VET nuus•news

September 2026

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



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President: Dr Ziyanda Qwalela — president@sava.co.za
Interim General Manager: Ms Sonja Ludik — sonja@sava.co.za/ +27 (0)12 346 1150
Editor VetNews: Ms Andriette van der Merwe — vetnews@sava.co.za
Accounts / Bookkeeping: Ms Debbie de Beer — accounts@sava.co.za/+27 (0)12 346 1150
Reception: Ms Hanlie Swart — reception@sava.co.za/ +27 (0)12 346 1150
Marketing & Communications: Ms Sonja van Rooyen — marketing@sava.co.za/ +27 (0)12 346 1150
Membership Enquiries: Ms Debbie Breeze — debbie@sava.co.za/ +27 (0)12 346 1150
Vaccination Booklets: Ms Debbie Breeze — debbie@sava.co.za/ +27 (0)12 346 1150
South African Veterinary Foundation: Ms Debbie Breeze — savf@sava.co.za/ +27 (0)12 346 1150
Community Veterinary Clinics: Ms Claudia Cloete — manager@savacvc.co.za/ +27 (0)63 110 7559
SAVETCON: Ms Corné Engelbrecht — corne@savetcon.co.za/ +27 (0)71 587 2950

A STRONGER PROFESSION THROUGH COLLECTIVE ACTION

Dear members,



Progress is seldom made in isolation; it is built through partnerships, persistence, and a shared commitment to a common purpose. Over the past month, SAVA has continued to strengthen relationships across the veterinary landscape, demonstrating that when we engage constructively and collaboratively, meaningful outcomes can be achieved for the profession and for animal health in South Africa.

I am pleased to provide feedback on several matters highlighted in my August foreword. SAVA, together with a range of stakeholders, met with the South African Health Products Regulatory Authority (SAHPRA) to discuss challenges relating to veterinary medicines, including the availability of phenobarbital products. The engagement was positive and constructive. SAHPRA confirmed that they are actively addressing the Sedabarb supply challenge, and encouragingly, product availability has already improved.

Importantly, SAHPRA agreed in principle to the establishment of a joint technical working group to address veterinary pharmaceutical matters of mutual concern. SAVA has been tasked with drafting the Terms of Reference for this structure. The proposed working group will provide an important platform for ongoing dialogue and technical collaboration, including consideration of matters such as the development of compounding guidelines and other regulatory issues affecting veterinary practice. This development reflects the value of sustained engagement and our collective commitment to developing practical solutions in collaboration with stakeholders.

Education remains another important area of focus. The SAVA Education Committee (EduCom) met in August and considered developments in veterinary education, including the various universities that are exploring the establishment of new veterinary schools. These developments have the potential to significantly influence the future of our profession. It is therefore important that the veterinary profession remains abreast of these developments and, importantly, actively participates in discussions around curriculum development and the competencies required of future veterinarians. SAVA will continue to engage in these processes to ensure that the voice and experience of the profession are represented.

I am also pleased with the positive response to the request for the submission of CPD articles for publication. The committee confirmed that CPD articles are being submitted, and I would like to thank all members who are actively contributing. Your participation not only supports your own professional development but also helps us build a stronger culture of lifelong learning across the profession. Please continue to share your knowledge and expertise with colleagues.

SAVA's Awards Committee met on 20 August to review several high-quality submissions for the Association's awards programme. The calibre of nominations once again highlights the exceptional talent, dedication, and service that exist within our profession. I encourage members to remain actively engaged and to continue recognising colleagues who make significant contributions to veterinary science, animal welfare, and the advancement of our profession.

During the past month, both Exco and Finco meetings were held to consider a range of organisational matters. During the Finco meeting, a decision was taken to discontinue the printed edition of Vetnews due to the significant costs associated with print production and distribution. We are aware that approximately fourteen members have indicated a preference for receiving Vetnews in printed format, and we sincerely apologise for any inconvenience this change may cause. This was not an easy decision, but it is a necessary intervention as SAVA continues to identify opportunities to reduce organisational costs and ensure the sustainable use of membership resources. We remain committed to providing members with a high-quality Vetnews publication in an accessible digital format and appreciate your understanding and continued support as we navigate the financial realities facing the Association.

A decision was also taken to postpone the SAVA Annual General Meeting due to certain administrative delays that required attention. Members will be informed of the revised dates in due course, and we appreciate your understanding as we ensure that all necessary processes are concluded appropriately. We continue to implore SAVA members to pay their dues to ensure the sustainability of the organisation. Membership fees remain the key income source for the association and when dues are not paid the organisation is unable to carry out its mandate

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as expected. **We have seen over the past months how our collective voices through SAVA contributed to change for both individual members and our clients**.

Collaboration remains central to SAVA's strategic objectives. In this regard, SAVA, together with the Rural Veterinary Association of South Africa (RuVASA) and the Veterinary Wildlife Group (VWG), met with the Red Meat Industry Services (RMIS) to explore areas of mutual interest and potential partnership. Key issues emanating from this meeting were, the commitment to collaborate and the possible funding towards the establishment of the veterinary animal health forum. Further discussions to finalise initiatives in these areas will be held shortly. These discussions underscored the importance of working with value chain players to address shared challenges.

The SAVA Wildlife Group has also continued to contribute to important national animal health discussions. During this period, the Group developed a position statement on Foot and Mouth Disease (FMD) vaccination in wildlife, which has been submitted to the relevant regulatory authorities for comment and further engagement.

The statement supports access to FMD vaccination for susceptible managed and free-living wildlife under veterinary oversight, with individual animal traceability where practical and feasible. It further supports appropriate official notification and active monitoring, as required and where feasible. The position recognises the important role that vaccination may play as part of a broader, science-based approach to FMD control, while taking into account the unique epidemiological, conservation and management considerations associated with wildlife.

Looking ahead, I am pleased to share that I will participate in a panel discussion on Antimicrobial Stewardship in South Africa at the forthcoming AFMA Congress this month. The panel will bring together perspectives from the veterinary profession, regulators and the feed industry, with the discussion being facilitated by the CEO of the South African Animal Health Association (SAAHA).

Antimicrobial stewardship is a shared responsibility, and meaningful progress requires collaboration across the entire animal health and production value chain.

We trust that this discussion will provide an important platform for constructive engagement and will contribute towards strengthening responsible antimicrobial use, promoting best practice, and entrenching sound antimicrobial stewardship principles in South Africa.

As we move into spring, a season synonymous with renewal and growth, I encourage all members to remain connected, engaged, and involved in the activities of our Association.

The strength of SAVA lies in its members, and our collective voice continues to shape the future of veterinary medicine in South Africa.

Thank you for your continued support and commitment to our profession.

Groetnis!

Dr. Ziyanda Majokweni – Qwalela
President: South African Veterinary Association

CREDO

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
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- Ons professionele kennis, vaardigheid en hulpbronne aan te wend ter beskerming en bevordering van die gesondheid en welsyn van dier en mens
- Die status en beeld van die veearts te bevorder en die veeartsenykunde te verryk
- Die belange van ons Vereniging en die genootskap tussen sy lede te bevorder.



Editor's notes / Redakteurs notas

The theme of this month's Vetnews took a turn when the actions and reactions surrounding the Animal Health Act came into play.

In the magazine, you will find an article on the necessity to review the Act of 1987 (Not the oldest Act in the lawbooks). Also placed is the reaction from RuVASA and the Wildlife group of SAVA to the newly appointed Minister of Agriculture on the suggested implementation of the 2002 Draft Act. Both very valid reads. The bottom line is that change is desperately needed, but it has to be the right change. We will keep an eye on developments on this front

I also received two emails after the August edition was distributed. I address both in another piece. I would love to hear what other veterinarians have to say on the topic of AI and gender equality.

I promise I do not place names. It was the first time I received two letters, and I am very grateful to hear that members are such loyal readers. It makes sitting at 23h00 in a foreign country, tying up the Vetnews all worth while

I have been travelling for the better part of August and will continue to do so in September, in the Northern Hemisphere. It is beautifully summer here, and we had days as hot and uncomfortable as we get up in Hoedspruit.

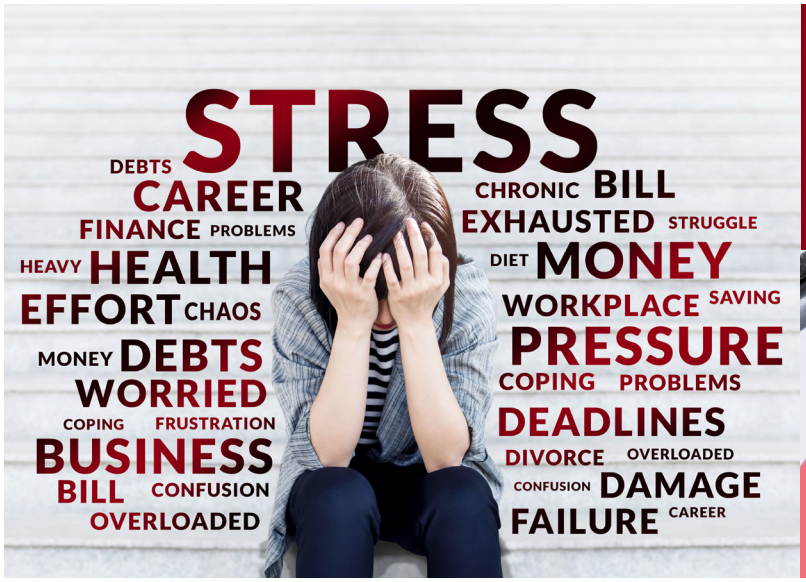
We spent time with Veterinarian friends in Belgium and our daughter in Kent near London. It was interesting to share in conversations, all too similar to those in South Africa, about challenges in the veterinary field. It shows clearly that problems and challenges are not unique to the Southern tip of Africa but are global. It makes one feel good about our country in light of achievements and the clever plans we implement to overcome obstacles.

We had the privilege of attending the Military Tattoo in Edinburgh. Both Paul and I have a military background, and it was a breathtaking show of Military precision, discipline, and splendor.

We experienced four days of bagpipes, street artists, tours, and shows. We even got to attend a show by the Ndlovu Youth Choir, right in the middle of the Fringe festival. I again realized that travel expands one's horizon and vision.

September is also considered spring month, and I would like to wish everybody a great one.

Andriette



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From Disease Control to Biosecurity: How South Africa's Draft Animal Health Regulations Will Transform Animal Health Management

A comparative review of the Animal Diseases Regulations, 1986 and the Draft Animal Health Regulations, 2026

By Dr Paul van der Merwe BVSc (Hons) MMedVet (Fer)

Executive Summary



South Africa's livestock and wildlife industries operate within one of the most diverse and complex animal health environments in the world. The country supports internationally recognised wildlife populations, extensive communal farming systems, intensive commercial livestock enterprises and a growing export market for livestock, genetics and wildlife.

Protecting these sectors from animal disease is therefore not only an agricultural imperative but also an economic and conservation priority.

For almost four decades, disease control has been governed largely through the Animal Diseases Regulations, 1986, promulgated under the Animal Diseases Act, 1984. These regulations provided an effective legal framework for managing many of the disease challenges of the time and served the country well during periods when disease control depended largely on government intervention and traditional veterinary measures.

However, the livestock industry of 2026 bears little resemblance to that of 1986. The emergence of transboundary animal diseases, increasing international trade, rapid movement of animals, growth of the wildlife industry, advances in diagnostic technologies, and heightened global expectations regarding biosecurity have fundamentally changed the environment in which veterinary authorities operate.





The Draft Animal Health Regulations, published under the Animal Health Act, 2002, represent the most comprehensive reform of South Africa's animal health regulatory framework in more than forty years.

Rather than merely updating terminology or administrative procedures, the draft regulations introduce an entirely new philosophy of animal health management—one based on prevention, risk assessment, surveillance, traceability, and shared responsibility.

Perhaps the most significant change is that disease prevention is no longer viewed as the exclusive responsibility of government veterinary services. Instead, veterinarians, para-veterinary professionals, livestock owners, game farmers, laboratories, transporters, and other participants in the animal value chain are expected to play active roles in the maintenance of national animal health.

This article examines the principal differences between the 1986 Regulations and the Draft Animal Health Regulations, explains the rationale for the proposed reforms, and considers their practical implications for the veterinary profession, livestock producers, wildlife managers, and regulators.

1. Animal Health in a Changing World

Animal diseases have always posed a threat to agricultural production. Throughout history, outbreaks of diseases such as rinderpest, Foot and Mouth Disease (FMD), African Horse Sickness (AHS), and African Swine Fever (ASF) have devastated livestock populations, disrupted trade, and threatened rural livelihoods.

Historically, veterinary legislation was designed primarily to respond to disease once it had been detected. Government veterinary officials imposed quarantines, prohibited animal movements, ordered compulsory slaughter where necessary, and supervised disease eradication programmes. Success depended largely upon rapid intervention by veterinary authorities and compliance by livestock owners.

This approach reflected the realities of the time. Animal movement was relatively limited, commercial game farming was still in its infancy, and diagnostic technologies were less sophisticated. Most disease control programmes focused on responding to outbreaks rather than preventing them.

Today's livestock industry presents a very different picture.

South Africa now supports one of the world's largest game farming sectors, with millions of hectares managed for conservation, ecotourism, and game breeding.



Livestock move frequently between provinces for breeding, feeding, auctions, and slaughter. International trade increasingly depends upon demonstrating compliance with rigorous sanitary standards, while emerging diseases continue to challenge veterinary services across the globe.

Recent outbreaks of Foot and Mouth Disease in Southern Africa have demonstrated how rapidly disease can spread through interconnected livestock systems. African Swine Fever continues to threaten the pig industry, while Highly Pathogenic Avian Influenza has illustrated the devastating economic consequences that can result from a single disease outbreak.

These changing realities demand a different regulatory response.

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Rather than relying primarily on disease eradication after infection has occurred, modern animal health systems seek to reduce the likelihood of disease introduction in the first place. Prevention has become as important as treatment.

2. Why the 1986 Regulations Required Modernisation

The Animal Diseases Regulations, 1986, were developed at a time when veterinary legislation focused primarily on statutory disease control. Their principal objective was to provide the government with sufficient authority to identify infected premises, restrict animal movements, and implement disease control programmes.

For many years, this framework proved highly successful. South Africa maintained internationally recognised disease-free zones for several important diseases and established an enviable reputation for veterinary expertise.

Nevertheless, several developments have exposed the limitations of the older regulatory framework.

First, *the scale and complexity of livestock production* have increased dramatically. Modern commercial farming involves extensive movement of animals, semen, embryos, feed, vehicles, and personnel between production systems. Every movement presents a potential pathway for disease transmission.

Second, *the wildlife economy* has grown into a major agricultural sector.

Diseases that move between wildlife and domestic livestock, such as bovine tuberculosis, Corridor Disease, and Foot and Mouth Disease, require regulatory approaches that scarcely existed when the 1986 Regulations were drafted.

Third, *advances in veterinary science* have transformed disease surveillance. Diagnostic laboratories now identify pathogens rapidly using molecular techniques that were unimaginable in the mid-1980s.

Modern legislation must therefore accommodate more sophisticated surveillance systems and more comprehensive reporting obligations.

Fourth, *international trade* has become increasingly dependent upon demonstrating effective animal health governance. Importing countries no longer evaluate only the disease status of exporting countries; they also assess the quality of veterinary legislation, surveillance systems, traceability programmes, and biosecurity measures.

Finally, disease prevention has become increasingly collaborative. Successful animal health programmes depend not only on veterinary authorities but also on private veterinarians, producers, laboratories, transporters, wildlife managers, and industry organisations working together.

These developments underpin the philosophy of the Draft Animal Health Regulations.

3. From Disease Control to Biosecurity

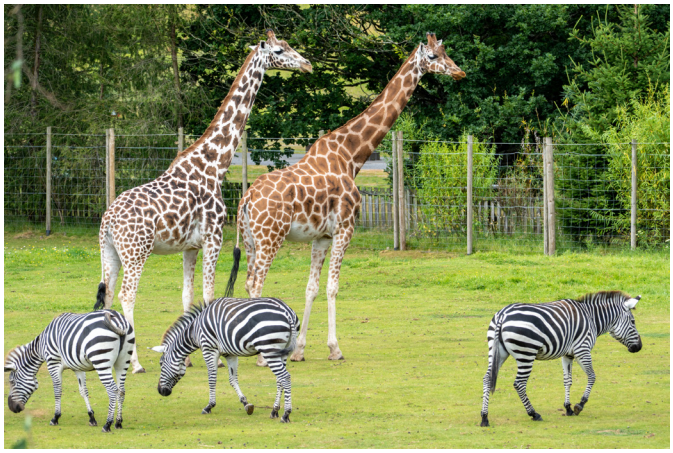
Perhaps the most important contribution of the Draft Regulations is the recognition that preventing disease is considerably more effective—and less costly—than controlling disease after an outbreak has occurred.

Biosecurity has therefore emerged as the organising principle of modern animal health management.

Although biosecurity has no universally accepted definition, it is generally understood as the collection of management practices designed to reduce the risk of introducing, establishing, and spreading infectious diseases.

Under the 1986 Regulations, biosecurity existed largely as an implicit concept rather than being explicitly stated and implemented. Quarantine, movement restrictions, and disinfection formed important components of disease control, but these measures were usually implemented only after disease had been detected.







The Draft Regulations fundamentally change this approach.

Biosecurity becomes a continuous responsibility rather than an emergency response.

Livestock owners are expected to evaluate disease risks before introducing animals onto their properties. Newly acquired animals may require isolation before joining resident herds. Visitors, vehicles, and equipment become potential pathways for disease transmission, requiring appropriate management and prevention of cross-contamination.

For veterinarians, the Draft Regulations reinforce the profession's role beyond clinical diagnosis and treatment. Veterinarians increasingly become advisers on herd health planning, disease prevention, surveillance, and risk management.

Game farms face similar responsibilities. The movement of buffalo, antelope, and other susceptible species requires careful consideration of disease status, veterinary certification, and movement controls. These measures recognise that wildlife conservation and livestock production are increasingly interconnected.

Practical Example of the distinction between the aged herd management practices and the new.

A commercial cattle producer purchases replacement breeding heifers from three different provinces. Under traditional disease control approaches, the animals might simply be unloaded into the resident herd after arrival.Under the philosophy underpinning the Draft Regulations, however, a different sequence of events is expected. The producer verifies movement documentation and health declarations before transport, unloads the animals into designated isolation facilities, observes them for a prescribed period, monitors them for signs of disease, and introduces them to the resident herd only after the isolation requirements have been satisfied.

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If disease is detected during isolation, the resident herd remains protected.

The example may be simple, but the illustration is clear on how an existing herd is protected in the reality of new disease threats.

4. Shared Responsibility: A New Regulatory Culture

One of the defining characteristics of the Draft Regulations is the recognition that animal health cannot be protected by the government alone. Pinning the responsibility on a single entity is not only outdated but also dangerous, considering the reduced capacity of the government.

Disease surveillance, rapid reporting, responsible animal movements, effective record-keeping, and sound biosecurity require participation across the entire animal value chain to protect one's own, but also food security in the value chain.

The regulations therefore distribute responsibilities more broadly than their predecessor.

- Livestock owners become active custodians of herd health.
- Private veterinarians become essential partners in surveillance.
- Laboratories become critical contributors to early disease detection.
- Transporters assume greater responsibility for lawful animal movement.
- Wildlife managers become integral participants in protecting both conservation assets and commercial agriculture.

Rather than increasing regulation for its own sake, these changes acknowledge an important reality: in an interconnected livestock industry, the actions—or inaction—of one participant may have consequences far beyond a single farm.

This shared-responsibility model mirrors successful animal health systems adopted by many leading livestock-producing countries and reflects a growing international consensus that sustainable disease control depends upon cooperation rather than enforcement alone.

5. The Major Regulatory Reforms

The Draft Animal Health Regulations do considerably more than update terminology or modernise administrative procedures. They introduce a comprehensive regulatory framework that seeks to strengthen every component of South Africa's animal health system—from surveillance and disease reporting to biosecurity, traceability, and wildlife disease management.

While some provisions mirror concepts contained in the 1986 Regulations, nearly every aspect has been expanded to reflect advances in veterinary science, changing production systems, and international expectations regarding animal health governance.

The following sections examine the most significant reforms and their practical implications.

6. Expanding the Language of Animal Health

Legislation is only as effective as the precision of its terminology. One of the first noticeable differences between the 1986 Regulations and the Draft Regulations is the extensive expansion of definitions.

The earlier Regulations were drafted for a relatively straightforward disease-control system where the principal legal concepts revolved around infected animals, prescribed diseases, and restricted movements. Today's disease management systems are considerably more sophisticated.

The Draft Regulations introduce numerous additional definitions that distinguish between infected animals, contact animals, susceptible animals, contaminated articles, responsible persons, quarantine facilities, technical officers, and controlled areas. These terms are not merely administrative refinements—they determine who carries legal responsibility during disease investigations and outbreak management.

The practical benefit of expanded definitions is legal certainty.

For example, under the older framework, uncertainty could arise where equipment, feed, or vehicles contributed to disease spread without themselves being animals. The Draft Regulations recognise these potential transmission pathways by extending regulatory control to contaminated objects capable of spreading disease.

Similarly, the concept of the *"responsible person"* replaces the narrower concept of the owner.

This seemingly simple change acknowledges the realities of modern livestock production, where animals may be managed by lessees, farm managers, transport contractors, or wildlife custodians rather than the registered owner alone.

Practical Example

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A commercial feedlot receives cattle from multiple producers. The feedlot manager—not necessarily the legal owner of every animal—is responsible for implementing isolation procedures, movement controls and reporting suspected disease.

The regulations therefore impose responsibilities on the individual exercising practical control over the animals rather than relying solely on legal ownership.

Key Change

1986 Regulations	Draft Regulations
Limited legal definitions	Expanded terminology supporting modern disease management
Responsibility focused primarily on owners	Responsibilities extended to all responsible persons
Limited recognition of indirect disease pathways	Explicit recognition of contaminated materials, facilities, and equipment

7. Disease Reporting: From Passive Notification to Active Surveillance

Perhaps no aspect of the Draft Regulations demonstrates the changing philosophy more clearly than the approach to disease reporting.

Historically, disease reporting concentrated on notifying veterinary authorities once disease had already become apparent. While effective for many years, this approach depended upon visible clinical disease before intervention could begin.

Modern veterinary epidemiology recognises that early detection dramatically improves the likelihood of containing outbreaks before they spread across districts or provinces.

The Draft Regulations therefore establish reporting as a cornerstone of South Africa's surveillance system.

Instead of reporting only confirmed disease, responsible persons are expected to notify veterinary authorities whenever there is reasonable suspicion that a controlled animal disease may be present. Unusual mortality, unexplained illness, abnormal production losses, or clinical signs consistent with controlled diseases may all require notification.

Equally important is the expansion of those who carry reporting obligations and responsibilities.

Under the new framework, responsibility extends beyond livestock owners to include private veterinarians, para-veterinary professionals, diagnostic laboratories, and **any individual who becomes aware of circumstances suggesting** the presence of a controlled disease.

This recognises that valuable disease intelligence often originates long before an official diagnosis is confirmed. It also places the responsibility on every entity in the sphere of animal health. No longer is the excuse of not knowing an easy escape. It is every person's right and responsibility to know, to investigate, and to be aware.

Practical Example

A private veterinarian investigates respiratory disease in a dairy herd. Laboratory confirmation has not yet been received, but the clinical presentation raises concern regarding a controlled disease.

Rather than waiting several days for definitive laboratory results, the Draft Regulations encourage immediate notification to State Veterinary Services. Veterinary officials can commence preliminary investigations, advise on movement restrictions, and prepare contingency measures while laboratory testing proceeds.

The potential benefit is measured in days—and during rapidly spreading diseases, those days may determine whether an outbreak remains localised or becomes nationally significant.

Why This Matters

International experience consistently demonstrates that delayed reporting is among the greatest contributors to large-scale disease outbreaks.

Rapid reporting enables authorities to:

- investigate suspected outbreaks earlier;
- trace recent animal movements;
- identify contact premises;
- impose proportionate movement controls;
- conduct targeted surveillance; and
- reassure trading partners that effective disease monitoring systems are functioning.

In this respect, the Draft Regulations align closely with international surveillance principles promoted by the World Organisation for Animal Health (WOAH).

8. Biosecurity Becomes a Daily Management Practice

If disease reporting represents the eyes and ears of the new regulatory framework, biosecurity forms its foundation.

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The Draft Regulations move decisively away from treating biosecurity as something that occurs only during outbreaks.

Instead, biosecurity becomes part of everyday livestock and wildlife management.

Modern disease transmission rarely occurs through a single pathway. Infectious agents may spread through animals, vehicles, feed, water, equipment, wildlife, people, clothing, or contaminated facilities.

Accordingly, the Draft Regulations encourage producers to consider every possible route by which disease may enter or leave their properties. The implications extend far beyond fencing or quarantine.

Routine activities such as introducing replacement breeding stock, borrowing livestock trailers, sharing handling facilities, or allowing unrestricted visitor access all form part of the recognised biosecurity considerations.

Practical Example

A sheep producer purchases breeding rams from a national auction.

Under the older regulatory philosophy, the rams might simply be introduced into the resident flock following transport.

Under the Draft Regulations, sound biosecurity practice would include:

- verification of movement documentation;
- review of animal health declarations;
- isolation following arrival;
- observation for clinical disease;
- dedicated feeding equipment during isolation; and
- controlled introduction into the breeding flock only after the isolation period has been completed.

Although these procedures require additional planning, they substantially reduce the likelihood of introducing diseases such as ovine brucellosis, Johne's disease or sheep scab into previously unaffected flocks.

Biosecurity therefore becomes an investment rather than merely a regulatory obligation.

Beyond Farm Gates

Biosecurity responsibilities extend beyond individual farms.

Livestock auctions, agricultural shows, communal grazing systems, transport companies, wildlife capture operations, and veterinary practices all become important components of national disease prevention.

For example, auction facilities that implement effective segregation, cleaning protocols, and movement documentation contribute directly to protecting the broader livestock industry.

Similarly, veterinary practices adopting rigorous infection-control procedures help prevent disease transmission between client premises.

The Draft Regulations therefore recognise biosecurity as a shared national responsibility rather than an isolated farm-level activity.

9. Traceability: Following Animals Throughout Their Lives

Modern disease investigations depend upon answering two critical questions:

Where did the animal come from?

Where has it been?

The 1986 Regulations contained movement controls for certain diseases, but comprehensive traceability was not a central feature of the regulatory framework.

The Draft Regulations place considerably greater emphasis on documenting animal movements throughout the production chain. Health declarations, permits, movement records, and supporting documentation become integral components of disease management.

The value of traceability becomes particularly evident during disease outbreaks.

When Foot and Mouth Disease is detected, veterinary authorities must rapidly identify:

- properties from which animals originated;
- premises that subsequently received animals;
- transport routes utilised;
- livestock auctions attended;
- neighbouring farms potentially exposed; and
- other susceptible species that may have come into contact with infected animals.

Without reliable movement records, these investigations become slower, less accurate, and considerably more expensive.

Practical Example

Imagine that laboratory testing confirms Foot and Mouth Disease in cattle sold through a regional livestock auction.

A robust traceability system enables investigators to identify every purchaser, reconstruct animal movements, notify exposed producers, and implement targeted movement restrictions within hours rather than weeks.



Without traceability, authorities may have little option but to impose extensive regional movement restrictions affecting hundreds of farms, many of which were never genuinely exposed.

Effective traceability therefore protects both animal health and agricultural commerce.

Key Change

1986 Regulations	Draft Regulations
Movement controls primarily during outbreaks	Continuous movement documentation and traceability
Limited movement records	Comprehensive documentation throughout the production chain
Focus on individual disease events	Traceability integrated into routine livestock management

10. Movement Control: Protecting Disease-Free Areas

Closely linked to traceability is the strengthened regulation of animal movements. South Africa's livestock industries depend upon frequent movement of animals for breeding, marketing, finishing, slaughter, and export.

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MSD Animal Health
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Wildlife species are similarly translocated for conservation, hunting, and commercial purposes. Every movement carries inherent disease risk.

The Draft Regulations therefore strengthen permit systems, health certification requirements, and movement restrictions relating to controlled areas and susceptible species. Importantly, movement control is no longer viewed simply as a punitive response to disease outbreaks.

Instead, movement regulation becomes a preventative measure aimed at preserving disease-free populations before infection occurs. This represents one of the clearest examples of the transition from reactive disease control to proactive risk management.

In practice, producers who maintain accurate records, implement sound biosecurity, and comply with movement requirements are likely to experience fewer disruptions during disease investigations than would occur under broad, untargeted movement bans.

11. Wildlife Disease Management: Recognising the Wildlife–Livestock Interface

Few areas illustrate the changing landscape of animal health in South Africa more clearly than the increased emphasis placed on wildlife.

When the Animal Diseases Regulations were promulgated in 1986, the commercial wildlife industry was relatively small, game farming was still emerging, and wildlife translocations occurred on a much more limited scale than they do today.

Over the past four decades, South Africa has become a global leader in wildlife conservation, game farming, and eco-tourism.

Millions of hectares of privately owned land are now managed primarily for wildlife, and the economic value of breeding, hunting, and photographic tourism has increased dramatically. This transformation has inevitably altered the country's animal health risk profile.

Wildlife can no longer be viewed separately from livestock production.

Diseases such as Foot and Mouth Disease (FMD), bovine tuberculosis (bTB), Corridor Disease, African Horse Sickness (AHS), and African Swine Fever (ASF) demonstrate that wildlife and domestic livestock often share ecosystems, vectors, and disease pathways.

The Draft Animal Health Regulations acknowledge this reality by introducing a far more comprehensive framework for wildlife disease management than existed under the 1986 Regulations.

Rather than treating wildlife as a special case, the Draft Regulations integrate wildlife into mainstream animal health planning.

They establish clearer requirements for disease surveillance, movement controls, veterinary oversight, and the management of high-risk species.

This change is particularly significant for owners of buffalo breeding operations, mixed wildlife-livestock farms, and conservation areas adjoining communal grazing systems or livestock production areas.

Practical Example

A game farm intends to purchase disease-free buffalo from another province.

Under the traditional approach, compliance largely focused on obtaining movement authorisation and meeting disease-specific requirements.

Under the Draft Regulations, veterinary authorities are expected to consider a much broader range of risk factors, including the disease status of both source and destination properties, transport arrangements, quarantine procedures, surveillance records, and the potential impact on neighbouring livestock enterprises.

The emphasis shifts from merely approving a movement to actively managing the disease risks associated with that movement.

12. Quarantine and Isolation: A Strategic Tool Rather Than a Punishment

Historically, quarantine has often been viewed as an emergency measure imposed after disease outbreaks.

The Draft Regulations reposition quarantine as a routine component of responsible animal health management. Isolation is no longer reserved solely for infected animals. Newly acquired livestock, animals returning from exhibitions, breeding centres or auctions, imported animals and those suspected of exposure to disease may all require periods of controlled isolation before joining resident herds.

This represents one of the most practical examples of preventive medicine within the Draft Regulations.

Quarantine serves several purposes simultaneously.

- It allows veterinary observation before animals mix with susceptible populations.
- It reduces opportunities for disease transmission.
- It provides time for laboratory testing where appropriate.
- It enables treatment, vaccination, or further investigation before any disease spreads.

The principle is familiar within human medicine, where isolation remains one of the most effective methods of limiting infectious disease transmission.

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The same principle applies equally to livestock and wildlife.

Practical Example

Following a national livestock exhibition, several cattle return to their home farms.

Although the animals appear clinically healthy, they have mixed with cattle from multiple provinces during transport, exhibition, and judging.

Rather than immediately rejoining resident breeding herds, the animals are isolated for an observation period.

If clinical disease develops during isolation, exposure remains confined to the isolated group rather than affecting the entire breeding herd.

The financial cost of maintaining temporary isolation facilities is negligible compared with the economic consequences of introducing a controlled disease into an entire production unit.

13. Expanding the Responsibilities of Veterinarians

The Draft Regulations significantly reinforce the role of veterinarians within South Africa's animal health system.

Historically, veterinarians were primarily responsible for diagnosing disease, implementing treatment, and assisting State Veterinary Services during disease investigations.

Those responsibilities remain important, but modern veterinary practice increasingly encompasses disease prevention, herd health planning, epidemiological surveillance, and biosecurity management.

The Draft Regulations recognise this evolution.

Private veterinarians become important partners in national surveillance programmes by reporting suspected controlled diseases promptly and assisting with epidemiological investigations.

They are expected to advise producers on appropriate biosecurity measures, movement requirements, quarantine procedures, and disease prevention strategies. This reflects the growing importance of preventive veterinary medicine.

Increasingly, successful veterinary practice depends not only upon treating sick animals but also upon helping producers avoid disease altogether.

For production animal veterinarians, this represents both an opportunity and a responsibility.

Veterinary practices that develop expertise in biosecurity planning, risk assessment, and herd health management are likely to become increasingly valuable to commercial producers navigating the new regulatory environment.

14. Strengthening Record-Keeping and Traceability

One of the less conspicuous—but arguably most important—changes introduced by the Draft Regulations concerns record-keeping.

Good records form the foundation of modern epidemiology. Without reliable information regarding animal movements, treatments, vaccinations, laboratory tests, and mortality, effective disease investigations become extremely difficult.

The Draft Regulations therefore require substantially more comprehensive documentation than many producers have traditionally maintained.

Some may initially view these requirements as an administrative burden. However, recent disease outbreaks internationally have repeatedly demonstrated that farms with accurate records experience shorter investigations, more targeted movement restrictions, and faster recovery following outbreaks.

Record-keeping therefore protects businesses as much as it assists regulators.

Practical Example



Two neighbouring cattle farms become involved in a disease investigation.

The first producer maintains comprehensive movement records, vaccination histories and visitor registers.

The second producer has little documented information regarding recent livestock purchases or vehicle movements.

Veterinary investigators are able to clear the first property rapidly because the available records demonstrate minimal exposure.

The second property remains under investigation considerably longer because authorities must reconstruct events through interviews and indirect evidence.

Good documentation therefore reduces both uncertainty and disruption.

15. Compensation and Compliance

Disease eradication programmes occasionally require the destruction of animals in the public interest.

Historically, compensation has often been a contentious issue.

The Draft Regulations seek greater clarity by linking compensation more closely to responsible conduct and statutory compliance.

Owners who report disease promptly, cooperate fully with veterinary authorities, and comply with prescribed control measures are more likely to qualify for compensation where animals must be destroyed.

Conversely, failure to report disease, deliberate concealment, or disregard for veterinary directives may influence compensation decisions. This principle reflects an important policy objective.

Compensation should encourage transparency rather than inadvertently rewarding poor disease management. The system therefore balances public responsibility with individual accountability.

16. Modernising Regulatory Administration

Although less visible than disease control measures, administrative reforms play an important role in improving regulatory effectiveness.

The Draft Regulations modernise application procedures, approvals, appeals, permit systems, and communication between veterinary authorities and stakeholders.

Where the 1986 Regulations reflected largely paper-based administrative processes, the Draft Regulations recognise contemporary methods of communication and documentation. Clearer procedures reduce uncertainty, promote consistency between provinces, and improve accountability.

For producers, predictable administrative processes reduce delays associated with permits, approvals, and disease investigations.

For regulators, standardised procedures facilitate more efficient service delivery and better record management.

While these reforms may appear procedural, they contribute significantly to the overall effectiveness of the animal health system.

17. What These Changes Mean for Stakeholders

The Draft Regulations affect virtually every participant in South Africa's animal value chain.

Commercial Livestock Producers

Commercial producers will be expected to implement stronger biosecurity programmes, maintain more comprehensive records, and place greater emphasis on disease prevention. Although these requirements may increase management responsibilities, they also reduce the likelihood of costly disease outbreaks and strengthen access to domestic and international markets.

Emerging and Communal Farmers

Support from veterinary services, extension officers, and producer organisations will be essential to ensure that enhanced biosecurity and reporting requirements remain practical and achievable within communal and resource-constrained production systems.

Training, awareness campaigns, and simplified compliance tools will be critical to successful implementation.

Game Farms

Wildlife enterprises are among the sectors most directly affected by the Draft Regulations.

Enhanced movement controls, surveillance requirements, and veterinary oversight acknowledge both the economic importance of wildlife and the potential role certain species play in maintaining or transmitting diseases of national significance.

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Well-managed wildlife operations are likely to benefit from clearer regulatory certainty and improved confidence among trading partners.

Veterinarians and Para-veterinary Professionals

Veterinary professionals will assume increasingly strategic roles within South Africa's animal health system.

Their responsibilities will extend beyond diagnosis and treatment to include surveillance, producer education, biosecurity planning, and disease risk management.

This evolution presents opportunities for expanded professional services while reinforcing the profession's central contribution to national biosecurity.

18. Looking Ahead

The Draft Animal Health Regulations represent far more than an administrative revision of existing legislation. They establish a modern animal health framework designed to anticipate disease rather than merely respond to it. The regulations recognise that protecting South Africa's livestock industries, wildlife economy and export markets requires cooperation across the entire animal value chain.

Their success, however, will depend not only on the quality of the legislation but also on effective implementation. Investment in veterinary capacity, laboratory services, producer education, digital reporting systems, and stakeholder partnerships will determine whether the objectives of the Draft Regulations are fully realised.

Ultimately, legislation alone cannot prevent disease. It provides the framework within which responsible producers, veterinarians, wildlife managers, and government authorities work together to safeguard the health of the nation's animals.

The Draft Animal Health Regulations provide South Africa with that framework. If implemented effectively, they have the potential to strengthen national biosecurity, improve disease preparedness, enhance international confidence in South Africa's veterinary services, and ensure that the country's livestock and wildlife industries remain resilient in an increasingly interconnected world.

19. Conclusion

The comparison between the Animal Diseases Regulations, 1986, and the Draft Animal Health Regulations, 2026, demonstrates a profound evolution in regulatory thinking. The earlier regulations were developed for an era in which disease control relied primarily on government intervention after outbreaks had occurred. The Draft Regulations embrace a modern philosophy of prevention, shared responsibility, and science-based risk management.

Their emphasis on enhanced surveillance, comprehensive biosecurity, improved traceability, responsible animal movements, wildlife disease management, and collaborative governance reflects international best practice and positions South Africa to address the increasingly complex challenges facing animal health.

For veterinarians, the reforms reinforce the profession's role as trusted advisers in disease prevention and herd health management. For producers, they provide a framework that protects both animal health and business continuity. For regulators, they create stronger tools for managing disease risks while supporting market access and international confidence.

As South Africa prepares to implement this new regulatory framework, success will depend on informed stakeholders, well-resourced veterinary services, and a shared commitment to protecting the country's valuable livestock and wildlife resources. The Draft Animal Health Regulations are therefore more than a legislative update—they are a blueprint for the future of animal health governance in South Africa.



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Concerns raised to the Minister of Agriculture regarding the proposed implimentation of the draft Animal Health regulations of 2022

1. INTRODUCTION:

1.1. We, address you on behalf of the South African Veterinary Association (SAVA), the Ruminant Veterinary Association of South Africa (RuVASA), and the Wildlife Group of the South African Veterinary Association. Collectively, our organisations represent the core of the veterinary profession in South Africa, with extensive expertise across production animals, wildlife, and public health.

1.2. We welcome the opportunity to provide commentary on the proposed Animal Health Regulations ("the Regulations") published on 29 May 2026.

1.3. Our submission is twofold. Firstly, we wish to raise fundamental concerns regarding the legislative foundation upon which these Regulations are built, namely the Animal Health Act, 2002 (Act No. 7 of 2002) ("the Act"). Secondly, we will provide specific, practical commentary on the proposed Regulations themselves.

1.4. We submit that while the intention to create a modern regulatory framework is commendable, the Regulations are inherently constrained by the outdated nature of the Act. Indeed, we must assert that any attempt to finalise these Regulations without first modernising the Act is a fundamentally flawed undertaking. A review of the rules becomes largely moot when the foundational law upon which they must stand is not fit for purpose. We believe it is a critical moment to address the foundational legislation to ensure that any new regulations are practical, effective, and relevant to the current and future animal health landscape of South Africa.

2. OVERARCHING SUBMISSIONS CONCERNING THE ANIMAL HEALTH ACT 7 OF 2002:

Before addressing the specific provisions of the Regulations, we must respectfully draw your attention to certain critical issues within the parent Act.

2.1 Delayed Commencement and Anachronistic Framework: The Act was assented to in July 2002 but has not yet been brought into force. In the intervening 24 years, the fields of epidemiology, veterinary science, diagnostics, international trade standards, and animal traceability have evolved profoundly.

The Act, in its current form, does not reflect these advancements. It is a product of its time and is no longer fit for the purpose of managing the complex animal health challenges of 2026 and beyond, which span both the livestock and wildlife sectors.

2.2 Risk of Fragmentation and Inequity: While the Act's intention to assign certain functions to provincial authorities aligns with constitutional principles, we submit that the country's animal health system is not uniformly prepared for such a decentralisation.

Without the prior establishment of binding national standards, adequate funding, and verified capacity across all provinces, this move risks creating significant fragmentation. It could lead to a postcode lottery of animal health service delivery, undermining national disease control efforts and creating inequities for animal owners across the country.

2.3 Inopportune Timing and Risk to National Biosecurity: We must highlight the significant risk of proceeding with this legislative change at this moment. South Africa is currently contending with widespread and persistent Foot and Mouth Disease (FMD), brucellosis and rabies outbreaks, to name a few. Introducing a new, untested, and flawed regulatory framework during a national disease crisis would inevitably complicate service delivery, create confusion among state and private veterinarians, and potentially undermine the ongoing control efforts at a critical time.

2.4 Impracticality for Modern Disease Control: The Act's framework is not aligned with contemporary approaches

to disease management, which favour risk-based assessments, compartmentalisation, public-private partnerships, and robust traceability systems.

The current text creates a rigid, state-centric command-and-control structure that is impractical for the dynamic nature of disease outbreaks and the economic realities of our animal production and conservation sectors.

Enacting regulations under this outdated framework will lead to legal uncertainty, practical implementation challenges, and a failure to achieve our shared Animal and "One health" objectives.

2.5 Furthermore, the Act's deficiencies extend beyond economic and trade concerns into the critical domain of public health. An effective animal health framework is the primary defence against significant zoonotic diseases.

While the focus often falls on production-limiting diseases like FMD, we must not neglect life-threatening pathogens endemic to South Africa, such as Rabies and Rift Valley Fever, which are deadly to people.

An outdated and fragmented legislative framework directly compromises the state's ability to manage these zoonotic threats, placing not only our animal populations but also our citizens at grave risk.

Any modernised Act must be explicitly built upon the globally-recognised 'One Health' principle, which acknowledges the inextricable link between animal, human, and environmental health

2.6 A further critical flaw in the 2002 Act is its complete failure to recognise the statutory mandate of the Border Management Authority (BMA). The BMA Act establishes the BMA as the lead authority for the integrated management of all ports of entry and the border law enforcement area.

This mandate explicitly includes biosecurity and animal health functions at our borders. The Animal Health Act, having been drafted nearly two decades prior to the BMA's establishment, creates a legislative vacuum by not delineating the crucial prevention, surveillance, and emergency response roles of the BMA.

This omission leads to legal and operational ambiguity at our first line of defence against foreign animal diseases, fundamentally undermining South Africa's biosecurity integrity. A modernised Act is therefore essential to create a seamless and legally certain framework that integrates the respective functions of the Department's veterinary services and the BMA.

2.7 The Regulatory Review Process is Rendered Moot: In light of these fundamental deficiencies, we submit that a line-by-line review of the proposed Regulations, while a necessary exercise in due diligence, is rendered largely moot. Regulations derive their legal authority and practical efficacy from their parent legislation.

Attempting to build a modern, functional regulatory system upon a legislative foundation that is itself outdated and impractical is an inherently flawed process.

Any strengths within the proposed Regulations will be undermined by the weaknesses of the Act, and any weaknesses will be amplified. Therefore, a meaningful consultation process must begin with the primary law itself.

2.8 A Call for Collaborative Review of the Act: We strongly urge the Ministry to suspend the finalisation of these Regulations and instead initiate a formal, collaborative process to review and modernise the Animal Health Act, 2002. This presents a unique opportunity, after more than two decades, to create a truly effective and enabling piece of primary legislation.

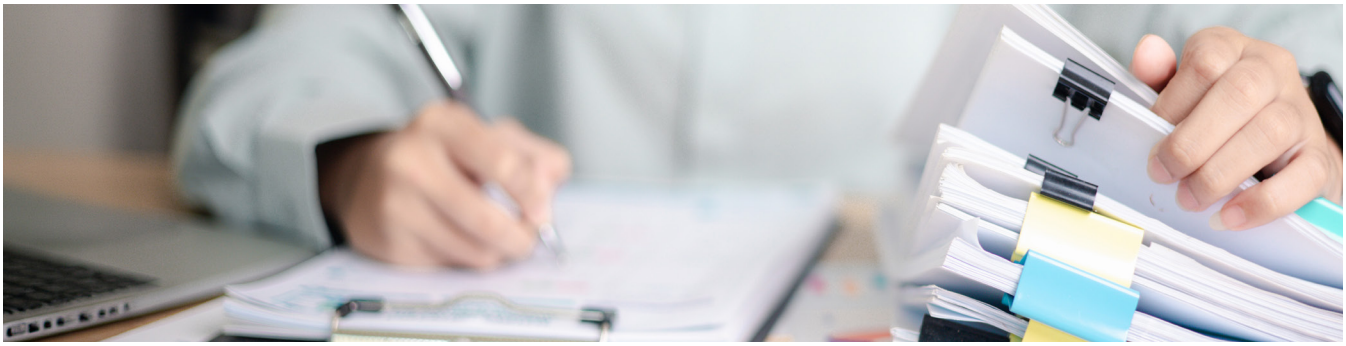
Our organisations, representing the breadth of veterinary expertise in the country, stand ready and are eager to contribute our knowledge and practical experience to this vital national endeavour.

A modernised Act, co-developed with key stakeholders, would provide a solid foundation for regulations that are scientifically sound, practical, and defensible in the international trade arena.

3. SPECIFIC SUBMISSIONS ON THE PROPOSED ANIMAL HEALTH ACT:

Should the Department proceed with the finalisation of the Regulations under the current Act, we submit the following specific comments for your urgent consideration.

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ITEM	REGULATION PROVISION	COMMENT / SUBMISSION
1.	**Animal Health Act 7 of 2002 (Act) & General**	We note that the Regulations are drafted to be made under an Act that is not yet in force. We seek confirmation that these Regulations will only be promulgated after the Act itself has been formally commenced. Furthermore, clarity is urgently required on the legal status of existing disease control measures, such as those recently published for Foot and Mouth Disease (FMD), once the Act and these new Regulations come into effect. A clear transitional plan is imperative to avoid a legal vacuum or regulatory conflict.
2.	**Regulation 4(1) and (2) – Application for export certificates**	A conflict exists between Regulation 4(1), which requires applications to be submitted to the "responsible state veterinarian," and Section 8(3)(a) of the Act, which appears to require submission to the National Executive Officer (NEO). This creates ambiguity. We submit that the current provincial submission pathway is more practical for exporting animals, genetic material, or trophies, and should be retained, with a clear process for coordination with the NEO. Additionally, the requirement for *original* documents from importing countries is impractical in the digital age. We submit that the regulation be amended to permit the submission of certified or electronic copies.
3.	**Regulation 10(1) and (4)(c) – Reporting of incidence of controlled animal diseases**	The obligation to report should be clarified to align with Section 17(1)(b)(ii) of the Act, which is triggered where an animal "can reasonably be suspected" of being infected. We submit that the Regulations should expressly state that the reporting duty arises upon a *reasonable suspicion*. It is further submitted that, to ensure the quality of reporting and prevent undue burden on state resources, the standard of "reasonable suspicion" should be linked to the assessment of a qualified person, such as a veterinarian or animal health technician.
4.	**Regulation 13(1) & (5) – Appeals**	The appeals process as drafted is unclear and potentially unworkable. Regulation 13(1) allows 90 working days to appeal an *omission* from the "date on which such decision was given or step taken." It is unclear how a date can be fixed for an omission (i.e., a failure to act). This timeline needs to be clarified. Furthermore, the submission process is confusing. Regulation 13(1) provides a choice of where to submit an appeal, yet Regulation 13(5)(c) appears to mandate a different recipient. The process should be streamlined and clarified to avoid procedural errors by appellants.

5.	**Regulation 17(1) & Table 2 – Application of controlled veterinary procedures**	Regulation 17(1) problematically extends control measures for animals to their *products* in a blanket manner. This is scientifically unsound and economically damaging. For example, Table 2 outlines control measures for live animals infected with FMD (e.g., isolation, disposal). Applying these same measures to a game trophy (e.g., skull and horns) from such an animal, which has been processed according to internationally accepted (WOAH) standards to render it safe, is irrational. The regulation must be amended to distinguish between live animals and their processed, safe products, aligning with a risk-based approach and international standards.
6.	**Regulation 18(1)(a), (e) and (f) – Isolation of animal or things**	The definition of "thing" in the Act includes "animal product." The strict wording of Regulation 18(1)(a) could be interpreted to mean that safe, certified genetic material (semen, embryos) collected from an animal in quarantine must remain isolated on the farm of origin indefinitely. This prevents the use of valuable genetics and halts breeding programmes unnecessarily. The regulation should be amended to recognise that products certified as safe through testing and processing do not require the same isolation as the live animal. Furthermore, Regulation 18(1)(f), which prevents a stockman or veterinarian caring for an infected animal from contacting its products, is unworkable. It should be amended to require effective disinfection of the person and their clothing, aligning with the principle for equipment in Regulation 18(1)(e).
7.	**Regulation 19(1) and (2) – Restrictions on the disposal of certain things**	These provisions impose an absolute prohibition on the use of products from infected or suspected animals, mandating their disposal. This "one-size-fits-all" approach prevents any form of risk-based salvage or value recovery and contradicts modern veterinary science. For example, the hide of an animal culled for disease control can often be rendered safe for trade through proper tanning. An animal testing positive for certain diseases may still be safely processed for non-human consumption (e.g., pet food). These regulations should be amended to allow for a risk assessment by the responsible state veterinarian to determine if certain products can be safely treated and utilised, thereby preventing unnecessary economic waste.
8.	**Regulation 26(1) – Restrictions on actions with animals and things[28(1)(g)(xiii), and (xiv)**	Stating that "No person other than a veterinarian…" will render initial diagnostics extremely difficult, specifically in the poultry industry because initial post mortem examinations are conducted by farmers and or/employees on the farms when diseases are suspected – concession for this industry needs to be granted.
9.	**Regulation 35 – Issue and use of certificates and declarations of health**	This regulation appears to create a standalone system for certifying freedom from disease, which may contradict established, risk-based guidelines of WOAH and existing national Control Measures for lifting quarantine after an outbreak. To avoid regulatory uncertainty and deadlocks, this regulation must be explicitly aligned with the provisions of any specific control measures and international standards that govern the declaration of freedom from disease post-outbreak.

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10.	**Regulation 35 2(a)(i) – Issue and use of certificates and declarations of health**	In large scale production systems it is not possible to test ALL individual animals for a health certificate. This needs to be amended to accommodate testing of representative samples of the population where it applies.
11.	**Regulation 39(1) – Applying essential national standards**	The Act and the Regulations make numerous critical references to "essential national standards" to be published by the NEO. To our knowledge, no such standards have been published. It is a fundamental principle of legal certainty that regulated parties must know the standards with which they are expected to comply. These standards are vital for the proper functioning of the entire Act and must be developed, consulted upon, and published before the Regulations can be fairly and effectively implemented.
12.	**Annexure 1 – Things defined as "infectious thing" or "contaminated thing"**	The definitions are overly broad and do not reflect a risk-based approach. Classifying "hides and skins" or "meat and any meat product" as "infectious things" fails to distinguish between high-risk raw materials and low-risk processed products (e.g., tanned leather, cooked meat). Similarly, defining any "conveyance, housing or other facility" (such as an abattoir or game processing plant) that handled an infected animal as wholly "contaminated" is impractical and ignores internal biosecurity and processing controls that separate raw and finished products. These definitions must be refined to target actual sources of risk and align with modern processing realities.

Wildlife veterinarians have long faced the challenge of safely and effectively immobilising large, free-ranging animals using remote drug-delivery systems such as dart guns. This led to the adoption of potent opioids, most notably etorphine, followed by fentanyl analogues such as carfentanil and thiafentanil. Their exceptional potency allowed effective doses to be administered in very small dart volumes, making them particularly practical for wildlife capture operations.

Wildlife veterinarians face the following challenges with opioid immobilisation:

- **Respiratory depression:** Agents such as etorphine and thiafentanil strongly depress mu-opioid receptors in the brain, causing critical decreases in breathing rate, low blood oxygen levels (hypoxaemia), and high carbon dioxide levels.

4. CONCLUSION AND RECOMMENDATIONS:

We trust that these submissions clearly articulate our profound concerns. As we have argued, building a modern regulatory framework on the anachronistic foundation of the 2002 Act is an untenable position. It renders the current public consultation on the Regulations a largely academic exercise, as no set of rules can be truly effective when the primary law is not fit for purpose.

We are convinced that building this system on the foundation of the anachronistic Animal Health Act, 2002, is a flawed approach that will undermine our collective efforts.

We therefore make the following recommendation:

4.1 That the Department suspends the finalisation of the proposed Animal Health Regulations and convenes a collaborative forum of key stakeholders, including SAVA, RuVASA, and the Wildlife Group, to urgently review and modernise the Animal Health Act, 2002.

4.2 In the alternative, should the Department elect to proceed with the current Regulations, we strongly recommend that the specific amendments detailed in Part 3 of this submission are incorporated into the final Regulations to mitigate the most severe practical, scientific, and economic deficiencies.

Our organisations are committed to ensuring the health and welfare of South Africa's animals and the sustainability of the industries and ecosystems that depend on them. We offer our collective expertise to you and the Department and look forward to engaging further on these critical matters.



Yours Faithfully,

Dr. Ziyanda Qwalela
President of the South African Veterinary Association (SAVA)

Yarns – Part 3 of 10

by Jay Malherbe

A Near Disaster

Back in the 70's essentials like heart and respiratory monitors weren't the norm for most veterinary practices, especially ours, which was a bit more large animal orientated. The rural practices didn't even have gas anaesthetic machines.

From a small town nearby, a very small and skinny bulldog pup of about 3 months old was brought in with a history of persistent vomiting. It was, according to the owner, of very good breeding. Barium meal and X-ray showed that the pup had a rare condition called persistent right aortic arch.

This is a remnant of embryonic development: a ligament of tissue remains and causes a constriction around the oesophagus or gullet. As long as the pup is on milk or very soft food, all is good. As soon as it goes onto solids, the trouble starts. As this food gets trapped, it can't go further down, and is all vomited back up, and the pup is starving.

Corrective surgery isn't particularly difficult, but it does entail opening the chest to operate on the ligament near the base of the heart, and for this one needs positive pressure anaesthesia. I needed an anaesthetist to run the anaesthesia whilst the chest was open, so my partner stepped in for this.

All seemed to be well. Surgery in the chest was smooth, and I was closing up, nearly done, when my anaesthetist told me, catastrophically: ' The dog has died.' In today's world there are respiratory and heart monitors that give reassuring beeps that all is well, but we had none of those. He was adamant the dog was dead.

I thought I would at least check that my surgery had been correct, so we took the pup outside to the post mortem table, proceeded to open the chest wound with the knife lying there. Just then one of our other partners arrived back from farm calls, looking over our shoulders, and wanted to know what was going on. 'Dog died under anaesthetic', I said. Just then the chest was exposed, and we all shouted: 'The heart's beating'. We rushed the pup back to theatre, put it on gas, cleaned it up, closed up. The pup went home a day or two later.

We next saw it about a year later; it had grown into one of the biggest Bulldogs I ever saw.

My partner's story was that his ears were still ringing from having been in the artillery during military duty, so he was a bit poor with a stethoscope!

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LOW OPIOID DOSAGES FOR WHITE RHINOCEROS

by Dr Hendrik Hanzen

- **Muscle rigidity and tremors:** Immobilisation often triggers severe muscle stiffness or tremors, requiring the co-administration of heavy tranquillisers or muscle relaxants.
- **Species variability:** Different animal species react unpredictably; for instance, wild antelopes such as impalas suffer much more severe respiratory compromise from standard opioid doses than blesboks.
- **Accidental human exposure:** Ultra-potent field drugs pose a fatal risk to the veterinary team via accidental needle sticks, splashes, or skin contact.
- **Cost:** Opioid capture operations are expensive.

Factors to consider when selecting an opioid:

- Physiological parameters must be optimal.
- Procedures to exercise must be appropriate for the anaesthesia.
- Reliable and repeatable anaesthesia.
- Safety for humans and animals. USE THE LEAST POTENT OPIOID.
- The drug must be affordable.
- The drug must be available.

The author prepares a white rhinoceros for oocyte flushing



Historically, the primary obstacle to the wider use of fentanyl in wildlife capture was not its efficacy, but the volume required to administer an effective dose. The limitations of remote drug-delivery systems meant that ultra-potent opioids remained the preferred option for many decades.

V-Tech has successfully compounded fentanyl at a concentration of 200 mg/ml, allowing effective doses to be delivered in dart volumes comparable to those traditionally associated with ultra-potent opioids.

This makes highly concentrated fentanyl suitable for practical wildlife-darting applications without the volume constraints that historically restricted its use.

When white rhinoceroses are immobilised with etorphine and azaperone, they develop tremors. These tremors are associated with the pathophysiological effects of the immobilising drugs.

The drugs cause the release of catecholamines, which cause hypoxaemia and acidaemia. Benzodiazepines and α2-agonists are commonly used during capture operations for their muscle-relaxant effects and to lower the opioid dose required.

The Rise of Derivatives

Soon after, Janssen Pharmaceutica synthesised carfentanil in 1972 (approximately 100 times more potent than fentanyl), which became the industry standard for chemical immobilisation of large wild mammals.

Another relative, thiafentanil, followed in the early 1990s for specialised wildlife capture.

The first priority is to stabilise an immobilised rhinoceros quickly, and the first five minutes after induction are particularly important. A patent airway is the most important consideration there is; additionally, the animal is breathing, blood oxygenation is adequate, there is adequate blood flow to the leg muscles, and body temperature is not excessively elevated.

Dr Morné de la Rey flushing oocytes from a white rhinoceros



High Opioid Dosages

- **Fast induction:** Causes the rhinoceros to go down quickly, which is critical in dangerous field captures or rough terrain. This can increase mortality and helicopter flying time.
- **Severe hypoxaemia leads** to dangerously low blood-oxygen levels (PaO_2) and poor gas exchange in the lungs. A rate of 6–12 breaths/min should be the aim, but slower breathing (4–6 breaths/min), if deep and regular, may be sufficient. A pulse oximeter is an essential tool for rhinoceros immobilisation; an SpO_2 greater than 80% is usually adequate for short procedures, with levels greater than 90% ideal.
- **High stress response:** Triggers a massive surge in the sympathetic nervous system, causing severe high blood pressure (hypertension) and a fast heart rate (tachycardia). Refer to the references consulted for more detailed information.
- **Increased muscle rigidity results** in intense muscle tremors and stiffness, raising the risk of capture myopathy (muscle damage from overexertion). Refer to the references consulted for more detailed information.

Low Opioid Dosages

- **Slower induction:** Takes longer for the animal to become recumbent, which can cause central nervous system excitement or dangerous, aimless running if not balanced with sedatives.
- **Less cardiorespiratory strain:** Produces milder changes in blood pressure and heart rate because it triggers a lower stress response.
- **Improved safety margin:** Lowers the immediate risk of severe, life-threatening respiratory depression, although supplemental oxygen and partial antagonists (like butorphanol) are still frequently required.
- **Required drug combinations:** Must be combined properly with heavy sedatives (such as medetomidine or midazolam) to achieve safe and effective immobilisation. Semen-rich fractions were recovered following electro-stimulation in 46 out of the 62 animals.

  Our findings suggest that etorphine-medetomidine-midazolam provides effective immobilisation with fewer side effects compared with previous reports in white rhinoceroses and is suitable for successful electro-ejaculation.
- The differences in the use of high- and low-opioid drugs in private practice are summarised in **Table 2**. The general principle is to use high-dose opioids in free-ranging conditions and low-dose opioids for procedures in bomas or small camp systems.

AGE & SEX	FENTANYL (mg)	MEDETOMIDINE (mg)	MIDAZOLAM (mg)
1–6 months	10	0.5	5
6–12 months	15	1	5
12–24 months	20	2	10
24–36 months	25	8	20
Sub-adult	30	10	25
Adult female	35	12	30
Adult male	40	14	40
Adult white rhino			
COMBO	**FENTANYL (mg)**	**MEDETOMIDINE (mg)**	**AZAPERONE (mg)**
Immobilisation	30	8	20
	TREXONIL	**YOHIMBINE/ ATIPAMAZOLE**	
Reversal	0.2 ml	1 ml	

Table 1: Low-opioid drug combinations for white rhinoceros

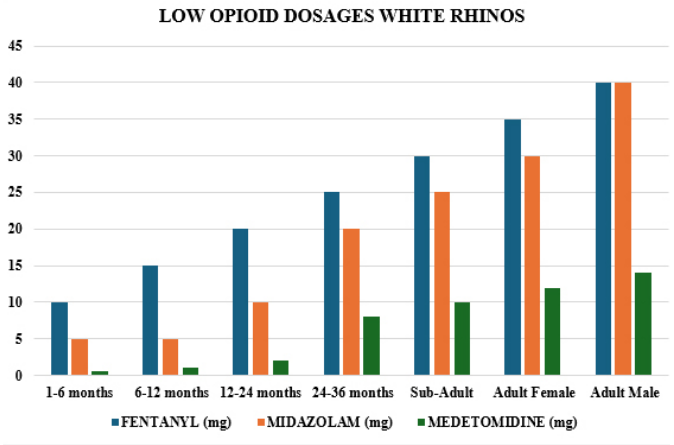


Figure 1: Low-opioid drug combinations for white rhinoceroses

PARAMETER	LOW DOSAGE	HIGH DOSAGE
Induction time	Quicker	Slower
Hypoxaemia	+	+++
Muscle rigidity	+	+++
Stress response	+	+++
Safety margin	+	+++
Cardiorespiratory strain	+	+++
Management system	Intensive	Free-ranging
Financial implications	Less expensive	More expensive

Table 2: High- versus low-opioid dosages for white rhinoceros

Key: + low, ++ medium, +++ high

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Two pieces of correspondence were received by Vetnews this month, both on different uses of AI-generated content.

"I hope you are well. I am reaching out to give some honest feedback about the latest VetNews. I religiously read the VetNews every month, and I am always so impressed by the quality of the publication. I do, however, have strong feelings about the following matter.

I am very disappointed in the use of an AI-generated image for the cover of this month's publication, and I will give you a few reasons why:

Firstly, it just looks so unprofessional. There are so many mistakes and elements that simply do not make sense: the stethoscope behind the woman's neck, the horse looking out the clinic door, the coffee mug with two handles, to name just a few. Unfortunately, it comes across as if this publication just simply doesn't care about its work. (I realise this isn't necessarily true, but this is the message you are sending with the use of such images)

Secondly, there are some terrible ethical issues with using AI in this manner. Firstly, AI steals from human artists without any compensation when training their datasets. Every time we use AI for these kinds of artistic purposes, we send a clear message that humans don't matter. Surely this is not the message our profession wants to send out? It is also a very ironic thing for a publication that just recently celebrated a veterinarian who does incredible photography. This is very close to a direct insult to our veterinarians who have talents in other fields.

I understand that budget may be a concern, but I am very sure that there are many veterinarians who would be very willing to share photographs for VetNews to use at little or no cost if you simply asked.

The other major concern is the devastating impact that AI has on the environment. I encourage you to do some reading about it - it is the kind of thing that should make our hair stand on end. The VetNews shares many publications about the impact of the environment on animals, and as veterinarians, we teach about One Health all the time. This use of AI directly contradicts these values.

Thank you for taking the time to read this. I hope that you can understand why this is such a big deal not only to me, but to our entire profession. I am pleading with you to reconsider your use of AI in this manner, as it reflects very, very poorly on our profession."

This correspondence was ruminated on for a long time, nearly a month. Firstly, I am grateful for the members who read the Vetnews regularly. It is a bit of a one-way street as it is sent out to over 1700 members and the feedback is limited (read: nearly nothing).

Therefore, getting feedback, in itself, is great.

Let's address the front cover picture: the image was created specifically to reflect the issues raised and addressed in the main article. August being Women's Month, the aim was to highlight specific challenges women have in the Veterinary field. Not only was the aim to peruse South Africa, but also to compare it internationally. To depict this as a picture was challenging. Yes, I admit there are gross inaccuracies, but is it excusable in light of what the image was to portray?

Vetnews is very sensitive to the fact that human work cannot be replaced by Artificial Intelligence.

Personally, I think **Intelligence** may be very flattering to anything artificial and is not the correct term. Although machine learning is done, it always starts with human knowledge.

Machines can process volumes of data that a human is unable to. And yes, it is very obvious that algorithms are fed by questions or trends. But human intervention still leads the way. No matter how cleverly we teach the machines, human intelligence will always trump, but it can make our lives a lot easier.

Vetnews usually sources digital material from stock images and prefers real human-made images to anything AI-generated but will make sensible use of AI-generated content and images where it seems applicable.

I would love to hear from other members on what they thought of the cover page, as well as the content of the main article. The details Is available in the front of the magazine.

» » » »

"Ek is baie nuuskierig – mag jy sê wie het die hoofartikel ("leading article") in Augustus se VetNuus geskryf? Dit is verseker deur 'n vrou geskryf, maar hoekom is haar naam nie by die artikel geplaas nie? Sy takel nie in haar artikel die moontlike redes vir die huidige massiewe oorverteenwoordiging van dames by die jonger generasie veeartse nie (volgens die artikel >80% van studente innames tot veeartseny skole in die VSA is nou dames, 70-80% in die res van die Westerse wêreld). Daar kom by my praktyk baie manlike skoliere "job shadow", maar hulle is almal baie negatief oor hul kans om plek te kry by Onderstepoort, wat duidelik voorkeur gee aan die vroulike geslag met hulle huidige keuringstelsel. Iets moet tog iewers baie groot verkeerd wees as 80% van jou inname uit een geslag kom. Dalk kan iemand in 'n opvolg artikel die moontlike redes vir hierdie wanbalans bespreek (en tong in die kies, plaas die artikel in mannemaand, watter maand dit ook al mag wees!)."

The second correspondence came in Afrikaans from a vet I have conversations with often. The drift of the correspondence was that the main article did not address the overrepresentation of females amongst the younger veterinary core. Male scholars who shadow in his practice are negative about their chances of being accepted into Onderstepoort and that there is a visible bias towards females; apparently, 80% of accepted students are female. And it is suggested that a follow-up article be compiled to address the reason for this imbalance.

The article was sourced from the AI generator Claude. The question I put was the challenges pertaining to female veterinarians in the veterinary field of South Africa compared to other countries.

The August edition of Vetnews is always dedicated to women in the profession. We had interview articles with leading female veterinarians in previous years. The rest of the 11 months is not dedicated to a specific gender and addresses themes set out at the end of the year. In a previous year, men's health was specifically addressed in the month dedicated to the topic. Just because I am a woman, I don't think I am overly bias to the gender, or at least, I hope it is not portrayed like that.

But the topic of gender equality is a sensitive issue, and I experience that both sides of the gender coin have some or other opinion about the privileges of the other. Men and women are not created equal; there are visible and invisible differences. (I am not entering the argument of other genders, NOT AT ALL) In a follow-up conversation with this specific veterinarian, we spoke about the academic maturity differences between females and males.

An article published by ScienceDirect in February 2025 perused the issue of How important is girls' ***'Biological Head Start' in explaining gender differences in education and the labour market?"*** with the following highlights:

- Girls reach puberty earlier than boys.
- Gender differences in maturity explain part of the gender gap in school performance.
- The biological head start also explains part of later school outcomes and completed education in adulthood.
- The results suggest that a head start has long-lasting cumulative effects on learning.

After consulting many references, the Conclusion is, in short, the following:

We include several control variables in the estimations to control for factors that are correlated with puberty, educational attainment and labour market outcomes. We control for number of siblings, whether the child is the oldest child; birth cohort; age at interview; survey year and socioeconomic background, as measured by parents' level of education, income, unemployment, and marital status (included in the vector SES). We also control for school fixed effects. There may still be omitted variables, however, such as underlying health issues, which we have no information about in our data. We do not, however, claim that our results indicate pure causal effects on the part of puberty on education and/or labour market outcomes. Even though our results are descriptive in this sense, they show a robust correlation between gender differences in puberty and gender differences in outcomes, even after controlling for a large number of observable characteristics. This indicates that there is indeed a connection between the two. As our study is observational and not experimental, however, the size of the effect may differ from what we have observed in our study.

Taken together, the results indicate that girls' physical head start gives them an advantage in the schooling system from an early age. This advantage prevails long into adulthood, when maturity differences have ended, suggesting that the head start has long-lasting cumulative effects on learning. The results indicate that girls' head start contributes to their grades, educational attainment and earnings. We cannot disentangle the role of each of these factors for adult earnings, but the chain of impacts suggests that some of the impact of physical maturity on earnings is moderated by the superior educational attainment and performance of girls. Thus far, men still out-earn women in the labour market, and girls' head start contributes to moderating labour market inequalities. If education continues to increase in importance for labour market returns, the results imply that girls' biological advantage can contribute to closing the gender earnings gap in the future.

I think this article and the conversation we had beg to be investigated further. I cannot promise not to use AI to help me get the data together, but I will be sensitive to portraying the correct data and would like to compare it to international trends. Keep an eye out for this in future

The abovementioned article is definitely worth reading in full to also understand how and where the conclusion comes from.

Editor



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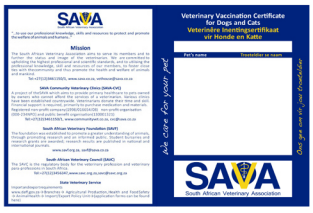
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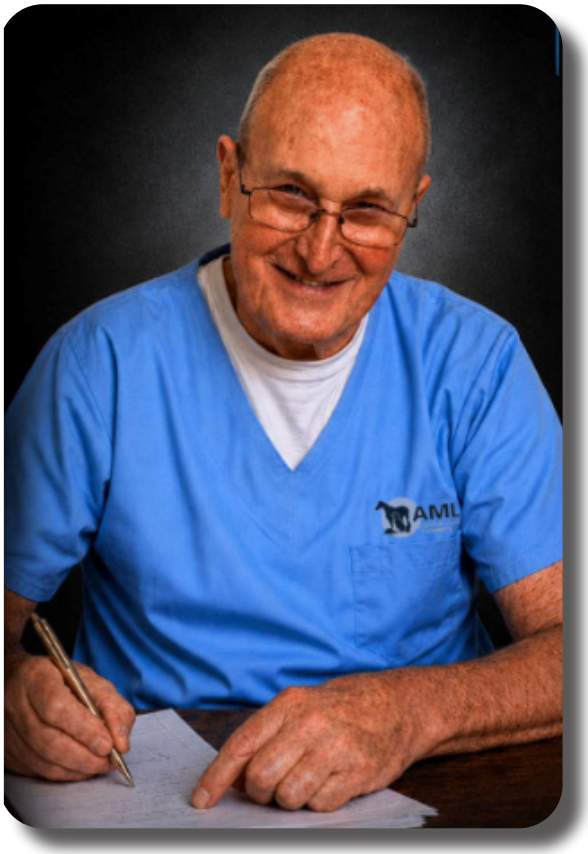
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In Memoriam

DR COLIN TREVOR SKINNER

06 March 1946 – 05 June 2026



Colin Skinner was born in Johannesburg and spent his earliest years there before the family moved to (then) Salisbury, Southern Rhodesia, for a year and then to Lusaka in what was still Northern Rhodesia for 5 years before returning to Salisbury, where Colin attended high school and matriculated from Churchill High School in 1963.

He received the prestigious Queen's Scout Award for his Scouting activities, awarded to elite scouts who completed rigorous standards in leadership, public service and outdoor survival skills.

He followed a BSc course at the Pietermaritzburg campus of Natal University and was admitted to the second-year BVSc at Onderstepoort, graduating in 1970.

After doing short-term locums in Carltonville, Wolmaransstad, and Cape Town, Colin sailed to Europe, where he spent time and did locums in Britain before departing for a brief sojourn in Canada, completing a 3-month assistantship in the Arctic winter before touring Canada and the USA.

In 1972, he returned to Rhodesia and worked as a Government Veterinary Officer for 9 years, stationed successively in Bulawayo, Gwanda, Rusape and Chiredzi, with a focus on trypanosomiasis control and later Foot and Mouth Disease. It was a time of civil war, and Colin was drafted into the Police Reserve, then a military appointment where he rose to the rank of Captain in the Grey's Scouts mounted infantry unit.

During this time, he did not have any military encounters as a combatant, but as a veterinary officer, he was ambushed twice, had his camp attacked by mortars, and his vehicles detonated 2 landmines.

He was very lucky to survive, and at the cessation of hostilities in 1980, he resigned from Government service to join the Park Lane veterinary practice in Salisbury, soon to be Harare. Colin continued in private practice and rose to be senior partner by 2000 before the partnership was dissolved.

While in Harare, Colin became an active and enthusiastic lifelong member of the Round Table RT23 and is mourned and fondly remembered by his fellow Round Tablers.

Colin returned to Chiredzi and attempted to start a private practice in 2000 but economic and political circumstances were unfavourable and in 2001, when a severe outbreak of Foot and Mouth Disease broke out in Britain, he took the opportunity to work in the UK as a temporary veterinary officer in Newcastle for 2½ years where, as he saw it, the FMD project was badly planned and executed.

He tried doing locums back in South Africa but returned to the UK, where locums were plentiful and well-paid, mainly in Cwmbran in Wales and Gillingham in Kent.

In 2008, Colin joined the corporate group Companion Care / Vets for Pets, buying his own practice that in time he eventually paid off and sold at a profit in 2021.

In 2022, he returned to South Africa to live in semi-retirement in Montagu in the Western Cape, giving his time and expertise to a small charity service called Animals Matter Langeberg for indigent animal owners until his retirement in 2025.

Colin suffered ill health for several years and died on 5 June 2026; his passing was mourned by his colleagues, his classmates and his many friends and clients in Montagu.

Gareth Bath

DR TAMRYN LEE HOWDEN (NÉE HILTON)

04 September 1995 – 04 July 2026



Tammy grew up on the East Rand, where she developed a lifelong dream of becoming a veterinarian. She completed her veterinary degree at the Faculty of Veterinary Science, University of Pretoria (Onderstepoort), graduating in 2021.

Following graduation, she completed her compulsory community service year in Welkom before joining Park Veterinary Hospital in Boksburg in March 2023.

At Park Veterinary Hospital, Tammy quickly became an integral member of the veterinary team. She worked in a busy companion animal practice while also treating a wide variety of wildlife and exotic species.

Her calm nature, thorough approach, and genuine compassion made her an exceptional clinician. Tammy was deeply committed to providing the highest standard of patient care and approached every case with dedication and empathy, whether it involved a routine consultation or a critically ill patient.

She formed lasting relationships with her clients, who trusted her clinical abilities and valued her kindness and sincerity. Her colleagues valued her willingness to help, her quiet determination, and her unwavering commitment to her profession.

She consistently placed her patients' welfare first and approached veterinary medicine with compassion, integrity, and professionalism.

Tammy's passing has left an immeasurable void at Park Veterinary Hospital and within the wider veterinary community.

Although her career was far too brief, the difference she made in the lives of her patients, clients, and colleagues will not be forgotten.

She leaves behind a legacy of kindness, professionalism, and wholehearted devotion to the profession she had dreamed of joining since childhood.

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Dr Mats Abatzidis

B.Sc. B.V.Sc.

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Author of the published book "Life outside your comfort zone. Better and beyond all expectations".
http://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Ddigital-text&field-keywords=Abatzidis
http://www.life-coach-directory.co.za/mats-abatzidis

Greetings, everyone, and I hope winter has been kind to everyone!

Let us face it: you did not spend years mastering veterinary medicine, enduring sleepless nights, and perfecting the art of wrangling grumpy Chihuahuas just because you loved balance sheets. You did it because you love animals. But lately, when you look at your bank account, it can feel like you are staring down an angry, 150-pound Mastiff that has not had its dinner.

Between inflation chewing on your margins, utility bills climbing faster than a scared cat up a curtain, and the autoclave choosing this exact week to retire, the financial squeeze is real. I have felt it before, many times, and I am still here to tell the stories!!

If you feel like your income is lagging behind your outgoings, take a deep breath. You are not failing; you are simply navigating a rough patch. Just like a tricky clinical case, financial stress can be diagnosed, managed, and treated.

Here is a simple, light-hearted triage plan to help get your practice's financial vitals back into the healthy green zone.

1. Perform an "Expense Triage" (Without Panic!)

When we worry about money, our brains tend to catastrophize (think of the worst-case scenario first). We start thinking we need to sell the building or live on instant noodles. Instead, let us look at the data.

Set aside just one hour this week to look at your bank statements. We are not looking to punish ourselves; we are looking for the "silent leakers." Cancel all **parasitic subscriptions** you are no longer utilizing. I had many of those. Made a massive difference for me.

The **Utility Creep**: Sometimes a quick call to your service providers to say, "I'm reviewing my options," can magically shave 15% off your internet or insurance rates.

Think of this as a routine dental scaling for your bank account—scraping away the unnecessary plaque so the healthy teeth can shine.

2. Give Your Fees a Gentle Health Check

Many veterinarians suffer from a severe case of "**Empathy Guilt.**" You know how hard your clients work, so you swallow price increases and undercharge for your time.

But here is the **coaching truth**: You cannot pour from an empty syringe. If your clinic goes under, who will care for those pets?

Raising your prices does not make you greedy; it keeps your doors open, pets healthy, and your staff employed.

Check your fee guide: When was the last time you adjusted your consultation or surgical fees? If it was more than a year ago, inflation has effectively given you a pay cut.

Stop giving away "invisible" services: If a 15-minute recheck or a quick phone consultation is free of charge, you are donating your professional expertise. Start charging a nominal fee for these. Your knowledge is highly specialized—it deserves to be valued!

The most valuable asset you have is your time as an expert in your field, and when we give that away, we are underutilizing the most powerful asset we have!!

Hypothetically, would you rather earn R200 for 10 minutes of your time giving veterinary advice or R20/nothing?

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3. Put Your Inventory on a Sensible Diet

Walk into your pharmacy. Is there a dusty bottle of a niche drug or three boxes of specialized bandages that you have not touched in nine months? That is not just stock; that is cash sitting on a shelf, slowly expiring.

Embrace Just-In-Time ordering: It is tempting to buy in bulk to get a discount, but if that stock sits there for six months, it hurts your immediate cash flow. Ideally, most products ordered should be sold or used and charged for as quickly as possible.

Partner up: Consider chatting with a neighbouring clinic to see if you can split bulk orders of expensive, rarely used drugs. It is a win-win for everyone's bank balance.

4. Set Up a "Rainy Day" Splint

When unexpected expenses hit—like a broken X-ray machine—it can feel like a sudden fracture to your business. Review your equipment history and put safety nets in place for such events in advance.

Start a micro-savings habit. Set up an automatic transfer of just a tiny, comfortable percentage of your daily intake into a separate business savings account.

Even if it is just the value of two consultations a week, you will not miss it daily, but in six months, you will have a comforting cushion waiting to catch you the next time a piece of equipment decides to throw a tantrum.

5. Do not Treat Yourself in Isolation

When animals are sick, they often hide in dark corners. As humans, we do the exact same thing when we are financially stressed. We isolate, feel ashamed, and try to carry the entire weight on our shoulders. You do not have to do this alone.

Talk to your team: You do not need to terrify them, but open the conversation. You might say, "We are focusing on reducing waste this month. Any ideas on how we can save on consumables?" **You will be amazed at how creative and supportive your team can be**.

Reach out for support: Talk to a financial advisor, a mentor, or a coach. Having an objective, non-judgmental outside perspective can strip the emotion away from the numbers and give you a clear, calm path forward.

The Prognosis is Good!

Remember why you started this journey. Your compassion, your skill, and your dedication are invaluable assets. Financial tight spots are just temporary detours, not the end of the road.

By taking small, bite-sized steps to look after your practice's financial health, you are ultimately looking after yourself, your team, and the patients who rely on your healing hands. Scrub up, take a deep breath, and let us get those financial vitals pointing up!

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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The acutely painful dog with trismus: A practical diagnostic approach

Drs Mareli van de Wetering, Michael Ferreira and Prof Gerhard Steenkamp

Trismus, or restricted opening of the mouth, is an important clinical sign in dogs and may be associated with disease affecting several anatomical structures within the maxillofacial region. Although the term is often used to describe an inability to open the mouth, it is useful clinically to distinguish between true mechanical restriction of mandibular movement and pain-associated reluctance to open the mouth.

Potential sites of pathology include the oral and oropharyngeal tissues, muscles of mastication, temporomandibular joints (TMJs), retrobulbar space, and adjacent osseous structures. Three cases of acute painful trismus are used in this article to illustrate the diagnostic challenge: a masseter muscle abscess, a caudal oral foreign body, and an abscess behind the globe with retrobulbar cellulitis.

1. History: acute versus chronic

The onset and progression of clinical signs are important when prioritising differential diagnoses. An acute onset of painful trismus should raise suspicion for inflammatory, infectious, or traumatic disease, whereas progressive restriction over weeks to months may increase suspicion for neoplasia, chronic TMJ disease, ankylosis, or chronic masticatory muscle disease.

A thorough history should establish the onset and progression of signs, possible trauma, chewing of sticks or bones, access to foreign material, and changes in eating behaviour or changes in barking and yawning. Dysphagia, gagging, or hypersalivation may suggest oral or pharyngeal involvement, whereas concurrent ocular signs may direct attention towards the retrobulbar region.

Importantly, an apparently recent presentation does not always indicate acute disease. Dogs may compensate for gradually decreasing mandibular movement, and owners may only recognise the problem once the restriction becomes severe.

2. Clinical examination

Clinical examination should aim to determine whether mandibular movement is limited predominantly by pain or mechanical restriction and to localise the affected anatomical region.

Assess the head for facial symmetry and palpate the temporal and masseter muscles, zygomatic arches, mandibular rami, and TMJs for swelling, atrophy, or pain. The ocular examination is equally important: exophthalmos, third-eyelid protrusion, or pain on retropulsion of the globe may indicate retrobulbar pathology.

Where tolerated, gently assess mandibular movement and the degree of restriction. Forceful opening of the mouth should be avoided, particularly where trauma, TMJ disease, or mechanical obstruction is suspected. The oral examination may be severely limited in a dog with painful trismus. In particular, the caudal oral cavity and oropharyngeal region can be difficult or impossible to visualise adequately.

A normal or unrewarding conscious oral examination therefore does not exclude significant pathology. Foreign bodies, small penetrating wounds, and deeper inflammatory lesions may remain completely concealed.

3. Examination under general anaesthesia

When pain or restricted movement prevents an adequate examination, general anaesthesia may be necessary. This allows systematic inspection and palpation of the oral cavity, particularly the caudal oral cavity, oropharynx, tongue, and sublingual tissues. The degree of mandibular movement can also be reassessed once voluntary guarding has been eliminated. Persistent restriction under general anaesthesia is more suggestive of a true mechanical limitation.

Severe or complete trismus creates an additional anaesthetic challenge. If the mouth cannot be opened sufficiently for conventional orotracheal intubation, airway management must be planned before induction.

Alternative methods of securing the airway may be required. In patients in whom safe endotracheal intubation cannot be achieved through the oral cavity, a temporary tracheostomy tube may be necessary to provide a secure airway for diagnostic imaging, examination, and treatment.

4. Differential diagnoses in the acutely painful dog with trismus

The following differential diagnoses should be considered when dealing with a dog that presents with acute trismus.

a. Foreign bodies and penetrating injuries

Foreign bodies within the caudal oral cavity or oropharyngeal region may be difficult to identify during a conscious examination. Plant material, sticks and other sharp objects may penetrate the oral mucosa and extend into deeper tissues, while the visible mucosal lesion may be very small.

One of our recent patients presented with acute painful trismus as a result of a foreign body lodged within the caudal oral cavity (Fig. 1).

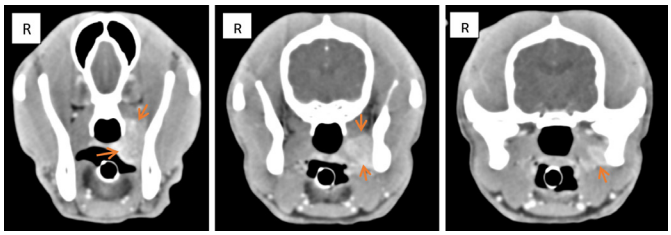


Figure 1. Transverse computed tomographic images of the laryngeal region, from rostral to caudal, show a focal, fairly well-defined, irregularly shaped, moderately sized, moderately contrast-enhancing lesion within the left pterygoid medialis muscle. This lesion is most consistent with a laryngeal stick injury

b. Abscessation of the muscles of mastication

Abscessation involving the muscles of mastication may develop following penetrating trauma, migration of foreign material, or extension of infection from adjacent tissues. External swelling may be subtle or absent, particularly with deeper lesions. Often, advanced imaging is required to make the diagnosis (Fig. 2).

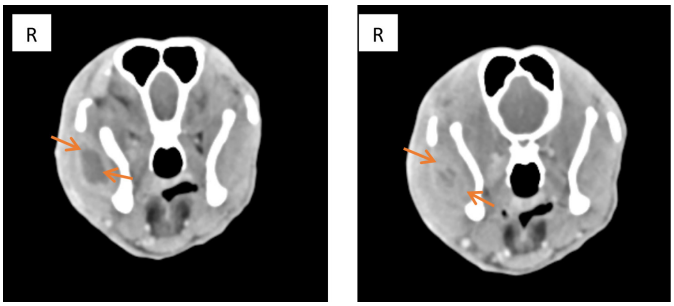


Figure 2. Transverse computed tomographic images demonstrate a focal, markedly hypoattenuating lesion with strong contrast rim enhancement within the right masseter muscle. This lesion is consistent with a focal abscess within the muscle, indicated by the orange arrows. Noticeable asymmetry of the masseter muscle can also be appreciated on the images

c. Retrobulbar disease

Retrobulbar inflammation and abscessation are important causes of acute painful trismus because of the close anatomical relationship between the retrobulbar tissues and the mandibular ramus. As the mandible is opened, pressure is exerted on the eye by the coronoid process of the mandible through the mass ventral and caudal to the eye (Fig. 3&4). Exophthalmos, protrusion of the third eyelid, and pain on retropulsion of the globe may assist localisation, although these signs are not always prominent.

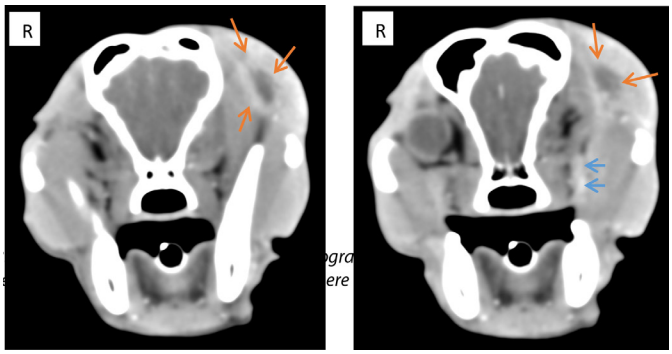


Figure 3. Post-contrast, transverse computed tomographic images at the caudal ocular level. Within the dorsolateral aspect of the left temporalis muscle, there is a focal, relatively large, ill-defined, irregular, hypoattenuating lesion with moderate contrast rim enhancement along with moderate swelling of the muscle (orange arrows). Additionally, there is a medioventral-oriented contrast-enhanced tract extending into the retrobulbar space from the aforementioned focal temporalis lesion (blue arrows). This lesion demonstrates a temporalis muscle abscess with associated inflammatory changes.

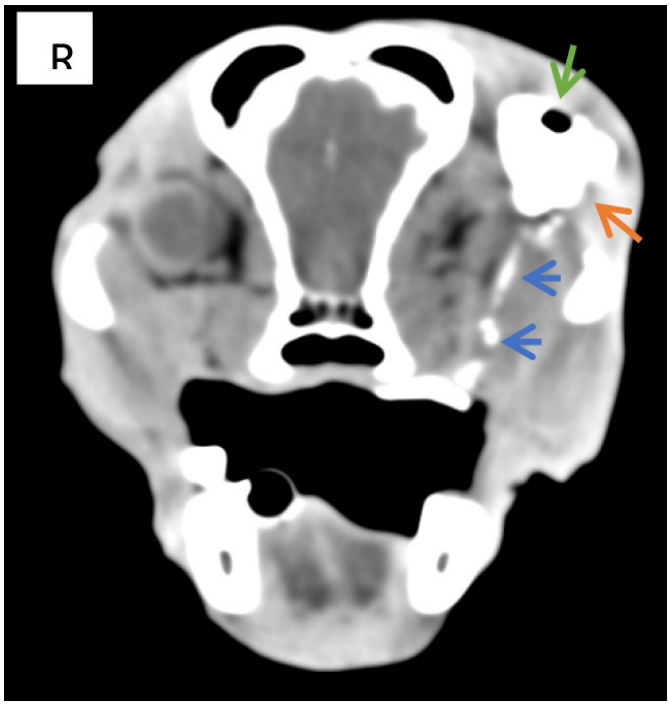


Figure 4. Transverse, retrograde, post-fistulogram computed tomographic image at the level of the last molar tooth. A tract of contrast agent (blue arrows) is appreciated extending from the palatal aspect of the 210, in a dorsolateral orientation through the retrobulbar space and ending at the temporalis lesion shown in Figure 3. This lesion has strong homogeneous contrast filling (orange arrow) as well as an incidental iatrogenic introduced gas bubble (green arrow).

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d. Temporomandibular joint disease and trauma

Acute TMJ pathology must always be considered, especially following trauma. Temporomandibular joint luxation, intra-articular fracture or fractures involving adjacent structures, as well as septic or inflammatory arthritis may result in painful opening of the mouth (Fig. 5).

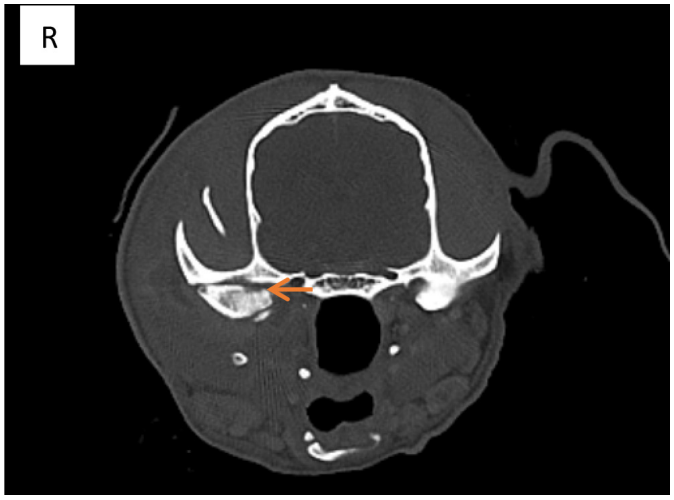


Figure 5. Transverse computed tomography images depicting a lytic area (orange arrow) on the surface of the right condylar process, indicating either a septic arthritis or a degenerative joint disease in the TMJ

e. Masticatory muscle myositis

Masticatory muscle myositis (MMM) may present with painful restriction of mouth opening during the acute inflammatory phase, often accompanied by swelling of the muscles.

With progression to chronic disease, muscle atrophy and fibrosis may result in severe restriction of mandibular movement.

5. Advanced imaging?

The complex anatomy of the maxillofacial region makes CT particularly valuable in patients with trismus.

It provides cross-sectional assessment of the oral cavity, muscles of mastication, TMJs, retrobulbar tissues and surrounding osseous structures, and is especially useful when the lesion cannot be localised clinically or deep soft-tissue pathology is suspected.

When inflammatory, infectious, or neoplastic soft-tissue disease is suspected, intravenous contrast administration is an important component of the CT examination.

Contrast improves delineation of abnormal soft tissues and may assist in identifying abscess formation, defining the extent of inflammatory disease, and characterising neoplastic lesions.

CT findings should be interpreted together with the clinical examination and can subsequently guide aspiration, biopsy, drainage or surgical exploration where indicated.

Ultrasonography is also a valuable adjunct to identify soft tissue lesions.

Acknowledgement

We thank Dr Dean De Kock of Valley Farm Animal Hospital for kindly providing the CT images of the masseter muscle abscess case for inclusion in this article.



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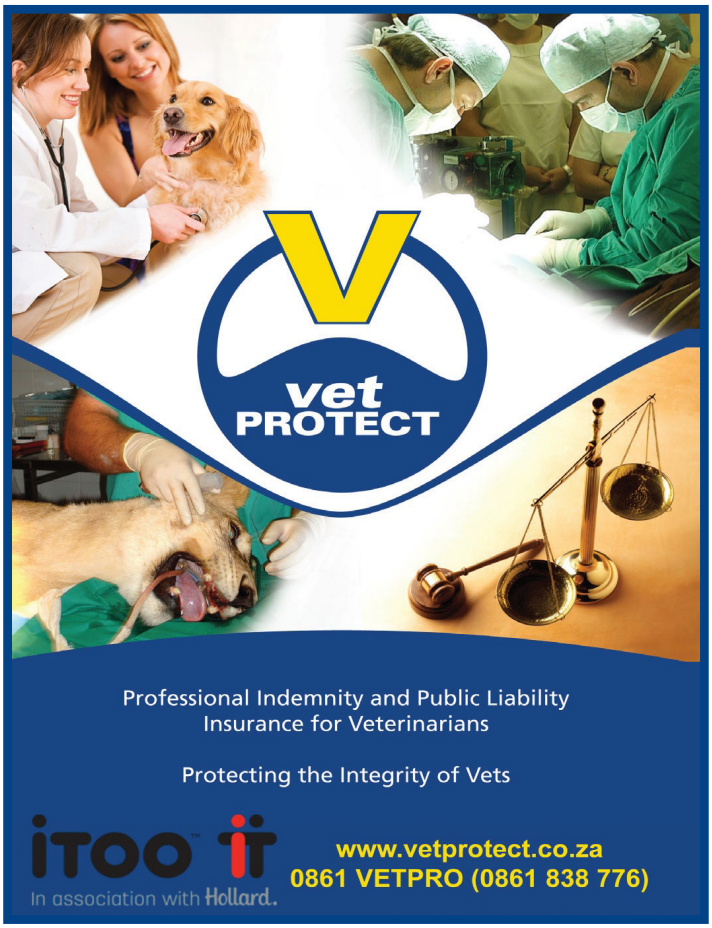
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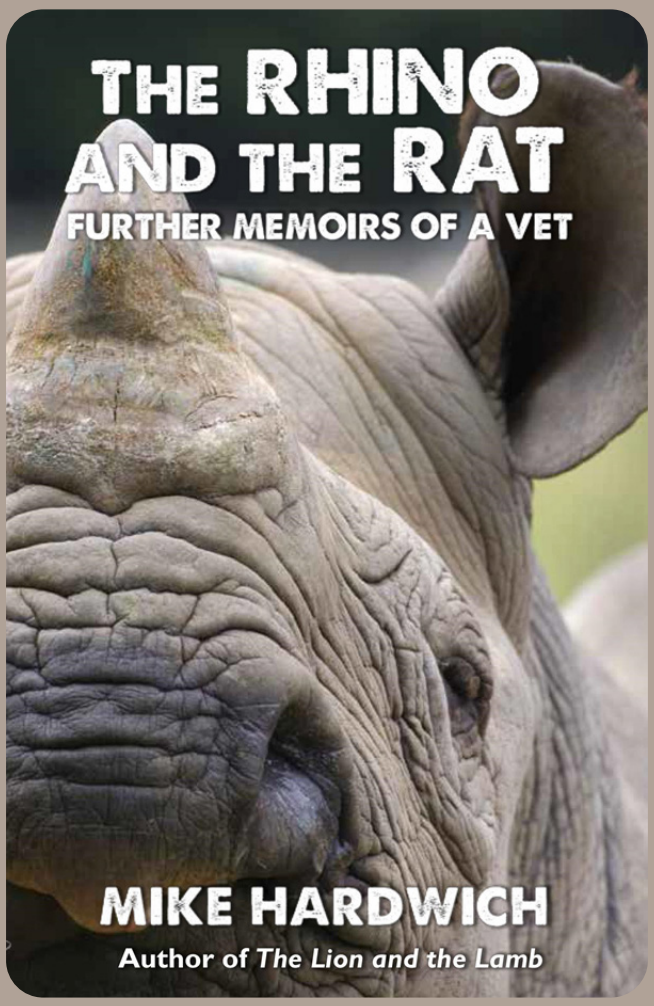
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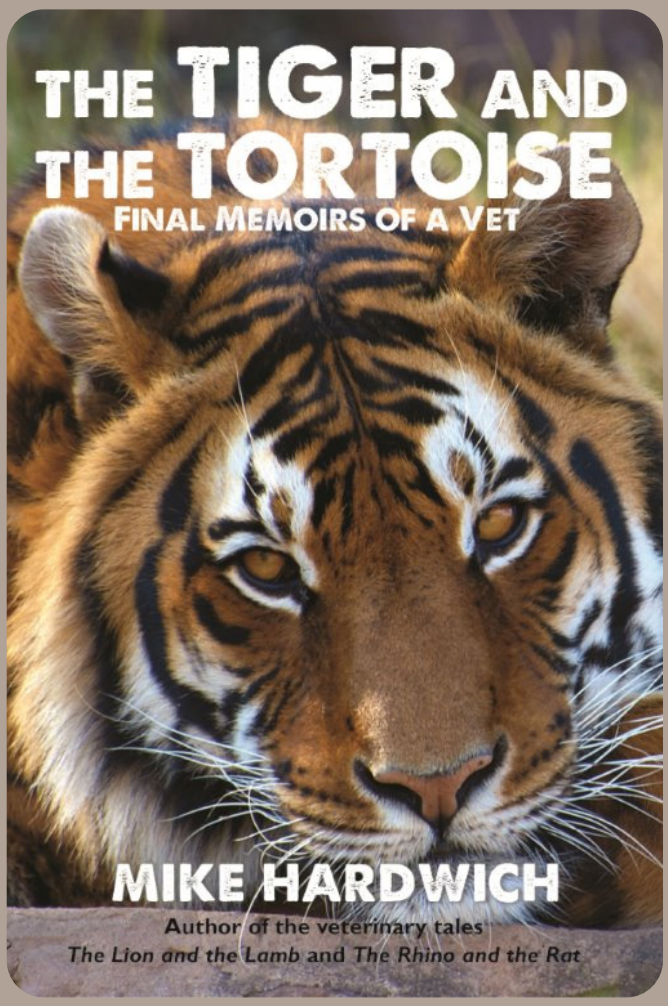
RADIATION ONCOLOGY

(Referral Practice)
Dr Georgina Crewe BVSc, MSc(Wits)
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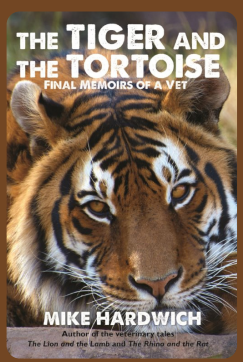




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