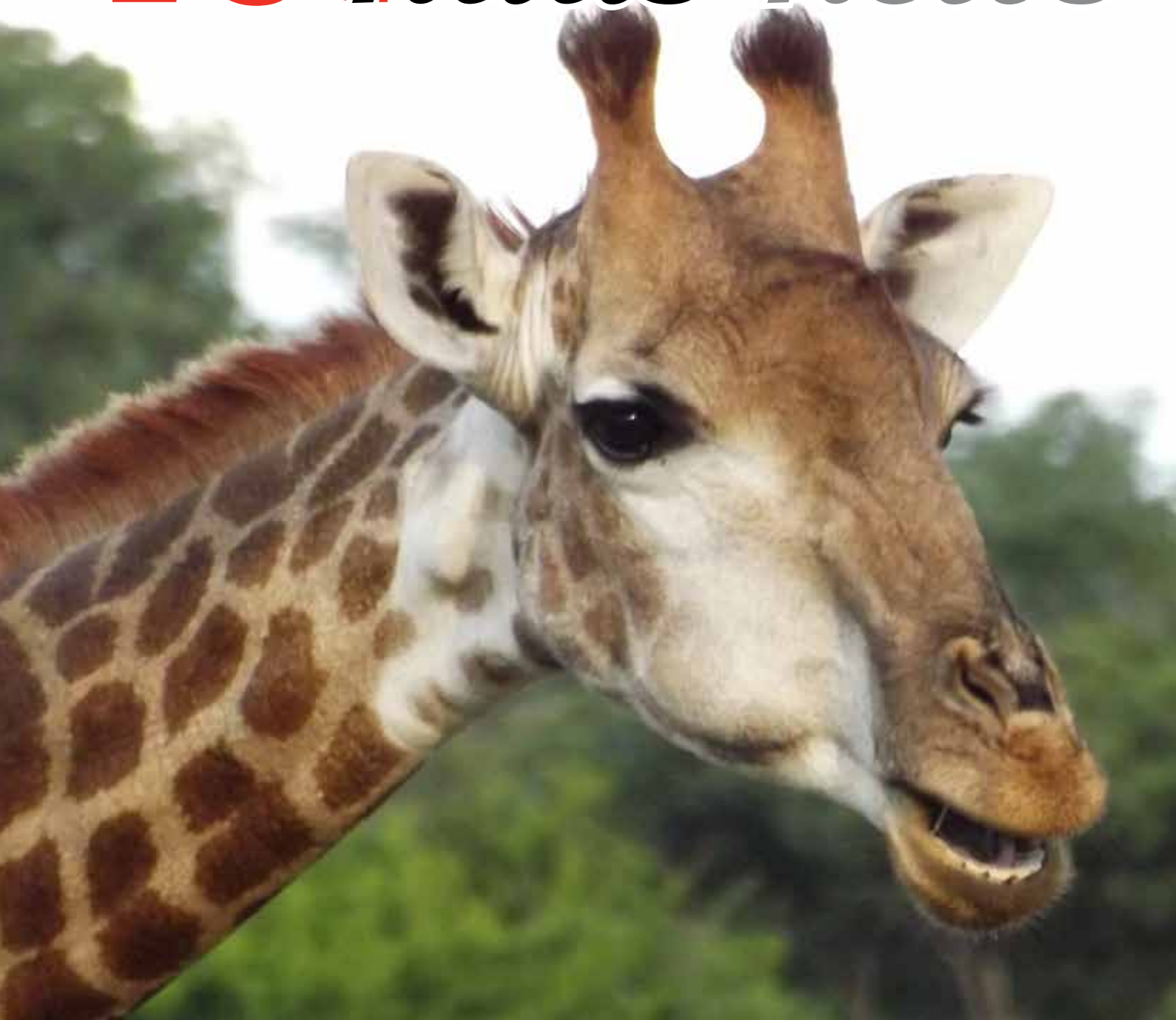


May/Mei 2017

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

vet *nuus* • *news*



FOCUS

Wildlife

CPD

Diagnostic approach to a liver case in the dog and cat

NEW generation fluoroquinolone

Marbocyl[®] 10%

- Superior results confirmed in the treatment of bovine respiratory disease
- Proven safety and higher cure rate in calves
- Fast acting with quicker cure rate
- Less resistance*
- Effective against: *Mycoplasma bovis*, *Mannheimia haemolytica*, *Haemophilus sp*, *Bordetella bronchiseptica*, *Escherichia coli*, *Salmonella typhimurium*, *Staphylococcus sp*

- **SHORT WITHDRAWAL PERIODS:**
MEAT: Cattle: 6 days - Pigs: 3 days MILK: 48 hours
- **DOSAGE AND ROUTE OF ADMINISTRATION:**
Low dosage: 1 ml / 50 kg IM, SC or IV



S4/MARBOCYL 10% Reg.No. 06/17.1.6/07. Each ml of solution contains 100mg marbofloxacin.
For full prescribing information refer to the approved package insert.
Full product information available from Afrivet Business Management (Pty)Ltd.
Registration holder and distributor: Afrivet Business Management (Pty) Ltd | Co.Reg. No. 2000/011263/07 P.O. Box 2009, Faerie Glen, 0043 R.S.A
Tel: +27 (0)12 817 9060 Web: www.afrivet.co.za Helpline: 0860 VEEARTS or 0860-833-2787 Manufactured by: Vetoquinol, Lure, Cedax France
* As proven by clinical resistance studies



vettnews • news

Contents | Inhoud

VetNuus is 'n vertroulike publikasie van die SAVV en mag nie sonder spesifieke geskrewe toestemming vooraf in die openbaar aangehaal word nie. Die tydskrif word aan lede verskaf met die verstandhouding dat nóg die redaksie, nóg die SAVV of sy ampsdraers enige regs aanspreeklikheid aanvaar ten opsigte van enige stelling, feit, advertensie of aanbeveling in hierdie tydskrif vervat.

VetNews is a confidential publication for the members of the SAVA and may not be quoted in public or otherwise without prior specific written permission to do so. This magazine is sent to members with the understanding that neither the editorial board nor the SAVA or its office bearers accept any liability whatsoever with regard to any statement, fact, advertisement or recommendation made in this magazine.

VetNews is published by the South African Veterinary Association

STREET ADDRESS

47 Gembok Avenue, Monument Park, Pretoria, 0181, South Africa

POSTAL ADDRESS

P O Box 25033, Monument Park, Pretoria, 0105, South Africa

TELEPHONE

+27 (0)12 346-1150/1

FAX

+27 (0)12 346 2929

WEB

www.sava.co.za

CHANGE OF ADDRESS

Please notify the SAVA by email: debbie@sava.co.za or letter: SAVA, P O Box 25033, Monument Park, Pretoria, 0105, South Africa

CLASSIFIED ADVERTISEMENTS

(Text to a maximum of 80 words)

Sonja van Rooyen
assistant@sava.co.za
+27 (0)12 346 1150/1

DISPLAY ADVERTISEMENTS

Sonja van Rooyen
assistant@sava.co.za
+27 (0)12 346 1150/1

DESIGN AND LAYOUT

Fréda van Wyk

PRINTED BY

UVO: +27 (0)12 423 9460

Articles | Artikels

- 5 It's time to stand tall for imperilled giraffes
- 11 Ethical business, good veterinary medicine – Part 4
- 14 POPI has arrived and no, I am not referring to your niece!

Congresses | Kongresse

- 38 Veterinary Management of African Wildlife Conference 2017

Bits & Bobs | Stukkies & Brokkies

- 8 How a dog's diet shapes its gut microbiome
- 9 Endangered African Penguins stuck in ecological trap due to overfishing
- 19 Dogs use deception to get treats
- 20 Komodo dragon blood may lead to new antibiotics
- 21 Faculty honours its PhD graduates in style at doctoral celebration event

Regulars | Gereeld

- 2 Van die President
- 3 From the President
- 4 Reflections from a Dam Wall
- 10 Obituary: Dr. HGJ Coetzee
- 18 From the Journal of the SAVA
- 19 In Memoriam
- 22 Influential Life Coaching
- 23 Too high?
- 24 Story: Iron Man Triathlon 2010
- 26 Eye column
- 27 Dermatology Quiz
- 29 SAVA News / SAVV Nuus
- 30 Posbus / Mailbox
- 32 Zoetis Animal Health Pages
- 44 Classifieds / Snuffeladvertensies
- 47 Diary / Dagboek
- 48 Life plus 17 with no parole



President: Dr Johan Marais
Managing Director: Mr Gert Steyn
Editor VetNews: Dr Paul van Dam
Bookkeeper: Ms Susan Heine
Secretary: Ms Elize Nicholas
Marketing and Communications: Ms Sonja van Rooyen
Membership Enquiries: Ms Debbie Breeze
Vaccination booklets: Ms Debbie Breeze
South African Veterinary Foundation: Ms Debbie Breeze
Community Veterinary Clinics: Ms Janet Willenberg
SAVETCON: Ms Petrie Vogel

president@sava.co.za
md@sava.co.za/ +27 (0)12 346 1150/1
vettnews@sava.co.za
accounts@sava.co.za/ +27 (0)12 346 1150/1
elize@sava.co.za/ +27 (0)12 346 1150/1
marketing@sava.co.za/ +27 (0)12 346 1150/1
debbie@sava.co.za/ +27 (0)12 346 1150/1
debbie@sava.co.za/ +27 (0)12 346 1150/1
savf@sava.co.za/ +27 (0)12 346 1150/1
cvc@sava.co.za/ 063 110 7559
petrie@savetcon.co.za/ +27 (0)12 346 0687



Johan Marais

Wat sal saak maak?

Hierdie maand wil ek 'n kort gedeelte deur die outeur Michael Josephson met jul deel, nadat ek (weereens) onlangs besef het dat ons lewe op aarde regtig maar kort is. Wat sal eendag saak maak? Wat sal 'n invloed hê, relevant wees, van betekenis wees, gewig dra, of van belang wees?

verwonge idee van wat regtig saak maak in die lewe...

"Of ons gereed is of nie, eendag kom alles tot 'n einde. Daar sal geen sonsopkoms meer wees nie, geen minute, geen ure, geen dae nie. Alles wat jy bymekaar gemaak het, of dit nou vir jou kosbaar is of nie, sal aan iemand anders behoort. Jou rykdom, jou roem, jou wêreldse mag sal verskrimp tot onbelangrikheid. Dit sal nie saak maak wat jy besit het nie of wat aan jou verskuldig is nie. Jou haat, griewe, frustrasies en jaloesies sal uiteindelik verdwyn.

Maar so sal jou hoop, ambisies, planne en moet-doen-lysië ook verval. Die winste en verliese wat eens so belangrik gelyk het, sal vervaag. Dit sal nie saak maak waar jy vandaan kom nie, of aan watter kant van die spoorlyn jy gebly het nie. Dit sal nie saak maak of jy beeldskoon of briljant was nie. Of jy 'n man of vrou is, en wat die kleur van jou vel is, sal onbelangrik wees.

So, wat sal saak maak? Hoe sal die waarde van jou dae gemeet word? Dit sal nie saak maak wat jy gekoop het nie, maar wat jy gebou het; nie wat jy het nie, maar wat jy gegee het.

Jou suksesse sal nie saak maak nie, maar wat jy vir die wêreld beteken het.

Dit sal nie saak maak wat jy geleer het nie, maar wat jy ander geleer het.

Elke daad van integriteit, medelye, moed of opoffering wat ander se lewens verryk, bemagtig of aangevoedig het om jou voorbeeld te volg, sal saak maak.


Jou bevoegdheid sal nie saak maak nie, maar jou karakter.

Dit sal nie saak maak hoeveel mense jy geken het nie, maar hoeveel mense jou vir altyd gaan mis wanneer jy weg is.

Jou herinneringe sal nie saak maak nie, maar wel die herinneringe aan jou wat bly voortleef in dié wat jou liefgehad het.

Dit sal saak maak hoe lank mense jou onthou, wie jou onthou en waarvoor jy onthou sal word.

Om 'n lewe te leef wat saak maak gebeur nie per ongeluk nie. Dis nie 'n kwessie van omstandighede nie, maar van keuse."

Kies om 'n lewe te leef wat saak maak. Nie jou suksesse nie, maar wat jy beteken het...! 

Johan Marais

Persoonlik dink dat veeartse, oor die algemeen, al bostaande tot 'n groot mate vervul omdat ons elke dag 'n verskil in mense se lewens maak. Maar ek praat uit ondervinding as ek sê dat dit party dae net nie so voel nie. Soms verloor jy 'n pasiënt, of is dit net onmoontlik om 'n kliënt tevrede te stel, al doen jy jou bes, of betaal kliënte nie hul rekening nie, nadat dit jou bloed, sweet en tranes gekos het om die werk te doen... Vertrou my egter as ek sê dat veeartse wel relevant is, gewig dra, saak maak en van betekenis is. Elke dag! Lees in elk geval die kort gedeelte wat hieronder volg, want soms het ons 'n

CREDO

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

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

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

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



What will matter?

This month, I want to share a short piece with you from the author Michael Josephson, after (once again) I recently realised that our life on this earth is quite short. What will one day matter? What will have a bearing, be relevant, be of significance, carry some weight, or be of importance?

Personally, I think veterinarians in general fulfil all the above to a large degree, as we make a difference in people's lives on a daily basis. I speak of experience, however, when I say many days it just does not feel like this. You lose a patient, a client is not happy even when you did your best, clients do not pay your bills after you put in blood, sweat and tears... Trust me on this one, we as veterinarians are of relevance, we carry weight, we matter and we are of significance. Every day!

Still, read the short piece below, because sometimes we have a warped idea of what really matters in life...

"Ready or not, some day it will all come to an end. There will be no more sunrises, no minutes, hours or days. All the things you collected, whether treasured or forgotten, will pass to someone else. Your wealth, fame and temporal power will shrivel to irrelevance. It will not matter what you owned or what you were owed. Your grudges, resentments, frustrations and jealousies will finally disappear.

So too, your hopes, ambitions, plans and to-do lists will expire. The wins

and losses that once seemed so important will fade away. It won't matter where you came from or what side of the tracks you lived on at the end. It won't matter whether you were beautiful or brilliant. Even your gender and skin colour will be irrelevant.

So, what will matter? How will the value of your days be measured?

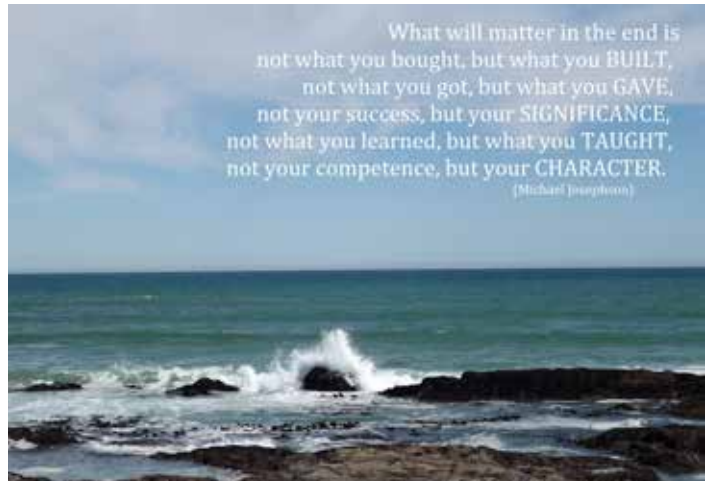
What will matter is not what you bought, but what you built, not what you got, but what you gave.

What will matter is not your success, but your significance.

What will matter is not what you learned, but what you taught.

What will matter is every act of integrity, compassion, courage, or sacrifice that enriched, empowered or encouraged others to emulate your example.

What will matter is not your



competence, but your character.

What will matter is not how many people you knew, but how many will feel a lasting loss when you're gone.

What will matter is not your memories, but the memories that live in those who loved you.

What will matter is how long you will be remembered, by whom and for what.

Living a life that matters doesn't happen by accident. It's not a matter of circumstance but of choice."

Choose to live a life that matters.

Not your success, but your significance...! **U**

Johan Marais

Build client loyalty
Donate to the Pet Memorial Fund

SOUTH AFRICAN VETERINARY FOUNDATION
JID-AFRIKAANSE VETERINERE STIGTING
www.savf.org.za

Donate R 45 per pet euthanised/died and have a letter written by the Foundation to tell the owner of your support.



Paul van Dam

Reflections from a Dam Wall

To me it is almost impossible to envisage a world without green zones, without wildlife, with large areas of barren soil, stripped of everything edible by man (either to feed himself or by mismanagement). No wildlife, all harvested, either for survival (of man) or greed. Like some movies, picturing a few survivors on earth after some sort of natural disaster that only left a scorched earth in its wake. When will the sun set on our natural environment for the last time? When will we wake up to ... nothing?


That we are heading there without any such natural disaster is a scary thought. In this issue, you will read about the plight of the giraffe – an animal that we still take for granted – with numbers reduced by approximately 35% during the past two decades. You will also read that, according to WWF, we are on track to lose two-thirds of all individual birds, mammals, reptiles, amphibians and fish by 2020 (this is based on calculations that animal populations plummeted by 58% between 1970 and 2012 – predicted to reach 67% by 2020). The endangered African penguin is under threat as a direct result of overfishing. Elsewhere I recently read that approximately 60% of the world's megafauna are classified as being threatened with extinction (according to the Nature Red List of threatened species). Megafauna include mammalian carnivores of 15kg or larger and herbivores of 1000kg or larger. Are we heading for a situation where wildlife will only survive if protected by well-trained, armed rangers ("soldiers"), as is the case with the mountain gorillas in Rwanda, Uganda and DRC? When God created man, He said, "Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the



ground" (Genesis 1:28). Some seem to interpret the "rule over" as "do with as you want, kill, destroy, force into extinction", and not as "manage". Even scarier is the fact that some of our colleagues are part of the problem... Some months ago, I asked that we should all look at our professionalism and ethics – so, do you manage and control your scheduled drugs according to regulations? Or do you provide farmers and lay people with some stock, "just in case"?

VetNews is your magazine. We really need your views, your opinions,

you input on the type of material you would like read. Please do not chuck the magazine in the dustbin, unopened, if you battle to find much of value – drop us an email with suggested improvements! We also need writings on your experiences, your stories (many veterinarians tell great stories – please write them too and share them with all of us!)

Have a great month! 

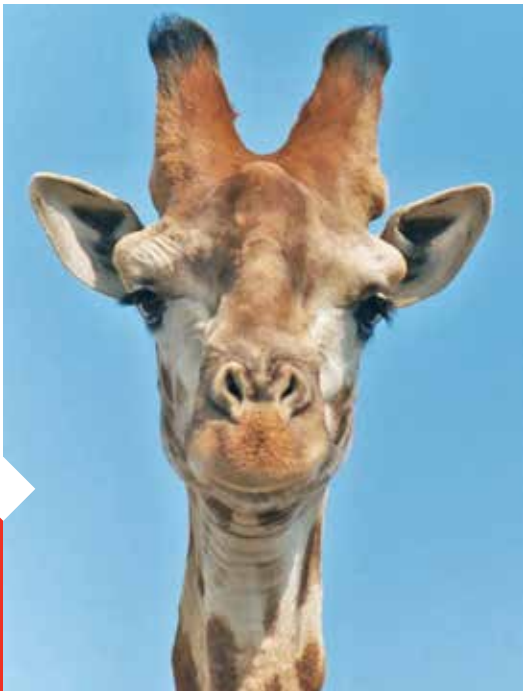
Regards

Paul van Dam

It's time to stand tall for imperilled giraffes

Bill Laurance, Distinguished Research Professor and Australian Laureate, James Cook University

Pardon the pun, but it's time to stick our necks out for giraffes. We have mistakenly taken the world's tallest mammal for granted, fretting far more about other animals such as rhinos, elephants and great apes.



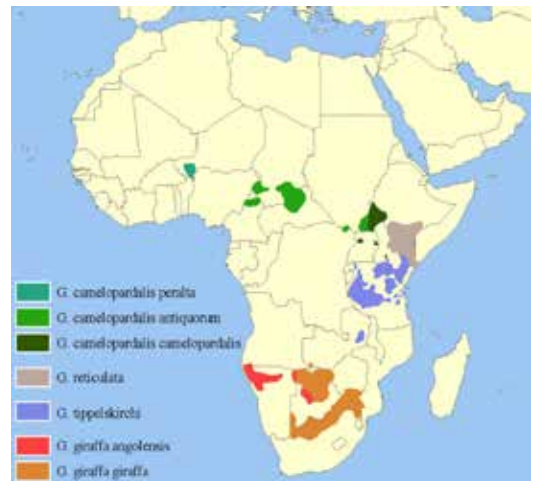
But now it seems that all is not well in giraffe-land, with reports emerging that they may be staring extinction in the face.

Why? For starters, thanks to modern molecular genetics, we have just realised that what we thought was one species of giraffe is in fact four, split into between seven and nine distinct subspecies. That's a lot more biodiversity to worry about.

Even more disturbing is the fact that giraffe populations are collapsing. Where once they roamed widely across Africa's savannas and woodlands, they

now occupy less than half of the real estate they did a century ago.

Where they still persist, giraffe populations are increasingly sparse and fragmented. Their total numbers have fallen by 40% in just the past two decades, and they have disappeared entirely from seven African countries. Among the most imperilled is the West African giraffe (*Giraffa camelopardalis peralta*), a subspecies now found only in Niger. It dwindled to just



The current distribution of seven subspecies

IUCN Red List confirms: Giraffe are under threat

The iconic giraffe, one of the world's most recognisable animals and the tallest land mammal, has moved from 'Least Concern' to 'Vulnerable' in the newly (end 2016) released International Union for Conservation of Nature (IUCN) Red List of Threatened Species. Widespread across southern and eastern Africa, with smaller isolated populations in west and central Africa, new population surveys estimate an overall 36-40% decline in the giraffe population from approximately 151 702 – 163 452 in 1985 to 97 562 in 2015. Of the nine currently recognised subspecies of giraffe, five have decreasing populations, whilst three are increasing and one is stable. This updated assessment of giraffe as a species was undertaken by the IUCN Species Survival Commission (SSC) Giraffe & Okapi Specialist Group (GOSG), hosted by Giraffe Conservation Foundation (GCF) and Zoological Society of London (ZSL).

Recent genetic-based research by GCF, Senckenberg Biodiversity and Climate Change Research Centre and other partners, suggests that there are four distinct species of giraffe instead of only one, however, the IUCN currently only recognises giraffe as one species. Should these new genetic findings be confirmed and become widely accepted, this would likely result in three of the four giraffe species being listed as under considerable threat on the IUCN Red List. Taxonomy is just one of many gaps that still exist in our overall understanding of giraffe and highlights that they are indeed Africa's forgotten megafauna.

(Source: <https://giraffeconservation.org/2016/12/08/iucnredlist-giraffe-vulnerable/>)



Giraffa camelopardalis peralta (Clémence Delmas, Wikimedia)

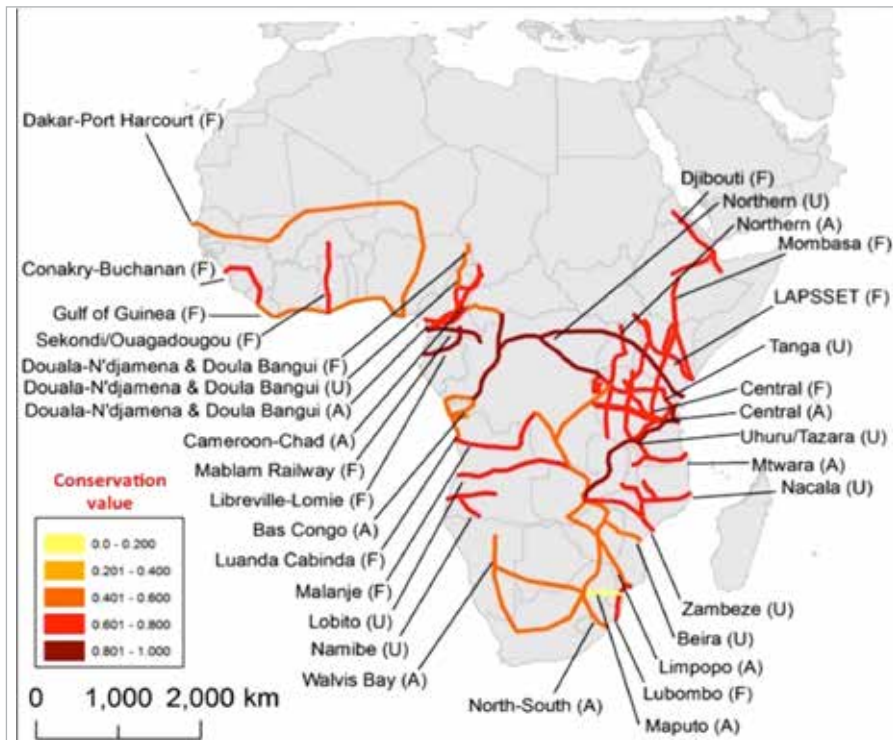
50 individuals in the 1990s, and was only saved by desperate last-ditch efforts from conservationists and the Niger government and now numbers around 400 individuals.

As a result of these sharp declines, the International Union for the Conservation

of Nature recently changed giraffes' overall conservation status from "Least Concern" to "Vulnerable". In biological terms, that's like a ship's pilot suddenly bellowing "iceberg dead ahead!"

Tall order

Why are giraffes declining so abruptly?



Proposed and ongoing 'development corridors' in sub-Saharan Africa, ranked by the relative conservation value of habitats likely to be affected by each corridor (Bill Laurance/Sean Sloan)

One reason is that they reproduce slowly, as might be expected of a big animal that formerly had to contend only with occasional attacks by lions, hyenas and tribal hunters, and as a result is not well adapted to our hostile modern world.

Giraffes today are being hit by much more than traditional enemies. According to the United Nations, Africa's population of 1.1 billion people is growing so fast that it could quadruple this century. These extra people are using lots more land for farming, livestock and burgeoning cities.

Beyond this, Africa has become a feeding ground for foreign corporations, especially big mining firms from China, Australia and elsewhere. To export bulk commodities such as iron, copper and aluminium ore, China in particular has gone on a frenzy of road, railway and port building.

Fuelled by a flood of foreign currency, Africa's infrastructure is booming. A total of 33 "development corridors" – centred around ambitious highway and rail networks – have been proposed or are under active construction. Our research shows that these projects would total more than 53,000km in length, crisscrossing the continent and opening up vast expanses of remote, biologically rich ecosystems to new development pressures.

Meanwhile, giraffes are struggling to cope with poachers armed with powerful automatic rifles rather than customary weapons such as spears. Giraffes are commonly killed merely for their tails, which are valued as a status symbol and dowry gift by some African cultures.

Time to act

For a group of species about which we had been largely complacent, the sudden shift to "vulnerable" status for giraffes is a red flag telling us it's time for action.

Giraffes' sweeping decline reflects a much wider trend in wildlife populations. A recent WWF report forecasts that we are on track to lose two-thirds of all individual birds, mammals, reptiles, amphibians and fish

Giraffes aren't dangerous but will soon be endangered

A drive through a well-managed protected area, such as Kruger National Park in South Africa, gives the impression that both elephants and giraffes are secure. You can sit at a waterhole and watch elephants cavorting in the water while a lone giraffe browses peacefully on the acacias nearby. In Zimbabwe's Hwange National Park I once saw 32 giraffes without even turning my head. It could be that this familiarity has blinded society to the decline of the species, in addition to a lack of well-publicised trafficking busts that occurs with elephant ivory or rhino horn.

But the rapid decline of giraffes isn't the only story – because in southern Africa, populations are increasing. A major reason for this increase has been the development of wildlife ranches and the reintroduction and protection of giraffes on those lands. There are significant numbers on wildlife ranches in South Africa, Botswana, Zimbabwe, and a recent study estimated that 23,000 giraffes occupy such lands in Namibia. Ironically, many of those ranches only developed because there was potential for deriving income from trophy hunting, including giraffes.

Elsewhere, though, other sub-species are faring far worse. The reticulated giraffe from Somalia, Kenya and Ethiopia has been reduced to just 5,000 individuals through illegal poaching and war.

The taxonomy of giraffes is currently being studied, and it may be that the dozen or so giraffe sub-species are elevated to distinct species, which would totally reform their conservation status assessments.

(Source: <https://theconversation.com/giraffes-arent-dangerous-but-they-will-soon-be-endangered-45737>)



Giraffa reticulata (Quartl, Wikimedia)

on Earth by 2020. Species in tropical nations are doing especially poorly.

What can we do? A critical first step is to help African nations develop their natural resources and economies in ways that don't decimate nature. This

is an urgent challenge that hinges on improving land-use planning, governance and protection of nature reserves and imperilled wildlife.

We can also use emerging technologies to help us. For example, it is now

possible to monitor illegal deforestation, road-building and other illicit activities virtually in real time, thanks to remarkable advances in satellites, drones, computing and crowdsourcing.

What's more, affordable automatic

Giraffes are being killed for their tails

Documentary filmmaker David Hamlin recalls the adrenaline rush when he was flying over the Democratic Republic of the Congo's Garamba National Park and spotted three giraffes standing in a small clearing. "Seeing these giraffes anywhere is really exciting," says Hamlin, who was on assignment for National Geographic. That's because Garamba is huge, sprawling over nearly 2,000 square miles (5,180 square kilometers) of mostly forested land, and it's a rare, lucky event to come across any of its 40 remaining giraffes.

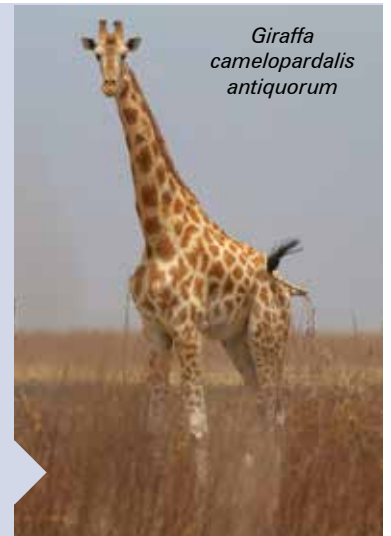
But Hamlin's exhilaration at seeing and photographing the giraffes didn't last long. Twelve hours later rangers reported hearing gunshots, and they later discovered three bullet-riddled giraffe carcasses rotting in the sun.

Garamba is Africa's second oldest national park and has been hit hard by poaching in recent years as civil unrest has escalated in the region. Its rhinos have been wiped out, and elephants have suffered huge losses. The same goes for its Kordofan giraffes, one of Africa's nine giraffe subspecies.

Fewer than 2,000 now roam central Africa, according to Julian Fennessy, co-director of the Giraffe Conservation Foundation, a Namibia-based organisation. Garamba's Kordofans represent the last population in the Democratic Republic of the Congo. "If the number slips in half, then we're in a real dire situation," Fennessy says. "Every single giraffe is valuable."

Congolese usually kill the giraffes for one body part: their tails, considered a status symbol in some communities. Men use the tail as a dowry to the bride's father if they want to ask for the hand of a bride. Meanwhile men from neighboring South Sudan target the giraffes for their meat to feed impoverished villagers. But the massive bodies (giraffes can grow to 5.5 metre and weigh up to 1 400 kg) of the three giraffes were intact – only the ends of their tails were missing.

(Source: <http://news.nationalgeographic.com/2016/08/wildlife-giraffes-garamba-national-park-poaching-tails/>)



Giraffa camelopardalis antiquorum

How a dog's diet shapes its gut microbiome

Studies of the gut microbiome have gone to the dogs -- and pets around the world could benefit as a result. In a paper published in *mBio*, researchers from Nestle Purina PetCare Company report that the ratio of proteins and carbohydrates in a canine's daily diet have a significant influence on the balance of microbes in its gut. The study may help identify new microbiology-inspired strategies for managing pet obesity, which is a growing problem.

Studies on animals are lacking, but human studies have connected microbial imbalance in the gut to a variety of conditions, including obesity, metabolic syndrome, cardiovascular disease, immune disorders, and liver and brain diseases. The researchers studied 32 Labrador Retrievers and 32 Beagles, with equal numbers of lean and overweight or obese dogs. During the first four weeks, all the dogs were fed the same baseline diet. During the second four weeks, half the dogs received a high-protein, low-carbohydrate diet; the other half received a high-carbohydrate, low-protein diet.

Faecal microbiome studies conducted after the first four weeks revealed few differences in the gut microbiomes of the dogs. Studies conducted after the second four weeks, after the dogs had eaten an experimental diet, showed dramatic changes in the microbiome. Dogs that ate a low-protein, high-carbohydrate diet had higher abundances of *Bacteroides uniformis* and *Clostridium butyricum*.

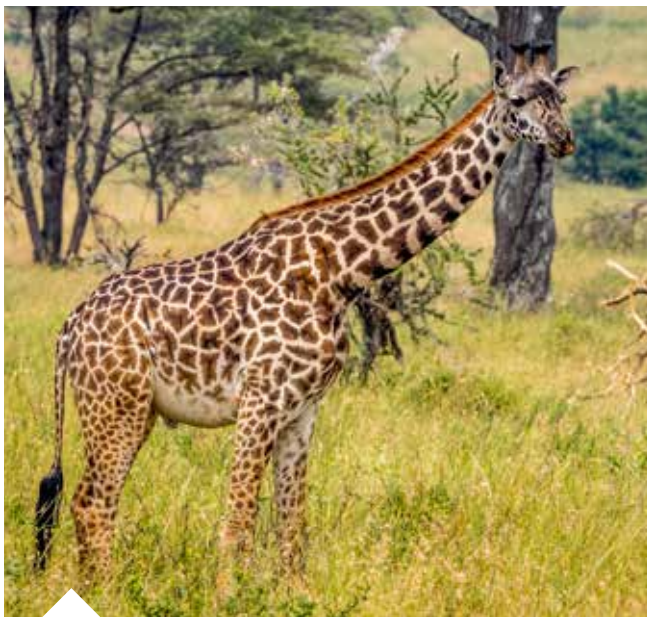
In dogs that ate a high-protein, low-carbohydrate diet, the researchers observed a decrease in the ratio of Bacteroidetes to Firmicutes bacteria, as well as enriched microbial gene networks associated with weight loss in humans. They also reported that abundances of *Clostridium hiranonis*, *Clostridium perfringens*, and *Ruminococcus gnavus* were more than double the abundances observed in the other experimental group. The effects of diet on the microbiome were more pronounced in obese and overweight dogs than in lean dogs, suggesting that obese dogs and overweight dogs are more susceptible to dietary intervention. A different diet for those animals may have a greater impact on the bacterial balance in their guts.

The study involved only two breeds; more studies on other breeds are needed in the future to confirm that the findings apply to other breeds as well.

(Source: www.sciencedaily.com/releases/2017/01/170124111352.htm). 



IT'S TIME TO STAND TALL FOR IMPERILLED GIRAFFES <<< 7



Giraffa tippelskirchi (Esin Üstün, Wikimedia)


cameras are being widely used to monitor the status of wildlife populations. These are particularly useful for giraffes, which have individual mottling patterns as distinctive as human fingerprints.

But all the technology in the world won't save wildlife if we don't address the fundamental drivers of Africa's plight: its booming population and

desperate needs for equitable social and sustainable development.

Ignoring these basic needs while tackling poaching and illegal road-building is akin to plugging the holes in a dam while ignoring the rising floodwaters that threaten to spill over its top.

We have to redouble our efforts, pushing for conservation and more sustainable societies all at once – plugging the holes while at the same time building the dam higher.

For the stately giraffe and the rest of Africa's declining wildlife, it's time for us to stand tall – or else wave goodbye. 

This article was originally published on **THE CONVERSATION**

<https://theconversation.com/its-time-to-stand-tall-for-imperilled-giraffes-70254>

Endangered African Penguins stuck in ecological trap due to overfishing

New research, published in *Current Biology*, indicates that juvenile African penguins are continuously foraging in areas of low food availability due to climate change and overfishing. The research conducted by an international group of scientists over the span of three years, highlights alarming results for the already endangered African penguin species, the only penguin endemic to the African continent.



The study was conducted between 2011 and 2013 by Dr Richard Sherley from the University of Exeter and a team of scientists from South Africa, Namibia and the United Kingdom. The research looked at the initial journey of 54 African penguin fledglings, including 14 rescued chicks that were hand-reared by the Southern African Foundation for the Conservation of Coastal Birds (SANCCOB). Penguins were tracked using satellite transmitters and researchers followed their movements for the first few weeks of their lives out at sea. The study revealed that the juvenile penguins used three main areas for finding food: Swakopmund in central Namibia, an area north of St Helena Bay along the West Coast of South Africa and a third area around Cape Agulhas on South Africa's south coast. Only birds from the Eastern Cape foraged east of Cape Agulhas whilst birds from the West Coast foraged north of Cape Town and into Namibian waters.

All three areas were historically rich in fish availability, including sardine and pilchards. Dr Katrin Ludynia, Research Manager at SANCCOB and co-author of the study explains, "Young penguins mistakenly select poor quality habitat because once useful cues, cold water and high primary production, remain intact in the face of underlying environmental change. One would expect to find abundant fish stocks in these areas but due to the combination of climate change and high fishing pressure over the past decade, fish is scarce along the West Coast." As a result, foraging penguins fall into, what is called, an ecological trap. The fact that there is not enough food available for juvenile penguins explains the low chances of surviving their first year at sea, observed previously in other studies.

Due to the rapid decline in population numbers, the African penguin was reclassified as endangered in 2010 and today, it is estimated that less than 2% of its historic population remain in the wild (less than 23 000 breeding pairs). Modelling exercises, presented in the current study, showed that with sufficient food in these areas, the African penguin population on the West Coast of South Africa would be twice the size as it is now. Through the Chick Bolstering Project (CBP), SANCCOB and its project partners rescue ill, injured and abandoned African penguin chicks and rehabilitate the birds at their two centres in Table View (Western Cape) and Cape St Francis (Eastern Cape). The project is recognised globally as one of the most successful conservation initiatives to reverse the decline of the endangered species. Since the project's inception in 2006, SANCCOB and its partners have successfully hand-reared and released more than 4 000 chicks back into the wild.

"This study shows that chicks hand-reared at SANCCOB behave in the same way as their counterparts in the wild", says Dr Katrin Ludynia. "Unfortunately, that also means that they face the same challenges in the wild once they are released. We are therefore working together with government and other conservation organisations to ensure the long-term survival of the species."

The study highlights that various conservation measures need to be implemented at various levels to save the endangered African penguin species. Apart from protecting critical breeding colonies and hand-rearing abandoned African penguin chicks, fish stocks must be better protected for these birds to survive their first years at sea.

(Source: *The Southern African Foundation for the Conservation of Coastal Birds (SANCCOB)*)



Customised veterinary medicines to effectively address your patient's requirements



V-Tech
Science, Solutions, Service

Service Centre: 0860 109 779
or pharmacist@v-tech.co.za

ISO 9001:2008
Accredited

IN MEMORIAM **Dr. Harm Gert Jacobus Coetzee**

11 November 1935 – 31 Maart 2017



Gebore en getoë op die plaas Vaalbank in die Bethulie-distrik van die Suid-Vrystaat matrikuleer Harm in die Hoërskool Pellisier aldaar in 1953. As veearts kwalifiseer hy in 1958 met onderskeidings in Patologie, Staats-Veterinêre Medisyne en Spesiale Higieë van vleis en melk. Dit bekwaam hom uitstekend om vir die volgende 13 jaar as Stadsveearts in die Bloemfonteinse munisipaliteit se Gesondheidsdepartement te dien. Behandeling van die diere in die plaaslike Dieretuin was deel van sy pligte.

In 1972 betree hy die akademie toe hy aangestel word as senior lektor in die Veekunde Departement van die Vrystaatse Universiteit se Landbou Fakulteit. Hier doseer hy anatomie, fisiologie en veesiektes en sien ook om na die uitgebreide proefplase se diere tot sy aftrede in 2001.

Ander werksaamhede tydens sy verblyf in Bloemfontein sluit in 20 jaar as amptelike veearts van die plaaslike perdewedrenklub en betrokkeheid in verskeie ampte op die komitee van die plaaslike tak van die SAVV. As tydverdryf het hy gereeld brug en rolbal gespeel

In Desember 1961 trou hy en Elsa Ferreira, 'n maatskaplike werkster en skoolsielkundige. Uit hulle huwelik van 55 jaar is 'n dogter en 2 seuns gebore en was hulle die trotse grootouers van 6 kleinkinders.

Na sy aftrede verhuis hulle na Mosselbaai en 12 jare later na 'n veiligheidskompleks in George. Hier word 'n ongeneesbare bloedarmoede by hom diagnoseer en word hy, met 'n uiters swak prognose, afhanklik van gereelde bloedseloortappings vir oorlewing. Die behandeling baat hom egter 2 lange jare grotendeels en dit was eers in die laaste klompie maande duidelik dat die kroniese siekwees sy tol begin eis en is hy op 31 Maart op ouderdom 81 in sy slaap oorlede. Elsa het hom met groot deernis en baie liefde enduit in hierdie moeilike tyd bygestaan en versorg.

Vir ons as klasmaats en vriende van hom sedert ons studentedae was sy standvastige en voorbeeldige christelike geloofslewe en al die goeie karaktertrekke wat daaruit voortspruit sy uitstaande kenmerk. As student was hy een van die weiniges wat gereeld Sondae eredienste bygewoon het en kon hy 3 baie beproewende familietragedies tydens sy lewe verwerk sonder dat sy geloof daardeur geskaad is. In sy lyding was hy steeds onbevange en rustig in die wete dat sy Skepper leef en volkome in beheer is en kon hy in vrede heengaan.

Ons sal hom baie mis en eer sy nagedagtenis as klasmaat, kollega en vriend. **V**

Neels en Ingrid Roos

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

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

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



- | | | |
|--------------------|--------------|---------------------------------|
| Ken Pettey | 082 882 7356 | ken.pettey@up.ac.za |
| Tod Collins | 083 350 1662 | collins@nudvet.co.za |
| Aileen Pypers | 072 599 8737 | aileen.vet@gmail.com |
| Willem Schultheiss | 082 323 7019 | willem.schultheiss@ceva.com |
| Nico Schutte | 023 626 3516 | doknico@tiscali.co.za |
| Ian Alleman | 072 558 4883 | accommodation@nieu-bethesda.com |
| Ellené Kleyn | 082 881 8661 | elly1@mweb.co.za |
| Mike Lowry | 084 581 2624 | mikelowry@sai.co.za |

Ethical business, good veterinary medicine – Part 4

Dr Anthony Zambelli

(This is the last of a short series of four articles on this topic. Previous articles were published in the February – April issues of VetNews. Serious food for thought! -Ed)

Generics vs Originator Products We know that the MCC and other regulatory provisions ensure generics are meant to be effective as originator products. With respect, I, however, am not a great fan of them, from a business point of view. For a simple reason – they reduce the net profit of a practice, making it harder to survive and prosper. Let's use an example of two equivalent products, call them O and G.

If you are going to convince a client their pet needs treatment X (being the active compound), and they agree, then they have agreed. Don't muddy the waters by putting the decision of O vs G in their hands – they will only ever make the cheapest choice and, in so doing, force your practice further from solvency, meaning you must make additional work out of thin air – or overcharge another client, to maintain the same net profit. Let's say tablet O is R9.50 a tab, and G (same active, "X") is R4.50. You mark both up 75% = O becomes R16.65 (profit R7.13) and G becomes R7.88 (profit R3.38). The difference is R 3.75 (profit). So, every time you sell 10 of active "X", you are throwing R37.50 profit away. If you get O/G in boxes of 100 tabs, and like us, sell a box a month, you are throwing away R4,500 net profit a year. Good luck finding that elsewhere. That means using that generic has essentially cost the average, 1.5 small animal practice 0.17% of its annual growth. That equates to having to suddenly find at least 50% of a month's salary for a receptionist, 1 month's salary for a handler, or trying to make it up by selling another 42 x 12kg bags of a premium dog food – over what you were doing already. Taking a more philosophical approach – a company that originates new products sits and thinks about the medical needs of the animal population and the medical profession. They get teams of original thinkers and innovators together to create new



products – a 5 – 15 year process involving hundreds of people – chemists, toxicologists, vets, production managers, marketers, and so forth – they pay for trials, and they discard 99% of the work (and money) invested. They market, support and educate us on their products. When we have an issue with a product, there is a vast army of support for us and our clients, and a huge array of company technical literature and expertise. The company is about making money – aren't most of us at some level – but they are primarily focussed on developing new drugs for our use. They are problem solvers. Generic producers are simply imitating a known formula and are therefore focussed around production and marketing. There is little or no problem-solving or ingenuity focussed around their products. The waters are a bit muddled when some companies produce a generic of an active but the rest of their products are originals, or vice versa – you must make up your own mind what will work for you, in your practice.

In general, however, if profit is a driver for some of your business decisions, then generics are bad for business, in my humble opinion. In a welfare organisation, or for individual patients, they may be life-saving. It all depends on the context. You should know yours.

The ethics of expectations regarding levels of medical care

[Acknowledgement: This is extensively paraphrased and contextualised to veterinary practice, from Chapters 73, 79 & 80 of the 6th edition of Holland and Frei's Cancer Medicine.]

Most patients and society in general, would like to think that the entire team



of doctors, nurses, and specialists are cooperatively involved in solving their medical problems. Clients have little awareness of turf battles, professional egos, personal animosities, or medical fads, but if they knew of their existence, they would have little tolerance for them. Vets of all disciplines and health professionals who interact with them are human beings, not unemotional automatons. Happily, the energies they squander in picayune or counterproductive activities are small compared to their constructive, positive efforts to seek improved (not just new) approaches to veterinary medical and surgical problems.

The keystone for a successful interdisciplinary management team is attitude: humility, tolerance, adaptability, and appreciation for alternative approaches. None of us is so skilled that he or she can be as expert in every discipline as a highly competent exponent of that particular speciality. No one is omniscient. We are, and must be, interdependent, so it is important to work with individuals who are trustworthy and friendly. More failures of interdisciplinary management teams seem to occur

>>> 12

because of personality conflicts than because of intellectual disagreements. In the heat of confrontational oratory, emotional preferences may win out over reasoned accord. Resorting to the literature should shed more light on a problem, not more heat. A selective literature survey can often be construed to support either side of an acrimonious dispute. Facts trump opinions.

In actual clinical practice, decisions are often implemented by the primary vet or specialist who first encounters the patient. A much better way is to work with trusted colleagues and consultants whose opinions, where appropriate, are solicited before the first irreversible step is taken. Actions already taken can seldom be undone. A formal patient conference (never possible or necessary for every patient) serves the purpose of institutionalising a forum for discussion, thereby diminishing the impact of bias and prior anecdotal experience. A conference serves the additional function of allowing vets of several disciplines, viewpoints and skill levels to recognise individuals of other disciplines whose opinions and consultations appear to be the most learned and whose personalities are compatible.

A referral or pre-referral conference occasionally alters the primary vet's opinions and plans and, thus, the therapeutic approach for a specific patient. A conference may surface unfamiliar data, with references, that can change the course. The most important contribution of a conference, however, is the establishment of dialogue between vets and owners. This impacts on the future approach to similar clinical problems. Finances, medical aid (or not) and travel limitations undeniably intrude on this



concept, however. This may limit referrals to certain pet owners. This is also a reality of the pressures of economic constraints to spend less time with and on each patient for general practitioners who are volume-driven, unlike specialists.

A second veterinarian, often a specialist, whose encounter with the patient occurs after the first vet has already changed the disease and its clinicopathological footsteps and the patient itself, may rightly point out a better approach for the future. A specialist can better know and eventually better treat a patient who has been seen before definitive primary treatment rather than after. Using an example from my own field, a surgical specialist (and the patient) would be ill-treated if a patient were prepared for surgery by chemotherapy or radiation therapy without the surgeon having been given the opportunity to examine the tumour and the patient beforehand. In diseases where radiotherapy and chemotherapy both play a role, joint planning (including with the referring GP) is mandatory.

In the absence of absolute medical truths, there is much room for diverse opinions. Interdisciplinary veterinary medicine implies that each discipline performs a complementary function. The best analogy is to a symphony: each instrument is played harmoniously on the same score, rather than all on the same note, or each to a different tune. And as in a symphony's output of music, interdisciplinary veterinary practice requires belief in the probability that better outcomes will result, thus validating the extra commitment in time.

When discussing procedures or medical diagnoses, explanations should be as simple as possible. The standard for determining which risks to disclose varies from one jurisdiction to another. As a general rule, complications that are common should be disclosed regardless of severity, and risks that are serious or irreversible should be disclosed regardless of

frequency e.g. arrhythmias occurring within 48 hours of splenectomy or GDV, requiring round-the-clock ECG monitoring by qualified staff (NOT animal handlers!)

In considering whether to advise or pursue a course of treatment or surgery (or euthanasia) in a patient, consider that advances in medical science have given patients real chances to recover, sometimes only a small chance, but still a chance, in circumstances that used to be hopeless. When clients take their pet to the doctor with serious illnesses, they expect to have those chances that medical science has provided. When the vet gives inferior options, or pursues a lesser course of action, or a course of action for which he and his practice is not trained and equipped, then consequences are compensable by law, and possibly very damaging to one's reputation. I am constantly surprised by GPs who pursue reckless actions in their patients that they would not permit their own medical practitioners to do to them.

This leads me to believe that there is a hierarchy of care that has nothing to do with the client, the patient, or the diagnosis, but rather, the vet's inner paradigms and preconceptions. Does the vet see the patient as:

- **An object** – just another problem to deal with and move on to the next one;
- **A problem** – worthy of intellectual effort much like a puzzle, but not with feelings and sensations worthy of taking into account;
- **An animal** – a lesser organism deserving medical attention and intervention as dictated by the presenting complaint and reciprocated by medical actions; or
- **A patient** – for me, when a pet comes through my door, it is a patient whose only advocate for ideal medical care, is me, the veterinarian, and my team. With the client's input, I can take stock of the patient's complete medical needs and advise the client on the best actions, people (at my practice OR



elsewhere) and options that would deliver an **OPTIMAL OUTCOME FOR THAT PATIENT, IF IT COULD CHOOSE.**

It is my firm belief that every patient would choose the best treatment it could get, if that would deliver a better outcome. As an example of this, I am constantly surprised, 4 years into the Atopica/Cortavance era, that so many animals are referred – or even worse, seen as second opinions – for atopy, having only ever had oral or injectable prednisolone. Almost every one of the owners willingly takes the more expensive medication, when it is offered to them, and few go back to their vet if they were second opinions, which is sad.

Conclusion

Every patient is the core of your professional existence, and is a living, breathing, feeling creature with fears and an appreciation for pain and suffering no less than your own. It is your responsibility to give it the best care – either by doing so yourself, or getting other parties to help you do so (labs, specialists, colleagues in your or other practices). Every patient would want the best outcome, with the least risk of side effects, and wants to live just as you want to live. By your

learning, effort, attention to detail and compassion, you must deliver this – or being a vet is not for you. When giving that care, do what is needed, according to the training you were privileged to receive and worked so hard to absorb; and charge fairly, but completely, for what you have done. Nothing more, but nothing less.


Every practice is, similarly but not equivalently, an organism with needs – cash flow, happy, effective and appropriate staff, equipment, and most importantly, a growing and happy clientele. You must be aware of its needs and every action you take to promote or safeguard its welfare, safeguards the jobs and security of its staff (including you), and the health and satisfaction of the patients and clients it serves. Money, like drugs, electricity or water, is the lifeblood of the practice and must not be ignored at your peril, or over-emphasised in your dealings with staff or clients. But it is an incessant, vital undercurrent to your ability to care for the animals in your neighbourhood. When a veterinarian is an employee, he or she must behave like a partner/owner from day 1, and every day – or there is no future for that person in that practice, and they will not ever have the skills to run their own practice, and understand the privation and suffering that goes with that.

When managing a patient's needs, take the time to **LISTEN** and ask about the medical facts pertaining to the patient, discarding as much of the emotional and distracting overlay from the client. Examine a patient properly and thoroughly, whether for

a difficult second opinion or just a vaccination. List, discuss and where possible, attempt to address each and every item both here and now, and also proactively. If you identify risks in the patient's future e.g. a white puppy headed for skin cancer, or an obese elderly cat headed for arthritis or diabetes, then act now, document your advice, and be clear and concise. Clients respond not to bullying but certainly to direction and passion. Achieve all the patient's needs where and when you can, or through the agency of another person – vet, specialist, laboratory, consultant – whatever it takes to get that animal right. You are not alone in achieving these goals for your patient.

The balance between these arises from making unemotional, well-measured yet compassionate financial decisions; giving clients advice that safeguards their pets and finances (e.g. pet insurance, proactive care, annual health checks and vaccination, avoiding ineffective, unscientific or frivolous medications or surgeries); and being unapologetic for charging for what should be high-standard procedures and medications chosen for non-pecuniary reasons, free of influence by companies or other expediencies. Always do the right thing for the right reasons with the right patient and the right client for the fair, right price, and you will have nothing to fear.

Acknowledgements

Drs Craig Mostert BVSc, Nicky Evans BVSc(Hons) and Ms Tammy Gray BA BCompt, gave input into this article. 

ANTIBIOTICS,

THE RESPONSIBILITY
IS IN OUR HANDS
AND IN YOURS.

ANTIBIOTICS
USE RESPONSIBLY

VETERINARY MEDICINE



Full product information available from
Zoetis South Africa (Pty) Ltd., Co. Reg. No.: 2012/001825/07,
6th Floor, North Wing, 90 Rivonia Road,
Sandton, 2196. PO Box 783720, Sandton, 2146, South Africa.
Tel.: +27 11 245 3300 or
0860 ZOETIS (0860 963847).
www.zoetis.co.za
LP/ANTIBIOTICS/060217



In the widely publicised case pertaining to the South African Social Security Agency (SASSA) and the payments of social security grants brought before the Constitutional Court, one of the bones of contention raised during the arguments on 15 March 2017, pertained to Cash Paymaster Services' (CPS) practice of disclosing personal information of social grant recipients to one of its USA subsidiaries, Net1, enabling Net1 to contact these recipients directly, offering unsolicited services or products. Citing the Protection of Private Information Act, Act 14 of 2013 (POPI), this practice by CPS was argued to be unlawful as CPS had no right, under POPI, to forward the personal information of recipients to a third party.

So, what is the Protection of Private Information Act, Act 14 of 2013, better known as POPI?

The POPI Act regulates the way the personal information of individuals and legal entities (companies/institutions/organisations) may be processed – meaning the way it is collected, used, stored, distributed, modified or destroyed, irrespective whether such processing is automated or not. In summary, POPI aims to protect the personal information of natural persons and legal entities so that they do not become victims of identity theft, fraud, or other incidents that could have very serious consequences for them.

How does POPI affect you as a veterinarian?

As mentioned, POPI deals with the processing of personal information. The practice client record-keeping system is an obvious example of where such personal information is processed. However, the scope of POPI extends well beyond the



POPI has arrived and no, I am not referring to your niece!

(Magda Louw: Bluris, LLB (Industrial Relationship, Human Resources Management and Consultant))

veterinarian/client relationship, and one needs to be aware that it has a bearing on all the relationships within a practice such as employer and employee, between partners or colleagues, and with your suppliers, amongst others.

What is meant by personal information?

POPI defines personal information as pretty much anything that can be used to identify an individual in any way – yes, that's rather broad! For example, there are the obvious examples like an individual's name, ID, passport number and address (physical, postal and e-mail), but then there are the less obvious examples such as religious affiliation, sexual orientation, medical history, criminal record, educational and financial history and even biometric data, online identifiers (e.g. a Twitter handle) and location services such as phone tracking. Personal opinions, any private correspondence and other people's views about a person are also included.

What rights/responsibilities are afforded by POPI?

All individuals and legal entities are considered to be "data subjects" and are all afforded the same right to the protection of their personal

information. However, it should come as no surprise that with these rights, there are also counterbalancing responsibilities. POPI accordingly also bestows obligations on individuals and legal entities in their capacity as "responsible parties" (in practice this often lands on the shoulders of the principal/partner/owner, i.e. the principle of "the buck stops here"). POPI therefore ultimately holds the responsible party accountable for the protection of other data subjects' personal information that the responsible party may have in his/her/its keeping, for instance, the personal information of clients/suppliers/business partners/employees/etc. An individual, as owner of his own personal information, has the following rights under POPI:

- to object, on reasonable grounds, to the processing of his personal information. Applying this principle to a client, a data subject, you can only process the client's personal information with his consent, which consent was given for the purpose of treating his animal, subsequent invoicing, etc. If you receive a potential client's personal information from a third party, you need to contact the aforementioned

>>> 15

The Protection of Personal Information Act



The Purpose of the Bill is to:

regulate, in harmony with international standards, the processing of personal information by public and private bodies in a manner that gives effect to the right to privacy, subject to justifiable limitations that are aimed at protecting other rights and important interests

client and get permission to keep his personal information in your database (providing the reasons for such request);

- to object in the event where personal information, collected for a valid reason, is used for a purpose other than what it was initially collected for. If you wish to use a client's personal information for another purpose, for example, using his email address on your database to send unsolicited newsletters to him, the client needs to consent to that as well;
- to be notified that personal information has been accessed or acquired by an unauthorised person. For example, one of your employees discloses your client list to his wife, who runs a travel agency enabling her to contact your clients to offer special holiday deals to them. You must inform the clients of such disclosure;
- to establish whether a responsible party holds personal information and request access to it;
- to request proof that adequate measures and controls are in place to track access and prevent unauthorised people, even within the same company, from accessing private information. For example, he can request proof from a banking institution as to what measures have been put in place to track access from unauthorised people;
- to request the correction, destruction or deletion of his personal information. For example, your application for a position at AB Veterinary Practice is unsuccessful.

Later, you receive a letter from AB veterinary practice, enquiring whether you would be interested in buying small animal food from them. You now have the right under law, to request the AB Veterinary Practice to either delete your information on its database or to correct it.

How does POPI deal with telemarketers?

As an interesting aside, POPI also regulates how telemarketers should conduct their business. In case of direct marketing, the telemarketer only has one opportunity to ask the person whom he has contacted, whether that person would like to opt in to receive marketing information. For example, when contacted by a telemarketer, you must be given the option to opt in. This means that you must take a concrete action (give explicit consent) like saying "yes", thereby declaring that you want to receive the information.

This is different from opt out, often called "presumed consent," in which you are presumed to be consenting unless you act to register your unwillingness.

That still leaves us with the question: "Mr. Telemarketer, where did you get my contact details?"

So, what's the worst that can happen to you for blowing POPI off?

The final responsibility for compliance with POPI rests with the responsible party even in instances where the personal information collection process has been entrusted to an employee or to a third party. If, for example, you do not respect a client's wishes, the aggrieved client could report your conduct to the POPI Regulator. Depending on the outcome you may also

- suffer reputational damage, resulting in loss of customers
- pay out millions in damages in civil actions
- be fined R10-million or up to 10 years' imprisonment.

It is therefore of the utmost importance that all veterinarians and

their employees not only understand the issues at hand but also that they work towards POPI compliance.

So, what can you do, now that you have been frightened onto the straight and narrow?

Certain sections of POPI have already commenced whilst the majority (especially those that create compliance requirements) will only commence on a later date to be proclaimed by the President. It is uncertain when they will be implemented, we simply do not know, but do not foresee that it will be before the Information Regulator is operational, which might be at the end of 2017 or even in 2018.



Still to be published is the regulations, which would be quite helpful in implementing the provisions in your line of business (regulations lay out the practical implementation of the actual Act). We will also have to see how POPI interacts with the current veterinary law and regulations.

So then, if everything still appears up in the air, what is the point and why not simply wait and see? Firstly, POPI will give you a short period within which to comply, 12 months at this stage. Secondly, POPI is part common sense, part plain good practice management and no doubt, probably part a pain in the butt – especially in terms of administrative issues and reporting. Now is the time, when the pressure is still off and you don't have to fork out a ton of money for a lawyer or "consultant", to simply look at the information flows in your practice.

The golden rule is, all information collected whereby an individual/entity may be identified, must be done so with that individual/entity's consent, must be safeguarded and only divulged or used in a justifiable manner that does not compromise that individual/entity's right to privacy. Remember, you as the principal/

partner/owner /employer will have to prove that you have taken appropriate and reasonable steps to safeguard personal information.

Proposed guidelines to follow in order to prepare for the implementation of POPI (List is not exclusive)

Check your vehicles, homes, offices, etc. to determine whether you have any data (employee/ customer/ supplier) which could be construed as personal information and ask the following questions:

1. Whose personal information do I have?
2. Why do I need this personal information (what do I do with the personal information)? Personal information must only be collected for a specific, explicitly defined and lawful purpose that is related to a function or activity of the practice concerned.
3. Why and how is the personal information processed (i.e. this covers all phases of a typical information management lifecycle – from collection to usage, sharing, disposal, archiving, etc.)? Ensure that the processing is adequate, relevant and not excessive given the purpose for which it is processed.
4. What checks and balances do I have in place to safeguard against the unauthorised disclosure of personal information? These checks and balances apply to all electronic and/or hand processing systems.
5. Do I need the consent of the data subject to process his/her/its information?
6. Do I have the data subject's consent?
7. Do I need to process the personal information further? It may be relevant if you, for example, wish to forward newsletters to a client.
8. With whom do I share the personal information, i.e. third parties – both locally and internationally, other legal entities – sometimes within the same group or company, etc.?

Remember, POPI also applies to personal information send to a foreign country.

9. If I do share personal information with a third party; does this third party comply with POPI? For example, the practice outsources its payroll to VIP. VIP's processing systems must be compatible with the purpose for which the data was initially collected, namely the payment of salaries and PAYE, employment equity, etc..
10. Do I allow a "data subject" access to his/her personal information when requested to do so? POPI allows "data subjects" to make certain requests, free of charge, to organisations holding their PI.
11. How long do I retain records and how do I delete/destroy such records? (Retain records for required periods and then delete, destroyed or de-identified as soon as the purpose for collecting the information has been achieved unless you have a valid reason for keeping such record, for example another Act of Parliament.)
12. Do I disclose personal information to third parties who request such information? For example, your employee wishes to buy furniture and the furniture shop contacts you to enquire:
 - Whether the employee works for you
 - His salary
 - Date of employment
 - Any other information that you believe is relevant, for instance whether there are any garnishing orders against the employee's salary
 - Whether the employee is permanently or temporary employed?
12. Do my employees know what are expected off them in order to comply with POPI?
13. Do I address the requirements of POPI in all my agreements (employees/clients/providers/etc.)? For example, a clause relating to POPI should be included in

contracts of employment giving you as an employer inter alia consent to

- collect, utilise and retain his/her personal for employment purposes, including but not limited to identity and/ or passport number, date of birth, age, gender, race, driver's license, contact details (physical and e-mail addresses/telephone/ cell phone number), marital status, education information, employment history, salary and tax information, photos, physical and mental health information (if an operational requirement) and fingerprints;
- forward his/her personal information to specific third parties, for example XX Pension Fund, YY Medical Aid and SARS.



Some Practice tips:

- (a) Ensure that laptops, cell phones, I-pads, etc. are secured when you remove them from your work premises, especially whilst in your vehicle.
- (b) Incidents which may result in personal information being compromised must be reported as soon as possible.
- (c) Be careful when personal information is forwarded by fax or email.
- (d) Follow set procedure when storing or destroying personal information. Do not discard documents in a rubbish dump.
- (e) When you receive a request by a third party, irrespective whether the third party is a family member of the data subject, or a local authority, government department or the police, to disclose another person/legal entity's personal information, tread with caution.
 - (i) A key point to consider is whether the disclosure is relevant to and necessary for the conduct of the practice's business. For example, it would generally be appropriate to disclose a veterinarian's work

POPI HAS ARRIVED AND NO, I AM NOT REFERRING TO YOUR NIECE! <<< 16

- contact details in response to an enquiry relating to functions that this employee performs, but there would not be any justification for disclosing his personal address or bank.
- (ii) Only allow designated employees to deal with request for disclosure.
- (iii) Proposed steps to take when you are approached by a third party requesting the disclosure of personal information about an employee, client, etc.:
 - Request the said third party to put his request in writing and if possible to provide you with a statement setting out the reasons for which the data is requested, the length of time for which the data will be held and an undertaking that the data will be held and processed according to POPI principles;
 - Do not give original personal information documents. Rather provide the enquirer with copies of

- the originals, certified if needed;
- Where the request relates to the prevention/detection of crime, the apprehension/prosecution of offenders, assessment/collection of any tax or duty, or the discharge of regulatory functions, appropriate paperwork should be produced by the enquirer to support their request (e.g. official documentation stating that the information is required in support of an ongoing investigation);
- Remember to inform the data subject, before disclosing the information, that you received such a request.

Finally


This article was not meant as a how-to regarding POPI, but simply to alert you to a piece of legislation that is on its way. How it will be implemented within the framework of veterinary science remains to be seen, but it does not detract from the need to start getting your house in order regarding the flow

and processing of personal information as expected by POPI.

References:

1. Protection of Personal Information Act, Act No. 4 of 2013
2. Crib notes: POPI is here for you. <http://mg.co.za/article/2013-09-03-crib-notes-popi-is-here-for-you> (accessed 8 May 2015)
3. Data Protection Policy: Disclosure of Data; www.soas.ac.uk/infocomp/dpa/policy/disclosure/ (accessed 8 June 2015)
4. What is POPI: The Protection of Personal Information (POPI) Act explained: www.workpool.co.za/featured/popi/ (accessed 30 April 2015)
5. Managing personal data in the workplace: www.lexisnexis.co.za/pdf/1-4-Managing-personal-data-in-the-workplace-Collier.pdf (accessed 9 June 2015)

Acknowledgement

I wish to express my gratitude to Dr P Sparrow for his assistance. 

ARTHRIMED

For pets suffering from joint pain and struggling to get up, walk, run or jump.



- Contains the three essential active ingredients effective in joint care:
 - Chondroitin,
 - Glucosamine, and
 - Green-Lipped Mussel concentrate
- Exclusively formulated for premium results.
- The natural choice in joint care.
- High potency actives.
- Once daily dosage.

Each tablet or 5g powder contains:

Glucosamine HCL	600mg
Sodium Chondroitin Sulphate (Bovine cartilage)	300mg
Green Lipped Mussel extract	150mg
Ascorbic acid	100mg
Manganese ascorbate	10mg
Brewers Yeast	400mg
Moisture	50mg



Reg. No. V16297 Act 36 of 1947
 Reg. No. V16297 Act 36 of 1947
 Reg. No. V18509 Act 36 of 1947












THE SCIENTIFIC ALTERNATIVE

Tel. 011 614 8915 • info@medpet.co.za • www.medpet.co.za



JSAVA

JOURNAL OF THE SOUTH AFRICAN VETERINARY ASSOCIATION

TYDSKRIF VAN DIE SUID-AFRIKAANSE VETERINÊRE VERENIGING

From the Journal of the SAVA

Validity of somatic cell count as indicator of pathogen-specific intramammary infections

Inge-Marié Petzer, Joanne Karzis,
Edward F. Donkin, Edward C. Webb,
Eric M.C. Etter

Journal of the South African Veterinary Association;
Vol 88 (2017), 10 pages. doi: 10.4102/jsava.v88i0.1465

Abstract

The objective of this study was to determine whether somatic cell count (SCC) was an effective test, with a sensitivity exceeding 85%, to determine species-specific bacterial infections. In addition, the relation between the SCC and various udder pathogen groups was investigated. SCC thresholds of greater than 200 000 cells/mL were used in quarter and greater than 150 000 cells/mL in composite milk samples. A retrospective study was conducted on a data set for 89 635 quarter and 345 467 composite cow milk samples. Eleven SCC threshold values were used to evaluate the diagnostic efficacy for the following bacteria: Gram-positive major pathogens: *Staphylococcus aureus*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae* and *Streptococcus uberis*; Gram-negative major pathogens: *Escherichia coli*, *Klebsiella pneumonia* and *Serratia* spp.; minor pathogens: coagulase-negative staphylococci, *Micrococcus* spp., *Staphylococcus pseudintermedius*, *Streptococcus pyogenes*, *Enterococcus faecalis*, *Enterococcus canis*, *Trueperella pyogenes* and other Enterobacteriaceae. Sensitivity and specificity were calculated taking the effect of clustering into account with quarter milk samples. Most samples yielding major Gram-positive pathogens (88.9% in quarter and 79.9% in composite samples) and minor pathogens (61.4% in quarter and 51.7% in composite samples) had SCC greater than 200 000 cells/mL. Sensitivity of the SCC test to detect major pathogens at an SCC threshold of greater than 200 000 cells/mL in quarter samples and greater than 150 000 cells/mL in composite milk samples was 88.2% and 84.2%, respectively, but specificity was low (57.7% and 52.8%, respectively). **U**

Enhanced diagnosis of rabies and molecular evidence for the transboundary spread of the disease in Mozambique

Andre Coetzer, Iolanda Anahory,
Paula T. Dias, Claude T. Sabeta,
Terence P. Scott, Wanda Markotter,
Louis H. Nel

Journal of the South African Veterinary Association;
Vol 88 (2017), 9 pages. doi: 10.4102/jsava.v88i0.1397

Abstract

Rabies is a neglected zoonotic disease with veterinary and public health significance, particularly in Africa and Asia. The current knowledge of the epidemiology of rabies in Mozambique is limited because of inadequate sample submission, constrained diagnostic capabilities and a lack of molecular epidemiological research. We wanted to consider the direct, rapid immunohistochemical test (DRIT) as an alternative to the direct fluorescent antibody (DFA) for rabies diagnosis at the diagnostic laboratory of the Central Veterinary Laboratory (CVL), Directorate of Animal Science, Maputo, Mozambique. Towards this aim, as a training exercise at the World Organisation for Animal Health (OIE) Rabies Reference Laboratory in South Africa, we performed the DRIT on 29 rabies samples from across Mozambique. With the use of the DRIT, we found 15 of the 29 samples (52%) to be negative. The DRIT-negative samples were retested by DFA at the OIE Rabies Reference Laboratory, as well as with an established real-time Polymerase chain reaction, confirming the DRIT-negative results. The DRIT-positive results (14/29) were retested with the DFA and subsequently amplified, sequenced and subjected to phylogenetic analyses, confirming the presence of rabies RNA. Molecular epidemiological analyses that included viruses from neighbouring countries suggested that rabies cycles within Mozambique might be implicated in multiple instances of cross-border transmission. In this regard, our study has provided new insights that should be helpful in informing the next steps required to better diagnose, control and hopefully eliminate rabies in Mozambique. **U**

FOR MORE ARTICLES, VISIT <http://www.jsava.co.za/index.php/jsava/announcement>

Dogs use deception to get treats, study shows

There is plenty of evidence to suggest that dogs, in addition to looking adorable in sweaters, possess fairly sophisticated cognitive abilities. They recognise emotion, for example, and respond negatively to antisocial behaviour between humans. Man's best friend can also get pretty tricky when it comes to scoring snacks. A recent study found that dogs are capable of using deceptive tactics to get their favourite treats.

The study, published in the journal *Animal Cognition*, was led by Marianne Heberlein of the Department of Evolutionary Biology and Experimental Studies at the University of Zürich. The researchers paired 27 dogs with two different partners. One of these partners would repeatedly go to the bowl of a given dog, fish out a treat, and give it to the pup. The other would show the treat to the dog, and then put it in her pocket. Perhaps unsurprisingly, the dogs began to show a preference for the more generous partners, and would approach them spontaneously.



Once one partner had been established as cooperative, the other as competitive, the dogs were taught to lead their partners to one of two boxes, both containing food, with the command "Show me the food." And the same pattern was repeated: when the dogs led the cooperative partner to a treat, they got to eat it. The competitive partner withheld the treat. Researchers then showed the dogs three covered boxes. One contained a sausage, the second contained a less-yummy dry biscuit, and the third was empty. Once again, the process of treat giving and withholding was repeated, but this time with a twist: when the dog was reunited with its owner, the owner asked it to choose one of the boxes. If there was a treat inside the box, the dog was allowed to eat it. But if the dog chose the box which had been opened before, the owner just showed the empty box to the dog.

Over the course of a two-day testing period, the dogs were repeatedly presented with this conundrum. They had been trained to lead both partners to boxes containing food, but they knew that the competitive partner would not let them eat

the snacks. They also knew that if any snacks remained inside the boxes once they were reunited with their owners, they would get a chance to eat them. So, the dogs got a little devious.

Researchers observed the pooches leading the cooperative partner to the box containing the sausage more often than expected by chance. They led the competitive partner to the sausage less often than expected by chance. And here's where things get really interesting: the dogs took the competitive partner to the empty box more frequently than the cooperative partner, suggesting that they were working through their options and engaging in deliberate deception to maximize their chances of getting both treats.

According to the authors, these results show that dogs distinguished between the cooperative and the competitive partner and indicate the flexibility of dogs to adjust their behaviour and that they are able to use tactical deception.

(Source: <http://www.smithsonianmag.com/smart-news/dogs-use-deception-get-treats-study-shows-180962492/>) 



In Memoriam


A list of veterinarians, both SAVA members and non-members, who passed away recently. Non-veterinarians who made a positive impact on the profession are also included. Please provide us with information you might have in this regard.

The following colleagues passed away recently:

J.D.C. (Jan) Coetzee 27/10/1931 – 28/03/2017

H.G.J. (Harm) Coetzee 11/11/1935 – 31/03/2017

Col R.M. (Bob) McCully 19/08/1927 – 24/03/2017

We honour their contribution to our profession and society in general. Our sincerest condolences to the families and loved ones! 

Komodo dragon blood may lead to new antibiotics

Antibiotic resistance - whereby harmful microbes have developed resistance to drugs that once killed them - has become one of today's biggest threats to public health.

While the overuse and incorrect use of antibiotics are key drivers of resistance, the fact that no new antibiotics have been developed over the past 30 years has not helped; relying on the same medications for so long has provided microbes with the opportunity to evolve and escape the clutches of drugs that once destroyed them.

With the World Health Organisation (WHO) warning that we are on the cusp of entering a "post-antibiotic era," the race is on to find new antibiotics that can combat drug-resistant infections. Findings of a study by researchers from the School of Systems Biology at George Mason University in Manassas, VA, looking at the Komodo dragon as a potential source for new antibiotics, were recently published in the journal *NPJ Biofilms and Microbiomes*.



Antibiotic inspiration from the Komodo dragon

The Komodo dragon (*Varanus komodoensis*) is a lizard that can be found on five islands in Indonesia: Komodo, Rinca, Flores, Gili Motang, and Padar. It is the world's largest living species of lizard, capable of growing up to 3,3 metres in length. However, that is not the only characteristic that makes it unique. According to the researchers, the reptile rarely becomes ill, despite eating decaying flesh and possessing saliva that is rich in harmful bacteria. The researchers say that this is due to a peptide found in their blood called VK25, which they isolated from a Komodo dragon residing at the St. Augustine Alligator Farm Zoological Park in Florida. On closely analysing this peptide, the team found that it possessed mild antimicrobial properties and had the ability to prevent biofilms, which are microorganisms that stick together in order to thrive and protect themselves. These are often found in wounds. The researchers rearranged two amino acids present in VK25 with the aim of making it more effective. This led to the development of a new, synthetic version of the peptide, which they named DRGN-1.

DRGN-1 killed antibiotic-resistant bacteria in mice

Next, the team tested DRGN-1 on mice with wounds that were infected with two strains of antibiotic-resistant bacteria: *Pseudomonas aeruginosa* and *Staphylococcus aureus*. The synthetic peptide attacked and destroyed the biofilm of the wounds, before killing the two bacterial strains. This led to a faster wound-healing process. The researchers now plan to test the potential of DRGN-1 as a topical, wound-healing product for animals, but they are hopeful that the peptide could lead to new antibiotics for human use. **U**

FAST MAIL • BLITSPOS

South Africa's Department of Environmental Affairs (DEA) has lost its appeal to keep a moratorium on the local trade in rhino horn

SA's Constitutional Court made the ruling early in April, stating that "it has concluded that the application should be dismissed with costs as it lacks reasonable prospects of success." This, in effect, opens the way to make the trade and sale of rhino horns legal within the country. The United Nations' global ban on international trade still remains. Rhino horn breeders, like John Hume, believe that legalising rhino horn trade will decrease poaching. In a rhino horn trade debate with Born Free President and CEO Will Travers last year in London, retired SA property developer Hume said: "I beg of you, let's end the war on the trade in rhino horn. It has only resulted in the killing of game rangers, poachers and the decimation of the rhino population."



His argument, and that of other private rhino owners, is that unlike elephant ivory and pangolin scales, rhino horns can be cut off anaesthetised live animals without injury to the animal. Hume and many like him already remove their rhino's horns making them uninteresting to poachers. Now they sit with stockpiles of horn, which they say, could be sold and the proceeds spent on rhino protection and breeding programs. "I think it's a huge assumption that the entry of legal rhino horn into the marketplace is somehow going to magically replace illegal," said Travers at the time. "Poachers and criminal syndicates are entrepreneurs. They will take advantage of any opportunity to make money. If you're selling it at 30 000 a kilo, they will sell it at 25 000."

Pelham Jones, chairman of the Private Rhino Owners Association, reportedly told AFP news agency that they are "delighted" with the ruling. **U**

Faculty honours its PhD graduates in style at doctoral celebration event

Chris van Blerk, University of Pretoria

The Faculty of Veterinary Science had reason to be proud when another 12 successful new PhD graduates were awarded their doctoral degrees recently at the autumn graduation ceremony of the University of Pretoria.

The exceptional achievements of the successful candidates were celebrated in style at the Faculty's annual Doctoral Celebration Ceremony on the day before graduation. The newly graduated doctors represented three departments with six from the Department of Paraclinical Sciences, five from the Department of Veterinary Tropical Diseases and one from the Department of Production Animal Studies.

The 12 proud graduates were welcomed at the event by the Dean, Prof Darrell Abernethy, after which each one was introduced by his or her supervisor. The candidates who obtained their PhD's (with the titles of their theses in brackets) were:

Dr Charles Byaruhanga – Epidemiology and tick-borne haemoparasite diversity amongst transhumant zebu cattle in Karamoja region, Uganda.

Dr Lizette Bekker – Nile crocodile (*Crocodylus niloticus*) urine as sample

for biochemical and hormonal analyses.

Dr Ayesha Hassim – Distribution and molecular characterization of South African *Bacillus anthracis* strains and their associated bacteriophages.

Dr Leo Elisha – Biological activities of *Cremaspora triflora* (Rubiaceae) extract, fractions and isolated compound on selected fungi and bacteria and determination of the mode of action using electron microscopy.

Dr Kemi Iji – *In vitro* bioassays as tools for evaluating toxicity of acidic drainage from a coal mine in Mpumalanga, South Africa.

Dr Camilla Mehtar – African horse sickness outbreak investigation and disease surveillance using molecular techniques.

Dr Alex Jambalang – Characterisation and antimicrobial sensitivity of Salmonellae isolated from retailed hens' eggs in Tshwane district Gauteng Province, South Africa.

Dr Jacques van Rooyen – Livestock production and animal health management systems in communal farming areas at the wildlife-livestock interface in Southern Africa.

Dr Noluthando Netnou-Nkoana – Aspects of intellectual property protection in relation to seed crops, floriculture and medicinal plants, that may impact on policy and legislative development in South Africa.

Dr Katherine Scott – Improved stability of the foot-and-mouth disease virus (FMDV) SAT2 capsid

Dr Daniel Shuping – Development of an antifungal product from *Melianthus comosus* (Melianthaceae) that can be used to control plant fungal pathogens

Dr Carolynne Joonè (in absentia) – Porcine zona pellucida immunocontraception in the mare: Clinical, endocrinological and immunological effects. **U**



Influential Life Coaching

Types of action to take



Dr Mats Abatzidis

B.Sc. B.V.Sc.

New Insights Certified VIP Life Coach
mats.abatzidis@yahoo.co.za

Founder of Influential Life Coaching
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

Blog: <https://drmatlifecyclecoaching.wordpress.com/>

<http://www.life-coach-directory.co.za/mats-abatzidis>



Last month we discussed that the best way to take care of fear is to take action, so that despite being afraid you are still moving towards achieving your goals. There are at least seven ways (lucky number 7!) you can do that and here they are:

Visions. Anything that helps you visualise your goal, gets you more involved directly with your goal or makes the goal more real/tangible will be helpful. Write a letter from the future explaining how it feels to have achieved your goals and how grateful you are; plan your perfect day and play it out in your mind; create a collage of all your goals or all aspects of a single goal and put it up where it is visible to you most of the time; write a poem describing your vision for the future; write a song celebrating your success; draw a picture representing what you want to happen next; test drive the car of your dreams.

Conversations to have. Having a conversation with someone can be very uplifting and encouraging. A simple conversation can strengthen you, particularly if you have been procrastinating and avoided taking action. Speak to a friend; get honest in your relationships and open the communication lines; tell your boss what you really think (but in a respectable way☺); stop letting people take advantage of you; speak to your son/daughter/spouse about an issue that has been swept under

the carpet; tell your spouse that you love him/her.

General things that need doing.

I mean anything that needs to be done before you can move forward in your endeavours, but also your daily routine. Even general things that need doing should be expressed as specific action steps to be included in your day. Go on a date with your partner; clean out your cupboards or clutter; write out your will; visit the dentist; make an appointment with your doctor; play a game of tennis.

Ideas. I want you to engage in a creative process of coming up with solutions to challenges and ideas, to help you get clear on what you are currently doing. For example, create a business plan; come up with ten ideas to market yourself; think of a way to create even more love in your relationship(s); think of a way to get promoted.


Lists. Making lists can be great to help you get real clarity on what you are trying to achieve and why. Here are some lists I would challenge you to compile - fifty things that make you happy; ten ways to create an income of R500 000 per annum;

five things you could do today that will get you working on your goals/objectives/purpose; ten ways to be a more effective leader; five reasons to practice some introspection (looking inside of yourself) for the answers to your questions and challenges.

Guidelines. A set of carefully considered guidelines can help to set standards and parameters for your new life. They help you get clarity on who you are and the boundaries within which you operate and serve you. You may want to explore what makes a great working relationship; the attributes and characteristics of your ideal job; the things that you are no longer prepared to put up with.

Personal development challenges.

This means anything you can do to explore a challenge you are currently dealing with more thoroughly or offer you an increased awareness of an issue you are facing, which in turn will help you arrive at suitable action steps. Examples include meditating twice a week; creating visualisations each morning; writing a letter from or to the part of you that is hurting.

Next month we will discuss my understanding and perspective on the Law of Attraction and how it may be useful to you to have a better understanding of it. 



Carien Human

Too high?

While I was writing about integrity, part of me felt that I was setting the bar too high for myself. If I was really vulnerable and open, I should admit that I would love to think that I have that level of authenticity and integrity! I played a game with a young boy in my practice. He tells lies to stay out of trouble. We challenged each other – one week with no lies. So, during the week, I was so aware of the fact that we ‘adjust’ information. For example: The fish in the story is just ‘slightly’ bigger, the traffic ‘slightly’ worse, the mistakes ‘slightly’ more justified. What was intended to challenge him, challenged me!

Something else that I am a bit ashamed to admit, is that I still play (and THOROUGHLY enjoy) Candy Crush... especially the Soda edition. I get a real kick out of winning a level. When I ‘fail’ and lose all my lives, I find myself changing the time setting on my phone so I can get more lives. The worst part of this embarrassing saga is that I refuse to use my awards or boosters (for those unaware of this wonderful time-thief: the boosters are special ‘tools’ you get when, for example, you play every day, or for completing quests. These allow you to crush some candy, without using a move, resulting in much better chances to win the round). Why do I refuse to use it? Because then it would not be a true win. It would not prove that I was good enough at the game if I could not win the round without using the cheater-boosters.

Cheater-boosters? Like when you let the child win the UNO because you dealt him all the plus-four cards... He didn't really win...

While debating with myself on whether to use the boosters or not, I realised I do this all the time. I create a paradox of pushing the bar up higher and higher, because I don't want to feel like a failure. I want the ‘real’ win. What on earth do I mean by this? It is actually a little complex (allow me, I am indeed a woman). Let us go back to the integrity-lies story. On the one side of the coin, if I constantly push myself to tell everything exactly as it is, to the last detail, then I could probably boast that I am incredibly authentic. If I lowered the bar a little, my authenticity would be average. And average is failing, right?

The other side of it is that if I set the bar really high, and I do fail at achieving that standard, then I can justify it to myself in saying that I am



not a failure, since it is impossible for anyone to be completely honest and accurate ALL the time.

WOWZA!

I was so shocked when I realised what was going on in my own mind and thoughts! Right through from playing a silly game on my phone, to the way I relate to people and teach kids, it was all about me, my successes and

my lack of failure. This is the paradox – our fear of failure often reflects as pride. We boast in ourselves, push ourselves, tell about ourselves, lie to ourselves, because we fear facing that we are fallible, imperfect, flawed, lacking, damaged, human.

Maybe the key to winning in the Life Stakes is to humble ourselves, work on our failures and accept who we are, and that we cannot boast within ourselves. Or maybe I am wrong... maybe the key to winning in life is to stop playing games on my phone and to go do some exercise instead.

Carien

Carien Human is a psychologist in Johannesburg 🇿🇦

Certified Veterinary Acupuncture Course

Gauteng, South Africa | Covers both Small and Large Animals



Dr. Xie, the main instructor for the course, demonstrates acupuncture on a dog.



Students put the knowledge they learn to practice in wet labs.



A dog receives electro-acupuncture.

Highlights:

- Traditional Chinese Veterinary Medicine (TCVM) Principles: Five Elements, Yin-Yang, Eight Principles, Zang-Fu Physiology and Pathology, Meridians and Channels
- Scientific Basis of Acupuncture
- 106 Canine and 152 Equine Transpositional Acupoints (hands-on, wet-lab demos)
- 16 Canine and 33 Equine Classical Acupoints (hands-on, wet-lab demos)
- How to needle acupuncture points in dogs, cats and birds
- How to needle acupuncture points in horses
- TCM Diagnostic Systems, including Tongue and Pulse Diagnosis
- How to integrate acupuncture into your practice
- How to use veterinary acupuncture to diagnose and treat:
- Musculoskeletal conditions, lameness and neurological disorders
- Cardiovascular diseases and respiratory disorders
- Gastrointestinal disorders and behavioral problems
- Dermatological problems and immune-mediated diseases
- Renal & urinary disorders and reproductive disorders
- Veterinary Acupuncture Techniques:
 - Dry Needle (conventional needling)
 - Aqua-Acupuncture (point injection)
 - Electro-Acupuncture
 - Hemo-Acupuncture
 - Pneumo-Acupuncture
 - Moxibustion

To register and for more information:
visit www.tcvm.com call 800-860-1543 email register@tcvm.com

Iron Man Triathlon 2010



Jean du Toit

When I was a student way back in the 80's, I heard about a long-distance triathlon that was being held at Roodeplaat dam. The idea fascinated me and a seed was planted. Skip to the new millennium and now the IronMan triathlon series had come to South Africa. So, in 2009, after much persuasion, I talked my wife, Marie, into joining me in tackling the 2010 IronMan in Port Elizabeth.

Whilst we are not sleek, well-honed triathlon machines, we are also not altogether sedentary either. We belong to that class of KZN athlete that goes by the epithet 'Fish and Chips'. In other words, we have done the Dusi Canoe marathon several times together, but in the 14hr time bracket, we have done Comrades together, making the cut off with several minutes to spare. We have done various other endurance events, again finishing, but not shooting any lights out. So, tackling a big event like IMSA was going to take some serious planning. I work from home, but travel a lot, Marie is active in the local community and we have 2 girls in the local school so training had to be flexible.



After consulting some people who had done the event and hitting the books, we

came up with a training schedule. The schedule presupposed that you were fit enough to swim 1000m, cycle 60km and run 12km and started 12 weeks before the event. It required us to have 3 sessions of each discipline 3 times per week for a total of 9 sessions per week, with one complete rest day. This seemed a bit rigid for us so we adapted it a bit. We spent the back end of 2009 getting up to the minimum required by our program. Marie even took stroke correction lessons with the Fun Fins swimming school (she rather stood out in the class). By the end of

the year we were up to scratch and ready to start the program, but first the small matter of the Dusi had to be dealt with. A solid 13-and-a-half-hour finish with no swims in reasonably big water gave our confidence a boost.

The adaptation of the training program revolved around trying to have specific goals in mind. So instead of just cycling, we entered the Sani2C. And to give the running training some spice we entered Comrades. We planned on doing the Midmar Mile as well but couldn't squeeze it into our schedule.



We approached our local school for permission to use their pool for training and in the end had to create an adult swimming club with safety officers and the like before we got permission. This, however, brought in some training partners which helped no end with the motivation. Fortunately for us several other people in the district had entered Sani2C so we could organise long training rides on the weekends. During the week, we stuck to our training bike on the back stoep, usually while watching SuperCycling or reruns of IronMan 2009 on TV.

We also latched onto a group who were training for Comrades for company on the longer runs. Our swimming guru decided we had no time to train for a 3.8km distance and persuaded us to concentrate on 1.9km on the assumption if we could swim 1 lap of 1.9km we could just as well swim another. So, we gradually built up our distance to 76 lengths of the school pool.

In March, we tackled the Sani2C

for the first time. What an awesome race. Despite some dodgy weather that



saw the race miss out on some of its best known single track we had a blast and finished strongly at Scottburgh on the Saturday, but as we found out you can't win the race starting in N batch. Later, in March we spent a weekend with friends down on the South Coast hoping to get in a long sea swim in our borrowed wetsuits. As it turned out the water was too rough so we canned it.

For the Easter school holidays, we had planned a cycle on the Transkei Wild Coast with some friends. For 4 days, we wandered up the coast from Morgan's Bay to Kobb Inn, taking in the beautiful shoreline and occasionally sharing the beach with some local cows. After some more exploring in the Eastern Cape we ended up in PE on the Friday two weeks prior to the event to try again to get in a sea swim, this time on the course.

Unfortunately, we were confronted with a howling offshore wind, so strong we battled to walk upright against it. We decided discretion was the better part of valour and headed home to KZN. We ended up doing our long open water swim in Albert Falls dam. The race was now drawing near and Marie had yet to secure a road bike for the event, having done all her training to date on a Mountain Bike. Thank goodness for friends, as a bike was offered the weekend before the race. It still had to be tested though, so on the Saturday prior to the race we did a 90km cycle through

>>> 25

the KZN midlands cane lands. All was now in order, we just had to pack our borrowed bikes into borrowed cycle transport bags, together with our borrowed wetsuits and make our way down to Durban Airport In our own car.

We arrived in PE on the day before the race and were picked up by family members who had driven up from Cape Town. We assembled the bikes, Marie still had to do some minor adjustments, and was helped out by the kindly bike mechanics at the registration. After packing our transition bags, we racked our bikes and soaked up the nervous energy in the transition area. The sea looked ominously big after a week of heavy weather, although the forecast was for good weather for the day. In the evening, we took in a Super 14 game at Barney's and then found a lovely Greek restaurant for a fish supper.



The day of the race dawned bright and still with an autumnal crispness in the air, but no breeze. After a breakfast of Ensure we lined up on the beach with 1500 other crazy people and thousands of supporters to await the final instructions. The sea still looked unsettled, or was that the nerves.

As the gun went we shared a kiss and a hug and waded into the surf at the back of what looked like a large rookery of seals flashing through the wave pursued by a pack of sharks. Although the surf was not big, the sea was very unstable, like a giant twin tub washing machine. It made the already challenging swim even more so as sea sickness started to become a threat as well. I just managed to stagger ashore to run through the beach crowd before I heard the loudspeaker announce the arrival of the first swimmers out of the water. I still had another lap. That too passed eventually. It was just a matter of

keeping my head down and keeping up a rhythm. My swimming guru was right, if you can swim 1.9km once, you can swim it twice.

After the swim, I had to sit down for a bit in the transition tent until the world stopped pitching about me. I drank a bottle of water, which joined the litre or so of sea water already in my stomach. Taking off a wetsuit that is 2 sizes too small for you takes time, but with the help of an enthusiastic volunteer in the transition tent I was eventually kitted out in my cycling shorts and my snazzy SpecSavers IronMan cycling top. From here it was into the by now very empty cycle racking area and out onto the road. The cycle course of IMSA is very flat and a large part of it follows the beautiful Eastern Cape coastline. Fortunately on the day the weather was very calm with only the slightest of breezes.

The crowds along the way were very supportive and the volunteers enthusiastically looked after our needs. After my first lap, I pulled into the special needs area where I had a snack of pasta soup and a chat with the family supporters, who updated me on Marie's progress, before getting going again. Half way through my second lap I was overtaken as if standing still by the race leaders on their last lap. By the time I was on my third lap the crowds were thinning out and only the diehards remained urging us on. All good things, as they say, come to an end and in the late afternoon I pulled into the transition area for the last time where a volunteer took my bike off my hands and racked it while I tested out my legs on the way to pick up my transition bag.



My second transition was a very sedate affair, I even had time to have a quick lie down on a thoughtfully placed

mattress in the transition tent. After replacing my cycling shorts with the running variety and lathering myself in Vaseline I was out onto the road before the sun set, to start the marathon.

After a strong start, with only 5 walk breaks in the first 3 km, I met up with my family supporters who told me Marie was 50 minutes behind me. I decided to do the chivalrous thing and slow down to allow her to catch me so that we could finish together. I thus spent a lot of my time walking and met some very friendly fellow athletes from all over the country as well as abroad. One has a lot of breath for chatting down at the blunt end of the field.

With 5km to go Marie had not caught me yet so I joined a family sitting on their deck chairs at the side of the road to wait. No sooner had I taken the weight off my legs, then there she was resolutely jogging up the road towards me. The problem now was that I had to up my pace to keep up with her, but fortunately it was only for another 40 minutes or so. Later, with the sun now down and the 17-hour cut-off still a respectable distance off, we managed to run down the red-carpet arms aloft and soak up the cheers of our family and the other diehards still around. We celebrated with a kiss and a hug, all's well that ends well.

This was the culmination of an idea that germinated 20 years ago, and proved again that there is life in an old bod yet. **V**



What do horses see?

Part 3

Dr Antony Goodhead & Dr Izak Venter

Specialist Veterinary
Ophthalmologists, Johannesburg
and Cape Animal Eye Hospitals
(www.animaleyehospital.co.za)



Colour Vision

There are two types of photoreceptors in the retina, namely rods and cones. In the horse rods outnumber cones 20:1. Cones are responsible for vision in photopic conditions as well as colour vision. It is generally accepted that the horse possesses some form of colour vision. Most mammals have dichromatic vision meaning they possess two cone types, one having maximum absorption in the short wavelength end of the spectrum, the other in the middle to long wavelengths. In humans as well as some other primates colour vision is based on three cone types, with maximum absorption in the short, middle, and long wavelengths. This is referred to as trichromatic vision.

The horse possesses two types of cone photopigment, one maximally sensitive to medium long wavelengths and the other to short wavelengths. Like most mammals horses are thus dichromatic. Values for the spectral peaks of these photopigments have been estimated at 545 nm and 429 nm.

In a recent behavioural study of colour vision in the horse it was found that horses most easily discriminate the colours orange, yellow and blue from grey. It was also found that the horses failed to discriminate the colour red as easily as they discriminated the other colours from grey. Horses appear to demonstrate more problems when negotiating fences of contrasting colours where green is paired with yellow or blue, which are two of the colours that have been reported as most easily visible to the horse.²

Trichromatic colour vision allows greater discrimination of a greater range of colours, there are however

certain visual advantages associated with dichromacy. Trichromatic vision may obscure differences between objects that are based on other features besides colour, such as texture. It is possible that certain objects may

>>> 27

JHB ANIMAL EYE HOSPITAL
CAPE ANIMAL EYE HOSPITAL

Johannesburg
Tel: 011 465 1237
Fax: 011 465 2916
44 Kingfisher Drive,
Fourways

Cape Town
Tel: 021 930 6632
Fax: 021 939 9941
1 Uys Krige Drive,
Panorama

Services Include

- Phaco emulsification for cataracts with intra ocular lens placements.
- Amnion grafts for the treatment of corneal ulcers and sequestrums.
- Placement of suprachoroidal cyclosporine implants for the treatment of equine recurrent uveitis.
- Cisplatin bead implants for the treatments of eyelid, third eyelid and conjunctival squamous cell carcinomas.

WWW.ANIMALEYEHOSPITAL.CO.ZA
info@animaleyehospital.co.za



Dermatology Quiz



Dr Martin Briggs
BSc, BVSc,
MSc(Med), FRCVS

Registered Specialist
in Veterinary
Dermatology



A white budgerigar was presented with crusty outgrowths on the beak (Figure 1) and legs (Figure 2).



- 1 Which tests would you perform?
- 2 What is the most likely diagnosis?
- 3 What treatment would you recommend?
- 4 What advice would you give to the owners regarding their aviary?

See answers on page 28

WHAT DO HORSES SEE? PART 3 <<< 26

actually be more visible to the horse than to the trichromatic human.

In the sport of horse-trials, where most cross-country fences are often of a similar colour than the immediate surroundings, the majority of horses negotiate such obstacles with ease. This indicates that the fences are clearly visible to the horse, suggesting that the horse

probably relies less on colour and more on other visual features such as textural differences to distinguish such objects from their surrounding environments.

References:

1. Murphy J, Hall C, Arkins S. 2009. What horses and humans see: A comparative review. *International Journal of Zoology*
2. Hall CA, Cassaday HJ, Vincent CJ, Derrington AM. 2006. Cone excitation ratios correlate with color discrimination performance in the horse (*Equus caballus*). *Journal of Comparative Psychology*, 120 (4), pp. 438–448.



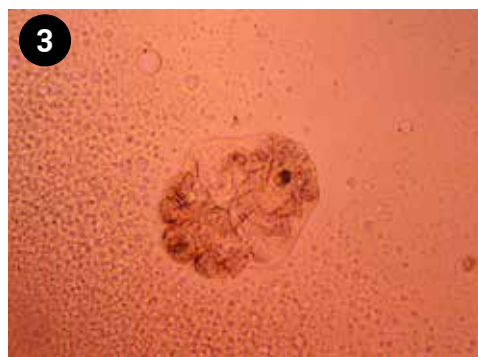


ANSWERS

1. Crust can be carefully removed and crushed between microscope slides after emersion oil has been added. Search for small mites with 'stubby' legs.
2. *Knemidokoptes pilae* mite (Figure 3).
3. Separation of those birds infested with this mite since the mite is transmitted from bird to bird through direct contact.
4. Treatment of choice for birds with scaly leg mite lesions, and all birds that have had contact with them, is ivermectin. It may require 2-6 treatments at 10 day intervals to completely eliminate the mites. Ivermectin may be applied to the skin behind the neck, given orally, or injected. Moxidectin has also been used topically.

DISCUSSION

The mites, commonly known as 'scaly leg mites' and 'face mites', are parasites of the skin and beaks of birds. The scaly leg is also referred to as 'tassel foot'. Budgerigars and many other bird species can be parasitised by *Knemidokoptes* mites that feed on dead skin cells. *K. pilae* dissolves this dead material by means of a keratinase. *K. pilae* are roundish-oval mites (Figure 3). The males are up to 220 μm long and about 150 μm wide, females up to 356 μm long and about 300 μm wide. The four pairs of legs are short and stubby in shape and have five segments. At the ends of the extremities, males have unjointed grippers and suckers, while females have claws. They inhabit a single host throughout their life cycle whilst infection of a new host occurs by contact. The viviparous females burrow tunnels in the epidermis where they give birth to six-legged larvae, which mature through two



eight-legged nymphal stages from the second of which the adults emerge. In budgerigars the eyelids, beak, cere, as well as the legs and

feet can be affected and in severe cases the area around the bird's vent is affected.

Interestingly, white budgies are albinos. The *Ino* gene is responsible for the absence of melanin, so white budgies are sometimes labelled 'Inos'. **V**

FAST MAIL • BLITSPOS

Spread of diseases in farmed animals shown using social network analysis



Researchers have shown that looking at movements of operators and vehicles between farms in the same way we look at contacts in social networks can help explain the spread of dangerous infectious diseases of livestock, such as foot-and-mouth disease and avian influenza. This research, published in *PLOS Computational Biology*, can contribute to the development of more accurate tools for predicting the spread of livestock diseases and may help implement more effective biosecurity measures in farms.

The study, by researchers from the Istituto Zooprofilattico Sperimentale della Lombardia e dell'Emilia Romagna, has shown that the network of contacts originated from on-farm visits by veterinarians in dairy farms of Northern Italy displays hidden features that cannot be detected by simply looking at the frequency of visits and unveils patterns of infection otherwise unexplained. The authors discovered that veterinarians' movements produce an unexpectedly large number of potentially infectious contacts between farms that can quickly spread dangerous livestock diseases.

The research, made possible by the availability of high-resolution data in space and time on veterinarian movements in the study area, shed light on the actual significance of operator movements in disease spread, a still poorly understood topic due to the highly diverse and complex nature of such movements and to privacy issues in data collection.

The researchers compared the role of veterinarian movements on diseases spread with those of animal exchange between farms, which is recognised as the most effective transmission route for livestock infectious diseases. They found that co-occurrence of operator movements and animal exchanges is synergistic, largely amplifying the potential for disease propagation. The study shows how multilayer network analysis substantially improves the way diseases spread can be described, thus contributing to their control.

(Source: www.sciencedaily.com/releases/2017/01/170126142828.htm) **V**



REPORT BY THE SA VETERINARY ASSOCIATION TO THE SA VETERINARY COUNCIL MEETING (MARCH 2017)

(Compiled by Dr Joseph van Heerden, SAVA representative on the SAVC)

- Meeting with equine practitioners.** We strongly support a special meeting/workshop/mini congress with equine practitioners on especially, but not necessarily limited to, medicines used in the equine industry
- President-elect.** Dr Charlotte Nkuna has been elected as President-elect of the South African Veterinary Association
- Transformation.** We endorse and commit to the promotion of the veterinary profession, bearing in mind its diversity of cultures and in full realisation of sex, age, race and colour. We will always when dealing with clients endeavour to promote/influence transformation of society.
- Amendments to Act 101.** We are extremely concerned about the intended amendments to the act which would seriously impact on the service-rendering activities and capabilities of veterinarians and we urge Council to diligently commit themselves to the remediation of the problem. Combined efforts between stakeholders may well be more successful in obtaining the desired results.
- TOPS regulations.** We have taken note of the intended letter to the Minister of Environmental Affairs and commit ourselves to ongoing legal action. We endorse the urgent nature of the matter.
- Brucellosis control.** We are extremely concerned about laboratory services for brucellosis testing in the Free State. DAFF approval for the Bloemfontein and Kroonstad Veterinary Laboratories (and other laboratories) unfortunately lapsed and alternative arrangements are apparently complicated.
- National congress of the SAVA.** The congress to be advertised as the national veterinary and para-veterinary congress to be held from 24 to 27 July 2017 at the Birchwood Conference Centre close to OR Tambo Airport and to include programmes for animal health technicians and veterinary nurses.
- Ruminant Veterinary Association of the SAVA.** Congress to be held from 30 May to 1 June 2017 at the Misty Hills Conference Centre, Lanseria. The theme will be responsible use of antimicrobials and an update on diagnostics. The congress to include a special theme for animal health technicians!
- Availability of medicines used in wildlife medicine.** The problem is still unresolved as there are still periodic shortages of medicines or certain forms/ concentrations thereof. **V**

SOUTH AFRICAN VETERINARY ASSOCIATION

NOTICE TO MEMBERS ANNUAL GENERAL MEETING AND AWARDS/GALA DINNER

Notice is hereby given that the 112th Annual General Meeting of members of the South African Veterinary Association will be held on Tuesday 25th July 2017 at 17:30 to 18:30 at the Birchwood Hotel and Conference Centre, 14 Viewpoint Street, Boksburg.

The Awards/Gala Dinner will be held on Wednesday 26th July 2017 at 19:30
Dress Code: Formal

For further enquiries regarding the Gala Dinner, contact Petrie Vogel
petrie@savetcon.co.za / Tel: 012-346 0687 or 012-346 1674

By order of the Board
Registered office: 47 Gemsbok Avenue,
Monument Park, Pretoria, 0181

April 2016

SUID-AFRIKAANSE VETERINÊRE VERENIGING

KENNISGEWING AAN LEDE ALGEMENE JAARVERGADERING EN GALA-TOEKENNINGSDINEE

Kennis word hiermee gegee dat die 112de Algemene Jaarvergadering van lede van die Suid-Afrikaanse Veterinêre Vereniging om 17:30 -18:30 op Dinsdag 25 Julie 2017 Gehou sal word by die Birchwood Hotel & Konferensiesentrum, View Point Straat 14, Boksburg

Die Gala-Toekenningsdinee word gehou op Woensdag 26 Julie 2017 om 19:30
Dragkode: Formeel

Vir navrae rakende die Gala-dinee, kontak Petrie Vogel
petrie@savetcon.co.za / Tel: 012-346 0687 of 012-346 1674

In opdrag van die Direksie
Geregistreerde kantoor: Gemsboklaan 47,
Monumentpark, Pretoria, 0181

April 2017

Posbus | Mailbox



We want to hear from you! Share your stories, tell us what you like or dislike about VetNews. Email vetnews@sava.co.za with your input.

Ons wil graag van julle hoor! Deel jul stories met ons, of vertel ons waarvan jy hou (of nie hou nie) rakende VetNuus.

• • • LETTER FROM ...

Dr Anita Schwan

Dear Paul

The article in the March 2017 issue of VetNews on insufficient evidence to support use of homeopathy in livestock has reference. As member of the Complementary Veterinary Medicine Group (CVMG) of the SAVA and the South Africa Veterinary Homeopathy Group (SAVHG) and as South Africa representative of the International Association for Veterinary Homeopathy (IAVH) may I please forward the response from the IAVH for publishing.

Kind regards,

Dr Anita Schwan



Proof of the effectiveness of homeopathy in animals

In organic agriculture, the use of homeopathic remedies in Europe is explicitly recommended: they should be preferred over conventional medicine, according to the corresponding EU organic regulation of the European Commission ((EC) No 889/2008). While farmers experience daily success with homeopathy, more research is warranted to confirm these results. In this context, the International Association for Veterinary Homeopathy (IAVH) comments on the review by Doehring and Sundrum, published in Veterinary Record (1) in December 2016, in terms of objective reporting. This statement is supported by the European Committee for Homeopathy (ECH), the Homeopathy Research Institute (HRI) and EUROCAM.

Scientific studies and a meta-analysis of randomised controlled trials provide, though limited, evidence for the effectiveness of veterinary homeopathy versus placebo (2-4). With regard to the review published by Doehring and Sundrum (1), according to IAVH the most critical point to be noted is the following: Whereas this review by Doehring and Sundrum was thoughtful about research of homeopathy in a farm context in general, the conclusion of the authors '... replacing or reducing antibiotics with homeopathy currently cannot be recommended ...' seems not permissible since no new findings were obtained to existing literature (4-6) and only the need for further high-quality studies can be derived.

It is important to note that in the recently published documents on the antimicrobial resistance (AMR) Action Plan of the EU Commission, CAM (complementary, alternative medicine), homeopathy included, is mentioned as a potential approach to solutions to AMR, and their demand for further research in CAM is particularly relevant in terms of the importance of the AMR problem in humans and animals. This is also the recommendation of the WHO strategy for CAM (complementary, alternative medicine) 2014-2023, which asks for the integration of CAM into health systems.

Conclusion:

The recent review by Doehring and Sundrum (1) on effectiveness of homeopathy in livestock does not tell us anything new about the evidence base in homeopathy. The findings are broadly consistent with the findings of a previous, high-quality, review by Mathie and Clausen (6).

A meta-analysis by Mathie and Clausen (4) showed that overall there is a positive trend in the evidence on veterinary homeopathy which is robust upon sensitivity analysis: i.e. the positive trend is unchanged whether one considers only the highest quality trials or all existing trials regardless of quality.

The positive studies showing effectiveness of homeopathy in animals demonstrate that homeopathy may have a role to play in livestock: e.g. as a replacement for antibiotics for treating *E.coli* diarrhoea in piglets (2).

Considering the global threat of anti-microbial resistance, such promising areas deserve investment in further research, in particular high-quality randomised clinical trials.

References:

(1) Doehring C, Sundrum A. Veterinary Record 2016; 179: 628. 

• • • LETTER FROM ...

Johan Marais

Dear SAVA members

Saving the Survivors (STS) is a non-profit organisation that was started in 2012 to care for endangered species of wildlife that had either been poached or fallen victim to any traumatic incident. Wildlife most commonly treated are rhino, due to the high number of animals that are being poached or shot currently. STS also supports orphanages in South Africa where young rhino or elephant calves need specialised treatment.

The South African Equine Veterinary Association held two fundraisers, one at each of their annual congresses in 2016 and 2017. During these two events, a total of R 105 000-00 and R147 000-00 were raised from veterinary colleagues that attended the gala dinner. STS is extremely humbled by the support shown by the profession towards this initiative, and we would like to thank Dr Manfred Rohwer, SAEVA and everyone involved, as well as everyone that made bids on these two occasions that assisted in raising these funds.

I would like to express my sincere gratitude and thanks to everybody that contributed.

Best regards

Johan Marais 



• • • LETTER FROM ...


Jean du Toit

Dear Editor

As I was reading my issue of VetNews this month I reflected on the fact that it actually contains very little news about vets. Don't get me wrong, I think the increase in CPD articles is very welcome and have enhanced the publication, I just think that we need more personal anecdotes, both professional and personal, from members of the profession. I know that there are great stories to tell because I have heard many such stories. So to set the ball rolling please consider the attached story about me and my wife attempting the Ironman triathlon in Port Elizabeth a few years ago.

Kind regards,

Jean du Toit

(Dear Jean! Thanks for your contribution. We would love more of these stories from our colleagues - the problem is that veterinarians seem to be good story-tellers, but poor story-writers... Anyone who has a contribution to make is most welcome to do so! - Paul) 

• • • LETTER FROM ...

Alex Niven

Letter to editor

Greetings Paul,

Just flicking through some VetNews magazines, when I reread the article on What do horses see (Part 1)? The header amused me. That one of my eye column friends should describe their article as "useless information" made me prick up my ears.


Wrong, good people. Wrong!

At a time when I often battle to find much of value in the magazine, in particular there is too much on counselling (please bear in mind I say that as a counsellor myself in the Catholic Church). I do believe we have exhausted articles of that genre; time for them to slow down a bit - or a lot!

So, for the eye specialists and everyone else, I think if they follow the lead in that short article we might actually brighten up the magazine. Well done guys. And! As a practitioner with an interest in the performance horse - when will you be able to develop the eye test that will help us select the good ones?

God bless.

Alex Niven

(Dear Alex! Thanks for your letter. We would love to know whether colleagues share your views - in particular, "battle to find much of value" and "there is too much on counselling". Please write to us - and do not forget to, with your criticism, include suggestions on how we could improve! - Paul) 



Zoetis Animal Health Pages



FOR ANIMALS. FOR HEALTH. FOR YOU.

Lamb mortalities (Part 1)

Dr. Chantelle Erwee, Zoetis South Africa (Pty) Ltd, Technical Manager: Ruminants

Introduction

We all love the arrival of newborn lambs. In the same breath, few things are more frustrating and distressing than lambs dying for no obvious reason. Lamb mortality remains a huge economic concern to both intensive and extensive sheep farming systems, but some consideration also needs to be given to the welfare side of the issue, affecting both the ewe and the lamb.^(1,2,3) As with most aspects of farming, there is no 'one recipe' that works on each and every farm, however, this article series will aim to serve as a brief summary and refresher which will touch on some of the most important aspects affecting lamb survival.⁽¹⁾

The management and farming strategies that influence lamb survival should start long before the birth of the lambs.⁽³⁾ The advantages of an increase in the number of lambs born will be outweighed by the disadvantages of losing those lambs due to decreased survival.⁽¹⁾

Most lamb losses occur during the first week of the lamb's life, with nearly half of these deaths occurring on the day of birth.^(1,2,3) The aforementioned highlights the importance

of the post-partum period to the lamb's survival.⁽³⁾ The several causes and aspects that can lead to neonatal lamb mortality differ according to the management system.^(1,2) Extensive sheep farming systems will more likely lose lambs from dystocia, starvation or exposure, whereas, the intensive systems will be faced more with threats of infectious diseases and parasites.^(1,2,3)

Lamb birth weight, colostrum intake and hypothermia

Lamb birth weight is a major risk factor in lamb mortality.^(1,2) An intermediate birth weight within the breed is optimal, with increased mortalities seen at both high and low birth weights.

^(1,3) Large lambs might be predisposed to birthing difficulties, whereas small lambs may be more inclined to die from starvation and exposure.⁽³⁾ Lambs with low birth weights have a high birth coat/birth weight ratio or

in other words, a higher surface area to volume ratio.⁽³⁾ Heat loss is influenced mainly by surface area whereas heat production is more related to body weight.⁽³⁾ Due to their relative larger surface area, smaller lambs will lose more heat to the environment, placing them at greater risk of developing hypothermia than larger lambs.^(1,2,3) At birth, the ewe's protected uterine environment is replaced with an external environment full of challenges which can include cold or wet weather and, most likely, predators.⁽¹⁾ After birth, the lamb's core temperature drops by approximately 1 to 2 °C from the warm uterine environment of 39 °C.⁽³⁾ To counteract and



compensate for the heat lost from the lamb's transition into the external environment, lambs have to increase their heat production by up to 15 times.⁽³⁾

Even though sheep are normally quite resistant to cold weather, cold stress can cause significant discomfort to lambs if they are not kept dry and adequately nourished.⁽²⁾ The resultant hypothermia can cause a dramatic rise in lamb mortalities and therefore, protection and shelter from wet weather and wind chill is vital.^(1,2)

Lambs rely almost entirely on their physiological ability to utilise brown adipose tissue to generate heat. Interestingly, the development of these brown adipocytes is regulated by the thyroid hormones and variations in these hormones are a reflection of breed differences in lamb body temperature.⁽²⁾

Smaller lambs have less body reserves, and are therefore generally weaker, slower to stand and have less drive to suckle.^(1,2,3) The ability of the lamb to stand up and suckle is fundamental in ensuring that sufficient colostrum is ingested on time.⁽²⁾ Standing also decreases heat loss to the ground.⁽¹⁾ Lambs do not receive antibodies from the ewe via the placenta therefore, neonatal lambs

are very vulnerable to infectious diseases until they have acquired passive immunity through their dam's colostrum.^(1,2,3) The window for passive transfer of immunity is very narrow, not only because of the lamb's intestinal closure to immunoglobulin absorption between 24 and 36 hours after birth, but also because the concentration of immunoglobulins in the colostrum decreases rapidly.⁽¹⁾

Insufficient intake of colostrum is a major factor affecting neonate survival.^(1,3) Early colostrum intake will also enable the lamb to increase heat production by 17 %, even if body reserves are low, thereby providing increased resistance to hypothermia.⁽¹⁾ In the first 18 hours of life, a lamb needs approximately 50 ml colostrum per kilogram bodyweight at an environmental temperature between 18 °C to 26 °C, which increases to approximately 280 ml colostrum/kg at 0 °C to 10 °C, however, few ewes can meet their lamb's needs in these instances.^(1,3) Even though twin-bearing ewes produce more colostrum, they do not have as much colostrum per lamb, which has serious implications for lambs already born at lower birth weights and lower energy reserves.^(1,3) An estimated 10 % of single-bearing and 30 % of

twin-bearing ewes do not produce enough colostrum for their lambs after birth.⁽³⁾ For this reason, it is imperative to ensure that ewes receive good and adequate nutrition, so that there will be sufficient colostrum available and subsequent milk produced to meet the needs of the growing lamb.⁽³⁾

Look out for Part 2 in the June issue.

References:

1. Dwyer CM, Conington J, Corbiere F, Holmøy IH, Muri K, Nowak R et al. Invited review: Improving neonatal survival in small ruminants: science into practice. *Animal*. 2016 Mar 1; 10(03):449-459.
2. Dwyer CM. The welfare of the neonatal lamb. *Small Ruminant Research*. 2008 Apr 30; 76(1):31-41.
3. Nowak R, Poindron P. From birth to colostrum: early steps leading to lamb survival. *Reproduction Nutrition Development*. 2006 Jul 1; 46(4):431-446.

Zoetis South Africa (Pty) Ltd., Co. Reg. No.: 2012/001825/07, 6th Floor, North Wing, 90 Rivonia Road, Sandton, 2196. PO Box 783720, Sandton, 2146, South Africa. Tel.: +27 11 245 3300 or 0860 ZOETIS (0860 963847).


www.zoetis.co.za

Reference No.: CE/ART01/03/2017/JA 

FAST MAIL • BLITSPOS

African Wildlife Foundation decries ruling on South Africa's rhino horn trade ban

The following is an excerpt from a statement by Philip Muruthi, vice-president for species protection from the African Wildlife Foundation, issued after the ruling by the Constitutional Court

It is a sad day for Africa's rhino. The dismissal was made on appropriate legal grounds but from a conservation perspective, it is potentially disastrous for Africa's imperilled rhino population. Africa's rhino have already suffered record levels of poaching to supply the illicit rhino horn trade. With the moratorium on domestic trade lifted in South Africa, criminal gangs now have legal cover under which to operate. We have already seen the damage a legal market can do with the elephant ivory trade over the past 25 years. The legal trade has muddied the waters for law enforcement combating illegal ivory trafficking, while removing the stigma once attached to owning, buying and selling ivory. This strategy has ultimately proven ineffective in stopping elephant poaching, and there is no reason to expect a different outcome for Africa's rhino. What's more, a decision to legalise rhino horn trade could be interpreted as an endorsement of the erroneous belief that the horn contains medicinal properties. If legalisation is perceived as an endorsement, it could stimulate, rather than curtail, demand. As we've stated previously, legalising any rhino horn trade sends mixed messages to the marketplace at a time when a single, unambiguous message needs to be communicated to the millions – possibly billions – of existing and potential consumers of this product. The dismissal of the appeal is an indisputable setback for those trying to protect Africa's rhino. We at AWF despair for what this will mean for the survival of the species. 





CONGRESS 2017



RuVASA
Rural Veterinary Association of South Africa

Tuesday 30 May: 18h00 Welcome cocktail

30 May - 2 June 2017

Wednesday, 31 May: Antimicrobial Stewardship and Beef

08:00 – 08:30	Registration	
08:30 – 08:40	Opening and Welcome	Dr Stephen Hughes
08:40 – 09:10	Introducing the exhibitors and pharmaceutical trade	Dr Faffa Malan
09:15 – 09:40	One Health and Antibiotic stewardship	Dr Adrian Brink
09:40 – 10:20	The challenges of antibiotic stewardship in veterinary medicine	Prof Mike Apley
10:20 – 10:30	Open discussion	
10:30 – 11:15	TEA	
11:15 – 11:50	Environmental aspects of antimicrobial resistance	Prof Jaap Wagenaar
11:50 – 12:25	Antibiotic resistance – the U.S. experience in cattle	Prof Mike Apley
12:25 – 13:00	Dutch experiences in antibiotic stewardship in animals	Prof Jaap Wagenaar
13:00 – 14:00	TRADE SHOW AND LUNCH	
14:00 – 14:15	Product Promotion	
14:15 – 14:50	Antibiotic use in farm animals: supporting behavioural change of veterinarians and farmers	Dr David Speksnijder
14:50 – 15:25	Antibiotic resistance in South African feedlots and prevention strategies	Dr Maryke Henton
15:25 – 16:00	Antibiotic efficacy – what differences do antibiotics make?	Prof Mike Apley
16:00 – 16:30	TEA	
16:30 – 16:45	Product promotion	
16:45 – 17:20	Bacterial respiratory pathogens in feedlot cattle	Dr Maryke Henton
17:20 – 17:55	Clinical decision making in treating bovine respiratory disease	Prof Mike Apley

18:00 Happy hour at Exhibitors. 19:30 South African Braai

Thursday, 1 June: SAVC, Animal Health Technicians and Small stock

Time	Topic	Speaker
07:00 – 07:45	SAVC: Presentation and discussion	Dr Clive Marwick
07:45 – 08:30	Brucellosis – Presentation and discussion on veterinary diagnostics. Correct use of tests as an aid in diagnosis of diseases	South African Veterinary Laboratory Scientific Forum
	Introducing the exhibitors and pharmaceutical trade	Dr Faffa Malan
08:30 – 09:30	"What's in a 'pluck'?" Post-mortem examination and sample collection	Dr Rick Last
09:30 – 10:15	Tea	
10:15 – 10:30	Product promotion	
10:30 – 11:05	Genetic improvement of small stock: Concepts and applications	Dr Johan van Rooyen
11:05 – 11:40	Roundworm control: where are we now and where are we going?	Dr David Bartram
11:40 – 12:15	Holistic approach to parasite control	Dr Roland Larson
12:15 – 12:50	Genetic improvement of small stock: Breeding for reduced chemical dependency	Dr Johan van Rooyen
12:50 – 13:50	Lunch	
13:50 – 14:05	Product Promotion	
14:05 – 14:40	Insights into Goat production	Dr Roland Larson



14:40 – 15:10	The potential of calcified marine algae and/or capsicum as natural alternatives to Monensin in lamb feedlot diets
15:10 – 15:15	Animal Health Technician session: Introduction
15:15 – 15:35	Animal health technicians: Their importance in farm practice
15:35 – 15:55	Animal health technicians: The UNISA diploma
15:55 – 16:15	Open discussion
16:15 – 16:45	Tea
16:45 – 18:00	AGM RuVASA

Mr Frans Hagg
UNISA course co-ordinator

AHTA Chairperson and SAVC
Representative

Dinner 19:00



Friday, 2/6/2017: Dairy & personal finance: :

Time	Topic	Speaker
07:15 – 07:50	Enhancing personal mental wellbeing	Dr David Bartram
07:50 – 08:25	How to be an effective veterinary consultant	Prof John Fetrow
08:25 – 09:00	Mineral mania: Assessing mineral status in ruminants	Mrs Jacqueline Tucker
09:00 – 09:45	Tea	
09:45 – 10:00	Product Promotion	
10:00 – 10:35	Economic thinking and perspectives in decision making on dairy farms.	Prof John Fetrow
10:35 – 11:10	Combining epidemiological and cost benefit analysis to assist in udder health management and treatment decisions	Dr IM Petzer
11:10 – 11:45	Selective Dry Cow Therapy	Dr David Bartram
11:45 – 12:00	Toilet break	
12:00 – 12:35	The Influence of Proactive Udder health management on antimicrobial resistance patterns for Staphylococcus aureus in southern Africa Dairy Herds (2000 to 2010)	Joanne Karzis
12:35 – 13:10	Veterinarians role in making farms more profitable: an economic perspective of our profession	Prof John Fetrow
13:10 – 14:00	LUNCH	
14:00 – 14:15	Product Promotion	
14:15 – 14:40	Rural veterinarians: challenges to financial health	Dr F van Niekerk
14:40 – 15:15	Retirement reform and investments – how they affect the vets' own RAs and the advantages for vets to contribute to the employee's RAs	Mr Mike Brown
15:15 – 15:35	Managing post-retirement investments	Mr Mike Brown
15:35 – 16:05	Tax-free savings and investment accounts – how to maximize the benefits	Mr Simon Brown
16:05 – 16:30	How I construct my personal portfolio	Mr Simon Brown
16:30 – 16:50	Open discussion	
16:50 – 16:55	Close	
16:30 – 16:50	Open discussion	Dr Stephen Hughes

Ruvasa members receive
substantial discount.

Join now - save your membership fee
and enjoy member benefits -
visit www.ruvasa.co.za.

REGISTRATION FEES

	Early Bird	Normal
Member Full Programme	R5 100	R6 100
Non Member Full Programme	R6 400	R7 400
Member 2 Days	R3 800	R4 200
Non Member 2 Days	R4 200	R4 600
Member 1 Day	R1 800	R2 200
Non Member 1 Day	R2 400	R2 600
	All fees excluding VAT	
Early:	Up to 20 April	(EB)
Normal:	From 21 April	(N)

REGISTRATION:
www.vetlink.co.za
Tel: 012 346 1590





You are invited to the 9th South African Veterinary & Paraveterinary & SASVEPM Congress 2017 that will take place from 25-28 July 2017 at Birchwood Hotel & OR Tambo Conference Centre.

THE SOUTHERN AFRICAN SOCIETY FOR VETERINARY EPIDEMIOLOGY AND PREVENTIVE MEDICINE (SASVEPM):



- Enhancing veterinary epidemiology and preventive medicine in Southern Africa
- Adapting epidemiological discipline to address regional diseases and challenges
- Building the network and capacity of Southern African veterinary epidemiologists

The Southern African Society for Veterinary Epidemiology and Preventive Medicine (SASVEPM) was formed at the end of 2000, with the objective of promoting veterinary epidemiology and preventive medicine in the Southern African region. One of the reasons for starting a regional society was the realization that we have unique problems and circumstances in Africa that require us to formulate a unique brand of epidemiology that can be applied in the region. The best people to do this are the Africans themselves. For too long resources have been wasted on disease surveillance and control because of a lack of understanding about epidemiology or because of the application of methodology that was inadequate for our region.

Our biggest problem was the lack of capacity in the discipline. We therefore needed a forum that would enable those with some expertise, or an interest, to cross pollinate expertise and ideas, with the objective of building capacity in the region, but also of creating a unique methodology applicable to our region. The Society also aims to enhance communication between epidemiologists in the region. With the weakness of the currencies in the region it is also becoming increasingly difficult to attend conferences or continuing education courses overseas; a regional society thus allows local veterinarians to attain these goals at an affordable cost.

SASVEPM now has a multi-national membership of over 200, including private-, state- and industry veterinarians as well as others in academia and research. To date the Society has held fourteen annual Congresses, which have been a highly successful blend of scientific papers, posters and continuing education (CE) sessions. SASVEPM also hosted the twelfth International Symposium for Veterinary Epidemiology and Economics (ISVEE XII) during August 2009 at the ICC in Durban.

This year, SASVEPM will be joining the South African Veterinary Association (SAVA) in a joint congress to be held from the 25th to the 27th July at Birchwood Hotel in Gauteng.

TO REGISTER GO TO
WWW.SAVETCON.CO.ZA
CLICK ON 9TH CONGRESS LOGO.
SPECIAL RATES FOR
REGISTRATIONS BEFORE
31 MAY 2017

EVENT ORGANISER:



Ms Petrie Vogel

Tel: +27 12 346 0687, Fax: +27 (12) 346 2929
petrie@savetcon.co.za, admin@savetcon.co.za

www.savetcon.co.za

SASVEPM has grown into a formidable and recognized entity over time, and has become the platform to present and discuss work carried out by many institutions including government veterinary services, to understand and control animal diseases of public importance.

As an organization aimed at understanding the epidemiology of disease, we have recognized that the entire veterinary fraternity plays a fundamental role in disease surveillance and control. It is with this fact in mind, that we join with SAVA this year, with two objectives in mind: firstly, to expose our members to the wider world of SAVA and to welcome veterinarians who might not ever have considered the unique role they play in the overall epidemiology and control of disease in South Africa, and the Southern Africa region. We feel that this relationship is fundamental in the future success and development of epidemiology in the region.

The program for this year covers recent research that has been conducted in the region as well as a few presentations from beyond the Southern Africa region. Our key note speakers will be addressing issues that have been identified as pertinent during the last SASVEPM AGM. These include: private – public partnerships in veterinary services, interpretation of laboratory results for disease diagnosis and sampling for diagnostic testing.

The rest of the program ranges from presentations of laboratory research, to field investigations, to the design of surveillance systems, to One Health investigations. It is an intriguing variety of presentations and serves to illustrate the capacity of epidemiology to be used to approach a wide range of situations.

It is our time to learn from each other, and we consider it a privilege to be given the opportunity to learn from the greater veterinary fraternity over these days.



HAVE YOU EVER WONDERED HOW SAFE THE MEAT IS THAT WE EAT DAILY?



This question will be answered in a presentation by Itumeleng Matle at the 9th SA Veterinary & Paraveterinary & SASVEPM Congress.

When pondering this question food-borne pathogens like *Salmonella*, *Escherichia coli* (*E. coli*) and *Clostridium botulinum* springs to mind immediately. But have you thought about the impact of *Listeria monocytogenes*? This important bacterium infects meat and milk products that include processed meats, soft cheeses and even ice cream. The prevalence of this bacterium in South African meat and meat products forms the base of an eye-opening presentation by Itumeleng Matle.

Science has a great impact on economy and industries dependant on animals and animal health. Of great economical importance to the horse industry in South Africa and worldwide is the prevalence of diseases like African horse sickness (AHS). What do we know about the evolution of this virus and is it possible to differentiate between vaccine and field viruses?

This will be under discussion in two presentations at the 9th SA Veterinary & Paraveterinary & SASVEPM Congress which will be held at Birchwood Hotel & OR Tambo Conference Centre from 25 - 27 July 2017.

The paraveterinary profession includes animal health technicians, laboratory animal technicians, veterinary technologists and veterinary nurses. The nurses will be presenting separate sessions related to their profession at the congress. Government departments and the private sector employ paraveterinary professionals. They work in the field, on farms, in state and private laboratories, at research and teaching institutions. Bacteria, internal and external parasites, viruses and insects are just some of the organisms that make this profession exciting and challenging.

The South African Association of Veterinary Technologists (SAAVT) is co-ordinating the 2-day paraveterinary sessions at the congress. Day 1 (Tuesday 25 July 2017) will be devoted to a varied programme reflecting the diverse disciplines in the paraveterinary profession. On day 2 helminthological, parasitological and molecular workshops will be presented. Discover how to collect, sort and identify insects and ticks of veterinary importance.

The complete programme and registration information is available at <http://savetcon.co.za/Congress2017>, all participants and attendees will receive CPD points. According to law all veterinary and paraveterinary professionals must be registered with the South African Veterinary Council (SAVC). More information is available at <https://www.savc.org.za>

Veterinary Management of African Wildlife Conference 2017

Dr Greg Simpson

The Faculty of Veterinary Science (FVS) co-hosted the Veterinary Management of African Wildlife Conference with the South African Veterinary Association Wildlife Group (SAVA WG) from 21 – 25 February 2017. This was the first time the SAVA WG joined with the faculty to host their annual conference. We had a great turnout with 219 registrations, including 8 international delegates, 43 students and 18 trade representatives.



It was a busy five days starting with two workshops: “Critical monitoring during immobilisation” by Prof Leith Meyer and “Carnivore immobilisation, anaesthesia and nutrition” by Dr Adrian Tordiffe, both from the FVS. The following four days each had a theme, the first being “Rhino and Elephant Conservation Medicine” with the keynote speaker Dr Michael Knight of the IUCN African Rhino Specialist Group talking on “Medicine to save Africa’s rhinos”. The second day’s theme was “People and Wildlife” with Dr Mike Kock talking on “Protected areas and people: where have all the elephant and rhino gone, and more important why?”. He gave great veterinary and medical anthropological perspective on trans-frontier conservation areas.

Friday’s theme was “Wildlife Disease” with Dr William Karesh opening with the talk “Can we call them wildlife diseases anymore?” which gave a global perspective on emerging diseases. The theme of the last day was “Applied Clinical Practice” with Dr Johan Marais starting the day with the insightful “Rhino in the room”. We were fortunate to have a wide variety of speakers from Southern Africa, North America, Europe and Asia. They covered a diversity of topics from tuberculosis diagnosis to immobilisation drug protocols and side effects. The talks are available on the member section of the Wildlife group website www.vets4wildlife.co.za.

There were vibrant social activities with a fun quiz night on the first night with a variety of veterinary related questions, some submitted by members. The last night was a gala dinner where the best talks and poster were announced. Prizes were given to the best talk of each of the four days and the best poster as voted by the delegates. The Lycaon award was awarded to Dr Markus Hofmeyr for his contribution to conservation as a member of the SAVA wildlife group. The award makes him an honorary member of the group.

The feedback from delegates and trade has been overwhelmingly positive. Dr William Magnone wrote: “I’m now again in Italy in my zoo work but I want to thank you all! It was absolutely a great conference from both scientific and non-scientific aspects. I found all presentations of great interest and it was very useful for me to understand the South African wildlife situation. The workshop was great too! Thanks Leith and Jacques to share with us your experiences! We hosted EAZWV conference in 2012 and I know what it means!! Thanks again and my compliments!”

We would like to thank all the speakers that took the time to present their experiences and thoughts as well as the organisers Vetlink, FVS and SAVA WG. A big thank you to the sponsors who make a significant contribution to the success of the conference: the main sponsors



Keynote speaker, Dr Michael Knight



Dr Markus Hofmeyr is presented with the Lycaon Award by Dr Angela Bruins for long term contribution to conservation as a member of the SAVA Wildlife Group.



Keynote speaker, Dr Mike Kock

V-Tech and Wildlife Pharmaceuticals, Kyron (Carnivore workshop), Lomaen Medical, Professional Wildlife Equipment, Global Supplies, Sonorite, Motsumi and Midlands Veterinary Wholesalers. 



SPECIALIST REFERRAL HOSPITAL

- Open 24 Hours
- General and Referral Practice
- Emergency and Critical-care Facility
- Overnight Hospitalisation with Veterinary supervision

- Telephone (011) 706-6023 (All Hours)
6 Ballyclare Drive, Bryanston

email: bvh@global.co.za
web: bryanstonvet.co.za



Microvet is like a climbing rope. It is your safety line to secure assets and prevent losses.



SECURITY
DEBT CONTROL
STOCK CONTROL
CASH CONTROL
CREDIT CONTROL

VETERINARY SOFTWARE WITH ALL THE TOOLS TO RESCUE A VETERINARY PRACTICE FROM THE FINANCIAL JUNGLE.

book your FREE demo today: 012 348 4071

tel: (012) 348-4071 Website: www.microvet.co.za
e-mail: otomys@mweb.co.za Powered by Otomys Software Solutions



FOURWAYS VET

HOSPITAL & SPECIALIST REFERRAL CENTRE

Ensuring uncompromising care for your patients



- ✓ 24-hour veterinary and nursing care
- ✓ Dedicated ICU facility with 24-hour ICU staff
- ✓ Surgical and medicine specialists
- ✓ Access to an anaesthetic specialist
- ✓ Overnight veterinary and nursing care for compromised patients
- ✓ Commitment to patient referral back to referring vet
- ✓ In-house MRI facility
- ✓ Telephonic or electronic specialist assistance for veterinarians

Cnr Witkoppen Road and The Straight, Pineslopes, Fourways, Gauteng
Tel: 011 705 3411 email: info@fourwaysvet.co.za



SPECIALIST REFERRAL HOSPITAL

We offer:

- Full range of orthopaedic procedures: Fracture Repair, Arthroscopy, TPL0 and Total Hip Replacement included
- Advanced neurosurgery techniques
- Specialist internal medicine procedures and treatment
- Diagnostic imaging incl. daily access to CT and MRI:
 - DR radiography
 - Ultrasonography, Echocardiography and
 - Chemotherapy





Dr David Miller
Specialist
Small Animal
Internal
Medicine



Dr Sara Boyd
Specialist
Small Animal
Surgeon



Dr Fanie Naudé
Specialist
Small Animal
Surgeon



Special Vets
for
Special Pets



**63 Kayburne Ave,
Randpark Ridge,
Ext. 8**

**PO Box 1311,
Randpark Ridge, 2156**

**Telephone (011) 792 6442/3
Fax (011) 792 0409
Emergency 083 698 3819
Email reception@jsvc.co.za/
admin@jsvc.co.za
Web www.jsvc.co.za**

V
vet PROTECT

Professional Indemnity and Public Liability
Insurance for Veterinarians

Protecting the Integrity of Vets

itoo it www.vetprotect.co.za
In association with Hollard. 0861 VETPRO (0861 838 776)

Internet, mobile, business solutions for the veterinary industry.

theCODEco

Let The Code Company be your preferred IT partner in:

- Website Development ➤ E-commerce ➤ Search Engine Optimisation
- Social Media ➤ Mobile Solutions ➤ Bulk Marketing
- Hosting ➤ Training ➤ Software Development

The Code Company offers the unique combination of software development, graphic design, multimedia, practice management, marketing and operational expertise tailored by a wealth of experience in the veterinary industry. Innovation is at the core of everything we do, as we embrace technology to provide simple & practical solutions for the veterinary environment.

Our knowledge and understanding of the veterinary industry allows us to offer a number of solutions as our aim is to become a full house provider of all that your practice requires.

We offer solutions and services as an extension to your practice allowing us to focus on moving your business forward while you focus on veterinary medicine.

CALL US TODAY
to find out how we can benefit you

010 591 1174
info@codeco.co.za
www.codeco.co.za

MTE ENGINEERING

- Medical Gas Installations
- Servicing of Vaporizers Calibration Test and Test Certificates given with all services.
- Basic and Major Services to Anaesthetic Machines.
- Anaesthetic Machines built to specifications
 - A) Tatum Trolley
 - B) Tatum Desk Top
 - C) Tatum Wall Mounted
- MTE CO2 Absorber System
- Conversions of Vaporizers from Halothane to ISO to Sevoflurane
- X-ray Servicing

Contact: Janet Viljoen
Contact no: 072 112 3757
Office no: 016 987 5087
Email:
janetmaryv5@gmail.com
Email:
mteeng@mtnladod.co.za

RADIATION ONCOLOGY (Referral Practice)

**Dr Georgina Crewe BVSc.
MSc. (Wits)**

Radiation Therapy may be used alone or in conjunction with surgery and chemotherapy. Radiation is particularly useful in the treatment of solar induced squamous cell carcinoma, cutaneous mast cell tumours and sarcomas. Palliative radiation is successful for most tumours as the tumour shrinks and the peripheral nerves are released relieving the pain caused by the tumour. For more information or to discuss a case please contact:

Georgina Crewe,
115 9th Ave., Fairland,
Johannesburg 2195,
Telephone:
011-678-3121,
Cell: 082-492-6247,
E-mail:
georgina.crewe@acenet.co.za

RL Veterinary Consulting
Don't Worry. Be Happy

VETERINARY BUSINESS CONSULTANT

Dr Robin Linde

BSc, BVSc,
Cert Business Management

If you do need help with:

- Practice evaluation
- Buying or selling a practice
- Financial management
- KPI/Benchmarking
- Stock and merchandise management
- Marketing management
- Human resource management
- Client management

Please phone me on cell:
082 075 4111
Email:
robin@rlconsulting.co.za

HILTON VETERINARY HOSPITAL

72 Hilton Avenue
S29°34.371° E030°17.969°

(033) 343-4602
www.hiltonvethospital.co.za

Dr Martin de Scally
BVSc (Hons) MMedVet (Medicine)
082 784 5537
martin@hiltonvethospital.co.za

Dr Daniela Steckler
Vet Med (Germany) MSc ACT
Diplomate (Theriogenology)
072 222 7217
daniela@hiltonvethospital.co.za



BIRD AND EXOTIC ANIMAL HOSPITAL

The only Avian and Exotic specific practice in SA.
 Access to advanced diagnostics and treatments.
 Emergency Care 24 hrs
 Behaviour, Husbandry and Diet consults Soft tissue and Orthopaedic surgery
Dr DL Elliott Dip Vet Nur BVSc; DR JS Steyn BSc BVSc Based in the Onderstepoort Veterinary Academic Hospital
www.birdandexotic.co.za
 • vet@birdandexotic.co.za
 • 012 529 8105 • A/H
 Emergencies 079 525 0368

OPPORTUNITY IN AUSTRALIA



At Fletcher Veterinary Practice our Veterinary Services are in Demand!
 Wanted: A Passionate Believer in Veterinary Medicine to Work with Our Team.

OUR IDEAL VET

- Patient Welfare is #1
- Exceptional Communication Skills
- Compassionate & Professional



OUR PEOPLE

- 3 x senior Veterinarians
- 6 x Experienced Nurses
- Practice Manager
- Animal Behaviourist

MUST HAVES

- Bachelor of Veterinary Science - Recognised in Australia
- Passion for Veterinary Medicine & continued learning



- Ability to build rapport
- Listening Skills
- Positive and Friendly Attitude

WHATS IN IT FOR YOU?

- Negotiable Salary
- Varied Case Load
- Flexible Work Hours (no on call)
- Professional Development



- Orthopaedic Training Option
- Accommodation assistance
- Visa Sponsorship

Visit www.fletchervet.com.au for more info.
 Send applications or enquiries to claire@fletchervet.com.au

Ixia St Animal Hospital & dental clinic



VETERINARIAN WANTED

to join our 4-vet Small Animal Hospital in Cape Town's coastal suburbs
 (minimum 1yr experience)

- SAVA rates
- Position available immediately
- No after-hours
- Great people
- Modern toys
- Efficient systems
- Effective management

? If you're interested ?

ENQUIRIES and/or CV's to:
natvet@kingsley.co.za

— modern medicine - old fashioned care —



We are a well-established, growing small animal practice in the Southern suburbs of Johannesburg, looking for a fourth Veterinarian to join our team.

We are an excellently equipped practice (Digital x-rays, Ultrasound, rigid and flexible endoscope's, Idexx in-house laboratory, dedicated theatre etc) and have a great supporting team. No after hours and weekends are shared. Half day positions will be considered as well.

SAVA rates apply.

Please e-mail CV's to bvh.acc@gmail.com

Or call Joshua 072 562 1033/
 Ajit 083 556 2130



We are looking for a fourth vet to join our busy, mixed animal clinic in Rustenburg. It is a modern clinic where we see a wide variety of interesting cases in exotics, small animals, equines, farm animals and other species. Scope for more expansion in game work. Plenty of opportunities for surgery, medicine and more.
 We are also looking for a locum that can help us out on fixed days on a regular basis. Contact us on 082 855 3515 or 083 653 1081 or www.bergbosvet.co.za or admin.bergbosvet.co.za



VACANCY FOR A SMALL ANIMAL VETERINARIAN IN DURBANVILLE, CAPE TOWN

We are a growing practice looking for a fulltime veterinarian to join our team.

We provide a personal service and strive towards excellent care for our clients and patients.

We offer the following:

- No out of hours
- Market related salary
- Work/life balance
- Growth opportunities
- Well-equipped facility

If you get energy from contact with clients and patients and exercising competence in your profession is important to you, then this position is for you.

CONTACT:

uitzichtvet@gmail.com or 021 975 1039



KEMPTON Dierehospitaal / Animal Hospital

At last! a Full time position available at Kempton Animal Hospital to join a busy 5 man practice.

Please contact Chantelle our practice manager for further information regarding the practice and job description.

011 391 1146

kemptonvet@gmail.com

URGENT!



KLIPRIVER ANIMAL CLINIC, MEYERTON

We require a veterinarian to join our team of two vets, one nurse and staff, at our practice with small, large and some wild animals.

SAVA salary rates apply.

If interested, please email CV to mwdiere@mweb.co.za or phone ELBIE Practice manager 016-362 0003 during 8H00 to 15H00 084 506 1314 After hours



VAAL ANIMAL CLINIC VAAL DIEREKLINIEK

Posadres / Postal Address
Posbus / PO Box 12026
Lumier
1905

Spreekkamer / Consulting Rooms
Carter Street 52 Carterstraat
Vanderbijlpark
Email / Epos: vaaldk@gmail.com
Tel: 016 982 1401
Fax: 016 982 2527
Na Ure Nood / After Hour Emergency
071 471 6252

VAAL ANIMAL CLINIC (Vanderbijlpark) requires a veterinarian to join our team of two vets, two nurses and a support staff of six.

We are a busy, well equipped, small animal practise (with some equine).

Please send your CV to vaaldk@gmail.com or phone 016 982 1401 during office hours / 082 544 4566 after hours.

POSITION FOR A DAY AND AFTERHOURS VET AVAILABLE IN OUR BUSY, SMALL ANIMAL VET PRACTICE IN GLENASHLEY, DURBAN



We have 6 permanent veterinarians and are looking for a motivated vet who enjoys his or her work and works well in a team. We have settled into our purpose-built practice and we offer a modern and well-equipped hospital with separate cat and dog wards, full Idexx laboratory, digital x-rays, endoscope, ultrasound, dental machine etc. We are a busy 24hour practice so we do see alot of interesting cases. The practice is situated in close proximity to the beach and Durban offers a host of exciting outdoor activities and amenities which are within close proximity to the practice.

Please contact Diane on 031 562 1037 or 082 465 1228 or diane@ashburnevet.co.za



Vet and Agric CONSULTANTS GABORONE, BOTSWANA

We are looking for a SAVC/RCVS registered veterinary surgeon to immediately join our team as fifth veterinarian.

We are a predominantly small-animal surgery with some production and equine work (and often a goat on your consulting table.) Computerised Vetest, ultrasound and digital X-ray system part of equipment. After hour rota shared 1-in-4 vets. Applicant must have a driver's licence, patience and a good sense of humour. Working language is English.

Come and enjoy a relaxing rural character in a safe country with tax benefits. Use the opportunity to work in one of the most beautiful countries in Southern Africa.

Kindly email CV to: erik@vetagric.co.bw



BELMONT ROAD VETERINARY CLINIC, RONDEBOSCH, CAPE TOWN

Enthusiastic and self-motivated small-animal veterinarian needed to join our after-hours team on a full-time basis, but only doing half the normal shift rotation. Very lenient shift rotation with market-related salary; ample time off to locum or pursue other interests.

Email CV's to Imraan@belmontroadvets.co.za

Fax: 021 686 6079
Call: 021 685 7750 for further enquiries.

SMALL-ANIMAL CLINIC REQUIRES A DEDICATED FULL TIME AND PART TIME VETERINARIAN.

We are a well-established, upmarket and fully equipped practice in Kyalami Johannesburg.

Excellent long term prospects for the right candidate. No after hours. Urgent: locum needed to start beginning of May.

Send cv to elmien.york@gmail.com or phone 082 782 3027.



HAVE YOU EVER THOUGHT OF WORKING IN ENGLAND?

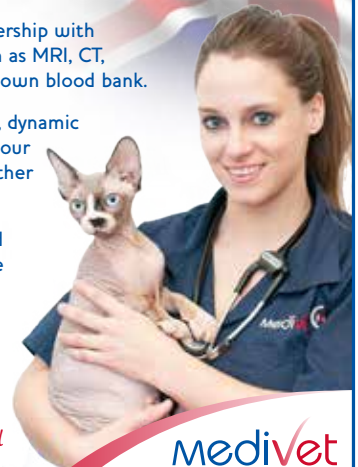
Do you have at least 3 years' small animal clinical experience and enjoy practising to a high standard?

We are a large veterinary partnership with state-of-the-art equipment such as MRI, CT, ultrasound, laparoscopy and our own blood bank.

We are looking for experienced, dynamic and entrepreneurial vets to join our network of friendly practices, either as an employee or as a partner.

Medivet is an accredited A-rated sponsor and we are able to issue certificates of sponsorship for tier 2 (general) visas for suitable veterinary surgeon candidates.

If you are interested in working and settling in the UK, please send your CV and covering letter to Daniel at vetreruitment@medivet.co.uk



MediVet
THE Vets

www.medivet.co.uk/vet-professionals

HUSBANDRY MANAGER NEEDED FOR A PROGRESSIVE CROCODILE FARM

QUALIFICATIONS & EXPERIENCE

Qualified veterinarian with minimum of 5 years practical experience; Registered with the SA Veterinary Council; Computer literate (MS Office, in particular Excel); Managerial & leadership skills

RESPONSIBILITIES

Manage crocodile husbandry operations, including:

- Herd health and welfare, production, reproduction & nutrition.
- Biosecurity
- Diagnosis and treatment of disease (therapeutic & preventative)
- Feed intake, growth and harvesting data monitoring
- Meat safety control
- Day to day husbandry planning & staff oversight & management
- Staff training program iro herd health, biosecurity & animal welfare
- Register and maintain in-house veterinary practice

PREFERANCES

Prior experience with intensive farming operations and animal production systems, including meat safety & animal nutrition.

APPLICATIONS & CLOSING DATE

Only applications from candidates with the specified requirements will be considered. Closing date is 31 May. If no response to your application is received within two weeks after the closing date please consider your application as unsuccessful.

Email address: hr@lecroc.co.za

Job title: Veterinary Surgeon BVSc-SAVC registered LOWER SOUTH COAST SPCA, UVONGO

TASKS OF NEW EMPLOYEE:

- Examining and treating animals
- Conducting health checks
- Performing ultrasounds and x-rays
- Performing euthanasia when required
- Performing surgeries as required
- To educate pet owners in better care of their pets
- Applying and enforcing public health as well as animal welfare laws

QUALITIES REQUIRED BY THE NEW EMPLOYEE:

- Caring for animals
- Sympathetic and respectful to animals, staff and the public
- Maintain flexibility and calmness

WORK ENVIRONMENT:

Friendly and approachable. Well equipped facility and trained assistants. There are many activities to sustain a person around the coast to keep a healthy and happy mind.



STARTING DATE: ASAP!
Email: ops@spcalowersouthcoast.co.za

The collage includes: a group of four people (two men and two women) talking and smiling in front of a large steel bridge over water; a man in a hat and a woman talking outdoors near a table with drinks; and a scenic view of snow-capped mountains and a lake with two people walking on a grassy hill in the foreground.

Could This Be You?

VetPartners has exciting opportunities for Vets to work across Australia and New Zealand.
Come and work where most people only dream of vacationing!

We offer:

- Short and long term positions available
- Over 80 vet clinics across Australia and New Zealand
- Great salary, relocation allowance and support for vets requiring Visa sponsorship

To register your expression of interest, visit careers.vetpartners.com.au and upload your resume today.



Classified Advertisements

Snuffeladvertensies

VETERINARIAN / VEEARTS

AUSTRALIA

Veterinarian – Coastal Australia (close to Sydney). Do you have an interest in surgery? Start date: mid-2017. Generous salary package on offer including assistance with relocation costs. An experienced veterinarian is required to join a 3-veterinarian small-animal practice. Continuing education is strongly encouraged. There is an annual CPD allowance and further surgical training can be provided. The hospital is state-of-the-art. It is located in a beautiful area on the Central Coast of New South Wales. For further information, please contact Denise Pernich at Vetlink.

Email: denise@vetlink.com.au

Website: www.vetlink.com.au

Ref17FE01

AUSTRALIA

A large mixed practice in Australia requires a veterinarian to join their supportive, 11-veterinarian team. Sponsorship (work permit) available. Type of work: 60% small-animal, 30% dairy, 10% equine.

Small-animal veterinarians with an interest in mixed practice are encouraged to apply.

Experience in dairy pregnancy testing would be an advantage. The practice is located in a beautiful area on the South Coast of New South Wales. For further information, please contact Emma-Lee Dunn at Vetlink.

Email: emma@vetlink.com.au

Website: www.vetlink.com.au

Ref17MY04

AUSTRALIA

Perth. Equine: enthusiastic, motivated veterinarian required ASAP. Join well-established excellent equine practice in the southern suburbs of Perth, Baldivis

Vet Hospital, Western Australia. A short or long-term position available, 2-3 years' experience required.

robert.d.davies@icloud.com

Ref17MA16

AUSTRALIA AND NEW ZEALAND

Exciting opportunities exist to join our experienced supportive network of veterinarians that pride themselves as professionals, providing outstanding pet-care services.

Your skills and experience will be highly valued and you can choose between working in one of our clinics or the National Relief Teams offer you opportunities to travel and explore our country.

Work-life balance, offers 5 weeks' leave and other CE benefits.

Our practices cover general practice, emergency, and specialisations.

Business partnership also available.

Streamlined visa and PR, assistance with relocation costs.

Contact Cheryl Nichols +61 439 296 263

or cnichols@gxlt.com.au

Ref17AP04

NEW ZEALAND

Small-animal veterinarian. Join our clinical team of 5 veterinarians and a team of excellent support staff as the newest member of the Taradale Vet Hospital clinical team in the Hawkes Bay, NZ.

Full-time, permanent position available, with a tailored relocation package (including immigration assistance) for you, your family and your pets. You can soon be in the wine capital of NZ, watching the sunset by the ocean (visit: www.hawkesbaynz.com). Contact Ana for more info: talent@nzpetdoctors.co.nz.

Ref17MY10

FREE STATE / VRYSTAAT

BLOEMFONTEIN

Bloemfontein Vet Hospital requires one full-time veterinarian to join us at our well-equipped multi-man mixed practice. There is a partnership opportunity for the right person; SAVA recommended salary rates paid, new-graduates welcome.

Please contact us at 051 444 1460,

Cenvet@connix.co.za or Dr Ryan

Niemand 082 772 9598.

Ref15MA02

NORTH WEST / NOORDWES

POTCHEFSTROOM/FOCHVILLE

Troeteldierartse: Geleentehede in die universiteitstad – baie vakansies – Potchefstroom en vir 'n arts wat onafhanklik kan werk in die plattelandse Fochville (75km vanaf Jhb-middestad) met die oog op eienaarskap. Skakel Douw van der Nest: 018 297 1846.

Ref15MA14

MPUMALANGA

NELSPRUIT

Full-time veterinary assistant is required in our four-man mixed practice in the Mpumalanga Lowveld. Easy to keep one busy with the Kruger, Mozambique and other outdoor activities at your door step. Fully equipped animal hospital with digital X- ray, ultrasound, blood-chemistry machine etc. Duties will be shared equally between the four veterinarians. An interest in equines will be an advantage. New-graduates welcome. Remuneration according to SAVA rates. Send CV donnie@vanwijkstreetvet.co.za

Tel: 013 7441836.

Ref17FE06

>>> 45

WE WANT YOU

Full-time and relief **Veterinarian** positions in Iraq and Afghanistan

- Minimum of 18 months of experience
- Valid passport & medical assessment required
- Must verify work experience as a Veterinarian
- Doctor of Veterinary Medicine certification required

AMK9 Apply directly at www.amk9.com/careers

ERMELO

Veearts benodig vir plattelandse praktyk in Ermelo, Mpumalanga. Dit is 'n gemengde praktyk wat beskik oor goeie fasiliteite. Aangename werksomstandighede. Salaris onderhandelbaar met 'n langtermyn moontlikheid vir die regte persoon. Skakel: Ben Potgieter 083 678 7219. Ref17MA17

**LIMPOPO
LOSKOPVALLEI**

Loskop Dierekliniek benodig die dienste van 'n veearts. Ons is n gemengde plattelandse praktyk met 'n goeie balans van klein diere, groot diere en wild en is gelee in die Loskopvallei (Groblersdal en Marble-Hall) omgewing. Aangename werksomstandighede met unieke uitdagings elke dag. Bel Sr Corné Steenkamp op 013 261 1167 of stuur CV na loskopdierekliniek@gmail.com Ref16NV16

**WESTERN CAPE / WES-KAAP
CAPE TOWN (NORTHERN SUBURBS)**

Full-time assistant veterinarian required in a well-equipped small-animal practice. No after-hours work. Remuneration according to SAVA guidelines. Send CV to brackvet@iafrica.com Practice tel number 021 981 3811. Ref16MY05

CAPE TOWN (NORTHERN SUBURBS)

Companion animal veterinarian required. Full-time position. Well-established small-animal practice in Cape Town northern suburbs. New-graduates welcome to apply. No work on Sundays or after-hours. Remuneration in excess of SAVA rates for younger veterinarians. Excellent support staff. Please send CV to kuiilsriviervet@hotmail.com or phone 021 906 0202. Ref16JN05

CAPE TOWN

Veterinary assistant required: enthusiastic, motivated veterinarian required from 1st March 2017. Join our friendly, well-established small-animal practice in the southern suburbs of Cape Town. Long-term prospects available for the right applicant. 2-3 years' experience required. Please email CV and references to kenvet@telkomsa.net or contact 083 461 8757 Ref 17FE03

CAPE TOWN (SOUTHERN SUBURBS)

Veterinary assistant position available in friendly small-animal clinic aiming at high-quality patient care. Growing clinic 4 to 5 vets. Confident, motivated clinician required. Please email CV and references to vets@steenbergvvet.co.za or call 021-701-0557. Ref17AP01

DRAKENSTEIN

Equine intern positions. 2016 Western Cape, South Africa. New graduate or recently qualified? Drakenstein Veterinary clinic has a large, variable case load of equine patients, and is the ideal place to learn the essential skills as a newly qualified veterinarian. 6 x positions available from July 2017 – July 2018 Duties: Treatment and ICU care of patients, including dummy foals, colics, post-op care, and medical cases. Rotations: surgery, medicine, anaesthesia, critical care and diagnostic imaging. Accommodation provided. Contact Dr. Pia Randleff-Rasmussen at drpi42@gmail.com or for queries 021 867 0700. Ref17AP07

RIVERSDALE

Riversdal Dierekliniek is a true mixed practice in the peaceful Riversdale under the Sleeping Beauty Mountain. Satellite practices in Stilbaai, Ladismith and Swellendam. Busy, fast growing and expanding practice with new equine clinic in Riversdale. Positions available for qualified veterinarian (small – and production animals), veterinary nurse and veterinary technician. Join our current team of 4 vets and friendly, dedicated family of staff members. Contact Jacobus Boll at 028-713 1123 or manager.rdk@gmail.com. Ref17MY03

CAPE TOWN

Experienced veterinarian required for friendly small-animal practice in Fish Hoek. Excellent hours and pleasant working conditions including fully equipped surgery and great nursing staff. Please send CV to: liz.fishhoekvet@gmail.com. Ref17MY06

**EASTERN CAPE / OOS-KAAP
GRAHAMSTOWN**

We are a growing mixed and wildlife veterinary practice in Grahamstown. We love people and animals and are looking for an enthusiastic and self-motivated veterinarian (full-time or part-time), who shares our values. We aim to achieve high standards from a high-quality purpose-built and very well-equipped practice. Duties equally shared with generous time off. Salary commensurate with experience, new-grads welcomes to apply. Please send CV to Rebecca Wood at rebecca@frontiervet.co.za or cell 079 517 1749. Ref17AP11

GAUTENG**JOHANNESBURG (NORTHERN SUBURBS)**

Experienced veterinarian required for well-established small-animal practice group in Jhb northern suburbs. E-mail CV to trish@codeco.co.za Ref15OC02

JOHANNESBURG (NORTHERN SUBURBS)

Position for full-time veterinary assistant required at the Sandringham Veterinary Hospital, northern suburbs of Johannesburg. Please phone 011 640 5133 or email us your CV to sandringhamvet@intekom.co.za. Ref17FE08

EDENVALE

Veterinarian required for small-animal practice in Edenvale. Full-time or part-time. New graduates welcome. Remuneration per SAVA guidelines. For more info please contact Alae on alae.nortier@gmail.com Ref17MA06

JOHANNESBURG EAST

Part-time/full-time veterinarian required for well-equipped small-animal practice. Must be capable of sole charge, flexible hours, no after-hours. Please submit CV's to kloofroadvet@global.co.za or phone 083 235 6884 for further information. Ref17MA07

JOHANNESBURG SOUTH

Equine veterinarian/locum wanted for busy practice in the south of JHB. High standard of veterinary care. Good hours and salary. More info phone 073 207 4417. Ref17AP15

PRETORIA

Companion animal veterinarian required in Pretoria East. Full-time position. Great diagnostic equipment available (ultrasound, digital x-rays, blood-chemistry). Weekends and after-hours shared equally. Contact Dr Bodo Schroeder on 083 297 6025 or send CV to bodo@wilgersvet.co.za. Ref17MY07

**VAAL TRIANGLE
DRIE RIVIERE**

Drie Riviere Dierekliniek: Veearts benodig in groep van 3 praktyke met 8 veeartse. Ons soek 'n tweektalige assistent met oog op vennootskap. Leef jou passie uit in kleindieregeneeskunde en –chirurgie, groot diere, wild en eksotiese spesies. Goeie dienslewering is vir ons belangrik. Pas-gegradueerdes welkom. Ons 74-hok kleindierhospitaal is goed toegerus met digitale X-straal, endoskope, ultraklank, EKG, kliniese patologiemasjiene en meer. Goeie salarispakket. Kontak Dr. Willem van Niekerk 016-4231104 of e-pos CV na vets@threerivers.co.za. Ref17AP02

THREE RIVERS

Three Rivers Veterinary Clinic: Veterinarian needed in group of 3 practices with 8 veterinarians. Bilingual assistant with aim of partnership needed. Live your passion in small-animal medicine and surgery, large animals, game and exotics. Excellent service delivery is important to us. New-graduates welcome. Our 74-cage small animal hospital is well equipped with digital X-ray, endoscopes, ultrasound, ECG, clinical pathology machines and more. Excellent salary. Contact Dr Willem van Niekerk 016-4231104 or email CV to vets@threerivers.co.za. Ref17AP03

>>> 46

KWAZULU-NATAL

HILLCREST

Experienced, highly-motivated veterinarian required for a well-established, well-equipped, 24hr, small-animal hospital in Hillcrest KZN. A keen interest in surgery and ability to work to a high level of care is essential. Attractive remuneration and excellent support staff. Duties would involve a flexible mix of day and on-site night emergency work. 5+ years' experience preferred. Need to be able to start by April 2017. Please email with CV to: nwhillcrestvets@gmail.com or Tel: 031 765 3221 Ref17MA09

SCOTTBURGH

Veterinary assistant. Full-time veterinarian required in busy 2-vet practice in Scottburgh. Progressive well equipped small-animal practice. Pleasant staff in a relaxed atmosphere. Duties equally shared. SAVA rates. Send CV to scottvet@scottburgh.co.za or contact Pete 083 226 6426. Ref17MY09

UMHLANGA

The Ridge Vet in Umhlanga requires an experienced small animal veterinarian. Accommodation available. Please send CV to Dr. Kurt Landsberg at ridgevet@gmail.com. Ref17MY11

SEEKING EMPLOYMENT / OP SOEK NA WERK

Small-animal veterinarian with 12 years of clinical experience is looking for permanent position in Gauteng or KZN from 1 July / 1 August 2017. Contact: nenadmisura@gmail.com. Ref17MY02

LOCUM / LOKUM

CERES – WESTERN CAPE

June to December or part. Ceres Veterinary Hospital. SAVA rates paid. Well-equipped mixed practice – small-animal, production and equine, Small-animal and equine theatre. In-house chemistry, digital X-ray, ultrasound, endoscopy. Send CV to Carina ceresvet@intekom.co.za, or Fax: 023 316 1885 / 086 669 2921. Telephone 023 312 3020. Dr Frank Freeman: 083 441 9514. Ref17AP12

VETERINARY NURSE / VETERINÊRE VERPLEEGSTER

GAUTENG

JOHANNESBURG

Veterinary nurse required for established small-animal practice group in Johannesburg. Forward CV to trish@codeco.co.za. Ref16FE06

JOHANNESBURG (SOUTHERN SUBURBS)

Brackenhurst Veterinary Hospital, a well-established, growing small-animal practice in the southern suburbs of Johannesburg, is looking for a veterinary nurse to join their team. It is an excellently equipped practice (digital x-rays, ultrasound, rigid and flexible endoscopes, Idexx in-house laboratory, dedicated theatre, etc.) and has a great supporting team. No after-hours work. Half-day positions will be considered as well. SAVA rates apply. Please e-mail CV's to bvh.acc@gmail.com or call Joshua 072 562 1033/ Ajit 083 556 2130. Ref17MY05

WESTERN CAPE

TYGERBERG

Veterinary nurses are invited to apply for a position at Tygerberg Animal Hospital (posts available in both northern and southern suburbs of Cape Town). You will form part of a dynamic team with good working rotations. For excellent job stimulation and growth send your CV to hr@tah.co.za Ref17AP13

PRACTICE FOR HIRE / PRAKTYK TE HUUR

ZASTRON

Kom vestig aan die voet van die Malutiberge te Zastron. Geriewe bestaan uit spreekkamer en hospitaal. Hospitaalkampies kan ingerig word. Geriewe te huur by Boere-unie teen baie billike tarief. Kontak Manie Botha 082-413 7157 Ref17MA03

PRACTICE FOR SALE / PRAKTYK TE KOOP

WESTERN CAPE

CAPE TOWN (SOUTHERN SUBURBS)

An established practice situated in a low-to-middle income area of Southfield. Easy terms negotiable. Contact Lesley 021 705 3475 (w) or email southfieldvet@iafrica.com. Ref17AP16

KUILS RIVER

This very well-established small-animal veterinary clinic in northern suburbs (Kuils River) is for sale to an energetic veterinarian to run. We are only 2 veterinarians in Kuils River, thus resulting in our practice being VERY busy. We are also urgently looking for a locum to help us out for 3 weeks asap. Tel: 021 906 4562. Email: drtheron@langverwachanimalclinic.co.za. Ref17MY01

NORTH WEST

OTTOSDAL

Goed toegeruste plattelandse praktyk in Ottosdal, NW wat al lank bestaan met groot klandisie wat 'n wye area dek. Groot gedeelte kleindiere met beeste, skape en perde wat so 30% uitmaak. Wildwerk kan ontgin word. Rustige, vergewingsesinde werksomstandighede met goeie ondersteunende personeel. Goeie plek om te begin

met jou eie praktyk. Dames wat hardwerkend is met passie (en ook 'n mielieboer wil vastrek) sal ook goed kan inpas. Huur met opsie om te koop sal ernstig oorweeg word. Dr Maryke van Zyl 084 840 0048 na ure. Ref17MY08

FOR SALE / TE KOOP

ANAESTHETIC MACHINE

New veterinary anaesthetic machine with refurbished TEC4 vaporiser R35 500-00 or with new MSS3 forane vaporiser R49 500-00. We convert your Mk3 halothane vaporiser to forane. All servicing and calibrations done by retired chief anaesthetic technician ex-Groote Schuur Hospital. Call Cassim 021-705-2880 / 082-681-9742 email encass@telkomsa.net or visit www.cvanaesthetics.co.za. Ref13JA01

ADVANCED ANAESTHETIC EQUIPMENT

World-renowned anaesthetic equipment – design and engineering awards. As a research anaesthetist, I've designed the simplest, most advanced efficient verified anaesthetic equipment. Result? The multi-purpose "Humphrey ADE-circle system", the Free-Ox anaesthetic machine, and new Mini-portable wall-mounted unit. See advertisements for special offers. Dr David Humphrey; humphrey@iafrica.com, sales 031-266-4769; www.aesmedical.co.za. Ref17MA13

HUMPHREY ADE-CIRCLE SYSTEM

Special offer! Back to 2015 prices. The advanced "Humphrey ADE-circle" multi-purpose anaesthetic breathing system. For all animals (10gm-230kg). Uses 80% less gas flow than conventional equipment. Verified in USA/European Anaesthetic Journal as the simplest, safest and most efficient equipment available worldwide. Minimal maintenance. Dr David Humphrey; humphrey@iafrica.com, sales 031-266-4769; www.aesmedical.co.za. Ref17MA14

"FREE-OX" ANAESTHETIC MACHINE

Special Offer! Back to 2015 prices. The Advanced "Free-Ox machine" includes very quiet oxygen concentrator (FREE oxygen 24/7), multi-purpose Humphrey ADE-circle system and new accurate minimal maintenance vaporizer. Also "Mini-portable" wall-mounted start-up unit also with "Humphrey ADE-circle" and same vaporizer. European/ISO medical specifications. Dr David Humphrey; humphrey@iafrica.com, sales 031-266-4769; www.aesmedical.co.za. Ref17MA15

HEMATOLOGY ANALYSERS

Heska Dri-Chem 4000 as well as Heska Hematrue Hematology Analysers for sale. Low cost to run, as well as readily available consumables via Diag SA. Proven, reliable results together with integration with commonly used veterinary practice management software. For more information please contact Ajit or Josh on 011 867 3631/2 or bvh.acc@gmail.com. Ref17MY12



DAGBOEK DIARY

General 2017

Course in Radiology of the Horse, 13 January – 31 October, online.
Info: Saskia Moritz, 012 434 2606, saskia.moritz@enterprises.up.ac.za

Course in Non-Radiological Diagnostic Imaging of the Horse, 13 January – 21 August, online.
Info: Saskia Moritz, 012 434 2606, saskia.moritz@enterprises.up.ac.za

Chi Institute Mixed Specie Acupuncture Course, August 2017 to June 2018, Online and onsite.

Info: <http://www.tcv.com/Programs/AcupuncturePrograms/AcupunctureinAfrica.aspx> or email southafrica@tcvm.com

May 2017

Eastern Cape Branch of the SAVA Congress 2017, 05 May – 06 May, Bayworld, Port Elizabeth.
Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za

9th Biennial JHB Branch Soccer Day, 21 May. All practice staff can enter, whether fit or not.
Contact Colin van Rensburg at colinvr@yebo.co.za

Ninth International Sheep Veterinary Congress, 22 – 26 May, Harrogate.
Info <http://www.sheepvetsoc.org.uk/isvc2017>

The Zoo and Wildlife Health Conference 2017, 24 – 27 May 2017, Berlin, Germany.
Info www.izw-berlin.de/the-zoo-and-wildlife-health-conference.html, registrations <http://www.bayceer.uni-bayreuth.de/zoovet2017/>

RuVASA Congress 2017, 31 May – 02 June, Misty Hills Country Hotel, Conference Centre & Spa, Muldersdrift Estate.
Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za

July 2017

National Veterinary Clinicians Group of the SAVA (NVCG), 24 July, Birchwood Hotel and OR Tambo Conference Centre.
Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za or www.nvcg.co.za

9th Veterinary & Paraveterinary and SASVEPM Congress 2017, 25 – 27 July, Birchwood Hotel and OR Tambo Conference Centre.
Info: Petrie Vogel, SAVETCON, petrie@savetcon.co.za

Veterinary Nurses Association of South Africa (VNASA), 25 – 27 July, Birchwood Hotel and OR Tambo Conference Centre.
Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za

August 2017

FASAVA Congress 2017, 11-14 August, Gold Coast, Australia.
Info: The Australian Veterinary Association, events@ava.com.au or www.fasavacongress2017.com.au

Annual Run4Rhinos Fun Run and Walk, 12 August, University of Pretoria Sports Campus (LC de Villiers).
Info: run4rhinos@gmail.com or <https://www.facebook.com/run4rhinos/>

33rd World Veterinary Congress 2017, 27 – 31 August, Songdo Convensia, Incheon, Korea.
Info: 33rd World Veterinary Congress Organizing Committee, info@wvc2017korea.com, www.wvc2017korea.com

September 2017

Free State and Northern Cape Branch Congress, 01 – 02 September.
Venue: to be confirmed, in Bloemfontein.
Info: Dr Marike Badenhorst, 051 541 1072, platkopdierekliniek@gmail.com

Complimentary Veterinary Medicines Group (CVMG) Congress, 08 – 10 September. Venue: Lethabo Estate, Lanseria.
Info: Roselle, 0798001916, congress.cvmg@gmail.com

International Congress for Parasites of Wildlife 2017, 24 – 27 September. Skukuza, Kruger National Park, SA.
Info: Petrie Vogel, SAVETCON, petrie@savetcon.co.za

42nd World Small Animal Veterinary Association Congress and Federation of European Small Animal Veterinary Associations (FECAVA) 23rd Eurocongress, 25 – 28 Sep, Copenhagen, Denmark.
Info: http://lp.www2.kenes.com/wsava_2017_lp/

October 2017

Southern Cape Branch of the SAVA Congress 2017, 27-28 October.
Venue: to be confirmed.
Info: Madaleen Schultheiss, Vetlink, 012-346-1590, www.vetlink.co.za

General 2018

Australian IVAS Veterinary Acupuncture Course, January 2018 – June 2019, online. (Three hands on practical workshops held at Marcus Oldham College, Geelong Victoria, Australia).
Info: Dr Ulrike Wurth, ulrikewurth@vetacupcollege.com.au

SAVE THE DATE:



9th Veterinary & Paraveterinary Congress
24 July 2017 | Birchwood Hotel, Boksburg, Gauteng
Veterinary Clinicians Group of the SAVA

Gastroenterology — Stanley Marks- BVSc, PhD

Professor Medicine & Epidemiology

www.nvcg.co.za | www.vetlink.co.za



Life plus 17 without parole

Mike Lowry

Mike Lowry has been in veterinary practice for "life plus 17" years. In this column, he shares his experiences and opinions.

"Hulle hou die kampe skoon". This was the answer I got from a khaki-clad farmer with a wide brimmed hat at an auction sale of elite Brahman cows in the Eastern Free State.

We had travelled to the sale as a client of mine was building a very good herd and was looking for the best available cows. The answer was a response to me asking the farmer why they kept ostriches in all the camps. I was a relatively young vet at the time and in my naiveté my rationale was that they ate all sorts of things and hence kept the camps clean.

Many years later I was involved in the development of a game farm in the inPamponyoni river valley. We had introduced ostriches into this environment and I had done all the capture of these birds in the Weenen district of Natal without incidence.

On a peaceful Saturday afternoon, a few of us decided to take a walk on the newly-established ranch. One of the members of the group was middle-aged, but suffering the effects of alcoholic poisoning and could not walk all that well.

We and got about 75 meters from the gate of a particular paddock when, after coming over a rise, we were met by a rather unhappy ostrich male with blood red legs – full mating condition. I had a reasonable walking stick and told the rest of the group to get behind me and, as I had caught plenty of these birds, felt that I could keep him at bay by pushing the stick into his chest, so that we could back-pedal to the gate and thus make our escape.

It was not to be - I pushed the stick into his chest when he was at an appropriate distance and he decided he would try a good conversion. Better than any Joubert kick. It hit me squarely in the chest and I was "converted" over a bank. Out cold. I am not sure how long

I was out for, but when I came round he was standing on my chest, having a good nip every now and then. He was the conqueror.

When I regained my sense, I grabbed him by the neck and, holding his head well down, I got to my feet and grabbed him by the wing. My wife, who was bravely standing nearby, grabbed the other wing. The rest of the group had made it back through the gate.

We decided we would frog-march him back to the gate and then push him through it and close the gate behind him. Good theory, but the practical was far from good.

We got him to the gate; got everybody on the inside and I pushed him through as best I could. Before I could close the gate, he had spun round and kicked me again. This time it was not down the bank, but into the barbed wire fence where I was rapidly attached like a grasshopper caught by a fiscal shrike. I was totally hooked. And then the onslaught started – he gave me a full work out. Fortunately, I had a heavy hunting jacket with a very substantial zip, like those purchased from Holland & Holland at their shooting school in Ryslip, London, which absorbed most of the blows.

After what seemed like a full polo chukka, but was probably not more than a minute or two, he walked away a few paces and did a noble dance, wings outstretched to make his disposition very evident.

I detached myself and, bleeding freely from several severe grazes managed to get inside the gate.

He had won that round.

Next day we again went for a walk believing he was in the camp we had pushed him into. But someone had opened the gate and left it open. We cautiously approached the gate and there he was, once again in attack mode and with the gate open. He could easily have got at us and my ataxic friend



would have been in severe trouble.

Our game plan was then decided and I would act as the decoy and get to a fence that ran along a river – I would be on the river side and he inside the camp. When I had drawn him away from the gate Judy would run up and close it. Again, excellent theory.

Off I went and he duly followed very aggressively – he had won round one and was happy to have a full go at round two. Everything went well until the fence went from five strands to two stands and then but a single strand which was certainly not adequate protection.

I shouted to Judy to run to the gate believing the distance to be adequately safe. Not so – he turned around the minute she started to run and she would not make it. She went into the river bed and he stood on the other side of the fence towering above her but just out or reach, although he tried to peck at her. I saw her slowly submerging into a pool in the river – it would be her protection.

Plan two was necessary and this involved a long walk around the 200-hectare camp. This was accomplished using the thorn bushes as cover. The gate was eventually closed with him on the other side, Judy could emerge from her cold swim in the pool and we slowly helped our friend away. Yes, my khaki-clad friend in the Free State, they do keep the camps clean – only wish you had explained a little better. And Judy was very jealous of the bird's beautiful eye-lashes; she had been close enough to see them in great detail.



OUR GUT FEEL TELLS US WE HAVE A WINNER...

WE ARE PROUD TO LAUNCH A TROUBLE-FREE, SUPERIOR **SUTURE RANGE!**

SMI, a Belgian manufacturer of sutures has appointed **Kyron Laboratories** as its sole agent in South Africa. **SMI sutures for human and veterinary use** are made in a high-tech facility in Belgium and exported to over 60 different countries around the world.



SUPRAMID

A non-absorbable surgical suture.
Available in cassette packs.



SURGICRYL® MONOFILAMENT POLYDIOXANONE

60 days wound support.
Available in sachets.



SURGICRYL® 910 POLYGLACTINE

30 days wound support.
Available in cassette packs.



SURGICRYL® PGA POLYGLYCOLIC ACID

30 days wound support.
Available in sachets & cassette packs.



SURGICRYL® MONOFAST POLYGLYCAPRONE

20 days wound support.
Available in sachets.



CATGUT CHROM

Chromic.
Available in sachets & cassette packs.

ACANA

NEW!

SINGLES | 25 YEARS

BIOLOGICALLY APPROPRIATE™ | SINGLE ANIMAL PROTEIN

LIMITED INGREDIENTS SHOULDN'T MEAN LESS MEAT

50% MEAT | WHOLEPREY™ | SINGLE ANIMAL PROTEIN


BIOLOGICALLY
APPROPRIATE™


FRESH REGIONAL
INGREDIENTS


NEVER
OUTSOURCED



PHIL OF FELTIC SEAFOODS IN PORT HARDY, BRITISH COLUMBIA, TRUSTED SUPPLIER OF FRESH WILD-CATCHED PILCHARD.



ACANA.CO.ZA

 **Champion Petfoods**
World's Best Petfood