### **David Rendell**

- Hamilton based Sheep & Beef Cattle Vet Consultant since 1979
- BVSc MACVSc (sheep) MBA Cert IV Workplace Training
- International profile, delivered sheep presentations throughout Australia, Canada and NZ
- 1989 2001 Co- Manager of Bellwyn Past Co
- AVA rep on Ministerial Animal Welfare Advisory Cmte
- Deputy Chairman Vic OJD Advisory Cmte 2002-8





## Sheep MAP case study

- Closed flock apart since 1905
  - except last 50 years < 20 sires (from flocks that are currently MN2 or MN3)
- 1960 last lice incursion
- Completed double boundary fence soon after
- Nil footrot 90 years
- No water entry points
- Joined Sheep MAP in 1997



## Sheep MAP case study

- Tested negative in
  - 1997, 1999, 2001 (MN3), 2003 & 2005
- Jan 2007
  - 1 of 2 PFC positive
- Nov 2007
  - Negative Abattoir 700 test
  - Repeat PFC of same 50 sheep positive in Jan was negative
  - PM of skinny sheep clinical OJD confirmed
- only other of 24 Sheep OJD MAP clients who chose not vaccinate also tested positive in 2008



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# Google Animal Health Australia

#### Johne's Disease

/id home.cfmProvides information on the disease, the National Johne's ...

#### **About Us**

www.animalhealthaustralia.com.au/aboutus/About Us. Animal Health Australia - 'working together for animal ...

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#### **Publications**

www.animalhealthaustralia.com.au/publication s/Animal Health In Australia Current Archive. EADRA. AUSVETPLAN ...

# National notifications of five zoonotic infections in humans (2011)

Animal Health Surveillance — Volume 17 Issue 1: Table 20

• Brucellosis 26

Chlamydiosis 77

Leptospirosis 210

• Listeriosis 68

• Q fever 299

#### Abattoir Surveillance Data

- Only direct sales to abs
- Not some major abs
- Several years out of date
  - Clinical cases usually take 2-4 yrs to develop
  - Most surplus sheep are CFA (5.5 + Y-O)
- High false negative
  - 1. MAP case study previous slide
  - 2. Client sold 3000 + MA sheep direct to ab
    - 1428 were reported inspected all negative
    - I detected a clinical cases easily

# 2002 Dept Of Ag training session for vet accreditation to sell Gudair



Picking skin up prior to injecting recommended practice

Injection between ears

Lots of hands near the needle



## Vaccination workshop



Using dark red B12 readily stains wool if miss inject



### **Activity Sheet**

Age of sheep	Wool length			
Needle gauge	Needle length			
	No injected			
B12 wool st	tain at injection site			
Injection site:				
Ideal	2-3 cm below ear:			
Adequate	3–6 cm below ear:			
Not satisfactory	>6 cm below ear:			
Risk of injecting:	other hand	High	Med	Low
Any part of operator body		High	Med	Low
Operator injury risk (other than self inject)		High	Med	Low

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## Activity Sheet completed by a peer

Age of sheep $1-\gamma-0$ Wool length		3 M	onths
Needle gauge 189 Needle length	1/2"		
No injected	6		
B12 wool stain at injection site			
Injection site:  Ideal 2-3 cm below ear:	111		
Adequate 3–6 cm below ear:	//		
Not satisfactory >6 cm below ear:	1		
Risk of injecting: other hand	High	Med	Low
Any part of operator body		Med	Low
		1	444
Operator injury risk (other than self inject)  David Rendell AWI OJD inform Sydney 2012	<b>High</b> ation forum	Med	Low

## Pre Training results

- 20 80% of miss injection (i.e. red wool)
- Even though know they will be checked by their peers
- Increased risk with
  - Picking up skin with non preferred hand ~25% error
  - attempt to insert on an angle
  - Longer wool



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# OJD

- just do it (vaccine)
  - But store it & give it well

Keep the status quo



## Is Crohns Disease "The Elephant in the Room"

### JD & Crohns

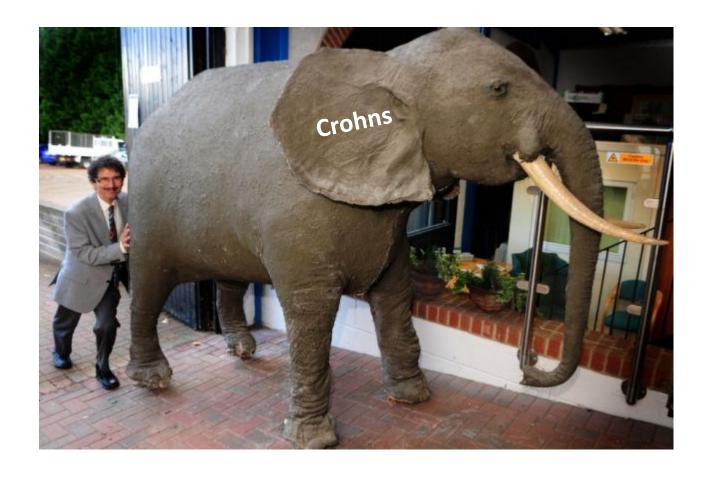
First commented on 100 years ago

"The histological characters and the naked eye appearance are similar" Dalziel in 1913 British Med J

The connection remains highly contentious

#### JD & Crohns

- Pathology similar but quite different
- JD bacteria easy to culture and see in sections in JD not Crohns
- Prevalence of Crohns same in WA & Vic until recently negligible JD in WA cattle or sheep
- Prospective parallel, placebo controlled, double blind, randomised trial of 2 years combination antibiotic treatment of active Crohns Disease and a year follow up produced no evidence of any sustained benefit Selby et al 2007



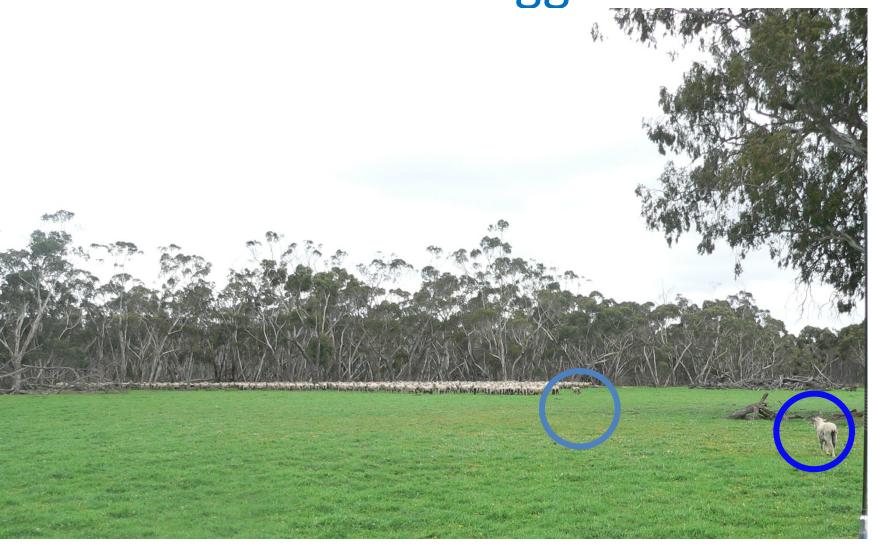
Or is it a man made elephant being pushed into the room

# Even with \$ & effort get JD prevalence down

- No evidence will work long term without ongoing vaccination
- No evidence will reduce Crohns Disease
  - Prevalence of Crohns same in WA & Vic

- ?? evidence of any market advantage
  - OJD endemic in all other major overseas markets

# OJD Straggler



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# OJD Straggler

