Welcome to the Animal Health Committee (AHC) newsletter for animal industry bodies. The aim of Vetcommuniqué is to provide a communication link between AHC and industry bodies.

AHC meetings are attended by the Chief Veterinary Officers (CVOs) of the Commonwealth, States and Territories, the New Zealand CVO and representatives from Animal Health Australia (AHA), Australian Animal Health Laboratory (AAHL), Australian Quarantine and Inspection Service (AQIS) and Biosecurity Australia (BA). National industry association representatives and industry representatives from the host jurisdiction also attend an AHC – industry forum.

Dr Brian Radunz is the Northern Territory Chief Veterinary Officer and AHC Chair for 2010. Dr Andrew Cameron, Victorian Deputy CVO will be AHC Chair for 2011 and AHC next meets on 22 – 24 March 2011 in Sydney, NSW.

Further information on AHC can be found on the DAFF website at:


Key outcomes from AHC18 Face-to-Face Meeting

Industry involvement at AHC18 face-to-face meeting

The industry session at AHC 18 was attended by the Animal Health Australia Livestock Industry Forum Executive, Australian Pork Limited, Australian Dairy Farmers Limited, Dairy Australia Ltd, Australian Alpaca Association Limited, Victorian Cattle Compensation Advisory Committee, Victorian Sheep and Goat Identification Advisory Committee and the Victorian Sheep and Goat Compensation Advisory Committee.

Issues discussed included:
- Animal disease surveillance;
- NLIS implementation;
- TB EADRA re-categorisation and the Australian Reference Laboratory Network;
- EBL – provisional freedom and inter-jurisdictional movement;
- BJD Management; and
- FMD response policy review.
National Animal Disease General Surveillance

AHC held a plenary session to further consider approaches to ensure a nationally coordinated general surveillance system. It was noted that significant activity has been undertaken which has culminated in the development of a business plan for a National General Animal Disease Surveillance Program. AHC noted the importance of continued close collaboration between Government and industry and intends to hold additional meetings with industry in 2011 while the AHC plan for a National General Animal Disease Surveillance Program is further developed.

BioSIRT and MAX demonstrations

A demonstration of BioSIRT (Biosecurity Surveillance, Incident, Response and Tracing) and MAX (Maximum Disease and Pest Control) was provided by NSW and Victoria respectively to complement the surveillance plenary session. AHC noted the capabilities of these systems to analyse animal disease data and produce a wide range of reports and analyses which enhance reporting capability and response planning activities in the event of an emergency animal disease incident.

Arbovirus Surveillance

AHC considered a report from an AHC Working Group which undertook a review of Australia’s arbovirus surveillance requirements. It was noted that a national arbovirus surveillance system should be structured to meet market access requirements and to provide early warning capabilities for emergency animal disease.

AHC noted that the Working Group’s technical findings were largely consistent with that implemented by the current national arbovirus monitoring program. The Working Group provided AHC with suggested refinements, which will be referred to the National Arbovirus Monitoring Program Management Committee.

Surveillance in Northern Australia Symposium

AHC has agreed to host a symposium on surveillance in Northern Australia, in conjunction with AHC 20 which is scheduled for October 2010. This symposium is intended to further consider surveillance activities being undertaken by Commonwealth and State/Territory agencies, CSIRO, Universities, and local communities to identify opportunities for closer collaboration in northern Australian surveillance activities.

Rabies Preparedness

AHC noted that a revised rabies AUSVETPLAN is being finalised which provides strategic and policy directions for dealing with a rabies incursion if it were to occur. AHC agreed to establish a working group to develop an supplementary guidance document, to address aspects such as the human or technical resources or cultural and industry support, to facilitate timely implementation of strategies within AUSVETPLAN.

TB EADRA categorisation

It was noted that AHC and relevant parties to the EADRA have agreed that from 1 January 2011 that TB be listed as a category 4 disease in the EADRA, and that no conditionality should apply to the listing of TB as a category 4 disease. Consultation on the changes necessary to the EADRA will be conducted with all EADRA signatories, and is anticipated to be completed before 1 January 2011.

It was also noted that the Australian Reference Laboratory Network is currently comprised of reference laboratories for bovine tuberculosis, anthrax and Johnne’s disease and that with the re-classification of TB, the management of the TB reference laboratory will require further consideration.
Animal Health Systems

AHC noted developments on animal health management strategies for several diseases, including Bovine Johnes Disease (BJD). AHC noted that the current National BJD Strategic Plan ends on 30 June 2011 and that the National BJD Steering Committee has provided AHC with strategic guidelines for the future management of BJD. The BJD Technical Advisory Group has been convened to provide recommendations to AHC on operational guidelines for the future management of BJD.

World Veterinary Year

AHC noted that 2011 has been proposed as World Veterinary Year to mark the 250th anniversary of veterinary education, with the World Veterinary Year opening ceremony to be held on 24 January 2011 in Versailles, France. AHC is considering activities that can be undertaken in Australia to commemorate World Veterinary Year.

Representation on AHC: Ron Glanville and Bruce Christie

AHC noted that this was Dr Bruce Christie’s, CVO NSW, and Dr Ron Glanville’s, CVO QLD, last AHC meeting, with Dr Ian Roth to be the NSW delegate and Dr Rick Symons as the Qld delegate. AHC Members thanked and congratulated Drs Christie and Glanville for their considered and positive contribution to AHC deliberations over a number of years.

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