VET nuus·news

Januarie / January 2026

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



THEME

Avian

CPD

Neurological and Musculoskeletal disorders of backyard poultry

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Dagboek • Diary

Ongoing / Online 2026

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SAVA Johannesburg Branch CPD Events
Monthly - please visit the website for more info.
Venue: Johannesburg Country Club
Info: Vetlink - https://savaevents.co.za/

February 2026

SAEVA Congress 2026
19 - 22 February
Venue: Champagne Sports Resort, Drakensberg, KwaZulu Natal
Info: https://vetlink.co.za/saeva-congress-2026/

March 2026

Wildlife Group of the SAVA Congress 2026
12 - 14 March
Venue: 26° South Hotel , Muldersdrift, Gauteng
Info: https://vetlink.co.za/wildlife-group-2026/

NVCG: The Veterinary Masterclass: Neurology
17 - 18 March
Venue: Cape Town Chrystal Towers, Century City
19 - 20 March
Venue: Johannesburg, Midrand Premier Hotel
Vetlink: https://vetlink.co.za/nvcg-roadshow-march/
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May 2026

UP: Beyond Basics: Mastering the Cardio-respiratory Patient: A Structured Clinical Approach
11 - 12 May
Venue: Premier Hotel, Midrand, Gauteng
Info: https://vetlink.co.za/beyond-basics/



June 2026

13th Int Crustacean Society Mid-Year Meeting
01-04 June
Venue: STIAS – Stellenbosch
Info: https://tcs2026.com/

NVCG Bush Break
06-07 June
Venue: Skukuza, Kruger National Park
Info: Vetlink:
https://vetlink.co.za/nvcg-bush-break-2026/

RuVASA Congress 2026
08 - 10 June
Venue: Champagne Sports Resort, Drakensberg, KZN
Info: https://vetlink.co.za/ruvasa-congress-2026/

September 2026

Virology Africa Congress
15 - 18 September
Venue: Skukuza, Kruger National Park
Info: Vetlink: https://virologyafrica2026.co.za/

NVCG: The Vet Masterclass: Medicine & Dermatology
19 - 20 September
Venue:Johannesburg, Midrand Premier Hotel
21 - 22 September
Venue: Cape Town Chrystal Towers, Century City
Vetlink: https://vetlink.co.za/nvcg-roadshow-dermmed/
or +27 12 346 1590

SAAVT Biennial Congress
30 September - 01 October
Venue: Krystal Beach Hotel – Gordon's Bay
Info: conference@savetcon.co.za

13th Biennial SAVA & Para-Veterinary Congress
Postponed until early 2027
Venue: to be confirmed (Gauteng)
Info: corne@savetcon.co.za
Watch this space for more information.



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CPD CONTINUING PROFESSIONAL DEVELOPMENT

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From the President

Dear members,

A Brand-New Start



As we begin 2026, this January edition of Vetnews is published against the backdrop of one of the most complex and consequential periods the veterinary profession in South Africa has faced in recent decades. Foot-and-Mouth Disease (FMD) continues to test not only our animal health systems, but also our collective ability to coordinate effectively across national, provincial, and local levels.

The National Veterinary Services and the Ministerial Task Team are considering a comprehensive framework for responding to the current FMD epidemic—signalling an important shift toward a risk-based and progressive control pathway. It is our prayer that the strategy aimed at containing the disease is underpinned by strengthened surveillance, a robust animal identification system, zoning, effective movement control, collaboration with law-enforcement structures, and targeted vaccination measures designed to reduce widespread infection and progressively restore South Africa's pre 2019 FMD disease status.

FMD affects a broad spectrum of stakeholders—from communal farmers and commercial producers to feedlots, auctioneers, transporters, and the wildlife sector. Sustainable disease control will only be achieved where measures are proportionate, context-sensitive, and cognisant of the real economic and livelihood pressures faced at ground level by small commercial producers and the emerging sector. Compliance is strongest where systems are trusted, consistently enforced and visibly fair.

As veterinarians, we sit at the critical intersection of policy and practice. Across all sectors, we bring the expertise, local insight, and trusted relationships needed to make disease control work in real-world conditions. The FMD epizootic has also reinforced the importance of strong local action supported by national coordination, as well as the necessity of the profession's collective commitment to evidence-based decisions, ethical leadership, and shared accountability. Veterinary structures remain vital in aligning national priorities with the realities faced by practitioners on the ground, and I trust that our members will rise to the occasion.

During December, there was a SAVA Board meeting, which, amongst others, considered key issues affecting the sustainability, governance, and future direction of the Association and the profession. It was a vibrant and constructive meeting, bringing together incoming and outgoing Board members and generating thoughtful discussion and fresh perspectives.

The Board reviewed the Association's financial position and reaffirmed the need for continued careful financial management to strengthen long-term sustainability and ensure ongoing support to members. As communicated previously, the Association has significantly reduced its overheads and, while challenges remain, meaningful progress is being made towards achieving the required financial stability.

Organisational and affiliate relationships were also discussed. A key focus for the first quarter of the year will be the finalisation of memoranda of understanding and other governance arrangements, alongside strengthened accountability mechanisms and improved communication with groups and branches.

In response to growing concerns around changes in veterinary practice, including professional independence and corporate ownership, the SAVA Board agreed to engage members further on this matter through polls, surveys, and structured discussions, including a dedicated session at the next SAVA congress.

On animal welfare matters, the Board considered the results of the member poll on the transport of live animals for slaughter and agreed on a balanced organisational position. This approach supports a progressive move towards ending the practice, while recognising animal welfare concerns alongside the current regulatory framework of the country, as well as the practical and economic realities faced by veterinarians and producers. SAVA will also explore the development of practical welfare guidelines to support veterinarians working in this area.

Congress planning was reviewed, with a focus on ensuring future events remain relevant, accessible, and financially sustainable. While preliminary logistics are still being finalised by the Congress Planning Committee, it has been confirmed that the next SAVA Congress will be held in 2027.

The Board also acknowledged the importance of member well-being and agreed to strengthen its focus on mental health and professional support initiatives. Overall, the Board acknowledged the concerns expressed by groups and branches through various engagements and reaffirmed its commitment to transparent governance, responsible financial stewardship, and ongoing engagement with members, recognising that a strong and stable association is essential in navigating current and future challenges.

In closing, I would like to mention that it has come to light that some members were under the impression that Vetlink would no longer be providing services and was closing. We have since engaged directly with Vetlink, who have unequivocally confirmed that this is not the case and that they remain fully operational. We wish to clarify this to members and sincerely apologise to Vetlink for any inconvenience this may have caused.

As we step into this new year, may it be one marked by renewed purpose, strengthened partnerships, and confidence in our collective ability to meet the challenges before us. The road to controlling FMD will demand resilience, discipline, and cooperation—but it also offers an opportunity to reaffirm who we are as a profession: principled, service-driven, and united in our commitment to animal health, public trust, and national well-being.

With clarity of vision and shared resolve, 2026 can be a year of progress, restoration, and renewed hope.

Groetnis!
Ziyanda

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Editor's notes / Redakteurs notas

Dear members

Appreciation in the Oxford Languages (good old Google) returns a couple of meanings;

- **The recognition and enjoyment of the good qualities of someone or something,**
  - **Gratitude**
  - **A written assessment of an artist or piece of work, typically a favourable one.**
- **A full understanding of a situation**
- **An increase in monetary value.**

I am sure that everybody has something to *appreciate* in 2025, even if it is the rain, or lack thereof, a flower or something done for you, an unexpected parking space, or an unexpected gift. I definitely take a lot of *appreciation* into 2026. It is not the big things, although significant things can change your life, and there is a lot of appreciation when it happens.

We had the privilege of spending this Christmas with Paul's 95-year-old mother. She undertook the journey from Pretoria to Hoedspruit with one of the daughters, spent about 10 days with us, and returned to the Care facility with one of the other daughters. It was a flurry of excitement and activities as we celebrated the days before, Christmas itself, and the days after. Cooking and chatting, catching up and planning, it buzzed. And yet she kept a cool head, quietly absorbing all the sometimes chaotic activities. When asked why she was so quiet, she merely replied that she was collecting memories for when it is quiet around her again. She climbed up the open safari vehicle, quietly pointing to animals she saw and was never a burden to anyone.

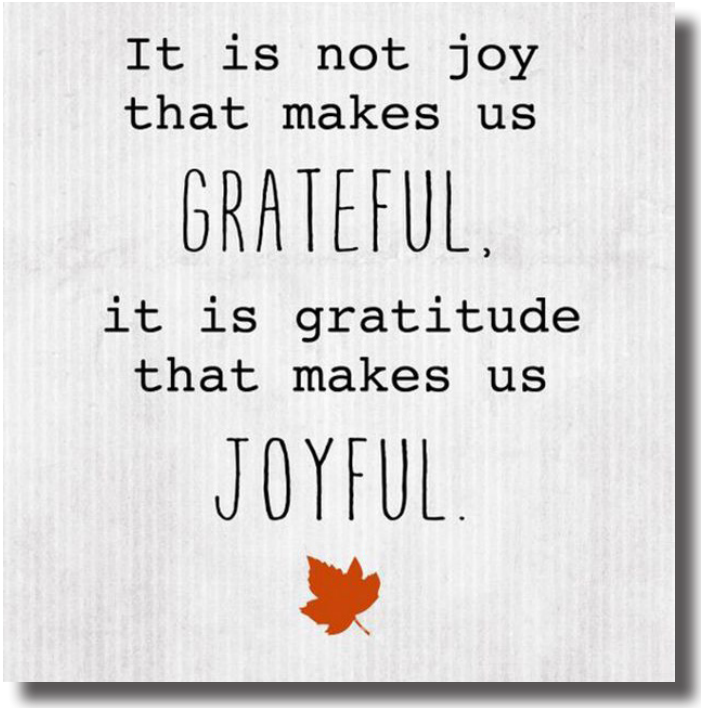
As life goes, one has to appreciate one's elders. You have to appreciate your peers, and you have to appreciate your children. I have many friends who suffered immense losses in 2025. It is never easy to see appreciation and gratefulness in difficult times. In 2026, I wish that everybody could find something to be appreciative of every single day. A Newyears resolution could be to start a journal and jot down your blessings every day. In 365 days, you will have collected 365 blessings, things to be appreciative of.

In this month's edition, we look at some birdy things. With the FMD and rabies rife, we forget about bird flu and the like. We look at the transmission of highly pathogenic avian influenza to a cat, some statistics out of Europe of the autumn 2025 wild bird migration, and also a bit about Viral diseases in Pet Birds as a bit of a refresher for members who do not see birds that often (my former Employer still calls all birds chickens, and I nearly did it here), then some novel combination products to combat infected wound sited in zoo animals. There is also an updated compound diary listing of all known events in 2026, for your planning.

My wish for 2026 for you is good health, uplifted spirits, camaraderie, and more moments of appreciation than you can handle.

See you all in February with the theme of Ruminants – large and small.

Andriette V



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A raw deal: the intersection of the immunocompromised cat, influenza, and a lapse of infection prevention and control measures

Kelli J. Maddock[1]

https://doi.org/10.1128/ asmcr.00134-25.

ABSTRACT

The case report by Chen et al. (ASM Case Rep 1:e00134-25, 2025, https:// doi.org/10.1128/asmcr.00134-25) importantly describes nosocomial transmission of **s** in an immunocompromised resident clinic cat. This case highlights several significant public health threats, starting with HPAI spillover from birds to cats, foxes, and cattle; probable HPAI infection due to contaminated commercially prepared raw pet foods; nosocomial infection of an immunocompromised animal; and lapses in infection prevention and control (IPC) measures. This case underscores the need for formal IPC guidelines or a risk assessment-based protocol for resident clinic or personal pets in veterinary settings. As the availability of and interest in using commercial raw pet foods increase, there is a need for education surrounding infectious disease risk, safe handling, and handwashing procedures for use of these products, as well as the potential risk for faecal shedding of important enteric pathogens. Further emphasising the importance of IPC, nosocomial outbreaks caused by *Salmonella* and antimicrobial-resistant bacteria have been identified in large animal and companion animal practices, with a recent case describing probable zoonotic and nosocomial spread of carbapenem-resistant organisms. To mitigate these risks, veterinary practices (clinics or hospitals) require resources and education for IPC to minimise and investigate nosocomial transmission of infectious diseases. Finally, the availability of high-quality point-of-care test options for veterinary infectious diseases would support human, animal, and population health by providing rapid and actionable results for disease response.

The case report by Chen et al. (1) describes a nosocomial infection of highly pathogenic avian influenza (HPAI) H5N1 in an immunocompromised domestic cat. The cat was a resident of the clinic and had contact with clinic spaces and personnel who had previous contact with another cat experiencing respiratory illness after consumption of recalled (2), potentially HPAI-contaminated raw cat food. This case represents an interesting intersection of an immunocompromised resident of a veterinary clinic and several public health phenomena of our time, namely, the spillover of HPAI from birds to cats, foxes, and cattle; the raw pet food diet trend; and an increasing need for infection prevention and control (IPC) measures in veterinary practices (clinics or hospitals). Beyond these factors, human, animal, and population health, and potentially antimicrobial stewardship, could be supported by increased availability of high-quality infectious disease point-of-care testing (POCT) in veterinary practices.

It is not uncommon for veterinary practices to adopt resident clinic pets with difficult-to-manage conditions that may be too challenging or expensive for the average pet owner to navigate. While surrounding these animals with veterinary professionals and providing care is altruistic, paradoxically, they are also residing in an environment where they may be at a high risk of contracting a debilitating or lethal illness from other patients. While no formal IPC guidance or policy currently exists for personal or clinic-residing pets, there is a significant biosecurity risk and the potential for infectious disease spread for these animals, particularly if they are also immunocompromised. In 2019, the American Society for Microbiology drafted formal guidance for service animals in teaching laboratory settings (3), with emphasis placed on protecting both the animal and people in the space from physical harm (trips and uncontrolled animals), biohazards, and biosecurity risks. Veterinary practices should evaluate potential risks to these resident clinic pets and whether procedural control or physical segregation from common areas that may be contaminated by other patients is sufficient to protect these vulnerable animals.

In recent years, a trend toward providing raw pet food for perceived nutrition benefits (4–6) has become a more mainstream dietary option for pets, with multiple commercial vendors offering raw products marketed to pet owners. Despite numerous infectious disease events (7) and decades of evidence to the contrary (8), raw milk is also experiencing a new era of public perception as a nutritious, safe, and natural alternative to pasteurised dairy products for people and pets alike. Commercial raw pet foods have also been the subject of product recalls (2, 9, 10) due to potential HPAI contamination, and both raw pet foods and raw milk have been linked to HPAI infection in companion animals, including the probable source of HPAI in this case (1). While the risk of cat-to-human transmission of HPAI is currently low, raw diets introduce additional risks to pets and their owners. These products are often contaminated with ever-present gastrointestinal nemesis, *Salmonella, Listeria monocytogenes, Campylobacter,* and diarrheagenic *Escherichia coli* (4, 5, 11–13), with a recent outbreak involving raw pet food and a multidrug-resistant strain of *Salmonella* I 4, [5], 12:i:- (14). Pet owners may not realise that these raw commercial products require strict handling, just like human-grade meat products that are typically cooked. They also may be unaware of the risks associated with these raw products. Beyond product handling risk, there is an increased risk of faecal *Salmonella* shedding from pets who have consumed contaminated products (15, 16), increasing the risk of illness for pet owners or environmental contamination.

Veterinary professionals, retailers, and commercial raw pet food companies share the responsibility to communicate these potential risks and provide safe handling resources to pet owners.Historically, data regarding hospital-acquired infections (HAIs) and IPC have been limited for veterinary medicine (17). Interactions with veterinary patients may seem less clinical than interactions with human patients, and hand hygiene, personal protective equipment use, and equipment or environmental decontamination may not be prioritised in some clinical settings until there is an adverse event requiring it to be. While documentation of HAI is scarce for most pathogens, the primary suspects in human HAIs are also of concern for veterinary settings (17). *Salmonella* outbreaks (17– 19) are well documented in large animal hospitals, and outbreaks caused by carbapenemase-producing organisms (CPOs) in companion animal practices were recently described in the United States (20–23). While it is possible that these CPO outbreaks are new phenomena, it is also possible that detection and reporting of these strains have been delayed or limited due to a lack of veterinary laboratory resources, knowledge, or procedures for public health reporting of these isolates from animals (24). Concerningly, a recent study (20) epidemiologically linked three human cases of infection with a CPO to a veterinary hospital where pets residing in these three separate households had received care, further highlighting the zoonotic and nosocomial risk of these outbreaks. Beyond risk to patients and their families, HAIs are expensive for veterinary practices and their patients, with cost estimates ranging from $25,000 for mitigation of a CPO outbreak (21) to $4.12 million in lost revenue and mitigation expenses (19) for a multidrug-resistant *Salmonella* outbreak. Importantly, lapses of IPC measures were identified in each *Salmonella* and CPO outbreak report.

Finally, veterinary medicine would benefit from the availability of high-quality, rapid, infectious disease POCT (25), such as PCR panels for common viral, bacterial, and parasitic causes of illness like those employed in human medical settings. Rapid respiratory POCT could help rule in or out influenza and common viral or bacterial causes of respiratory illness, supporting rapid treatment and response to infectious disease. In the case of the initially presenting feline, a rapid influenza result may have prompted decontamination procedures and IPC measures, protecting animal population health. Again, while the risk of cat-to-human transmission of HPAI currently remains low, rapid detection of critical emerging infectious diseases from humans or animals is important in the post-pandemic watchful waiting period. Beyond infectious disease detection and transmission, rapid POCT could also enhance antimicrobial stewardship by supporting veterinarians in conversations with pet owners where antimicrobial treatments are requested by an owner for what is often a viral infection.

Particularly in a time of wavering trust in public health (26), it is important for veterinarians and other health professionals to continue the low-cost preventative strategy of sharing the science and educating animal owners and the general public regarding the risks of raw diets for pets. Owners must be aware of the potential risks of using raw products for themselves and their animals, and veterinarians must feel empowered to discuss these risks as well as the need for strict handling and handwashing measures undertaken by the owners. Veterinary practices must have resources and support for IPC measures, including training for appropriate hand hygiene and personal protective equipment use, decontamination practices, and outbreak investigations. In the absence of formal IPC guidance or policies, veterinary practices should conduct risk assessments for personal and resident clinic pets. Resources should be allocated for the development of high-quality POCT to ensure the timely detection of infectious disease agents. Together, these measures will support IPC and safeguard human and animal health.



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Unprecedented high level of highly pathogenic avian influenza in wild birds in Europe during the 2025 autumn migration

European Food Safety Authority, European Union Reference Laboratory for Avian Influenza, Mariette Ducatez, Alice Fusaro, Jose L Gonzales, Thijs Kuiken, Karl Ståhl, Christoph Staubach, Calogero Terregino and Lisa Kohnle

Abstract

Between 6 September and 14 November 2025, 1,443 highly pathogenic avian influenza (HPAI) A(H5) virus detections were reported in wild birds across 26 countries in Europe. This number was four times higher than in the same period in 2024 and the highest overall for those weeks since at least 2016. Almost all the detections (99%) were due to HPAI A(H5N1) viruses, and most of them belonged to EA-2024-DI.2.1, a new sub-lineage of the EA-2024-DI.2 genotype. These HPAI virus detections in wild birds involved increasing numbers of waterfowl species (ducks, geese and swans) that were found positive in large parts of Europe. In addition, high numbers of common cranes were affected across a wide band stretching from northeast to southwest Europe. Given the unprecedentedly high circulation of HPAI virus in the wild bird population compared to previous years, and the associated high environmental contamination, strict biosecurity measures and early detection of infected poultry establishments are urgently needed to prevent introductions from wild to domestic birds and further spread among poultry establishments. Prompt removal of wild bird carcasses is indicated to reduce the risk of infection for other wild and domestic birds and mammals.

Map disclaimer: The designations employed and the presentation of material on any maps included in this scientific output do not imply the expression of any opinion whatsoever on the part of the European Food Safety Authority concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Introduction

This EFSA statement was requested by the European Commission (EC) under the mandate M-2024-00009 due to the quickly evolving situation with a very high level of highly pathogenic avian influenza (HPAI) virus circulation in wild birds during the current autumn migration. It provides an overview of all HPAI virus detections reported in wild birds in Europe between 6 September and 14 November 2025. Specific recommendations for the current period are provided at the end of this document.

Data

This EFSA statement includes data from European Union (EU) Member States and other third countries reporting via the Animal Disease Information System (ADIS), and data from the United Kingdom collected via the World Animal Health Information System (WOAHWAHIS) of the World Organisation for Animal Health (WOAH)[1]. Data extraction for the period from 6 September to 14 November 2025 was carried out on 14 November 2025.

Results

During the current reporting period from 6 September to 14 November 2025, a total of 1,443 HPAI virus detections in wild birds (with an HPAI virus detection potentially including more than one wild bird species) were reported in Europe. Compared to the same dates in previous years, this number was four times higher than in 2024, ten times higher than in 2023, twice as high as in 2022, and four times higher than in 2021 (Figure 1).

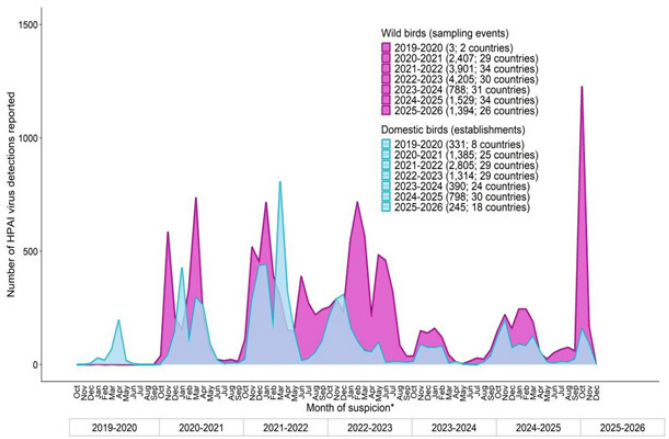


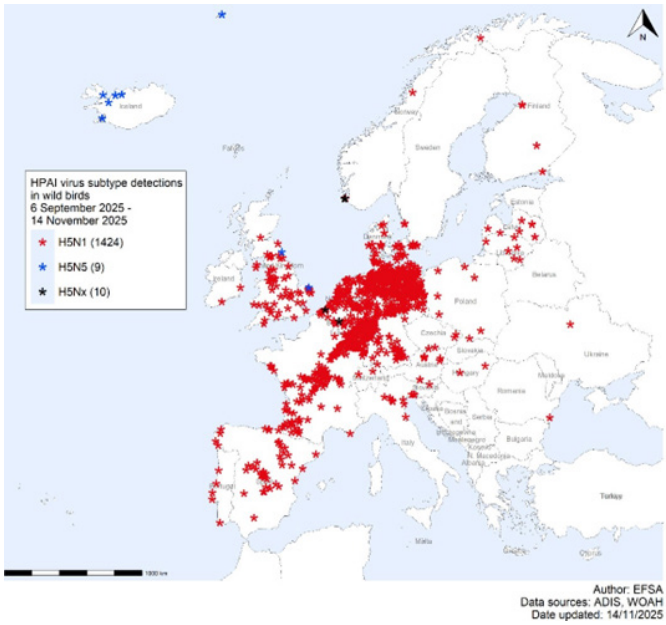
Figure 1: Distribution of the number of HPAI virus detections in wild birds (cumulative number n = 14,227) (pink) and establishments keeping domestic birds (cumulative n = 7,268) (blue) reported in Europe during seven epidemiological years by month of suspicion, from 1 October 2019 to 14 November 2025 (total n = 21,495)

Such a sharp increase and high number of HPAI virus detections in wild birds is unprecedented at this time of the year and has not been observed since at least 2016. The number of HPAI infections in wild birds likely found dead during the current reporting period is much higher than reported here, because not all recent HPAI virus detections have been reported yet, and because the number of reported HPAI virus detections in wild birds is an underrepresentation of the actual HPAI-associated mortality of wild birds.

At the same time, these HPAI virus detections in wild birds were widespread geographically, with reports from 26 countries in Europe: Germany (909), France (165), Netherlands (78), United Kingdom (excluding Northern Ireland) (60), Spain (48), Denmark (28), Austria (24), Belgium (22), Luxembourg (17), Italy (16), Norway (14), Latvia (9), Sweden (9), Iceland (7), Lithuania (6), Poland (6), Portugal (5), Finland (4), Hungary (3), Slovenia (3), Czechia (2), Ireland (2), Romania (2), Switzerland (2), Slovakia (1) and Ukraine (1) (Figure 2).

[1] World Organisation for Animal Health (WOAH) (2025) – WAHIS periodical extraction of early warning outbreak data. Retrieved on 14 November 2025. Data extracted by EFSA. WOAH bears no responsibility for the integrity or accuracy of the data contained herein, not limited to: any deletion, manipulation, or reformatting of data that may have occurred beyond its control.

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Notes: The unit reported is the number of HPAI virus detections at outbreak level and not the total number of HPAI virus detections in wild birds (as more than one species can be involved in one single HPAI virus detection reported).
**This designation is without prejudice to positions on status and is in line with United Nations Security Council Resolution 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.*
Source: ADIS, EFSA and WOAH (data extraction carried out on 14 November 2025).

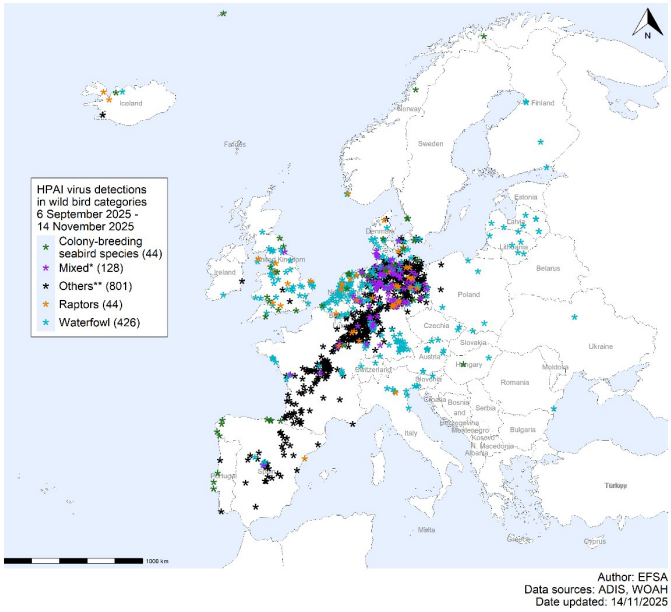
Figure 2: Geographic distribution, based on available geocoordinates, of HPAI virus detections in wild birds (1,443), reported by virus subtype, in Europe from 6 September to 14 November 2025

In parallel, an increase in HPAI outbreaks in domestic birds (Figure 1) was observed in many countries, likely as a consequence of high levels of virus circulation in wild birds and high contamination of the environment. Observations from previous epidemiological years indicate a correlation of HPAI presence in waterfowl and incursions into domestic birds.

Overall, 1,424 HPAI virus detections in wild birds (99%) were reported as A(H5N1), nine as A(H5N5) and ten as A(H5Nx) (Figure 2). Based on genetic data available so far, most of the HPAI A(H5N1) viruses identified were a variant of the previously circulating EA2024-DI.2 genotype, which has mutated sufficiently to form a new sub-lineage, namely EA-2024.DI.2.1. Phylogenetic analysis indicates that this sub-lineage was probably newly introduced into Europe during autumn migration from the east and rapidly spread westward.

The majority of HPAI A(H5) virus detections in wild birds were in waterfowl and common cranes. In particular, there were 426/1,443 (29.5%) detections in waterfowl (ducks, geese and swans) (Figure 3; Figure 4, upper panel), with mortality in mute swans reported in various parts of Europe, e.g. in the United Kingdom, France and Italy. In addition to the detections in dead birds, HPAI virus was identified in apparently healthy wild ducks through active surveillance activities (e.g. prevalence in apparently healthy mallards in the Netherlands was higher than ever before), indicating an even higher circulation of HPAI viruses in the wild bird population than the number of HPAI virus detections in wild birds found dead suggests. Moreover, the contemporaneous high prevalence of low pathogenic avian influenza (LPAI) and HPAI A(H5) viruses in wild waterfowl, as demonstrated by the SENTINEL Wild Birds project in recent weeks (https://zenodo.org/records/17696338), increases the chance of mixed infections potentially resulting in new reassortant viruses that play an important role in the rapid evolution of HPAI A(H5) viruses. In addition, there were 877/1,443 (61%) HPAI virus detections in which common cranes were involved: 115/128 (90%) among the 'Mixed' category (Figure 3; Figure 4, upper panel) and 762/801 (95%) among the 'Others' category (Figure 3; Figure 4, lower panel). Mass mortality of common cranes was first reported in Germany, where the first spillover to this species likely occurred. Subsequently, HPAI virus detections in common cranes were reported in France and Spain, following a southwest direction along their migratory route (Figure 4, lower panel).

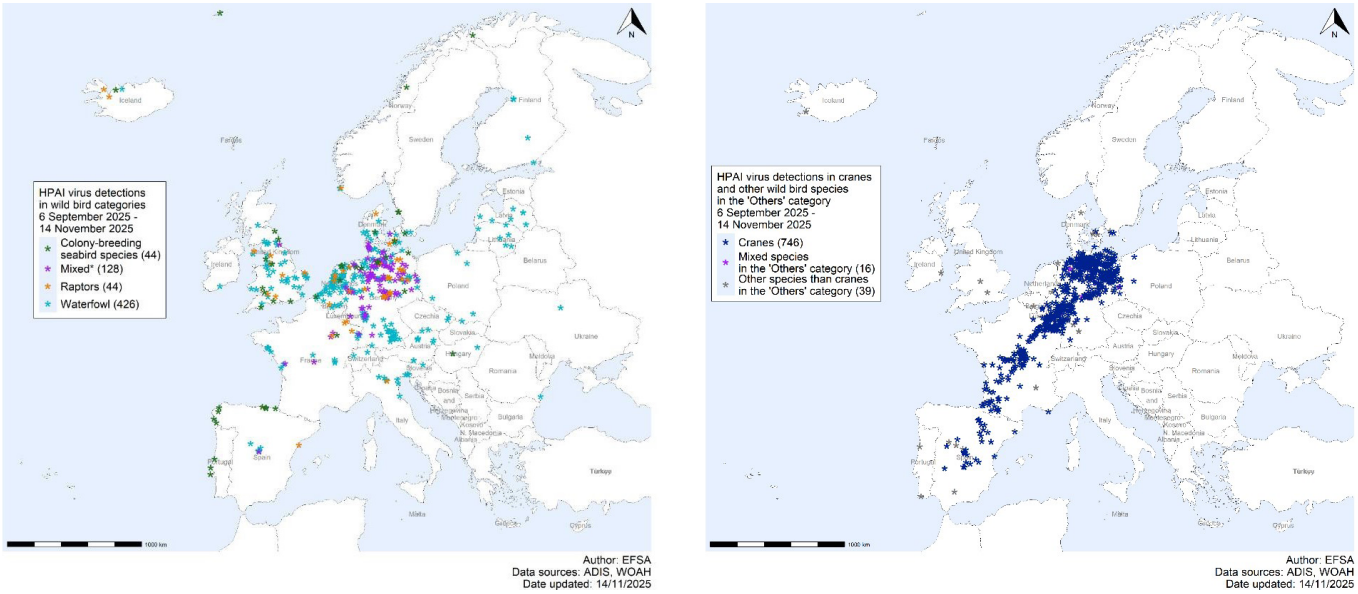
There were fewer HPAI virus detections in the other wild bird categories: colony-breeding seabirds and raptors. There were 44/1,443 (30.5%) detections in colony-breeding seabirds, mainly gull species, and the same number (44/1,443; 30.5%) in raptors, mainly Eurasian buzzards (Figure 3; Figure 4, upper panel).



Notes: The unit reported is the number of HPAI virus detections in different wild bird categories at outbreak level and not the total number of HPAI virus detections in wild birds (as more than one species can be involved in one single HPAI virus detection reported).
**This designation is without prejudice to positions on status and is in line with United Nations Security Council Resolution 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.*
**'Mixed' refers to outbreaks in which multiple categories were involved.*
***'Others' groups all other affected categories that are not indicated in the legend.*
Source: ADIS, EFSA and WOAH (data extraction carried out on 14 November 2025).

Figure 3: Geographic distribution, based on available geocoordinates, of HPAI virus detections in different categories of wild birds in Europe, by species category, from 6 September to 14 November 2025 (total n = 1,443)

Based on the sharp increase, high level and wide geographical distribution of HPAI virus detections reported in wild birds during the current reporting period, it is expected that high levels of HPAI virus circulation in wild birds in Europe are likely to continue and to expand to other geographical areas in coming weeks as wild birds continue to migrate to their wintering areas in Europe and Africa. Unless additional measures are taken, this will likely lead to increased virus incursion into poultry and other captive bird



Notes: The unit reported is the number of HPAI virus detections in different wild bird categories at outbreak level and not the total number of HPAI virus detections in wild birds (as more than one species can be involved in one single HPAI virus detection reported).
**This designation is without prejudice to positions on status and is in line with United Nations Security Council Resolution 1244 and the International Court of Justice Opinion on the Kosovo Declaration of Independence.*
**'Mixed' refers to outbreaks in which multiple categories were involved.*
Source: ADIS, EFSA and WOAH (data extraction carried out on 14 November 2025)

Figure 4: Geographic distribution, based on available geocoordinates, of HPAI virus detections in all wild bird categories apart from 'Others' (upper panel, total n = 642), and in the 'Others' wild bird category only (lower panel, total n = 801), in Europe, from 6 September to 14 November 2025

establishments, as well as higher mortality of wild birds and mammals. Therefore, people and organisations involved with domestic or wild birds, or mammals, at risk for HPAI need to account for this unprecedented high level of HPAI virus circulation to prevent or reduce further virus spread. However, on no account should the concern about HPAI result in killing or disturbing wild birds or damaging their habitat. Not only would such measures be ineffective, but they also contravene national and international agreements to protect wild birds and their habitats.

Recommendations

- Biosecurity measures in domestic bird establishments and compliance thereof should be optimised and maintained at a high level both during the production cycle and culling operations.
- Housing orders for domestic birds are highly recommended in areas where HPAI is circulating in wild birds or mass mortality events in wild birds are reported.
- Surveillance in domestic birds should be enhanced to ensure early detection of infected poultry establishments.
- Surveillance activities in wild birds should be enhanced, particularly in wetland areas and migratory stopover sites in and outside Europe.
- EFSA's Bird Flu Radar may be consulted to monitor the probability of HPAI virus introduction in wild bird populations over space and time: https://app.bto.org/hpai
- Wildlife rescue/rehabilitation centres should be part of surveillance activities and implement adequate biosecurity to protect both animal and public health.
- Artificial feeding of wild birds, particularly of cranes and swans, should be avoided during high-risk periods to reduce the level of crowding of these species.
- Prompt removal of wild bird carcasses is indicated to reduce the level of virus contamination in the environment and subsequent possible infection of other wild and domestic birds and mammals.
- Unnecessary disturbance of wild bird populations (e.g. hunting activities, tourism, leisure activities, use of drones) should be avoided to limit further dispersal of the virus.

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Viral Diseases of Pet Birds

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Avian Polyomavirus

(Papovavirus, Budgerigar Fledgling Disease, Psittacine Polyomavirus)

Avian polyomavirus (APV) causes disease in young parrots. There are two forms of the disease based on affected species: **budgerigar fledgling disease** and **non-budgerigar polyoma infection**. Both are characterized by peracute to acute death of preweaned neonates. Clinical signs occur 7–10 days after exposure and include lethargy, crop stasis, and death within 24–48 hours. Surviving budgerigars >3 weeks old often exhibit feather dystrophy (French molt or feather dusters). Older nonbudgerigar psittacines may have subclinical disease or hemorrhages and coagulopathies. Adult birds typically are resistant to infection; they will seroconvert and shed the virus for up to 90 days, then clear the infection. Antemortem diagnosis is accomplished with DNA probes of cloacal swab and blood samples. Aviary control methods include not housing budgerigars or lovebirds with other species, strict hygiene, limiting traffic in the nursery, and strict quarantine and testing of new birds. A vaccination is available.

Clinical Findings of Avian Polyomavirus

The typical presentation of budgerigar fledging disease is a well-fleshed juvenile, just before fledgling age, with acute onset of lethargy, crop stasis, and death within 24–48 hours. Other clinical signs are cutaneous hemorrhage, abdominal distention, and feather abnormalities. Surviving budgerigars >3 weeks old often exhibit feather dystrophy (French molt or feather dusters). In other species of psittacines < 4 months old, the infection is often fatal. Older nonbudgerigar psittacines may have subclinical disease or hemorrhages and coagulopathies.

Diagnosis of Avian Polyomavirus

Antemortem diagnosis is accomplished with DNA probes of cloacal swab and blood samples and virus-neutralizing antibody tests of blood samples to identify birds with previous viral exposure. Diagnosis in a flock setting is typically based on clinical signs, signalment, and necropsy findings.Gross necropsy findings in deceased chicks often include pale skeletal musculature and subcutaneous ecchymotic hemorrhages. The kidneys and liver are enlarged and may be pale, congested, and mottled, or have pinpoint, white foci. Petechial or ecchymotic hemorrhages may also be present on viscera, particularly the heart. The heart is sometimes enlarged and may show hydropericardium. Intranuclear inclusion bodies are often seen in the liver, kidneys, heart, spleen, bone marrow, uropygial gland, skin, feather follicles, etc.

Treatment and Control of Avian Polyomavirus

Aviary control methods include avoiding the housing of budgerigars or lovebirds on premises where other species are bred, adhering to standard hygiene procedures, preventing access to the nursery by visitors, and not introducing birds into the aviary without 90 days quarantine and testing. Eliminating APV infection from an infected budgerigar aviary is challenging. First, all breeding must be stopped for 6 months. The presence of infected neonates, fledglings, and adults propagates the disease. During this time, adult birds are moved to a noninfected area while the entire aviary is disinfected. Nest boxes should be disinfected or discarded and replaced. After 6 months, adult breeding birds can be returned to a clean aviary and breeding resumed.

Pet store prevention should include separating neonates from different sources, purchasing birds from sources where polyomavirus testing and vaccination are performed, and ideally, not purchasing or selling unweaned birds. Treatment is supportive care. A vaccine is available. For breeding birds, two doses of the vaccine are administered at a 2-week interval; this should be done off-season. The manufacturer recommends administration of the first dose when the chick is >35 days old, with a booster vaccination in 2–3 weeks.

Psittacine Beak and Feather Disease

Psittacine beak and feather disease (PBFD) is caused by a psittacine circovirus. The virus was first recognized in the 1970s in cockatoos with beak and feather lesions. Since then, it has been recognized in most species of parrots and also in Passeriformes and Columbiformes. It primarily affects young parrots. Infected birds present with abnormal feathers, beak lesions, and immunosuppression. Infected birds shed virus in their feathers, feather dander, feces, and oral secretions. Transmission occurs by inhalation and/or ingestion of the virus and can occur vertically. The virus is very stable in the environment, so fomites are a notable source of infection. Diagnosis is based on clinical signs and results of PCR testing. Treatment is supportive care. Due to its contagious nature and terminal outcome, humane euthanasia may be warranted. Control involves strict hygiene, testing, and quarantine of all new birds.

The name is not as representative of the current typical clinical presentation, which often does not include beak abnormalities and is less likely to have the severe, classic feather abnormalities seen in cockatoos when the disease was first documented. Use of screening PCR assays has greatly decreased the prevalence of the virus in captive bred *Cacatua* spp. However, disease is still seen in African grey parrots, *Eclectus* parrots, lovebirds (*Agapornis*), lorikeets, and other species, but is rare. The natural infection appears to occur primarily in juvenile birds, with few instances of clinical infection seen in birds >3 years old.

Psittacine beak and feather disease, cockatoo



Image: Courtesy of Dr. Louise Bauck

Clinical Findings of Psittacine Beak and Feather Disease

In the classic PBFD infection, the first indication of the presence of disease is a lack of powder down on the beak. The virus causes abnormal formation of growing feathers and immunosuppression. Feathers are pinched or clubbed at their base and may have hemorrhage within the developing shaft. The feathers fall out easily and grow back slowly or not at all. The distribution of affected feathers depends on the age of the bird and the stage of the molt when infected. Pigment loss may occur in colored feathers. The bird may live with these lesions for months to years.

As the disease progresses, the immune system is affected, and most birds die of secondary infections. A peracute form of the disease occurs in young birds, which develop enteritis and pneumonia, lose weight, and die. African grey parrots may develop a pancytopenia, because the virus attacks the bone marrow. These birds die suddenly with viral inclusions in the thymus, bursa, and bone marrow.

Diagnosis of Psittacine Beak and Feather Disease

Diagnosis of psittacine beak and feather disease is based on clinical appearance; results of PCR assay of feces, feather dander, or blood; and biopsy of affected feather follicles showing basophilic intracytoplasmic inclusions. Testing by PCR assay may detect infection in birds that still appear healthy. These birds may subsequently become ill or may mount an effective response to the virus. Because of the stability of the virus, PCR analysis can also be used for environmental testing. Quarantine and retesting are recommended for PCR-positive, asymptomatic birds. At necropsy, affected birds often have no gross lesions internally, but intranuclear or intracytoplasmic inclusions may be seen histologically in the feathers, bursa, thymus, liver, or other organs.

Treatment and Control of Psittacine Beak and Feather Disease

There is no specific treatment for PBFD, and treatment of infected birds is supportive. The contagious nature of PBFD and its generally terminal outcome in clinically affected birds warrant isolation and eventual euthanasia in most clinical cases. Strict hygiene with attention to dust control, screening protocols including PCR testing of both birds and the environment, and lengthy quarantines are highly recommended in breeding facilities with susceptible species. All new susceptible birds should be tested before introduction to the aviary. In infected breeding colonies, removing all eggs for cleaning and artificial incubation may also be required. Since the development of a PCR assay, prevalence of the disease has decreased.

Pacheco's Disease

(Pacheco's Herpesvirus)

Psittacine herpesvirus is an alpha herpesvirus that is the causative agent of Pacheco's disease and internal papillomatosis in parrots. Pacheco's disease causes a viral hepatitis seen predominantly in New World species (Amazon parrots, macaws, and conures).

Internal papillomatosis occurs in parrots that have survived Pacheco's disease. Papillomatosis is most commonly observed in macaws, Amazon parrots, conures, and Hawk-headed parrots. Disease is associated with stress, which can cause clinically healthy carriers to shed virus and initiate infection in susceptible birds, as often occurs during introduction of new birds, relocation, or in those with underlying illness or during breeding. It is spread by direct contact, aerosol, or fecal contamination of food or water, with an incubation period of 3–14 days. The outcome of the infection depends on the genotype of the virus, the species of bird infected, and the bird's overall health. Infected birds become chronic carriers and will remain persistently infected and intermittently shed the virus throughout their lives. Old World species are less likely to be either inapparent carriers or clinically susceptible. Patagonian species and some *Aratinga* spp may be natural hosts in the wild, and some individuals of these species may asymptomatically shed virus when stressed. Other species can also act as carriers.

Clinical Findings of Pacheco's Disease of Pet Birds

Terminal signs of Pacheco's disease include acute death in well-fleshed birds and bright yellow urates with scant feces. Other clinical signs are diarrhea, green urates, lethargy, regurgitation, weakness, and depression.

Diagnosis of Pacheco's Disease of Pet Birds

Diagnosis of Pacheco's disease in a live bird can be done by DNA probes of combined oral and cloacal swabs and blood samples. Increases in plasma AST activity and marked leukopenia have been reported.

Because of the acute nature of the disease, histologic lesions may not be evident. However, most affected birds will have hepatomegaly, splenomegaly, and renomegaly. The liver may be mottled or grossly discolored. Ecchymotic and petechial hemorrhages may be present

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on the pericardium and within the mesenteric fat. Intranuclear inclusions are seen histologically in the liver, spleen, intestinal epithelium, and pancreas.

Treatment and Prevention of Pacheco's Disease of Pet Birds

In addition to supportive care, acyclovir (80 mg/kg, 3 times a day, or 400 mg/kg in feed) can be used during an outbreak; however, the risk of increased transmission because of handling is great. Autogenous vaccines have been developed during outbreaks and have effectively decreased morbidity and mortality. An inactivated vaccine is available.

Cloacal papilloma, gross lesion, Amazon parrot



Image: Courtesy of Dr. Louise Bauck

The lesions of **papillomatosis** are predominantly present in the oral and cloacal mucosa but may also be found internally in the intestinal tract, or less commonly, in the conjunctiva or bursa. Owners usually first notice blood from a papilloma in the droppings, and/or the papilloma prolapses through the cloaca. Lesions may be mild or severe (ulcerated and bleeding) and often wax and wane. Ulcerated lesions may need to be cauterized or surgically removed, although they typically recur. Treatment is supportive, such as analgesics, cautery, and antimicrobials to prevent secondary infection. Antiherpesviral drugs are not curative and do not appear to impact the course of disease.

Avian Bornavirus / Proventricular Dilatation Disease

(Macaw Wasting Disease)

Proventricular dilatation disease, parrot

Avian bornavirus (ABV) is a neurotropic virus that causes proventricular dilatation disease (PDD). PDD is a progressive neurologic disease that uniquely affects the nervous system and is fatal once clinical signs develop. PDD, also known as macaw wasting disease, neuropathic ganglioneuritis, lymphoplasmacytic ganglioneuritis, psittacine encephalomyelitis, and avian ganglioneuritis, was first recognized in the late 1970s in macaws imported into the US and Germany.

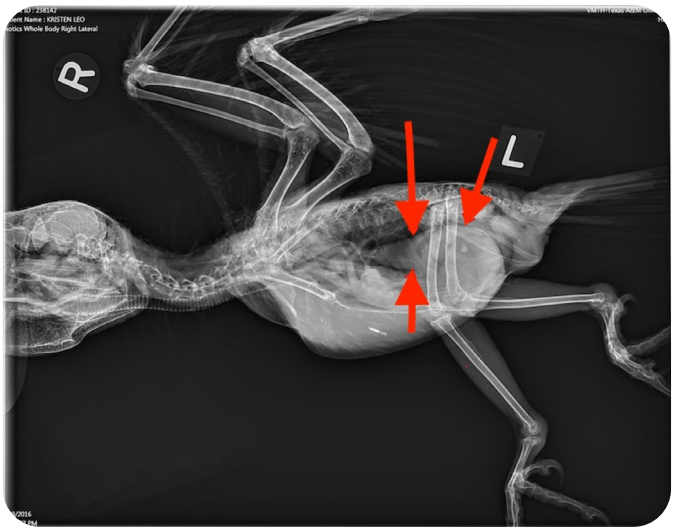


Image: Courtesy of Dr. Sharman Hoppes

The disease primarily affects macaws, conures, and African grey parrots, although all parrots are considered susceptible. Avian bornavirus has been reclassified. The two species known to cause PDD in parrots are psittaciform bornavirus 1 and 2 and include parrot bornavirus (PaBV) genotypes 1–8. PaBV-2 and PaBV-4 are the most commonly reported genotypes in parrots.

Clinical Findings of Avian Bornavirus / Proventricular Dilatation Disease

Psittacine proventricular dilatation syndrome, gross lesions, macaw



Image: Courtesy of Dr. Louise Bauck

The most common presentation of affected birds is chronic weight loss (often following an initial increase in appetite), passage of undigested food (most easily recognized when whole seeds are found in the droppings), and regurgitation. A dilated proventriculus may be seen radiographically. GI tract signs often reflect pathology of the terminal ganglia of the vagus nerve (cranial nerve X). Secondary bacterial or fungal infections of the nonmotile proventriculus can result in chronic infections and sepsis. Myocarditis related to avian bornavirus/PDD has been reported. Neurologic signs (convulsions, tremors, weakness, ataxia, blindness) may occur in some species, with or without concurrent GI signs. Avian bornavirus is shed in the urine as well as the feces, and some birds may experience polyuria.

Clinical signs may be slowly progressive or develop acutely. Outbreaks are sporadic, with a low morbidity and a high mortality.

Transmission of Avian Bornavirus / Proventricular Dilatation Disease in Pet Birds

Avian bornavirus/PDD is contagious, but the actual mode of transmission is not clear. The spread of PaBV and PDD has been well documented, detailing how diseases spread after introduction of an adult bird with fatal PDD into an aviary. Because ABV can be detected in droppings (feces and urine), the fecal-oral route of transmission is considered the most likely, although a recent article investigating different infection routes of parrot bornavirus in cockatiels revealed that transmission of PaBV by oral or intranasal routes was unsuccessful. A second article indicated that transmission of PaBV by direct contact is inefficient in immunocompetent, fully fledged birds.

PaBV is widely distributed in captive and wild bird populations, and the infection is common among captive psittacines in North America and Europe. However, infection does not always cause PDD. Many healthy or subclinical carriers of several species have been documented. In studies in Europe and in North America, as many as 15%–40% of healthy parrots are positive for PaBV. Vertical transmission has not been proved but seems likely.

Diagnosis of Avian Bornavirus / Proventricular Dilatation Disease in Pet Birds

A presumptive diagnosis can be made based on history, clinical signs, and radiographic evaluation. Survey films, radiographs of the GI tract with contrast, and fluoroscopy can aid in diagnosis. The proventriculus is often severely dilated. Contrast studies often reveal delayed transit times throughout the GI tract. Decreased motility may lead to gram-negative or clostridial enteritis. Serum chemistry and hematology are typically normal, although there may be an increased CPK concentration, mild anemia, heterophilia, and/or hypoproteinemia.

PCR assay of the cloaca or feces is the most common test performed. Because shedding of the virus is intermittent, one negative result on a fecal or cloacal PCR test does not exclude disease. Testing at least three times at monthly intervals, with all three tests being negative, is the best evidence to declare a bird negative for ABV. Serologic assays such as ELISA, IFA, and Western blot can also confirm exposure but may not detect early infections, because some PaBV-infected birds do not develop a detectable antibody response until late in the disease process. The assessment of PaBV infection and the diagnosis of PDD is difficult because, although PaBV infection is common, development of clinical PDD is rare. Thus, tests that simply detect the presence of PaBV may not be especially useful for the antemortem diagnosis of PDD.

Some researchers have proposed serologic testing for antiganglioside antibodies, stating that it appears to more accurately detect clinically affected birds. Antiganglioside antibodies are used as markers of immune-mediated disease and are triggered by a variety of pathogens. Other studies have not supported this.

Definitive diagnosis is confirmed by histopathology with characteristic myenteric ganglioneuritis lesions in the crop, ventriculus, or adrenal gland. Ventricular and adrenal gland biopsies are risky and seldom performed. Crop biopsies are reported to be diagnostic of PDD in only about 30%–35% of cases. Failure to observe lesions in the crop does not exclude disease. Proventricular biopsies in affected birds are not done routinely because the proventriculus is prone to dehiscence. Often, PDD is diagnosed at necropsy. Histologic examination should be done on the crop, proventriculus, ventriculus duodenum, adrenal gland, heart, kidney, spleen, and brain.

Interpretation of diagnostic tests for PDD:

- A choanal and cloacal RT-PCR with a serologic assay, recognizing that one negative test on all does not exclude infection
- **A bird that tests positive on both PCR assay and serology** should be considered positive and housed separately from birds with negative results
- **A bird positive by PCR only** should be retested in 4–6 weeks and housed separately from other birds until it has three negative tests or is confirmed positive on additional tests
- **A bird positive on a serology test only** should be considered positive and housed separately from birds testing negative
- Positive ABV PCR and serology results in a healthy bird do not predict future clinical illness with PDD

Treatment of Avian Bornavirus / Proventricular Dilatation Disease in Pet Birds

Treatment for PDD includes providing supportive care, including easily digestible foods, and may be aided by administration of an NSAID (eg, meloxicam, celecoxib, or robenacoxib). Supportive care may include GI prokinetic agents such as cisapride and metoclopramide to improve GI tract transit. Antimicrobials or antifungals may be necessary for secondary infections. Flaxseed oil at 0.1 mL/kg, PO, daily or a veterinary omega 3 and 6 fatty acid supplement at 0.22–0.44 mL/kg, PO, daily have been advocated and used to reduce inflammation.

Anecdotally, stress has been a factor in development of clinical signs; therefore, methods to reduce stress should be implemented, including practicing good hygiene, providing nutritionally adequate diets, and avoiding overcrowded conditions. Reproductive stress may also exacerbate clinical signs. Leuprolide or the deslorelin implant have been used to reduce reproductive hormones. Gabapentin has been recommended for central or peripheral nervous system signs such as seizures or ataxia. The dose for gabapentin is 10–25 mg/kg, PO, every 12 hours. For birds that self-mutilate, the gabapentin dose is 50 mg/kg, PO, every 12 hours. To date, no antivirals have been effective in treatment or prevention of ABV.

NSAIDs for PDD treatment:

- Meloxicam 0.5–1 mg/kg, PO or IM, every 12 hours
- Robenacoxib 7–10 mg/kg, IM, every 7 days × 4 weeks then every 4 weeks
- Celecoxib 15–30 mg/kg, PO, every 12 hours

Control of Avian Bornavirus / Proventricular Dilatation Disease in Pet Birds

Isolation of positive birds is important in disease prevention. Testing by PCR and serology (a minimum of three tests done 4–6 weeks apart) and separating birds that test positive from those that test negative is a recommended control measure.

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However, the number of false-negative tests (because of intermittent shedding) makes this a long and potentially difficult task, and clinically healthy birds that test positive for ABV should not be euthanized. ABV is not a long-lived virus in the environment; therefore, good hygiene and ultraviolet light can help to limit spread of disease in a home or aviary setting.

The control of ABV in aviaries and homes requires a multimodal approach:

- Practicing good hygiene
- Housing birds outdoors when temperatures allow
- Avoiding overcrowding and stress and providing good nutrition
- Isolating of all new, sick, or ABV-positive birds
- Testing existing and newly presenting birds using both serology and multiple (up to three) PCR assays, and housing birds separately based on results.
- With the possibility of vertical transmission, chicks from infected birds should be incubator hatched and hand raised, separated from other noninfected birds and monitored for development of disease.
- Due to the intermittent shedding and inconclusive serology results, it may take years of testing and separating birds to obtain ABV-negative aviaries.
- There is no vaccine available. Vaccine studies are in their infancy.

Poxvirus Infections

The three clinical forms of poxvirus infection are:

- **Cutaneous form or "dry pox"** –wart-like lesions typically on the face, beak, and legs (most common form)
- **Diphtheritic form or "wet pox"** –lesions on the mucosa of the oral cavity and respiratory tract
- **Septicemic "generalized pox"** –internal lesions affecting the respiratory and GI tracts, causing systemic disease

Transmission is primarily via insect vectors (mosquito bites).

Poxviruses are large DNA viruses that induce intracytoplasmic, lipophilic inclusion bodies (Bollinger bodies) in the epithelial cells of the integument, respiratory tract, and oral cavity. All birds are considered susceptible to poxvirus infection, but many companion and aviary birds are rarely exposed to a susceptible strain. In pet bird practice, veterinarians will generally encounter only canary and , pigeon poxviruses, and fowlpox, which have specific host ranges. Poxviruses are environmentally stable, increasing the likelihood that a viable organism will come into contact with a susceptible host. Poxviruses cannot penetrate intact skin, and a break in the skin or mucous membrane must be present for infection to occur.

Cutaneous pox lesions, canary

Poxvirus infection may cause cutaneous, diphtheritic, or systemic infections based on the strain of virus, route of exposure, affected species, and age and health of the bird. The cutaneous form appears as nodular proliferations or wartlike lesions on the unfeathered skin around the eyes, beak, nares, and legs. The diphtheritic form is characterized by lesions on the mucosa, tongue, pharynx, and larynx. The septicemic form is characterized by a ruffled appearance, depression, cyanosis, anorexia, and wartlike tumors of the skin. The cutaneous form is most commonly seen in psittacines and raptors.

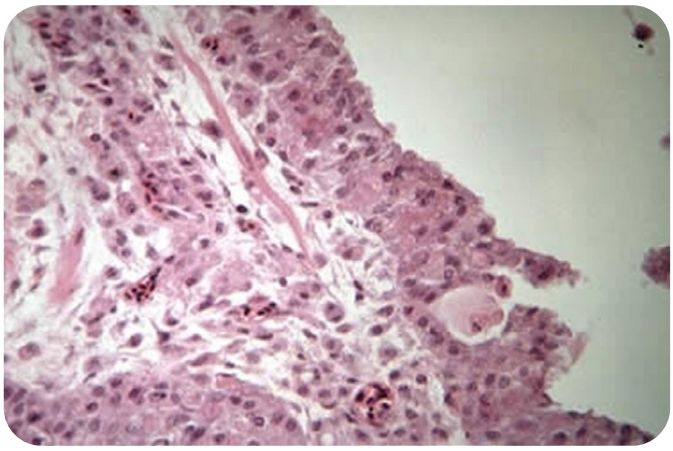


Image: Courtesy of Dr. Katherine Quesenberry

Clinical signs depend on the form of disease, location of the lesions (eye, oral, ear), and overall health of the bird and may include lethargy, respiratory distress, partial blindness, difficulty eating, weight loss, emaciation, and skin lesions.

Diagnosis of poxvirus infection is typically confirmed through history, physical examination findings, and histologic findings of Bollinger bodies in affected tissues.

Treatment is usually nonspecific and may include supportive care, fluids, parenteral vitamin A, ophthalmic ointments for eye infections, assisted feedings, and antimicrobials to prevent or treat secondary infections. Lesions on the skin may need daily cleaning.

Transmission is via insect vectors (mosquito bites) or other entry through breaks in the skin. Therefore, **mosquito control** and indoor housing are vital to prevent outbreaks. **Vaccines** for canarypox, fowlpox, and pigeonpox are available but are specific for their host species.

Viscerotropic Velogenic Newcastle Disease

(Exotic Newcastle Disease)

Viscerotropic velogenic Newcastle disease (VVND), caused by a paramyxovirus group 1, affects most avian species and is an important threat to the poultry industry. It is rare in captive-bred parrots housed indoors. Transmission is by respiratory aerosols, fecal contamination of food or water, direct contact with infected birds, and fomites.

Birds may be asymptomatic or die acutely. **Clinical signs** include depression, anorexia, weight loss, sneezing, nasal discharge, dyspnea, conjunctivitis, bright yellow-green diarrhea, ataxia, head bobbing, and opisthotonos. In prolonged cases, unilateral or bilateral wing and leg paralysis, chorea, torticollis, and dilated pupils also may be seen. Primary **differential diagnoses** include other paramyxoviruses (non-Newcastle), psittacine proventricular dilatation syndrome, and heavy metal toxicosis. Lesions include hepatomegaly, splenomegaly, petechial or ecchymotic hemorrhages on serosal surfaces of all viscera and air sacs, airsacculitis, and excess straw-colored peritoneal fluid. **Diagnosis** is traditionally via viral isolation, but agar gel immunodiffusion tests that can be performed on whole blood or serum are available. Only **symptomatic treatment** is possible and thus not advised. If suspected, **VVND must be reported** to appropriate federal and state authorities.

Other Paramyxovirus Infections of Pet Birds

There are several less pathogenic strains of paramyxovirus. Paramyxovirus groups 2 and 3 are endemic in aviculture. Paramyxovirus group 2 causes mild illness in passerines and a more serious disease in psittacines.

Clinical signs in psittacines include tracheitis, pneumonia, and enteritis. Paramyxovirus group 3 is reported most frequently in *Neophema* spp, lovebirds, and gouldian finches and typically causes mild disease. Clinical signs may be absent, and disease results in acute death. In disease of longer duration, respiratory signs, pancreatitis, and torticollis may occur.

Diagnosis is the same as for paramyxovirus group 1. Treatment for paramyxovirus groups 2 and 3 infections is supportive care. The vaccine for paramyxovirus group 1 should not be used in psittacines, because it can cause fatal reactions.

West Nile Virus

West Nile virus (WNV) infection is an arthropod-borne virus in the genus *Flavivirus* (family Flaviviridae). WNV was first reported in birds in the US in August 1999. WNV has been reported in >320 species of birds. The American crow (*Corvus brachyrunchus*) and other corvids have suffered particularly high morbidity and mortality. Other affected species include canaries, psittacines, and raptors.

Although psittacines appear to be somewhat resistant, the disease has been reported in parakeets, cockatoos, conures, rosellas, caiques, lorikeets, and a King parrot. Affected parrots have been adults housed outdoors with documentation of mosquito populations present. Mosquitoes (*Culex* spp) are the principal vectors of disease.

Clinical signs include depression, anorexia, weight loss, head tremors, ataxia, blindness, seizures, and death. Juvenile birds are the most commonly affected. Ophthalmologic findings in raptors are anterior uveitis, exudative chorioretinal lesions, and chorioretinal scarring.

Antemortem **diagnosis** can be difficult. Initial diagnosis may be based on clinical signs, species, and age; however, many diseases may cause similar clinical signs. Serologic tests (serum neutralization) may indicate antibody response to infection. Paired samples submitted 2 weeks apart may reveal a rise in antibody levels and give a more definitive diagnosis. Adult birds may have high circulating antibody levels in endemic areas. PCR assay is available. Diagnosis is often determined at necropsy. The brain and kidney are the preferred tissues to submit for histopathologic examination.

There is no specific **treatment** for WNV in birds. Some birds may improve with supportive care (fluids, feeding, antimicrobials/antifungals as needed) and time. A vaccination protocol using a recombinant vaccine has been successful in some birds. The recommendation is vaccination of captive birds 2–4 weeks before mosquito season, with a booster 3 weeks after the initial dose.

For **control**, during the mosquito season, birds should be housed indoors or in completely covered outdoor facilities. Mosquito netting and mosquito traps should be used, and any standing or stagnant water sources eliminated.

Avian Influenza

Avian influenza is caused by an orthomyxovirus. Because of the zoonotic potential of some strains and the recent discovery of new mutations, this virus may become a more important pathogen. Both the zoonotic potential and the economic effects on the poultry industry are causes for concern.

https://www.msdvetmanual.com/exotic-and-laboratory-animals/pet-birds/viral-diseases-of-pet-birds#Diagnosis_v55577863

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NOVEL COMBINATION PRODUCTS FOR THE PREVENTION AND TREATMENT OF PARASITIC FLY INFESTED WOUND SITES IN ZOO ANIMALS

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INTRODUCTION / BACKGROUND

New World screwworm (NWS, *Cochliomyia hominivorax*) and other bot fly larvae are devastating pests threatening the well-being of thousands of animals in zoos and sectors such as wildlife and livestock farming in the US, as well as worldwide. Flies typically attack existing wounds, many of which are already infected, laying their eggs (on average 343 eggs at a time), hatching 12 - 24 hours later in the inflamed, infected or raw flesh. The eggs hatch as maggots and burrow into the flesh of a living animal, causing serious damage and secondary infections, which can be fatal. Pets and, in rare cases, humans, can also be affected.

NWS is endemic in Cuba, Haiti, the Dominican Republic, and countries in South America. It has recently re-emerged in Mexico. There are now concerns that the fly is at high risk of re-emergence in the US. Its close relative, the Old World screwworm, can be found in Asia, the Middle East, and parts of Africa.

PREVENTION OF FLY STRIKE (MYIASIS) IN ZOO ANIMALS

Fly strike prevention in zoo animals involves several key practices centred on hygiene, disease and wound management, environmental control, and monitoring for larvae infestations.

- **Regular Inspection & Cleaning:** Daily checks of animals for wounds, sores, or dirty fur are crucial, as flies are attracted to open wounds and soiled areas, especially around the rear end. Keeping animals clean and dry helps reduce the risk.
- **Wound Care**: Prompt and thorough cleaning and treating wounds or abrasions will prevent flies from laying eggs and kill any larvae already present. Antiseptic and insecticide treatments may be used under veterinary guidance to protect wounds and vulnerable sites.

- **Environmental Management:** Maintaining clean and dry enclosures and bedding reduces fly breeding grounds. Use of fly screens, netting, or other insect-proof barriers helps keep flies away. Sticky fly traps and safe insecticides may be applied to animals or surfaces in their environment to control fly populations in animal habitats.
- **Animal Grooming & Husbandry:** regular grooming, including clipping fur or wool where appropriate (especially in domestic sheep and long-haired species), helps prevent soiling that attracts flies. Prompt identification, diagnosis and treatment of conditions causing diarrhoea and urine scald are required. Proper nutrition supports animal health and reduces susceptibility to infestations, in particular when associated with peri-anal faecal staining.
- **Education & Staff Training:** Caretakers and zoo staff must be trained to recognise early signs of fly strike and insect activity and know how to respond quickly with preventative and/or treatment protocols.
- **Veterinary Oversight:** Collaboration with veterinarians to monitor health, apply approved treatments, and manage any infestations that do occur is essential.

THE USE OF F10 GERMICIDAL* WOUND SPRAY WITH INSECTICIDE AND F10 GERMICIDAL* BARRIER OINTMENT WITH INSECTICIDE TO PREVENT AND TREAT BLOW FLY SPECIES INFESTATIONS

**(US FDA approved product name - ANTISEPTIC WOUND SPRAY WITH INSECTICIDE and ANTISEPTIC BARRIER OINTMENT WITH INSECTICIDE)*

The indicator species for the testing of the **F10 Germicidal Wound Spray with Insecticide** was *Lucilia cuprina*, a commonly occurring blow fly species of veterinary importance known to cause myiasis.

Cochliomyia hominivorax and *Lucilia cuprina* are closely related parasitic blowflies causing myiasis with similar biological, genetic, and ecological traits, though adapted to different host species and geographic distributions.

They share several important **similarities**, primarily because both are major parasitic fly pests of animals and have close taxonomic and biological relationships:

- The larvae of both species infest warm-blooded vertebrates and feed on living host tissues, causing myiasis with severe health and economic impacts on livestock industries.
- They are closely related within the blowfly family *(Calliphoridae),* with genomic analyses demonstrating many gene orthologs, especially those related to parasitic behaviour.
- Both species exhibit similar larval feeding habits where maggots colonise wounds, producing cumulative tissue damage that is harmful or fatal if untreated.
- Control and management strategies for both species often overlap, including wound care to prevent egg laying, insecticide use, sterile insect technique releases, and surveillance**.**

CONTROL OF SCREWWORM AND BOT FLY INFESTATIONS WITH F10 GERMIDIAL WOUND SPRAY WITH INSECTICIDE AND F10 GERMIDIAL BARRIER OINTMENT WITH INSECTICIDE

- **Antiseptic Action**: The products act as strong antiseptics on open wounds. This controls primary as well as inhibiting secondary infections that commonly complicate screwworm infestations and wound healing.
- **Insecticidal Effect**: They contain cypermethrin (a pyrethroid insecticide) that effectively kills screwworm-related blowfly species. The insecticide kills larvae on contact, causing them to migrate out of wounds and perish within 30 minutes (this eliminates the need for mechanical removal). It also kills fly eggs with 100% efficacy.
- **Repellent and Barrier Properties**: Beyond killing larvae, the products create an insect- repellent barrier on wounds and vulnerable skin that discourages adult flies from landing and laying eggs, preventing new infestations. Following a single application, the products are effective for periods in excess of 10 days and thus highly effective in reducing the risk of infestation or re-infestation. Where necessary, applications may be repeated, typically at 4-5 day intervals.
- **Reduces Attracting Odours**: The antimicrobial component reduces bacterial populations that produce odours attracting flies, further decreasing the likelihood of fly strike.
- **Long-lasting Effect**: Field trials show that it maintains antimicrobial and insecticidal activity for over 10 days on wounds, helping protect animals from fly strike and screwworm larvae for an extended period. Effective wound care/treatment can be repeated less frequently (e.g. weekly rather than daily) due to the long-acting, broad-spectrum antiseptic barrier with insecticidal activity.

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- **Wound Treatment and Fly Strike Control**: they are designed to be topical spot treatments for wounds caused by trauma, castration, dehorning, puncture e.g. bite or claw wounds, lacerations, scratches, abrasions, horn injuries, de-gloving injuries, de-budding and de-horning sites, puncture and dart wounds darting, or sites vulnerable to fly strike due to nasal, ocular, vaginal discharges or diarrhoea.
- The antimicrobial properties reduce bacterial and fungal infections, promoting faster healing and preventing secondary infections that attract flies.
- **These are combination products that aid in wound healing whilst simultaneously managing fly infestations.**
- **Ease of Application**: For the **F10 Germicidal Wound Spray with Insecticide** – in a well-ventilated airspace, apply 1 - 2 sprays per wound, not exceeding 2 sprays per kg body weight or more than 5 wound sites per animal with multiple wounds in 24 hours. Repeat treatment at 4 – 5day intervals or as advised by a veterinarian to maintain protection. The **F10 Germicidal Barrier Ointment with Insecticide** should be applied as a layer over a wound site and repeated at 4 - 5 day intervals or after every wound cleansing. Both products are water-soluble and should be reapplied as necessary. Wound management can prove challenging to deal with in zoo animals, and the administration of a topical spray product can be achieved without restraining or sedating the animal. The spray can be applied directly to wounds, pressure points, and areas prone to fly strike, making it practical for routine preventive use, especially in animals at higher risk due to wounds, diarrhoea, or incontinence/urine scald.
- **Integrated Control**: By combining wound sanitation, insecticidal kill, and insect repellence, these products support a multifaceted screwworm and fly strike control program alongside other measures such as fly population management and sterile insect release.

Both products were extensively tested. Most of the efficacy work done with the test formulation was conducted *in vitro* due to the ethical considerations involved in creating an environment suitable for controlled *in vivo* studies:-

- **SABS (South African Bureau of Standards) Agri-Trial Section** - knockdown study against *Lucilia cuprina* adults, during which the product recorded a 100% mortality
- **SABS (South African Bureau of Standards)** bactericidal and fungicidal tests obtained a kill rate of>99,9% against *P aeruginosa, E coli and S aureus*, and 99.5% against *A niger*
- **University of the Free State, RSA** *in vitro* trial proved average larval mortality was 89.2%, with the remaining 10.8% being moribund within 24 hours of application of the test product.
- **ARC (Agricultural Research Council) Entomology Department -** *in vitro* trial proved ovicidal efficacy of the spray formulation. Mean efficacy in this trial was 92% mortality of blowfly larvae over 24 hours, and 100% affected.
- **ARC (Agricultural Research Council) Entomology Department** – tests indicate 100% ovicidal efficacy against blowfly eggs

PRODUCT SAFETY

The following **GLP supervised** product-specific toxicity tests to OPPTS 870.1000 were carried out:

- **Acute oral toxicity** (rats) - >2000 to 5000 mg/kg
- **Acute dermal toxicity** (rats) - >5000 mg/kg
- **Acute dermal irritation** (guinea pigs) – very slight erythema (grade 1) for a few
- hours, but reversible within 24 hours
- **Acute eye irritation** (rabbits) - cornea and iris showed no reaction, the eyelids
- and nictitating membranes were graded 1 after 1 hour and were completely reversible after 72 hours
- **Acute sensitisation** (guinea pigs) – none
- **Acute inhalation toxicity** (rats) – LC50 >2mg/litre

CONCLUSION

Both the **F10 Germicidal Wound Spray with Insecticide** and the **F10 Germicidal Barrier Ointment with Insecticide** offer vital tools in the prevention and management of fly larval infestations such as New World screwworm across diverse animal populations, including livestock, wildlife, and zoo animals. By combining effective antiseptic properties and larvicidal action with a protective repellent barrier, it helps break the infestation cycle, promotes wound healing, and reduces welfare compromise and economic losses associated with pest damage.

FURTHER INFORMATION REFERENCES

REGISTRATIONS

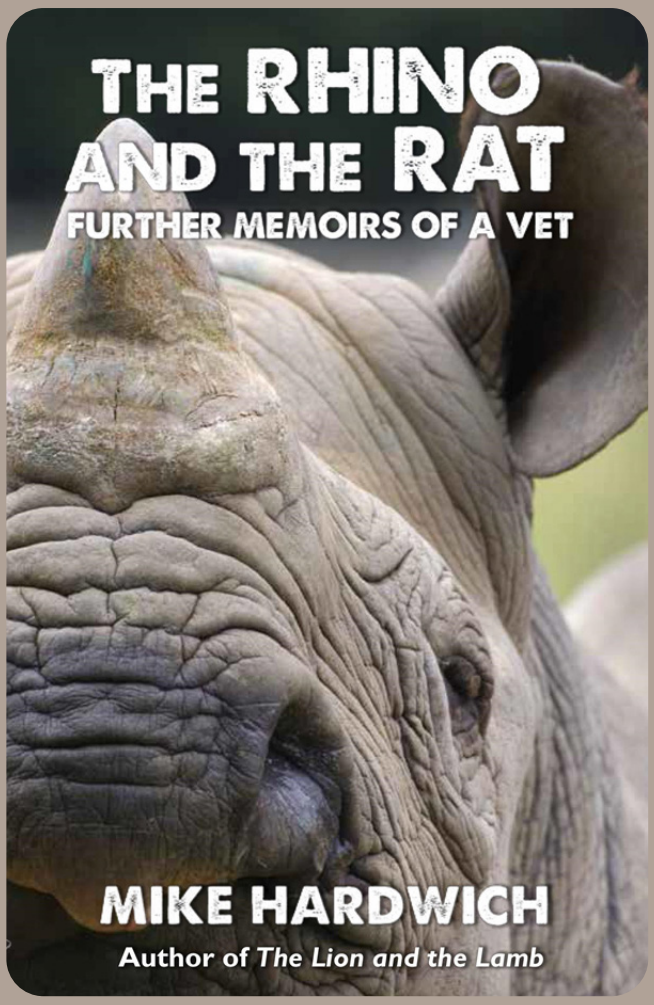
- **UK registration**: ESPA (Exemptions For Small Pet Animals), administered by the Veterinary Medicines Directorate for use on ferrets, mink, pigeons, ornamental / cage birds (including birds of prey), terrarium animals, reptiles, small rodents, small mammals, rabbits and zoo animals.
- **GERMANY registration**: BVL Exemption numbers VF7010785 and VF7010782
- **SOUTH AFRICA registration**: (DALRRD). The products are registered under the Stock Remedies Act, 1947 (Act No. 36 of 1947) G3818 and G4048, includes cattle, sheep, horses, goats and dogs. For use on cattle, sheep, goats, horses, wildlife, poultry, birds, companion and exotic animals.
- **USA registration**: FDA MUMS Index Listing - MIF 900-010 and MIF 900-011

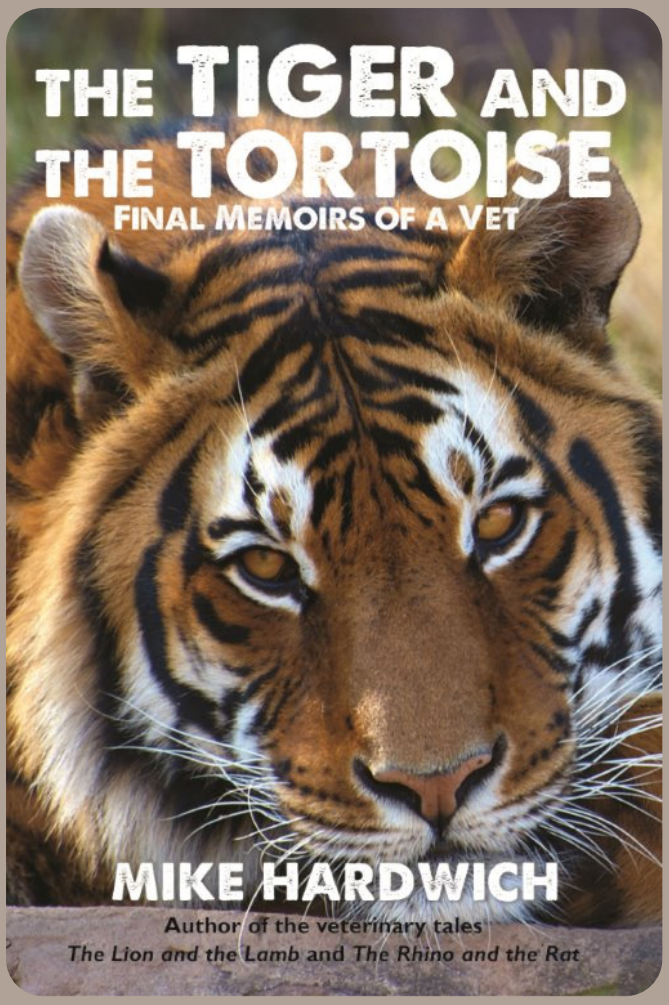
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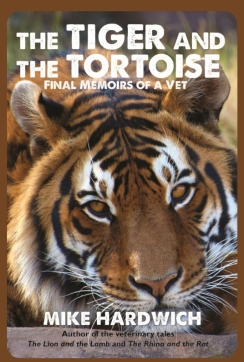




As a country vet whose territory covers the rich valleys and farmland of KwaZulu-Natal, his clients range from cattle farmers to owners of domestic pets, from game ranchers to circuses. The demands on a vet are constant and often arrive at very inconvenient times. Called upon day and night, Mike brings to each case his skills, ingenuity and years of experience, and although he never loses sight of his aim of preserving and improving the lives of the animals he is called upon to treat, sometimes he is sorely challenged by their owners.

Whether he is describing the difficult birth of a two-headed calf, discovering sheep scab on the Isle of Man, caring for Dorothy the elephant in her declining years, or helping Reggie the rat's grieving owner accept his impending demise, Mike's compassion and pragmatic humour never seem to flag.

These enjoyable tales of the trials, tribulations and triumphs of a veterinarian who always sleeps with one ear cocked, will leave you wanting more.....

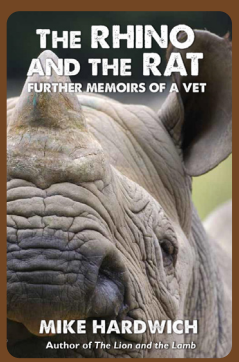


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The SAVA Stress Management Hotline is there to assist members who are experiencing personal problems by offering access to professional counselling/advice.

The hotline can assist with referrals or simply offer much needed emotional support when anxiety, depression, anger, grief, 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
Aileen Pypers	072 599 8737	aileen.vet@gmail.com
Willem Schultheiss	082 323 7019	schultheisswillem@gmail.com
Mike Lowry	084 581 2624	mikelowry@sai.co.za
Tod Collins	083 350 1662	todthevet@gmail.com

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Manned by psychologists, social and frontline healthcare workers: 0800 21 21 21

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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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SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

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Cape Town

19 - 20 March 2026
Johannesburg



Steven De Decker
DVM PhD DipECVN MvetMed PGCertVetEd FHEA MRCVS

Steven De Decker graduated from Ghent University in Belgium. After graduation, he performed a rotating internship there and undertook a PhD studying 'wobbler syndrome' in dogs. This was followed by a Residency in Neurology and Neurosurgery at the Royal Veterinary College. He is
Senior Lecturer and the Head of Service of the neurology and neurosurgery team at the Royal Veterinary College. Although he is interested in all aspects of veterinary neurology, most of his research and publications focus on spinal disorders and neurosurgery.

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Registration	Early-bird
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Programme available on the website.

https://vetlink.co.za/nvcg-roadshow-march/

vetlink

Bush Break

Continuing Professional Development

NVCG BUSH BREAK 2026

Feline Internal Medicine Update

06 - 07 June 2026

Skukuza Kruger National Park

Save The Date



Dr. Dave Miller



Dr. Rowena Watson

Dr. Dave Miller and Dr. Rowena Watson are both part of the Medical Department at the Johannesburg Specialist Veterinary Centre (JSVC), where they work alongside Dr. Adri Scholtz to provide comprehensive internal medicine services.

Dr. Dave is a specialist physician who qualified from Onderstepoort in 1992 and completed his specialization in 2003. His expertise covers a wide range of internal medicine fields, including dermatology, cardiology, oncology, urology and nephrology, musculoskeletal diseases such as arthritis, endocrine disorders, and the management of critically ill patients with infectious diseases. The department also offers endoscopy, diagnostic radiology, ultrasonography of the heart, chest, abdomen, and glands, as well as chemotherapy. MRI and CT scans are conducted at a nearby human hospital. Dr. Dave and his colleagues collaborate closely with the JSVC surgical section to deliver a complete small animal referral service, supported by a dedicated nursing and veterinary assistant team.

Dr. Rowena Watson has been in practice since 2014, gaining experience in both primary care and 24-hour referral settings. Passionate about feline medicine, she just completed her small animal medicine residency at JSVC and is in the final stages of specialising. She continues to expand her expertise in internal medicine under the mentorship of the JSVC medical team.

https://vetlink.co.za/nvcg-bush-break-2026/

THE BLOOD TRANFUSION

Steve Wimberley



Percy was quite literally 'as sick as a dog'. He gazed up at me from his cute, squashed- in, pug face with mournful brown eyes.

He was running a high temperature, his gums were very pale and he hadn't eaten for 2 days. A blood smear taken from his ear confirmed my suspicions – he had Babesiosis, or more commonly known as biliary fever.

This disease is transmitted via a tick bite. The tick introduces the parasite into the blood stream of the dog while it is feeding. Quickly the parasite begins to replicate in the red blood cells. As more and more red cells are destroyed by the parasite, the dog becomes increasingly anaemic.

If treated early enough in the course of the disease, most dogs will recover quickly. However some dogs become so anaemic that they need a blood transfusion to help them recover.

Percy needed blood. Fortunately we had some in the fridge. The blood had been taken from one of the university's faithful blood donor dogs.

These dogs were lovingly looked after by the students and nurses and regularly donated a pint of blood. They looked forward to it because they were rewarded with a delicious steak afterwards.

As a student this was my first blood transfusion. I knew there was a formula used to calculate the amount of blood to give. I worked out the required amount, checked it twice and then set up the transfusion.

I watched the blood drip slowly into Percy's vein and said a little prayer. The blood is given slowly over a few hours and the patient is carefully monitored for a possible transfusion reaction. It was already after 6pm so I handed Percy over to my fellow student who was on night duty, and went home.

At about 2am I woke up with a start. With a chill I suddenly realised I had got the formula wrong. I grabbed my notes and recalculated it. Sure enough Percy had got a quadruple dose of blood. I dressed hurriedly and rushed to the small animal ICU, where Percy was being monitored. My mind was full of dread at what I may find.

Would be even be alive??

I burst into ICU to find my fellow student calmly reading a magazine.

"How's Percy?" I asked fearfully.

"Fine dude – look for yourself" he replied.

I rushed to the end of the ward to Percy's cage and looked in. When he saw me Percy leapt up and rushed at the bars of his cage, his whole body wagging and his little nose snorting with delight to see me. He was absolutely fine. In fact he was more than fine.

With all that blood in him he had turned into an Olympic athlete. I'm sure if I'd let him he could have run the 100m in less than 10 seconds.

Percy had made a very rapid recovery and went home the next day.

His owners were delighted.

"You got lucky Steve" my clinician said to me. "Over transfusing a patient is very dangerous. The blood becomes too thick to move through the blood vessels with potentially disastrous consequences."

I thanked my guardian angel that this was a mistake I was unlikely to ever repeat. V



RUVASA
Ruminant Veterinary Association of South Africa

Call For Abstracts

CONGRESS 2026

Champagne Sports Resort, Drakensberg, KwaZulu Natal

8–10 June 2026



THE NEW NORMAL

ADAPTING RUMINANT VETERINARY PRACTICE TO EMERGING BIOSECURITY DEMANDS – STRATEGIES FOR SUSTAINABILITY AND SUCCESS

GUIDELINES:

The abstract must be a complete but concise synopsis of the content that will be both informative and useful to the potential audience. The format for the abstracts is flexible, but should contain a clear objective, methods and results (where applicable) and a logical conclusion.

Two independent people will review abstracts and successful authors will be notified within two weeks following the deadline fro submission. Authors must accept the terms and conditions for speakers. Abstracts that do not comply with the following format will be returned to the authors for corrections:

- Must be in English
- Abstracts may not exceed 350 words.
- Must clearly indicate the author's name. Write names of authors in the order of last names and asterisk (*) the person who will be the presenter.
- Must clearly indicate the organization (name and location of institution, clinic, practice etc). If the affiliation of co-workers differs, indicate the names and affiliations by corresponding numbers (Superscripts).
- Must contain a list of references.

Deadline: 03 January 2026 (Extended)

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JANUARY
03

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Distances Table

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Pietermaritzburg Airport	150 km	1 hr 45 min
Johannesburg	396 km	4 hr 15 min
Pretoria	440 km	4 hr 45 min
Bloemfontein	452 km	4 hr 50 min
Helipad onsite - Contact CSR Reservations		
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https://vetlink.co.za/ruvasa-congress-2026/

vetlink

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

SAVA Community Veterinary Clinics (SAVA-CVC)

By Alma Schaap, EnviroVet CVC

Every day, across South Africa, thousands of companion animals are born into a lifetime of suffering and neglect. Due to socio-economic issues such as poverty, unemployment and substance abuse, this issue is especially prominent in rural and informal settlements. There simply are not enough homes for these animals as well as adequate care. Many animals are dumped, given away or sold to individuals that can not provide basic care. Uncontrolled breeding results in a significant number of animals entering the welfare system, adding even more pressure on already strained animal welfare organisations (AWO).

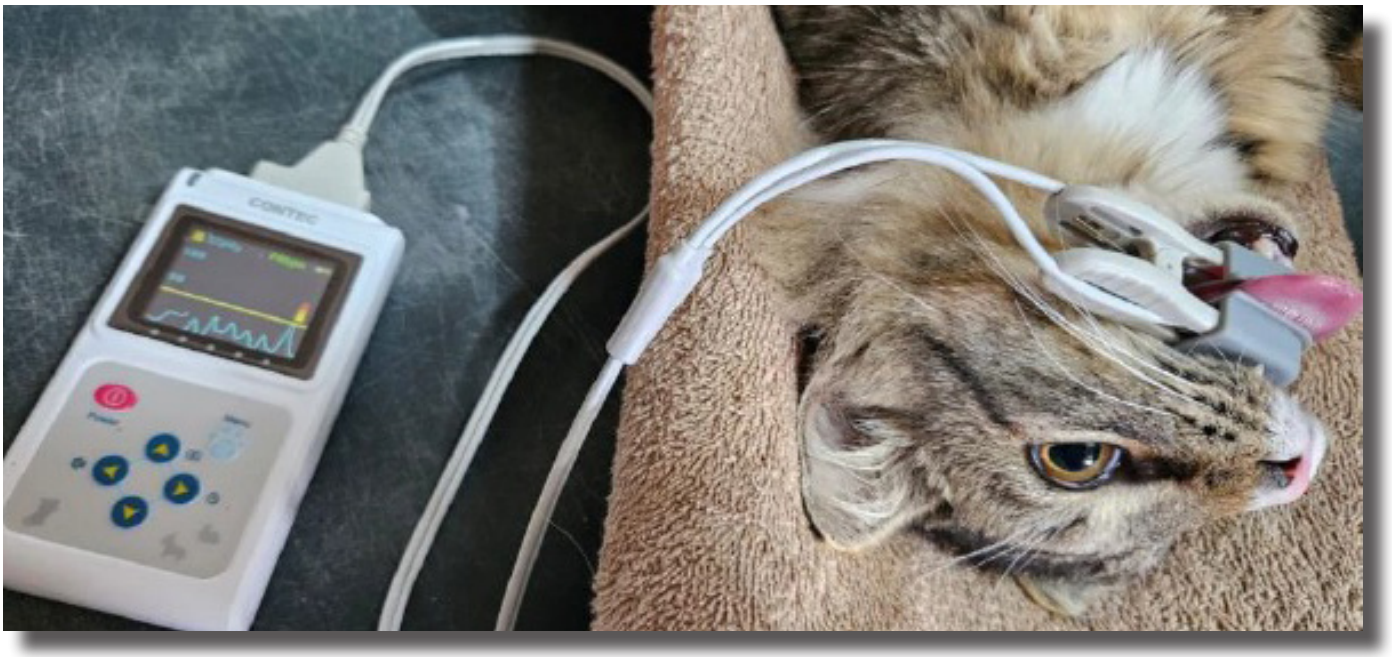
With resources spread thin, communities often do not have access to humane education, especially in younger generations. This perpetuates the notion that pets are not recognised as sentient beings, and are not able to enjoy the five freedoms they are entitled to.

Studies have indicated a possible link between humane education on topics such as the notion of sentience and proper animal husbandry, resulting in a downward trajectory of abuse and violence in communities as a whole.

Due to a lack of funding, low income communities often do not have access to basic medical care for their pets. This drastically impacts the quality of life of these animals negatively.







The only pro-active approach to curb the plight of companion animals is through sterilisation, medical treatments and vaccinations at reduced rates. Not only does this improve the quality of life of companion animals, it also benefits their communities. It curbs the spread of zoonotic diseases and injuries caused by free-roaming animals.

Community Veterinary Clinics (CVC) offer the less fortunate access to veterinary services, sterilisations and medical treatments at reduced costs. AWOs rely on CVCs to execute vital mass sterilisation campaigns. Most sterilisation campaigns go hand-in-hand with humane education drives, operated by the AWOs running the campaign.

EnviroVet CVC, owned and run by Dr E van den Berg, is a clinic that focuses predominantly on sterilisations. Since 2024, Dr van den Berg has completed just under 10 000 sterilisations.

The impact of these sterilisations is immeasurable as it has a ripple effect in the community. It curbs the breeding of countless unwanted animals. In order for a CVC to offer the best quality care it is imperative that they have access to the best medical equipment possible.

In early 2025 the South African Veterinary Association Funding Committee granted funding to EnviroVet, enabling them to upgrade and purchase much needed equipment.

Dr van den Berg was able to upgrade their anesthetic machines with SafeAbsorb absorbers. She was also able to purchase a Contec 60D Vet Pulse Oximeter and a Contec Oxygen Concentrator.

These improvements enable Dr van den Berg to monitor vitals during more complex surgeries, as well as utilising the oxygen concentrator to deliver oxygen at the rate of 7L per minute.

The South African Veterinary Association plays a vital role in the operations of CVCs nationally, ensuring the best quality of care as well as access to much needed assistance to AWOs.

Dr van den Berg's work is vital and life changing. The assistance of the South African Veterinary Association had a significant impact on Dr van den Berg and her clinic. It gives her peace of mind during her important work, often in rudimentary and difficult working environments.

EduCVC

Organization name:
EduCVC
Company Registration No: 2019/570769/08
FNB Bank Cheque Account:
6283 6622 531
Branch: Brooklyn: 251345
SWIFT Code: FIRNZAJJ

Bank details:

SAVA-CVC & EduCVC are registered on PayPal and PayFast!

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Please contact us
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for details.

SAVA Community Veterinary Clinics

Organization name:
SAVA-CVC
Company Registration No: 1998/016654/08
ABSA Bank Cheque Account: 4056779023
Branch: Brooklyn (632005)
Swift Code:
ABSA ZAJJ

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

Good Workplace

Good veterinary workplaces
Voluntary code

We understand that we all have a role to play in creating and maintaining a good workplace, regardless of whether we are an employer or an employee, and commit to:

1 Health and Wellbeing

- good physical and mental wellbeing, supportive of the needs of all team members
- personal safety always taking precedence, including over professional responsibility
- a culture of respecting personal health rather than one of "pushing through" illness or injury
- proactively managing workplace stress
- a culture of psychological safety, in which all team members' mental health and wellbeing are supported
- mitigating the potential risks posed by lone working and domiciliary visits

2 Diversity, Equality & Fair Treatment

- treating all members of the team fairly and equitably, with no tolerance of prejudice or discrimination
- no tolerance of prejudicial, discriminatory, or offensive language
- fair and equal treatment of all team members from members of the public
- the importance and value of diversity, at all levels of the organisation
- empowering all team members to understand the barriers to equality and diversity, and challenge poor practise



3 Workload and Flexibility

- fair and anticipated working hours, recognising and rewarding work above contracted hours
- making sure regular breaks are structured, protected, and adhered to
- supporting requests for flexible working, wherever possible, from all team members
- delegating work effectively to create fulfilling roles for all team members



4 Reward and Recognition



- transparent, fair, and equal pay for all employees, relevant to their roles
- offering fair and equal benefits, which contribute to a positive work culture, to all team members

5 Personal and Career Development



- encouraging career progression for all team members, with regular mentoring and appraisals
- having clear career pathways that are attractive, accessible, and attainable
- recognising, rewarding, and encouraging both personal and professional development, including non-clinical skills

6 Management and HR Processes

- investing time and money into improving human resources support
- recruiting skilled team members in a transparent and objective manner
- proactive performance management of team members
- clear and transparent complaints processes to give security to both employees and the public



7 Culture



- a positive workplace culture where we communicate and promote shared values and attitudes
- regularly assessing, managing, monitoring, and reviewing our culture
- being aware of our impacts on wider communities and considering the role of social responsibility in our workplace

8 Signed by all team members

20 YEARS

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SAVA Oranje Vaal Branch Congress 2026
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SAVA Eastern Free State Branch Congress 2026
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13th International Crustacean Society Meeting 2026
1-4 June
STIAS, Stellenbosch

The South African Integrative Veterinary Medicine Association Conference 2026
Cape Town
loading….

54th Annual PARSA Conference
30 August - 02 September 2026
Klein-Kariba, Bela-Bela

South African Association of Veterinary Technologists (SAAVT) Conference
30 September - 01 October
Krystal Beach Hotel, Gordon's Bay

PCO OF THE YEAR 2025

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South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

SAVA Debit Order System – 2026 Membership Fees

The debit order system, introduced in 2019, has been highly successful, and we're pleased to offer this convenient option again for 2026. Members can spread their fees over 10 months (February–November) or a shorter period on the pro-rated amount if joining later in the year.

Important Notes:

- A new Debit Order Mandate is required each year, including for members who used this option in 2025.
- The 2026 mandate will be available on the SAVA website. A link to the Mandate will be shared in the email with membership invoices in early January 2026.
- Submit completed mandates to accounts@sava.co.za by Monday, 19 January 2026.
- A R100.00 penalty applies to any unpaid debit orders.

Support SAVA-CVC and SAVF Through Your Donations

SAVA-CVC

SAVA Community Veterinary Clinics

The revitalised SAVA-CVC continues its invaluable work through essential charitable initiatives. To help sustain these efforts, we encourage members to consider adding an extra R50.00 per month to their debit order to support SAVA-CVC's operating costs and community projects, ensuring these vital services remain available where they are needed most.

SAVF

The SAVF supports veterinary research, bursaries, and projects that advance veterinary and biological sciences. By contributing through your debit order, you can help expand the foundation's ability to fund impactful research that improves the well-being of animals and humans. Members can add an optional monthly contribution of R50.00 to the SAVF via debit order.

Together, let's ensure SAVA and its affiliated organisations continue to make a difference!





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Sonja van Rooyen at SAVA:
Email: assistant@sava.co.za

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CREDO

SAVA
South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging

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

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

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

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

CPD CONTINUING PROFESSIONAL DEVELOPMENT

GOOGLE FORMS

Meet your CPD requirements with ease!

VetNews CPD articles will be hosted on this user-friendly platform.
Vetnews back issues, CPD articles and relevant quizzes are available on our website – please click on the link below for easy access:

https://www.sava.co.za/vetnews-2025/

Support:

If you have any questions or need assistance, please contact Sonja van Rooyen at assistant@sava.co.za on 012 346 1150

Thank you for your continued commitment to excellence in veterinary care.
We look forward to supporting your ongoing professional development.

Dear SAVA member

Please note that Vethouse will be closed from 12:00pm on Tuesday 23 December 2025 and will reopen on Monday, 05 January 2026.

SAVA wishes all its members and their families a joyful festive season and everything of the best for the year ahead.

Kind regards
Sonja Ludik
Interim General Manager

Geagte SAVV lid

Neem asseblief kennis dat Vethuis gesluit sal wees vanaf 12:00pm op Dinsdag 23 Desember 2025 en weer op Maandag, 05 Januarie 2026, sal heropen.

Die SAVV wens alle lede en hul families 'n vreugdevolle feestyd, en alles van die beste vir die nuwe jaar toe.

Vriendelike groete
Sonja Ludik
Waarnemende Algemene Bestuurder

South African Veterinary Association
Suid-Afrikaanse Veterinêre Vereniging



Have you joined yet ?

Our WhatsApp Communication Platform is now active!
Stay updated on member news and important topics
in the veterinary industry.

Joining the Community: A Step-by-Step Guide

Prerequisites:

- Ensure you have WhatsApp installed on your device.
- Please add/save SAVA's WhatsApp number to your contacts: 081 849 6088.
- To join, you will need an invitation link or an invite from a community admin or an existing SAVA member.

Joining via an Invitation Link:

1. Obtain the invitation link from a SAVA member or community admin.
2. Click the link, which will open WhatsApp and prompt you to JOIN.
3. Tap "Join" to confirm your membership.

Did not receive the link invite? Are you encountering other issues?

Please contact Sonja van Rooyen at +27 (0) 12 346 1150 or at assistant@sava.co.za

We look forward to connecting with our members on this community platform!

Veterinary Vaccination Certificate
for Dogs and Cats
Veterinêre Inentingsertifikaat
vir Honde en Katte

Pet's name | Troeteldier se naam

We care for your pet

Ons gee om vir jou troeteldier

SAVA
South African Veterinary Association

VACCINATION BOOKS

The LAST ORDERS for 2025 for vaccination books will be on 30 November.

No orders will be accepted after this – this is to ensure that stock will be dispatched by 15 December 2025.

Orders for 2026 will resume on 15 January.

To order / for more information contact Debbie Breeze on 012 346 1150 or debbie@sava.co.za

SAVA
South African Veterinary Association

"...to use our professional knowledge, skills and resources to protect and promote the welfare of animals and humans.."

Mission

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, and to utilising the professional knowledge, skill and resources of our members, to foster close ties with thecommunity and thus promote the health and welfare of animals and mankind.

Tel:+27(12)3461150/1, www.sava.co.za, vethouse@sava.co.za

SAVA Community Veterinary Clinics (SAVA-CVC)

A project of theSAVA which aims to provide primary healthcare to pets owned by owners who cannot afford the services of a veterinarian. Various clinics have been established countrywide. Veterinarians donate their time and skill. Financial support is required, primarily to purchase medication and materials. Registered non-profit company(1998/016654/08) non-profit organisation (000-234NPO) and public benefit organisation(130001321)

Tel:+27(12)3461150/1, www.communityvet.co.za, cvc@sava.co.za

South African Veterinary Foundation (SAVF)

The foundation was established to promote a greater understanding of animals, through promoting research and an informed public. Student bursaries and research grants are awarded; research results are published in national and international journals.

www.savf.org.za, savf@sava.co.za

South African Veterinary Council (SAVC)

The SAVC is the regulatory body for the veterinary profession and veterinary para-professions in South Africa.

Tel:+27(12)3456347,www.savc.org.za,savc@savc.org.za

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Debbie: (012) 346 1150

Research and Knowledge Based Benefits

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To read the monthly publication that keeps you up to date with member news, member activities and current topics in the world of veterinary research and events, go to "Members Menu" and click on the VetNews Tab.

To complete the CPD articles in the VetNews magazine, go to "Members Menu". Click on the VETNEWS tab - all back issues, CPD articles and relevant quizzes are available HERE. Now you can answer the questions and earn your CPD points with ease.

Exciting!

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These webinars will be designed to equip you with the latest knowledge and skills to enhance your personal and professional growth

Journal of the South African Veterinary Association

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 & 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

Financial Advice

Old Mutual: contact Hennie van Rensburg to provide trusted, holistic financial advice, including Retirement Planning, to SAVA members and students.

Free initial financial consultations and will drafting, thematic educational sessions addressing specific financial challenges and articles and webinars to build financial literacy.

Tel +27 (0)832862405 or hendrik.jansevanrensburg@oldmutual.com

LocumBaseVETS

LocumBaseVETS full access subscription reduced from R299/m to R249/m with a 10% facilitation cost. (If a SAVA member does not opt-in for renewal, the retail pricing will stay at a 20% facilitation fee.) Full access pay-as-you-book fees, reduced from 20% to a 15% facilitation fee. Permanent placements sourced with LocumBaseVETS will have the 15% fee reduced to a 7% fee of the total annual salary.

Contact us on hello@locumbase.com or visit www.locumbasevets.com

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, please 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

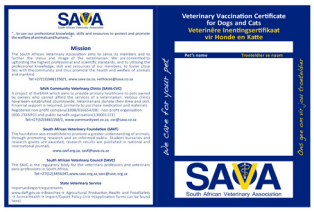
Aileen Pypers: 072 599 8737, aileen.vet@gmail.com

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

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

Tod Collins: 083 350 1662, todthevet@gmail.com

Practice support



SAVA Vaccination Booklets: For more information or to place an order, please contact Debbie Breeze on debbie@sava.co.za

For more information on the purchases of name badges and books contact Sonja van Rooyen on assistant@sava.co.za

Dr EK Gee-om
Praktykbestuurder
SOUTH AFRICAN VETERINARY ASSOCIATION

Dr I Care
Practice Manager
SOUTH AFRICAN VETERINARY ASSOCIATION

WhatsApp Communication Platform

Join our community and stay up to date with important topics in the veterinary industry and relevant matters as they arise.

SAVA WhatsApp Number: 081 849 6088

Liability Insurance

VetProtect offers a 7.5% discount to SAVA members and provides coverage for veterinarians across all disciplines. The cover includes Medical Malpractice, Professional Indemnity, Public & Products Liability, Employers' Liability & Commercial Crime. VetProtect covers the costs of legal representation for council proceedings, complaints, and financial claims—ensuring peace of mind while you focus on your practice. For more information, please contact Leonie Delgado at VetProtect@myownbroker.co.za or 0861 838 776. *FSP & Ins T's & C's apply*

Business Insurance

Get up to 20% discount on your business insurance premium today! With Old Mutual Insure, your all-in-one comprehensive business insurance is sorted. To get a quote simply call Vuyani Mati on 072 257 2984 or email vuyani.mati@ominsure.co.za to protect your business today.

FSP & Ins. Ts and Cs apply.

OLDMUTUAL INSURE

Pet ID's

PAW PORTAL
stainlesscharm.co.za

PawPortal is a proudly South African digital pet ID solution by Stainless Charm, offering a one-off stainless-steel QR tag that links to a secure, owner-managed profile with contact details, medical notes, vaccination records — all accessible with a single scan from any device.

Discounted rates and free online CPD-eligible sessions for SAVA members.

Contact Paul Slater on 083 625 7696 or admin@stainlesscharm.co.za for more information.

SAVA Community Veterinary Clinics

Community Veterinary Clinics

SAVA 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.

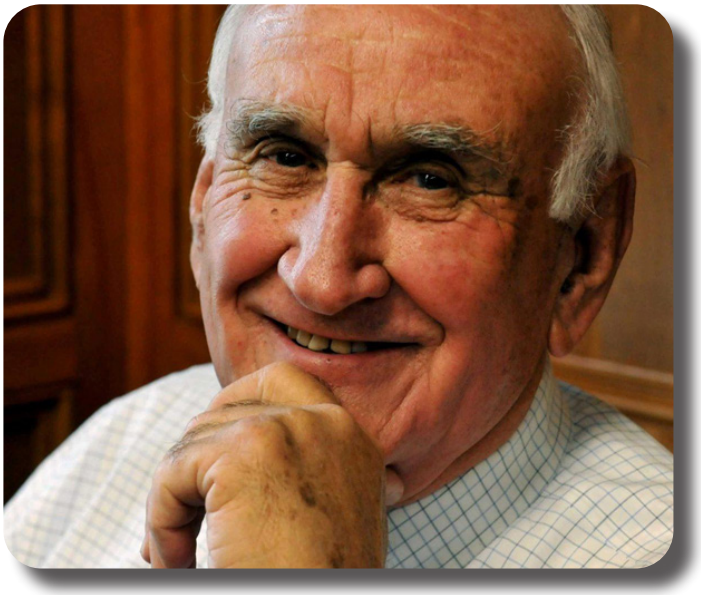
For more information, please email Claudia Cloete on: manager@savacvc.co.za

What does SAVA offer you? Visit www.sava.co.za for more information and benefits!

In Memoriam

William Louis Jenkins

29 January 1937 – 26 November 2025



William L Jenkins, or Bill as he was known to his contemporaries, was born in Johannesburg, matriculated from Parktown Boys High School in 1953, and completed the BVSc degree at Onderstepoort, University of Pretoria in 1958 as the Theiler Student of that year.

This was followed by employment as an assistant in mixed private practice in Krugersdorp (1959-1961) and in Pietermaritzburg (1962), and then at the Veterinary Faculty as Lecturer (1963) and Senior Lecturer from 1964 to 1966 in the Department of Medicine.

He married Margaret Mary in 1961, and they had 4 children: Sharon, Gwynn, Anthea and Warren. In 1968, Bill was awarded the MMedVet degree in Pharmacology and Toxicology by the University of Pretoria.

He was a graduate assistant in the Department of Physiology and Pharmacology at the University of Missouri (1966-1967), followed by a Research Associate post from 1968 to 1969, and had a PhD degree in Pharmacology conferred on him by the University of Missouri in 1970.

Bill returned to South Africa and was appointed Senior Lecturer in the Department of Medicine (1969-1971), and then Professor and Head of the Department of Physiology, Pharmacology and Toxicology (1971-1975) at the Onderstepoort Faculty, before becoming a Visiting Professor at Texas A&M from 1975 to 1976.

He was appointed Professor and Head of the Department of Physiology, Pharmacology and Toxicology at the Faculty of Veterinary Science, University of Pretoria, from 1976 to 1978, and then Professor in the Department of Veterinary Physiology and Pharmacology at Texas A&M University from 1978 to 1988.

A series of administrative appointments at the Louisiana State University followed. He was Dean of the School of Veterinary Medicine 1988-1993, Interim Vice-Chancellor and Provost 1993-1994, Vice-Chancellor and Provost 1994-1996, Chancellor 1996-1999, and President of the LSU system from 1999 to 2007.

Bill Jenkins was also active in several veterinary associations like SAVA and AVMA, as well as veterinary pharmaceutical, physiological and toxicological colleges, academies and associations in America and internationally.

He was widely recognised for his many contributions, including an honorary DVSc from the University of Pretoria in 2000. In his academic career, he promoted or assisted a long list of candidates for MSc, MMedVet, PhD and DVSc postgraduate degrees.

Bill served on numerous Boards, Committees and other entities in a very wide range of subjects and was frequently invited to be the Guest or Keynote speaker on a variety of topics at many conferences and meetings.

He was the author or co-author of about 60 scientific articles, dealing mainly with pharmacology or physiology. A list of over 200 scientific papers or addresses was delivered over a career spanning nearly 65 years.

When time allowed, Bill enjoyed watching wildlife, playing golf, gardening and reading.

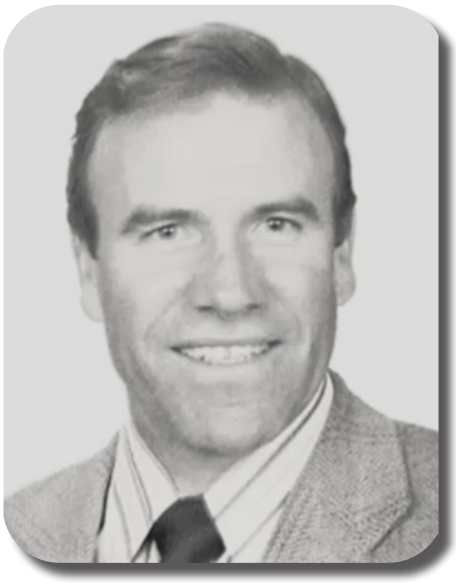
He will be remembered and respected for his very extensive achievements and contributions, and his compassionate, perceptive and encouraging ways of assisting people to overcome problems and achieve their objectives. An excellent academic, teacher and administrator, he was one of the finest veterinarians to graduate from the University of Pretoria.

This tribute is based on many contributions and sources – a detailed CV is available on the University of Pretoria's repository, UPSpace.

Gareth Bath

Brian Easton

28 April 1940 – 17 November 2025

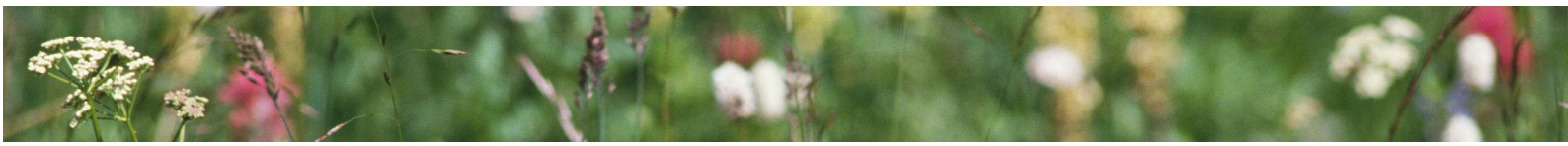


Brian Easton was the younger son of David Henry and Pamela Easton. He was born in Johannesburg, matriculated at King Edward VII School, and graduated BVSc from Onderstepoort in 1964. He started his career as an assistant in a small animal practice in the East Rand owned by Peter Kempster and Bill Warnes, and in 1976, he emigrated to Canada.

Initially, Brian worked in a large companion animal practice in Calgary, Alberta, but subsequently, he opened his own practice in Calgary until his retirement. Brian and Eileen then moved to a smallholding in the nearby district of Cochrane, and he continued to assist the local Cochrane Veterinary Care Clinic. He received the ABVMA 35-Year Recognition Award for his years of quality service. He was very well liked by the staff where he worked and by many of his clients. Brian and Eileen had one daughter, Debbie.

Brian was a competitive squash player who competed while a student at the Provincial level in South Africa and later in Canada in Provincial and National Tournaments there.

Tribute compiled from various sources



We honour and remember the contributions made by our colleague who recently passed away.

Dr Robert Paterson1950 – 2025

We honour his contribution to our profession and society in general and pray thathis family and loved ones will find the strength to carry them through these times of bereavement.

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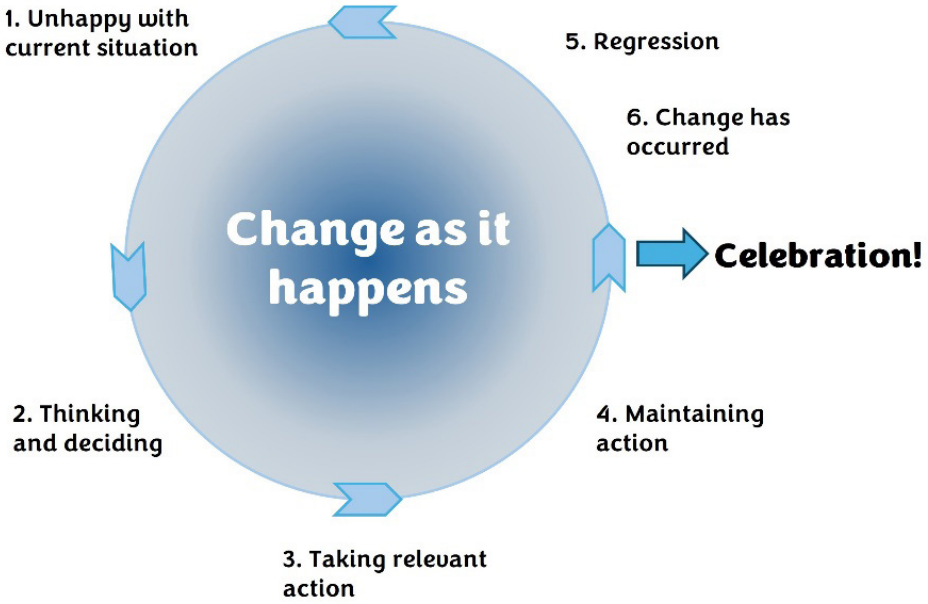
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Happy New Year and all the best for 2026! I hope this article finds you and your families well and safe after the festive season!!! Last month, we looked at a second instalment with more misperceptions that we sometimes subscribe to. Time to move on and optimise our 2026!

What we know so far…

- You do have what it takes.
- You can take ownership of your time, life, and days.
- The opportunities are multiple, and we must take them consistently towards our success.
- We can learn a lot when things do not work according to the plan – take the lessons.
- Be committed all the way – it has always been up to you!
- We can manage risk.
- It is possible to fail forward.
- We owe it to ourselves to try our absolute best and go all in.
- Be better than yourself yesterday.

The next thing we need to do is change our lives for the better! "Change happens when the pain of staying the same is greater than the pain of change." – Tony Robbins. Most of us know what is causing us the most pain. That is when we enter the Cycle of Change:



Stage 1: That is when we are **unhappy with our current situation**. Maybe we have been in this situation for a while. Which aspect of your life are you not entirely satisfied with? Has that aspect of our life remained unchanged and frustrating because we have not done anything about it?

Stage 2: We start thinking and deciding what we can do and what we cannot do regarding this aspect of our life that we want to change. We have identified what needs changing, have thought about it and **decided that we are going to make some changes**. However, in my experience with Life Coaching, I find this is the stage where a lot of people get stuck, mostly due to fear of failure and/or being unable to see how that change will come about in reality.

Stage 3: At this stage, it is **all about taking the relevant action** to get ourselves started with the much-needed change we are trying to bring about. It is crucially important to remind ourselves of the fundamental reason we decided to bring about the desired change. That is to motivate us to get started on an emotional and a logical level. Beginning with bringing about deliberate change. We are past the thinking and hopefully, strategic planning stage, and we are now actually doing something constructive about the situation we are unhappy with.

Stage 4: Once we have started the process of change, we need to **be consistent and maintain action as an absolute priority**. It needs to become part of our daily routine to keep working and moving towards our final goal. We need to keep looking for opportunities and having multiple attempts at success, even calculated risks, consistently over time and building towards your success. Often, it requires long-term activity with meaningful change taking place gradually over time. Being able to measure your progress throughout the process and seeing yourself get closer and closer to the final positive result is extremely motivating, allowing us to continue working towards the achievement of the goal.

Stage 5: At some point during the change cycle, and in life, we experience **regression.** That **is a natural step in the process** and is identified as slipping back into your old habits and seemingly making no progress or experiencing negative progress. The results are not as good as they should be or as they are expected. It can happen when we get tired, demotivated, or overwhelmed with what needs to be done. Fatigue can be managed by taking strategic breaks and making sure you remain consistent in your constructive action. The greatest motivator is progress, so being strategic, deliberate and planning your work towards your goal is essential. Becoming overwhelmed with the amount of work you have decided to take on is a decision that needs to be taken very carefully and honestly. Setting up your individual milestones towards the completion of your goal needs to be clearly thought out and planned to always keep it manageable and constructive. Challenging is good, but overwhelming is not. **Getting out of regression** requires that we either start taking action again, if we have stopped, or step up on our consistency of action if we have reduced our level of activity to intermittent. Rarely starting again and reviewing your goal.

Stage 6: Once we have been around this cycle (stages 1-5) enough times, we will eventually achieve the desired change that we had planned. It is then time for **celebration (the result of progress and success)**. I have often found with my Life Coaching clients that upon achieving their goal(s), they often question "what all the fuss was about."

Celebrate and reward our growth when it happens, which should be all the time!

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

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Soms is dit soos tande trek

Dr Michael Ferreira

1 December 2025 marked my first full year back in South Africa after a three-year stint working in the UK. Before leaving, I remember asking the SAVC for a letter of good standing and feeling almost guilty for being part of the "brain drain" the newspapers love to dramatise. Fortunately, I always knew I'd come back; the UK was meant to be a temporary adventure, not a permanent emigration.

Now I'm home, unexpectedly working at the Onderstepoort Dentistry and Maxillofacial Surgery Clinic with Prof. Gerhard Steenkamp, who also did his own UK tour decades ago. With a year of distance, I've had time to reflect on how dentistry in small-animal general practice compares between South Africa and Britain. Some differences were expected, others were surprising, and a few were downright amusing.

The Myth of the Perfect First-World Practice

Like many South Africans, I imagined UK practice to be the gold standard of efficiency: shiny equipment, endless resources, universal pet insurance, and clients who never bat an eyelid at costs. The reality? Not quite that utopian.

Yes, there are lots of specialists and certificate holders (the UK's beloved "mini-specialisations"), and yes, GP vets tend to refer far more readily than we do at home. Insurance does help owners feel more comfortable with bigger bills, and the country has surprisingly good low-cost services for people who qualify. And don't get me started on the range of blood tests; some of the diagnostics we used are things we've only read about in textbooks.

But there are quirks, too. UK vets often don't look at their own blood smears, cytology or even faecal floats. It all goes off to external labs, partly because it's convenient, and partly because it's "how it's done." With specialists everywhere, there's also a subtle pressure to refer rather than work through a tricky case yourself.

And then there's health and safety, which in the UK sits somewhere between a religion and a constitutional right. When I once offered to change a fluorescent bulb at work, I was sternly told off because "the technician must do that."

The South African "Boer Maak 'n Plan" Spirit

Working in the UK made me very proud of South African vets. We solve problems, creatively, practically, and often under pressure. Even though I'm naturally risk-averse and tend toward defensive medicine, I sometimes felt like a bit of a cowboy by UK standards.

We simply get on with it. British vets can be wonderfully thorough, but there is a definite cultural tendency to avoid stepping outside of protocol. In SA, necessity has taught us to think on our feet.

Dentistry: Two Countries, Two Cultures

It was during my UK years that I really leaned into my love for dentistry. Looking back, I can see some interesting differences between British and South African dental practice.

1. Owners notice dental problems sooner in the UK

Most UK dogs and cats live indoors and are closely observed. Owners pick up halitosis or oral pain earlier. In SA, many pets, especially in townships, rural areas, or large suburban properties, roam outside and are handled less frequently. By the time we see them, dental disease is often well advanced.

2. Different breeds, different mouths

In Britain, it feels like every second client owns a Spaniel or another small/medium breed. In SA, we see far more large-breed dogs. Ironically, during my years in South Yorkshire, I only saw two Yorkshire terriers, yet back home, they remain the unofficial mascot of Afrikaans schoolteachers' handbags.

3. Dental radiography: the UK is ahead

More and more UK practices are investing in dental radiography. One of my colleagues, a Polish vet, was very insistent that we explain to clients if we didn't have dental radiographs, since missing pathology could easily lead to complaints.

In South Africa, dental radiography is still uncommon in GP practices due to cost and space constraints. But the evidence is compelling:

Prof. Frank Verstraete's work shows that 27.8% of dogs[1] and 41.7% of cats[2] have substantial radiographic pathology despite looking normal on clinical examination.

If we want to deliver genuinely high-quality dental care in SA, dental radiographs need to become more standard. They change cases and lives.

4. Dental nerve blocks: underused everywhere

Before 2024, I used dental nerve blocks only occasionally. A brilliant WSAVA lecture convinced me they should be standard for any painful dental work.

In practice, both UK and South African vets underuse them, but the trend is improving. They are simple, safe, effective, and make a massive difference. When teaching students, I often say, "If you learn only one thing this week, learn to block."

5. The universal GP groan: big dentals on busy days

This is one area where SA and the UK are completely equal. Hear the word "dental," and every GP silently calculates the number of extractions, the state of the instruments, and how late they'll run that afternoon.

We've all had the "Twinkles the 13-year-old Yorkie with a heart murmur and 18 teeth to remove" kind of day, whether in Cape Town or Cornwall. UK vets moan about dentals just as loudly as South African vets do.

And underlying this is a bigger issue: many GPs simply never received proper training in dentistry. They lack confidence, good equipment, and time. Combine that with clients who aren't eager to spend money on something they don't fully understand, and dentistry becomes the neglected child of GP practice.

But when owners see the difference a proper dental makes, especially for chronic periodontitis cases, they often become lifelong converts.

Being Home Again

Coming back to SA has been both grounding and energising. Working at OP and helping train future vets feels like closing a circle. I hope that as a profession, we keep growing in our dentistry skills and confidence. Small-breed dogs with terrible mouths aren't disappearing any time soon, so we might as well get really good at helping them.

If you ever need advice, give us a shout at the clinic. We're always happy to help where we can.

References:

1. Verstraete FJM, Kass PH & Terpak CH. Diagnostic value of full-mouth radiography in dogs, Am J Vet Res 1998;59(6):686–691
2. Verstraete FJM, Kass PH & Terpak CH. Diagnostic value of full-mouth radiography in cats, Am J Vet Res 1998;59(6):692–695

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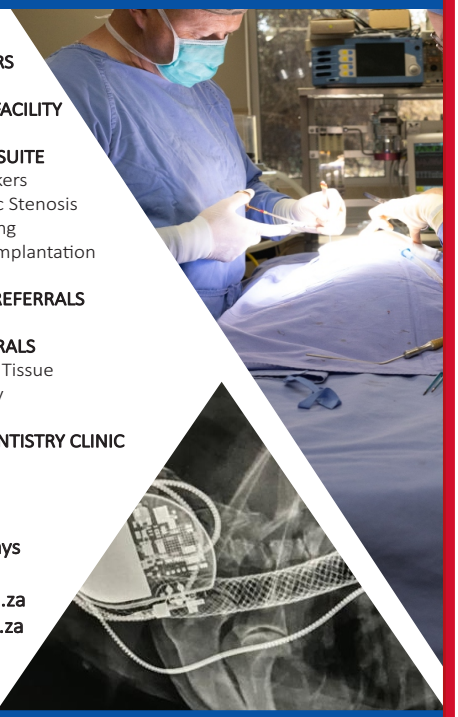
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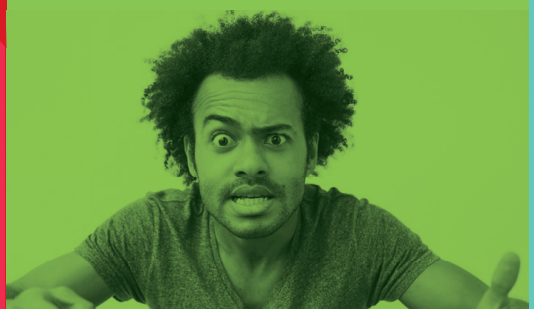
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Katrin Hartmann graduated from the College of Veterinary Medicine at the LMU Munich, Germany, in 1987, completed her Doctoral Thesis in 1990 and her Habilitation Thesis on antiviral treatment of feline immunodeficiency virus infection in 1995. She worked as Clinical Instructor and Assistant Professor at the Clinic of Small Animal Medicine until 2001. From 2001 to 2003, Katrin was as Associate Professor of Internal Medicine at the Department of Small Animal Medicine at the College of Veterinary Medicine, University of Georgia, Athens, USA. In 2003, she returned to Germany as Full Professor and Head of the Clinic of Small Animal Medicine at the LMU Munich, Germany. From 2009 until now, she additionally served as Director/Vice Director of the Centre for Clinical Veterinary Medicine at the LMU Munich.Katrin's major research area is infectious diseases in cats and dogs, with a special interest in feline virus infections. She is author of more than 400 research papers, in addition to proceedings, abstracts, and book chapters. She also has lectured at numerous international meetings worldwide.

Prof Ralf S Meuller

Prof. Dr.med.vet. Ralf S. Mueller, DipACVD, FANZCVSc (Dermatology), DipECVD

Prof. Ralf S. Mueller graduated in Munich/Germany, completed his doctoral thesis in 1987, and worked in several large and small animal practices before completing a residency in veterinary dermatology at the University of California/Davis in 1992. In 1992 he moved to Melbourne/Australia to work with his partner and wife Dr. Sonya Bettenay. Together, they created the first, purpose-built specialist practice in Australia. During that time, Dr. Mueller was concurrently consulting and teaching at the Veterinary Teaching Hospital/University of Sydney. Ralf and Sonya established (and continue to conduct) the Distance Education Program in Veterinary Dermatology of the Centre for Veterinary Education of the University of Sydney. In 1999, Ralf became Assistant Professor in Veterinary Dermatology at the College of Veterinary Medicine and Biomedical Sciences/Colorado State University. In 2004, he accepted a position as chief of the veterinary dermatology service at the University of Munich/Germany. His main research interests are allergies and ectoparasites. He has published over 250 studies, articles, book chapters and books and given more than twelve hundred seminars, lectures and talks all over the world.

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