dr Vincent Cooper was one of the first classes to graduate from OP. Pascale's father, Dr Dave Cooper (1979), is well known as a leading wildlife veterinarian still employed by Ezemvelo KZN Wildlife, the provincial conservation organisation.

While living in a game reserve and always at her father's heels, the young Pascale revealed her natural instincts toward animals. From owls and other birds to buffalo and rhino, she had an inborn aptitude and empathy for all living things. After school, it was a natural progression for her to join OP and heed her calling (however, her fierce independence was such that she resisted telling anyone of her veterinary lineage, preferring to make her own mark). At university, Pascale made lifelong friendships, burnt the candle at both ends with a busy social life, yet still managed to obtain excellent results. The words 'loyalty, passion, determination, fiercely protective, opinionated and sense of humour' keep cropping up in the memories of colleagues who have described her as having the heart of a lion in a tiny frame.

No challenge was declined, no task impossible for this dynamic young woman. She excelled at the annual Zimbabwean Wildlife Capture Course, where she expanded on her natural skills with wild animals. However, her career path was with small animals. She focused on improving her knowledge with stints at veterinary practices in Mtubatuba, Milnerton, Hout Bay and most recently, Vet Point in Sea Point, where she worked until the recent birth of her son.

Pascale is survived by her husband, Jamey Lipschitz, in Cape Town, daughter Micaela (20 months) and baby Daniel (3 months). Her family deeply mourns her tragic and unimaginable loss, friends and veterinary colleagues, one of whom aptly quoted: "The flame that burns twice as bright burns half as long". V

Dave Cooper



24-Hour,

Toll-Free Helpline:

0800 21 21 21



In Memoriam

Anne (de Vos) Fraser (1954 – 2022)

Remember to keep the main thing, the main thing



As I and many others knew her, Tannie Anne was so interwoven with the veterinary community in South Africa that it is difficult to appropriately summarise her life and contributions in a way that can do her justice.

Most of us knew her or have heard of her. Still, **all** of us have been affected positively by her selfless contributions to the vets and paravets, mainly via her years of service on the South African Veterinary Council and running a rural practice in Ladybrand.

A large group of people can also testify of her influence and care on a personal level, not limited to the veterinary professionals but also her Ladybrand community members and, most importantly, her family. She was a wife, a practice owner, a farmer, a mom, a grandmother, and a friend to many, she served on the SAVC, was a mentor to younger vets, and still, she had the capacity to reach out to strangers going through difficult times, despite her own struggles. Many of my generation and younger knew her as Tannie Anne, which says a lot.

When I think of Tannie Anne, I think of horses, I think of Lesotho outreaches, I think of a green Jetta that was not afraid of the road between Ladybrand and Pretoria. I think of her mischievous smile coupled with very wise yet loving eyes. I think of road trips to George and back and getting stuck in the Western Cape province because the roads were closed due to snowfall.

I think of good coffees and chats. I think of a determined person who was always up for any challenge. I also think of selflessness and genuine empathy. I think of her sheer willpower to conquer any and every of life's obstacles that came her way.

She has been through so much in the last few years of her life, particularly with the diagnosis and treatment of myelodysplasia. She remained a positive person to the end. She was always looking for the silver lining in every situation or a lesson to be learnt.

Her focus was on her Creator and how to glorify Him in everything that crossed her path. She was humble and not scared to ask for help/ alternative opinions, and she wanted the smaller voices to be heard.

Jesus was her first Love, and her faith resounded throughout everything she did. At her funeral, they said that she wanted us to

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hear scripture in the Letter to the Philippians: "To live is Christ and to die is gain."; which is literally how she lived.

Most of us have a favourite or fond memory of her. Whether it be the one where she chased out a stalker from the bathrooms at OP res with a hockey stick when she stayed there as a student, her teaching you how to place sutures with shoelaces in a rubber doormat, or many more tales. Tannie Anne made you feel valued and respected, and she was extremely passionate about life.

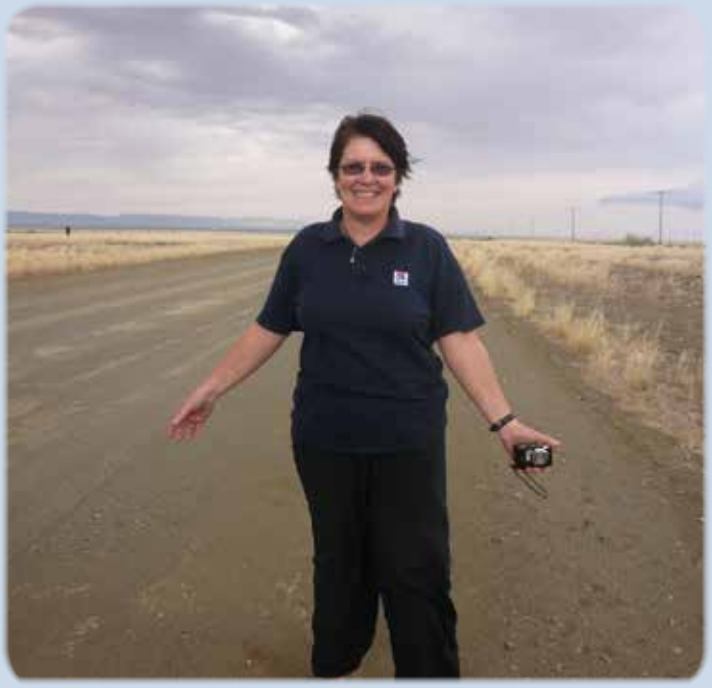
I leave you with her favourite quote, as played in a pre-recorded message at her funeral

Remember to keep the main thing, the main thing.

Ons gaan Tannie mis, nie net Tannie se passie vir die professie nie, maar Tannie se liefde vir elke mens wie Tannie se pad gekruis het.

Slaap sag.

Didi Claassen







HOW PRACTICE OWNERS CAN AVOID PENALTIES IN TERMS OF THE OCCUPATIONAL HEALTH AND SAFETY ACT

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.

SAVA was recently approached by a member whose practice was inspected by an Occupational Health and Safety ("OHS") inspector. They subsequently received a notice to inform them that they were in contravention of the Occupational Health and Safety Act No. 85 of 1993 ("OHSA"). Unfortunately, SAVA cannot assist members with such matters other than to alert people of the necessity to comply with OHSA. Veterinary practices seem to have largely escaped the attention of the OHS inspectors in the past. However, there are considerable health and safety risks to employees that work in veterinary practices compared to many other forms of employment. Practice owners must know OHSA and their duties stipulated in this Act.

The purpose of OHSA is to ensure the health and safety of people at their workplace. It also provides for the protection of other visitors from hazards that result from the practice's work activities. *A hazard is any exposure to danger or a source of danger*.

A few examples of some hazards in veterinary practices are zoonotic diseases, radiation exposure, dangerous animals, and dangerous drugs. Updated "Hazardous Biological Agents Regulations" were published in March 2022, and practice owners need to take note of this. All microorganisms are regarded as biological agents.

Organisms are classified according to the degree of the dangers they pose, and many diseases dealt with in veterinary practice fall within these classifications. It is beyond the scope of this article to deal with it, but practice owners should familiarize themselves with these regulations.

Here are some of the responsibilities that employers have in terms of the OHSA:

- All potential hazards and risks associated with it must be identified and documented. It must be reviewed annually.
- Exposure to the hazards must be prevented as far as reasonably possible, but where it is not possible, the exposure must be minimized.

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- Persons other than employees who attend the workplace (such as clients) may not be exposed to any hazards to their health or safety, and precautions must be in place.
- Preventative measures necessary to protect employees must be set out and documented. It includes adequate safety signs displayed where necessary.
- Provide the equipment and other means needed to enable employees to comply with the

  preventative measures. It includes providing the necessary protective gear and disinfectants.
- Employees must be sufficiently trained, informed, and instructed to allow them to understand the risks and take preventative measures. It must be documented, and proof must be provided when requested. Annual refresher training must be done.
- Ensure that employees comply with OHSA and its regulations and enforce the control measures prescribed.
- If there are more than 20 employees, the employer must appoint a health and safety representative for the workplace in writing.
- There must be monitoring of employees' exposure to hazardous biological agents. In certain circumstances, medical surveillance must be done.

The OHSA places a significant responsibility on practice owners to ensure the health and safety of their employees and that of visitors. Employers must prevent hazardous events from occurring and document and record their steps to do this. The risks and preventative measures must be revised regularly. If you would like a copy of OHSA and the Hazardous Biological Agents Regulations, send an e-mail to Dr Trudie Prinsloo at trudie@legalvetservices.co.za.

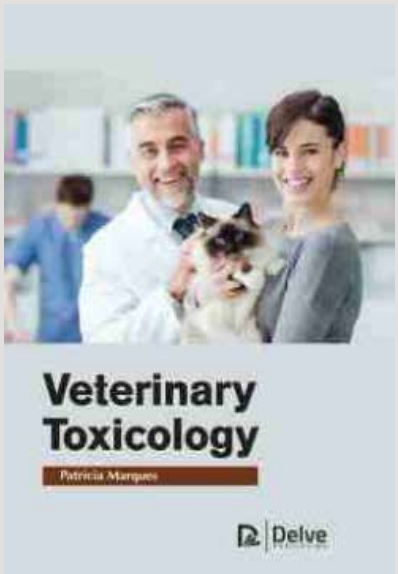








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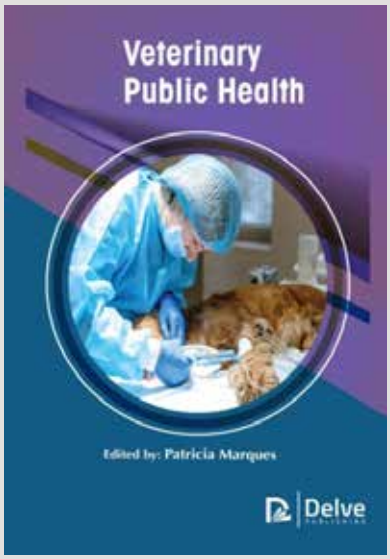
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Veterinary Toxicology (9781774073346)

Introduces the various concepts related to the veterinary field and the ones related to the field of neurotoxicity. The book also explains the subjects such as veterinary immunotoxicity and the radiations in the radioactive materials that affect veterinary.

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This book also discusses about pesticides, insecticides, rodenticides and herbicides in the veterinary toxicity, the environmental toxicology, the field of therapeutics and the toxicology of diagnostics and genotoxic and cytotoxic effects on the immune cells. It also provides the basic insights on the toxicology of veterinary and the information on the toxicology related to it so that the readers get a deep understanding of the subject.

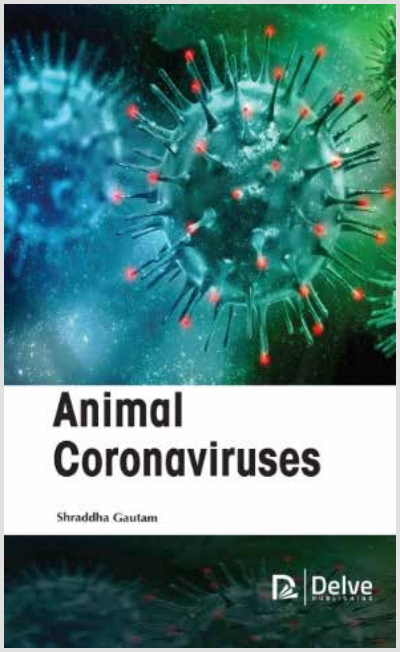


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Veterinary Public Health (9781774691717)

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This comprehensive book has 637 pages and that focuses on the application of veterinary science to protect and improve the physical, mental and social well-being of humans. Veterinary public health concerns the surveillance and control of zoonoses at many different levels be it via disease control programs at farm level or wild animals or in the abattoir. One Health is "the collaborative efforts of multiple disciplines working locally, nationally, and globally, to attain optimal health for people, animals and our environment", as defined by the One Health Initiative Task Force (OHITF). A major zoonosis is Rabies. Approximately 5,000 animal rabies cases are reported annually to CDC, and more than 90% of those cases occur in wildlife.



https://www.eurospanbookstore.com/book/detail/animal-coronaviruses/?k=9781774690925

Animal Coronaviruses (9781774690925)

Coronaviruses (CoVs) are a family of enveloped single-stranded RNA viruses of medical and veterinary importance that infect mammals and birds. This book draws attention to the lessons accumulated from the large number of studies of the pathogenesis of animals and birds' coronaviruses and their vaccines.

This 280 page publication draws attention to the lessons accumulated from the large number of studies of the pathogenesis of animals and birds' coronaviruses and their vaccines, particularly the bovine, feline, and avian coronaviruses. The lessons drawn from the studies will have an immense influence on how the human coronaviruses pathogenesis and vaccine development will proceed.

In addition, the extensive efforts to designate suitable animal models to study the lately emerged human coronaviruses are one of the invaluable contributions carried out by veterinarian scientists.



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IDENTIFYING BURNOUT: PART 2



Dr Mats Abatzidis

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I hope this article finds you and your families well and safe!!! Last month we started learning about what "Burnout" is. It is vitally important that we **do not confuse conventional stress with burnout.** Stress is often associated with having too much on your plate — too much work, too many responsibilities, etc. Burnout, however, is very different and is not related to your to-do list but more closely entwined with your feelings about what you have to do. You typically feel like you don't have enough motivation /energy, or you simply cannot bring yourself to care enough about what it is that you need to be doing daily. Furthermore, you may be at a higher risk of burnout if you have poor self-esteem, unrealistic expectations in the workplace or aren't comfortable coping with stressors. You may also experience burnout at a higher rate if your job requires a heavy workload, is understaffed, has conflicts in the workplace or doesn't reward work when a job is well done.

Similarly, we should not misinterpret depression for burnout either. Certain depression-related symptoms can masquerade as burnout, such as exhaustion and difficulty performing tasks. In most cases, burnout is work-related and doesn't affect your day-to-day life. Depression, on the other hand, impacts every aspect of your life with persistent feelings of hopelessness, worthlessness or helplessness (https://integrisok.com/resources/on-your-health/2021/november/what-are-the-5-stages-of-burnout).

Last month we looked at potential symptoms of burnout; allow me to investigate some of these further and put them within a 3-stage progression model:

Stage 1 - Initial Stress Response:

Physiological symptoms (stomach problems, insomnia, headaches, heart palpitations, high blood pressure)

Psychological symptoms (crying, irritability, forgetfulness, and inability to concentrate).

Stage 2 - Compensation Response:

We attempt to compensate and adapt. When that fails, we then start manifesting the following symptoms:

procrastination, excessive lateness, persistent fatigue, social withdrawal from family and friends and apathy.

Stage 3 - Exhaustion:

We finally admit that something may be wrong

Chronic symptoms include sadness or depression, stomach or bowel problems, mental and/or physical fatigue, headaches, thoughts of suicide, and withdrawal from people and events that used to bring pleasure and fulfilment.

Furthermore, I would like to share some **common expressions** that people experiencing burnout may be using and which may help us identify them. The tricky part about these expressions is that they don't provide us with an unequivocal identification of the which stage the person may be within, but coupling these expressions together with careful observation of behaviour and/or asking questions about the physical condition of the person may be more rewarding:

- "If I don't do it, it will never get done."
- "Nobody cares as much as I do."
- "I am the only one who knows how to do it."
- "I'm the only one who can take care of this."

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- "If I don't resolve every problem, I have failed."
- "I don't want to burden others by taking time to care for myself."
- "I can't believe he's taking time off; clearly, he doesn't care as much as I do."
- "I can't afford to take time off; who else will pay the bills."

Burnout symptoms vary depending on which phase of burnout you're in. If we were **to simplify all of the above** into 3 points, I would recommend learning to identify three key symptoms and be aware of exhaustion, depersonalization and reduced personal accomplishment.

1. **Exhaustion**: This fatigue presents itself both mentally and physically. The energy you typically have is zapped by persistent tiredness.
2. **Depersonalization**: This is a feeling of indifference. In other words, you start to feel numb. For example, you may become more cynical in your inner workings or cannot communicate effectively with people.
3. **Reduced personal accomplishment/performance**: This tends to manifest when you feel your work is insufficient and you're incapable of performing your job. For example, you may lose pleasure in work you previously received joy from. Your usual creativity may wane, and it can become harder to concentrate.

Between altered work environments, balancing work-from-home expectations and juggling the COVID-19 pandemic, many of us are becoming mentally and physically exhausted.

This prolonged period of fatigue known as burnout isn't just a state of mind; it's a real syndrome that affects countless workers across the country.

Burnout plays out in stages as demands and work stressors pile on.

Knowing about each step can help you recognize signs of burnout before it becomes problematic.

We'll help you identify these symptoms and provide tips for how to recover and learn to love your job again.

Next month, we will continue exploring burnout prevention and/or treatment.

Documenting prevalence of ocular pathology and establishing biometric parameters in rhinoceroses in South Africa

JP Burger

BACKGROUND

Rhinoceroses are peculiar mammals that resemble prehistoric animals, and they are some of the most primitive of the world's large mammals [1]. They inspired a beautiful and amusing tale by Rudyard Kipling, where he relates how the rhinoceros got his skin [2]. Of the five [5] extant species, four [4] are critically endangered due to poaching, and habitat loss and their distribution limited to Africa and Asia [1]. They are large, robust, odd-toed ungulates part of the order Perissodactyla and family Rhinocerotidae [1]. Three living families are included in the order Perissodactyla: the rhinoceroses, equids and tapirs. All species included in this order bear weight on one (equids) or three (rhinoceroses and tapirs) digits [1].

Rhinoceroses are threatened by severe poaching and habitat loss, with the black rhinoceros appearing on the International Union for Conservation of Nature red list as critically endangered and the white rhinoceros as near threatened [3][4]. The most numerous of the world's rhino species by the end of the 20th century was the eir black rhinoceros.

During the 1960s, an estimated 100 000 animals remained. Their numbers further declined by 98% between 1960 and 1995 due to poaching and habitat loss. Between 1992 and 1997, their population numbers stayed stable and even increased South Africa and Namibia. Black rhinoceros population numbers grew steadily, and by the end of 2018 an estimated 5630 individuals existed, with an increasing current population [3].

By the end of the 19th century, the once widespread white rhinoceros was on the brink of extinction, with a small population of 20-50 animals in KwaZulu-Natal, South Africa, the only remaining animals. By the end of 2017, their numbers had decreased from an estimated 21,316 in 2012 to between 17,212 and 18,915. Five countries account for 99.3% of the remaining population, with South Africa conserving 18,933 individuals (~86.5%) by 2012. The current population trend for white rhinoceros is declining [4].

Traditionally, rhinoceroses have been considered to be nearsighted with relatively poor eyesight [5][6]. Streak retinoscopy of three white rhinoceroses showed them actually to be mildly farsighted [5]. The retinal ganglion cell (RGC) density in the black rhinoceros suggests that their visual resolution is comparable to that of the rabbit and exceeds the resolution seen in various mammals, including rats, seals and dolphins about half the resolution seen in the domestic cat [6].

RGC density in the visual streak for both the white- and black rhinoceros has a peculiar concentration in the temporal and nasal region (Figure 1) [6][7]. These studies concluded that the spatial topography of RGC's allows the rhinoceroses to observe predators and conspecifics from in front and behind them while sampling the horizon during grazing in their preferred habitats. The distribution of RGC's most likely compensate for their reduced head and neck mobility which allows improved observation of their immediate surroundings [6][7].

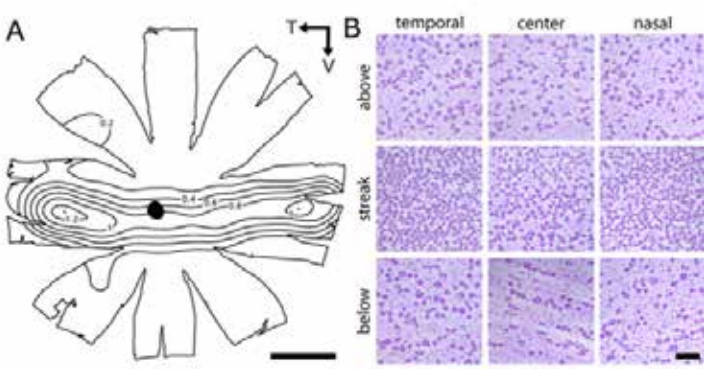


Figure 1
Topographic map illustrating the distribution of RGC densities in retinal wholemount of a white rhinoceros (6)(7)

OCULAR ABNORMALITIES

The available literature describing rhinoceros ocular abnormalities are limited. It may stem from the rarity of the animals and limited baseline ocular data available [8]. Some of the reports describe management of corneal ulceration resulting from suspected trauma in greater one-horned rhinoceroses [9][10], one case of enucleation in a black rhinoceros following proptosis [11] and one case of conjunctival habronemiasis in a white rhinoceros female [8].

A report describes an ocular disorder observed in a captive male and female Sumatran rhinoceros. The affected animals developed extensive ocular lesions, which progressed to complete blindness in the female and partial blindness of the right eye, in the male [12].

Eight rhinoceroses that underwent ophthalmological examination by Dr Antony Goodhead of Johannesburg Animal Eye Hospital had incidental ocular pathology discovered. Six of the eight animals examined had bilateral cataracts diagnosed, and one had a unilateral cataract.

Embryonic vascular abnormalities / posterior segment pathology was also present in half of the rhinoceroses in this case series. Four animals had a persistent hyaloid artery (PHA), of which three were associated with bilateral cataracts. Retinal detachment was also present in two animals diagnosed with PHA. There are no published records describing cataracts and posterior segment pathology in rhinoceroses.

CURRENT RESEARCH PROJECT

The project aims to establish population parameters and describe any pathology encountered. Examination of the eye utilising various modalities is the only reliable means of assessing vision and possible pathology.

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The following procedures are performed during data collection:

a) Schirmer Tear Test – measures the aqueous component of the precorneal tear film [13]
b) Tonometry – estimates intraocular pressure (IOP) [13] [14]
c) Keratometry – measures corneal curvature (refraction) [15]
d) Slit Lamp Biomicroscopy – allows detailed examination of globe and adnexa [13]
e) Fluorescein Dye Test – excellent tool to identify corneal ulceration [13]
f) Ocular Ultrasonography and Biometry – measurement of intraocular structures [13][16]

Figure 2 illustrates the typical ultrasound image obtained with a13MHz linear ultrasound probe.



Figure 2
Ultrasound image obtained during data collection:
1) Axial globe length
2) Anterior chamber depth
3) Axial lens thickness
4) Posterior segment depth

Several animals examined had small thorns in their corneas. Incredibly, virtually no inflammation of the cornea was observed in these animals, and focal cataracts were associated with thorns that penetrated the lens. Very little lenticular and posterior segment pathology has been observed thus far.

The desperate plight these animals are facing is heart-breaking. I feel that any information that may improve our management of them, hopefully, ensure their survival, is critical to obtain.

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Mycoplasma bovis: Chronic Pneumonia and Polyarthritis Syndrome

Dr Schabort Froneman

Zoetis South Africa (Pty) Ltd: Technical Manager: Ruminants

Mycoplasmas are some of the smallest free-living organisms found in nature that can self-replicate (in contrast to viruses), and they are capable of causing a myriad of infections. Mycoplasmas do not have a cell wall like bacteria and are thus classified separately from bacteria.

The absence of a cell wall makes it inherently resistant to certain antibiotics. A complaint often encountered with Mycoplasma infections is that they are chronic and non-responsive to treatment. As a secondary component often involved in the bovine respiratory disease (BRD) complex, this pathogen plays a critical role in the economy of the beef sector.

Mycoplasma bovis is the most common mycoplasma that causes disease in bovines, and the infections can range from pneumonia, arthritis, tenosynovitis, otitis or mastitis to name a few. Dairy calves often present with otitis and resultant neurologic symptoms like ataxia, head tilt, and nystagmus. At the same time, respiratory disease is most often observed in beef calves under commercial feedlot conditions.

Some sources indicate that *Mycoplasma bovis* can survive for several days in the environment, whereas others contend with this statement. Regardless, however, this is not an important method of disease transmission. The infection mainly spreads via direct contact or short distance aerosol droplets from infected animals.

The disease spreads quickly in commercial feedlots where animals are comingled from various sources and kept in relatively close quarters. The prevalence of infection in incoming cattle is reasonably low, at 0% – 7%, but increases to 40% and even 100% after two weeks in the feedlot in some studies, where the spread is likely more rapid in stressed cattle. It does not necessarily translate to morbidity since animals can harbour an infection and be a carrier of this organism without having clinical (or subclinical) disease, as is the case with various other bacteria often involved in BRD.

Typical bacterial pneumonia caused by organisms such as *Mannheimia haemolytica*, *Pasteurella multocida* and/or *Histophilus somni* will peak early in a feedlot feeding period (within the first three weeks), whereas *Mycoplasma bovis* related pneumonia peaks later, at about 60 days on feed. It is a slow-growing organism that usually presents as chronic non-responsive pneumonia or sudden lethal clinical pneumonia that shows massive lung damage on necropsy that leaves one wondering how they survived that long.

As mentioned above, the organism grows slowly and colonises the affected body tissues. Haematogenous spread to various organs can occur, and chronic pneumonia with polyarthritis should place *Mycoplasma bovis* high on the clinician's differential diagnostic list. This condition is commonly referred to as chronic pneumonia and polyarthritis syndrome (CPPS).

Infections elicit a very robust immune response, but one of the reasons this organism can colonise body tissues and survive, even in the face of a robust immune response, is unique biological adaptations that enable it to evade the immune system. One of these mechanisms is the ability to change their surface protein expression, typical of the antigenic components of pathogens to which the immune system produces specific antibodies. An in vitro



study even showed that upon exposure to antibodies specific for the variable surface proteins (VSP's) expressed by the *Mycoplasma bovis* isolate involved, a change in the pattern of VSP's is induced.

Other evasion tactics include penetrating and surviving in various host cells and inhibiting blood mononuclear cell proliferation. Evading the immune system successfully allows this organism to establish chronic infections and disseminate to joints.

Macroscopic pathologic lung lesions present a typical caseonecrotic bronchopneumonia, with white pinpoint to coalescing, raised and friable caseonecrotic foci.

Distribution is usually cranio-ventral, with the caudo-dorsal areas of the lung often unaffected. Affected lung area can vary, and large areas of affected lung tissue, up to 80%, have been reported.

Demonstration of the agent in laboratory samples via culture, PCR and immunohistochemistry in conjunction with the clinical presentation can be used to confirm a diagnosis. It is important to note that in the case of BRD, *Mycoplasma bovis* is often a secondary pathogen or part of a multi-pathogen infection. As such, it is not always possible to determine the primary agent of such an infection.

The current perception is that primary *Mycoplasma bovis* infections are increasing in feedlots, but whether this is indeed the case or is just a result of successful metaphylactic control of the other bacteria involved in BRD remains debatable.

Treatment is often unrewarding, and this is (amongst other factors) attributed to the fact that these animals present with clinical BRD at a stage where there is already advanced tissue necrosis in the lungs; this creates areas with inadequate blood supply that limit antimicrobial penetration. It being said, logic dictates that it is imperative to pull the affected animals early for treatment to be effective.

It is recommended to compile an antimicrobial regime that continues treatment for 7-14 days. Some of the antimicrobials that work against *Mycoplasma bovis* are tulathromycin, danofloxacin, enrofloxacin and florfenicol.

A critical point to remember is that mycoplasmas do not have a cell wall. Thus, antimicrobials that target bacterial cell wall synthesis, such as the beta-lactam antibiotics (e.g. ampicillin and ceftiofur), will not be effective.

Currently, there are no registered *Mycoplasma bovis* vaccines in South Africa. Control is aimed at general BRD control, such as scientifically appropriate metaphylaxis, vaccination against immunosuppressive viruses like IBR and BVD, and vaccination against *Mannheimia haemolytica* and limiting the multiple stress factors that could precipitate multifactorial BRD.

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Please phone

082 826 1906

or email CV to

wjcilliers@vodamail.co.za

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New Veterinary graduate positions available for 2022 at Vetscape, located in the Western Cape, South Africa.

This is a unique experience for recent graduates to gain valuable experience in Equine Veterinary. The positions will be available from 1 July 2022.

Applicants are asked to email their application to Dr Sonia Marcos (**sonia@vetscape.co.za**) together with a current CV, letter of motivation and at least two reference letters.

Please direct any queries to Dr Sonia Marcos at either above email address or telephonically on 021 867 0700 or 079 872 1483

JOB SHADOW

TOGETHER WE CAN HELP OUR YOUTH OF TODAY MAKE A BETTER DECISION FOR TOMORROW!

Job Shadow is exactly what its name suggests, it is a **company which facilitates job shadowing** for high school students, in order for them as well as their parents to be more informed with regards to their **profession. It's a practical way of getting to know a job**, before committing to study for it.



We are now looking for companies and professionals to jump on board as Job Mentors.

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Lorinda@jobshadow.co.za or call on 082 870 6220.

SAVA supports the initiatives of Job Shadow as this generates interest in the veterinary profession.
SAVA would like to call on all members to consider becoming part of this program for the benefit of the future of the profession.

South Australia

AdelaideVet Hospitals



- Highly experienced team working in a friendly and professional style
- Access to extensive Professional Development opportunities through the broader VP network
- Opportunities to extend skills, learn from others and receive coaching with regular visits from a specialist surgeon
- Clinic performs standard GP, consult, hospital treatments and routine surgeries as well as complex orthopaedics, high end dentistry and behaviour consulting
- Brand new, purpose built clinic with stable and supportive client base that care about their pets and are committed to their health and well-being
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To hear more about this amazing opportunity, contact careers@vet.partners

Western Australia

VetWest Hospitals



- With 16 hospitals across Perth, you can feel assured joining Australia's largest privately owned group of practices provides job security and career opportunities.
- With our broad geographic spread of clinics across the Perth metropolitan area and beyond, you can choose the lifestyle you are looking for, from coastal and inner city to semi-rural.
- You'll enjoy working in hospitals with high standards of care and quality facilities.
- You will get access to a network of experienced and membership qualified Veterinarian's across numerous fields including small animal surgery, small animal medicine, veterinary emergency and critical care, veterinary radiology (small animal).
- Within our group of clinics, we also have one of the largest specialist hospitals in Perth for access to specialist expertise in oncology, surgery, imaging, emergency and critical care.

To hear more about this amazing opportunity, contact careers@vet.partners

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VETERINARIAN / VEEARTS

AUSTRALIA

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GROBLERSDAL / MARBLE HALL

Loskop Dierekliniek benodig 'n permanente veearts vanaf 01 April 2022. Ons is 'n gemengde plattelandse praktyk in die Loskopvallei (Groblersdal en Marble Hall). Epos asb na loskopdierekliniek@gmail.com Ref22FE05

GAUTENG

JOHANNESBURG

We're looking for a veterinarian who loves people and pets to join our team. We are based in the heart of Johannesburg, and our practices make up some of the oldest private practices in the country. You can expect a friendly, welcoming, and open culture from top to bottom. Ego is not a welcome guest here. We are looking for humble teammates who are not only looking out for themselves but for the best interest of everyone. Send your CV to jobs@vetjobs.co.za to apply. Ref19NV02

KRUGERSDORP

Rant en Dal Animal Hospital is looking for a veterinarian to join our busy companion animal practice. This position is suitable for a general veterinarian keen to broaden their horizon. The work environment is stimulating due to the variety of veterinary services offered, including reproductive, general medical and surgical work. We also see a fair number of exotics. In return, we offer a team-based support structure with ample time off, no after hours and a competitive salary. Applicants must be registered with SAVC. Applications to be sent to reports@rantendal.co.za Ref20JL08

THREE RIVERS, VEREENIGING

Three Rivers Veterinary Clinic
One Veterinarian and one Veterinary Nurse are needed in a group of 3 Practices with 7 vets. Must be SAVC registered. No AHT's or AWA's. Live your passion in small animal medicine and surgery, large animals, game and exotics. Excellent service delivery is important to us. New Graduates welcome. Our small animal hospitals are well equipped with digital XR, endoscopes, Ultrasound, ECG, clinical pathology machines, etc. Excellent salary. Contact Drs. Johan / Willem / Jaco 016-4231104 / 0829007600 or email vets@threerivers.co.za. Ref22FE07

JOHANNESBURG

The Richmond Animal Hospital in Johannesburg is looking for a 3rd vet to join our team. We are a small animal general practice and do soft tissue surgery, dentals and medical workups. The vets work on a 3-week roster with varying duties and hours that allows for a nice work/home balance. No after hour on-call. Please email richmondvet@mwebbiz.co.za, or call 011 726 6323. Ref22AP01

MULDERSDRIFT

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

NORTH WEST / NOORD-WES

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WESTERN CAPE / WES-KAAP

CAPE TOWN, NORTHERN SUBURBS

Kuilsrivier Veterinary Clinic. We have a work opportunity for a full-time small-animal vet. Alternatively, a long-term, part-time Vet. Salary is very negotiable, depending on experience, no after-hours. Please email Kuilsriviervet@hotmail.com or phone the practice manager on 0219060277. Ref21JL01

NOORDHOEK, CAPE TOWN

We are looking for an enthusiastic vet for our thriving, mainly small animal clinic in beautiful Noordhoek near Cape Town. We have an excellent team and clients, and we need a vet who is good with animals and people. We offer a competitive salary, reasonable working hours, and long-term prospects for a suitable candidate. We prefer at least 5 years of experience and proficiency in Ultrasound. Please contact Derry on 0833489268. Send your CV to noordhoekvetclinic@gmail.com Ref21OC08

VREDENBURG / LANGEBAAN

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

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KWAZULU-NATAL

DURBAN

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

WESTERN CAPE / WES-KAAP

CAPE TOWN

- Veterinary practice for sale: Sea Point Vet Clinic, 146 Main Road Sea Point Cape Town
- established in 1985
- exclusively small animals
- Very well equipped.
  - Inventory available on request
  - Fully stocked Vetshop
  - And much more
- operating hours are
  - Monday - Friday 8.30 am to 5.30pm
  - Saturday 9am till noon
  - No after hours
- Premises leased. Lease transferable

For further details please contact the seller Roy Aronson 0825523160 or email royaronson@gmail.com Ref22MY01

FOR SALE / TE KOOP

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A new veterinary anaesthetic machine with refurbished TEC4 vaporiser or with a new MSS3 forane vaporiser. We convert your Mk3 halothane vaporiser to forane. All servicing and calibrations are done by retired chief anaesthetic technician ex-Groote Schuur Hospital. Call Cassim 021 7052880 / 0826819742, email encass@telkomsa.net or visit www.cvanaesthetics.co.za Ref13JA01

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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.

I was astonished and thankful to get this feedback from last month's chat. Comments are seldom received, and I thank the vet concerned for his effort in this. For this reason, I have decided to use it for this month's contribution.

Dear Michael

I have just read your recent article

As always, I was astounded at the depth of your sincerity and the empathy with which you handle topics

So, if I look back at my career, I do not think that I have ever had one day in which I was depressed. I may have been bored, but certainly not depressed

For a long time, I was also of the opinion that "depression" was a disease of lazy people. It is the first time I have publicly disclosed this opinion, as I have since realised that depression is indeed a serious disease. It deserves more respect from unsympathetic people like myself. I have also spent some time studying and trying to understand the 'syndrome' – if I may call it that

I am ashamed of my initial opinion of depression.

Two years ago, I employed two veterinarians as young colleagues to hopefully take over my practice

I have always been a 'loner', and if I had a *bad month*, it did not really matter; I would make it up the next month.

Suddenly the pressures of having to pay salaries have surfaced.

Indeed, a different kettle of fish as the pig industry is suffering from its worst downturn in many a year.

Producers are cancelling farm visits, and medicine sales have decreased by nearly 20%.

Small emerging farmers have, for all practical purposes, disappeared. It is difficult and near impossible to make money by feeding out of a bag. Most of my established producers have feed mills on the farm, and they mix diets up to R600 per ton, less expensive than compounded feeds.

Nutrition, especially swine nutrition, has become one of my pet hobbies

We as vets are not trained well enough in nutritional aspects

How do we fit it into a full curriculum – you may well ask?

So here we are in April of 2022

What will tomorrow hold?

An old Chinese curse says: "*may you live in interesting times*"

A gentleman called Dave Barry wrote: "*after you have heard from two eye-witness accounts of an accident, it makes you wonder about history*"

Life plus 23 without parole

Tod Collins

Dr Tod Collins shares his experiences and opinions.

More than a Freudian slip

I was enjoying a lie-in this Easter Monday (aka Family day), hopping into bed with our daughter and her rascally almost-3 son. (That's Leigh, who suffered from Chronic Fatigue /Rickettsiosis/Lymes/etc. etc. for 17 years).

We chatted about my joining an international vet webinar a month or so ago; the subject was too few young people wanting to join the profession, too many leaving it soon after beginning, and - of course - the tragedy of anxiety, depression and The Big S.

Fellow delegates were from Oz, NZ, Ireland, Croatia, France, Sweden, Canada, the US, and others I can't recall offhand. Our SA time was 21h00 – 23h00. Others were joining at all hours of day and night!

Our very emotional colleague in Croatia grabbed my heart; she seemed genuinely desperate for her brutally overworked and over-expected colleagues within their small profession.

Most from the other countries were excited about having "compulsory attendance" joint sessions at vet congresses/ conferences on this subject: stress, time out, employer understanding, etc. etc.

-I was very proud to brag about our SAVA / Vetlink congresses going this way!

Mentorship is now gaining momentum worldwide, it seems. Good on you, SAVA and dear Annalie McCallum!

However, the Freudian slip I made when saying the webinar was facilitated by the Royal College of Veterinary SERVANTS in London got Leigh and me giggling and rolling with laughter!!!!

But on reflection - and this is indeed a huge factor in our profession's leading the list of those sufferers - we ARE servants.

1. **They define reality.**
2. **They express gratitude.**
3. **In between, they are servants of the people.**

If you check out one of the many on par observations/quotes attributed to the American philosopher-writer-entrepreneur Max Depree, he lists the three attributes of great leaders:

Whether we know or like it or not, members of our profession are generally looked upon as respected leaders in our communities.

SO, GUYS, WE MUST ACCEPT THAT, YES, WE ARE NOT ONLY VETERINARY SURGEONS BUT VETERINARY SERVANTS TOO!

Prosperity in all its guises,

Tod

SAEVA Congress 2022

02 - 05 JUNE 2022 | THE BLADES, KAMEELDRIFT | RSA

The South African Equine Veterinary Association (a group of the SAVA) is dedicated to improve the health and welfare of the equid through professional development of its members, providing leadership and resources in matters pertaining to the equine industry.

KEYNOTE SPEAKERS



Michael Schramme

Michael Schramme qualified from the Rijksuniversiteit Gent, Belgium, in 1985. He has since worked as an equine surgeon at the University of Ghent, the Royal Veterinary College, the Animal Health Trust, Cornell University, North Carolina State University and the Ecole Nationale Vétérinaire de Lyon in France, where he is a full professor in equine surgery and orthopaedics.

Professor Schramme is a diplomate of the European and American Colleges of Veterinary Surgeons and of the European College of Veterinary Sports Medicine and Rehabilitation, and an associate of the European College of Veterinary Diagnostic Imaging. He is a past President of the European College of Veterinary Surgeons and the European Society of Veterinary Orthopaedics and Traumatology. He has an interest in all aspects of equine surgery, lameness and diagnostic imaging with special emphasis on MRI.



Roger K.W. Smith

MA VetMB PhD FHEA DEO LAAssoc.ECVDI DipECVSMR DipECVS FRCVS

Roger Smith is Professor of Equine Orthopaedics at the RVC. He qualified from Cambridge University in 1987 with a First and a Full Blue in swimming. After 2 years in practice, he undertook a residency at the RVC and then a PhD on equine tendons.

He remained at the RVC and was appointed Professor in December 2003. He holds the Diploma of Equine Orthopaedics, is Diplomate of the ECVS and the ECVSMR, and an RCVS Specialist in Equine Surgery. He was awarded an RCVS Fellowship in 2016 and was ECVS President in 2017. He currently divides his time between seeing referral orthopaedic cases and directing research into equine tendon disease.

PROGRAM

www.bit.ly/saeva2022

Day 1 | 2 June 2022
- 07:30 Registration
- 08:00 Warmblood Fragile Foal Syndrome: Situation in South Africa Mareli Smalberger
- 08:45 Safety and immunogenicity of a complete inactivated AHS vaccine Otto Koekemoer
- 09:30 African Horse Sickness: an update Alan Guthrie/ Patrick Page
- 10:15 Tea
- 10:45 One Health Paul van der Merwe
- 11:30 COVID19: What we have learnt Marietjie Venter
- 12:15 Arbovirus update Marietjie Venter
- 13:00 Lunch
- 14:00 Equine EU Export Update SAEHP
- 14:30 ECOD disease reporting: A "How to" practical session Camilla Weyer and Regional Reps
- 15:15 TRADE SESSION
- 15:45 Tea
- 16:15 SAEVA FEDCO MEETING
- 19:00. Cocktail dinner at Exhibitors

Day 2 | 3 June 2022
- 07:30 Registration
- 08:30 A practical review of OCD lesions in horses for the general practitioner Arnold Mahne
- 09:15 Intra-articular coritsone therapy: A review Johan Marais
- 10:00 SAVC: Discussion Dinemarie Scholtz
- 11:00 Tea
- 10:30 Interpretation of local analgesia in hindlimbs: rules and pitfalls Michael Schramme
- 12:20 Ultrasonographic examination of the hindlimbs - Tips and tricks Roger Smith
- 13:10 SAVA Address Paul van der Merwe
- 13:30 Lunch
- 14:20 Differential diagnosis and management of foot lameness in sports horses Michael Schramme
- 15:10 Differential diagnosis and treatment of digital flexor tendon sheath swelling Roger Smith
- 15:30 Tea
- 16:00 How to diagnose and manage dental pathology in the horse Arnold Mahne
- 19:00 Braai

Day 3 | 4 June 2022
- 08:00 Discussion Session: Sport Horse
- 09:00 How to recognise and grade lameness subjectively and objectively with the use of wireless inertial sensors Michael Schramme
- 09:50 Differential diagnosis and management of osteoarticular injury of the fetlock in sports horses Michael Schramme
- 10:40 Tea
- 11:10 Soft tissue injuries of the tarsus Roger Smith
- 12:00 A scientific approach to remedial farriery Michael Schramme
- 12:50 Insurance: Question and Answer session
- 13:40 Lunch
- 14:40 Diagnosis and treatment of proximal suspensory desmitis Roger Smith
- 15:30 Stifle injuries in sports horses Michael Schramme
- 16:20 Tea
- 16:30 Catatrophic musculoskeletal injuries in Racehorses Keith Spargo
- 19:00. Gala dinner

Day 4 | 5 June 2022
- 08:00 Registration
- 09:00 How to work up a poor performance problem methodically (including the role of imaging techniques)? Roger Smith
- 09:50 Can the neck be a cause of lameness and poor performance? Roger Smith
- 10:40 Tea
- 11:10 Diagnosis and treatment of thoracolumbar and sacro-iliac joint pain Michael Schramme
- 12:00 An Update on the practical use of Regenerative Medicine Products Roger Smith
- 12:50 The Year in Review: LAMENESS/ORTHOPAEDIC SURGERY Roger Smith/Michael Schramme
- 13:40 Lunch

Close of congress

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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

May 2022

RuVASA Congress.
08 -11 May
Venue: The Boardwalk Hotel, Port Elizabeth
Info: Vetlink, 012-346-1590, www.vetlink.co.za

Young Vets Congress.
14-15 May
Venue: 26 Degrees, Muldersdrift
Info: Corné Engelbrecht, SAVETCON, 071 587 2950,
https://www.savetcon-admin.co.za/Register/main.php

Eastern Cape and Karoo Congress.
20-21 May
Venue: Mpekweni Hotel, East London
Info: Vetlink, 012-346-1590, www.vetlink.co.za

NVCG Surgery Congress (Johannesburg).
30-31 May
Venue: Premier Hotel Midrand
Info: Vetlink, 012-346-1590, www.vetlink.co.za

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: Devon Valley Hotel, Stellenbosch
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
11-12 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



NVCG EVENTS 2022

PRE - CONGRESS DAY

24 October 2022, Emperors Palace



Brandon Wustefeld

Brandan graduated from the University of Pretoria in 2007. Following this, he worked in a private small animal hospital in Johannesburg for 2 years and completed a post-graduate degree from the University of Pretoria with a focus on small animal surgery in 2009. Brandan moved to the UK in 2010 and completed a general rotating internship and surgery residency, including a year as a research assistant in Prof. John Innes's lab, at the University of Liverpool in 2015. After his residency, he joined the soft tissue surgery team at Liverpool as a lecturer. In 2016, Brandan moved to Colorado State University and completed an ACVS accredited surgical oncology fellowship at the world-renowned Flint Animal Cancer Center. In 2017, he joined Texas A&M University as a surgical oncologist. He was recruited back to Colorado State University in 2020 where he is currently an Assistant Professor of Surgical Oncology. Brandan also holds appointments as an Extraordinary Lecturer in the Faculty of Veterinary Science at the University of Pretoria where he supports post-graduate surgery teaching and is a clinical member of the University of Colorado Cancer Center.

Brandan is a Diplomate of the European College of Veterinary Surgeons, a Royal College of Veterinary Surgeons Specialist in Surgical Oncology, holder of a certificate in Genetics and Genomics from Stanford University, and a researcher in the Colorado State University's Laboratory of Musculoskeletal Oncology and Traumatology. His research interests are epigenetic drivers in soft tissue sarcoma, development of the canine as a research model of sarcoma, and molecular oncology. Brandan remains a fanatic supporter of the world champion Springboks and is married to an Afrikaans lady who keeps him and their two kids in line.

Programme of Events

08:00	Registration
08:30	Welcome & Opening
08:40	Amputations – tips on screening and surgery
09:30	Update on osteosarcoma
10:20	TEA
10:50	Lymph node dissection – tips on mapping and resecting common LN
11:40	Surgical oncology principles and multidisciplinary team approach
12:30	Sponsor session; Hill's
12:45	NVCG: ANNUAL GENERAL MEETING (Members only)
13:00	LUNCH
13:30	Session sponsor: MSD
14:15	Case discussion: common tumors in difficult places
15:00	Beginner guide to maxillofacial surgery
15:45	TEA
16:00	Anal sac tumor tips on surgery
16:45	Summary and discussion

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

TO REGISTER: https://bit.ly/nvcg2022_precongress