



Title:	DIAGNOSIS OF FOOTROT	Version:	1
Policy no (including category).	O-21	Effective date:	13.02.2007
Authorised by:	Executive Director, Biosecurity, Compliance and Mine Safety	Authorisation date:	13.02.2007

1. OVERVIEW

This policy document replaces AI Circular 2002/103. It establishes that:

- the initial diagnosis of virulent footrot in a flock is the responsibility of a registered veterinarian,
- diagnosis in a flock is based on field investigation, taking into account the clinical presentation of foot lesions present in the flock, the environmental conditions and the flock history,
- laboratory tests may be used to assist in the investigation of footrot, but cannot be the sole basis for diagnosis,
- Rural Lands Protection Board (RLPB) Rangers, and Department of Primary Industries (DPI) inspectors who are not veterinarians but who are using their powers under the *Stock Diseases Act 1923*:
 - can examine sheep for virulent footrot,
 - may suspect that the sheep are infected with virulent footrot,
 - may take regulatory action in certain circumstances,
 - must report their findings to the relevant RLPB or DPI veterinarian,
 - cannot make an initial flock diagnosis of footrot,
- accredited Footrot Contractors and Rangers, working under the direct or indirect supervision of a veterinarian, can examine for and diagnose virulent footrot in individual sheep within a flock that has already been diagnosed with virulent footrot by a registered veterinarian and is undergoing an approved footrot eradication program.

2. BACKGROUND

Footrot is a contagious bacterial disease of sheep and goats, caused by *Dichelobacter nodosus* (*D. nodosus*), formerly known as *Bacteroides nodosus*, in association with a number of other bacteria.

The development of footrot lesions is dependent on:

- the presence of *D. nodosus*, and
- the complex interaction of:
 - host susceptibility,
 - appropriate environmental conditions relating to moisture, temperature and pasture composition,
 - the right bacterial flora in the interdigital skin of the sheep's feet,

to set up conditions suitable for the establishment and development of *D. nodosus* infection.

There are many strains of *D. nodosus* and these strains vary in their ability to cause disease.

Benign strains usually cause lesions that are transient in nature, and while they may cause lameness they are generally associated with minimal economic loss. Infection with benign strains is termed 'benign footrot'.

Virulent strains usually cause chronic and severe lesions associated with lameness, loss of production and, in severe cases, mortalities. Infection with virulent strains is termed 'virulent footrot'.

The NSW Footrot Strategic Plan is directed at the eradication of **virulent footrot**.

Footrot is a declared disease under the Stock Diseases Act 1923. The term **footrot**, as used in the Act and in some documents such as policies, procedures and Written Instruments, means **virulent footrot**.

Clause 4 of the *Veterinary Practice Regulation 2006*, declares as a restricted act of veterinary science, "the examination of or attendance on any animal for the purpose of diagnosing the physiological or pathological condition of the animal".

This means that the examination of an animal for the diagnosis of virulent footrot is a restricted act of veterinary science that can be performed by only a registered veterinarian, or in certain circumstances by an accredited or authorised person, or by a person who is an inspector under the *Stock Diseases Act 1923*.

Accredited and authorised persons include accredited Footrot Contractors accredited in accordance with clause 5 of the *Veterinary Practice Regulation 2006*, and Rangers employed by RLPBs.

Virulent footrot is a notifiable disease in NSW and private veterinarians have a legal obligation under the SDA to report their suspicion of the presence of footrot infection in a flock to the local Rural Lands Protection Board (RLPB) or to a Senior Regional Animal Health Manager (SRAHM).

3. SCOPE

This policy applies to Department of Primary Industries (DPI) staff. When approved and issued as a Written Instrument by the Rural Lands Protection Board (RLPB) State Council, the policy also applies to inspectors employed by the RLPBs.

4. POLICY

Diagnosis of virulent footrot in a flock situation is the responsibility of a registered veterinarian. The diagnosis must be based on an investigation that considers:

- the outcome of careful and thorough clinical examination of a sufficient number of sheep in a flock,
- relevant flock history,
- relevant past and present environmental conditions,
- the exclusion of other causes of lameness such as foot abscess or benign footrot.

In some flocks, repeat visits to a property may be necessary to establish a diagnosis, particularly to distinguish between virulent and benign footrot.

Laboratory tests, including the gelatin gel test and the *intA* test, may be used to assist in a footrot investigation.

Laboratory tests alone cannot be used to distinguish between virulent and benign footrot in a flock situation.

Veterinarians must exercise their professional judgement about whether or not full expression has occurred, when establishing a diagnosis of virulent footrot.

Where an inspector who is not a veterinarian has inspected sheep on a property and suspects that the sheep may be infected with virulent footrot, that inspector must present his/her findings to a RLPB/DPI veterinarian. The veterinarian is responsible for the initial diagnosis of the disease on the property and can use these findings as part of his/her investigation.

Accurate written records must be kept to justify a diagnosis.

Where an inspector who is not a veterinarian has inspected sheep in a public place and suspects that the sheep may be infected with virulent footrot, the inspector may take action to prevent potential spread of the disease, in accordance with the footrot regulatory policies.

Accredited Footrot Contractors and Rangers, working under the direct or indirect supervision of a veterinarian, can examine for and diagnose virulent footrot in individual sheep within a flock that has already been diagnosed with virulent footrot by a by a registered veterinarian and is undergoing an approved footrot eradication program.

Wherever virulent footrot is diagnosed or suspected, regulatory action is to be taken in accordance with the footrot regulatory policies.

5. PROCEDURES

- BC&MS Procedure 'Diagnosis of footrot'

6. DEFINITIONS

- *Footrot*: for the purpose of the *Stock Diseases Act 1923*, means virulent footrot, i.e. infection with virulent strains of *Dichelobacter nodosus* (*D. nodosus*)

7. RELATED LEGISLATION

- [Stock Diseases Act 1923](#)
- [Stock Diseases Regulation 2004](#)
- [Veterinary Practice Act 2003](#)
- [Veterinary Practice Regulation 2006](#)

8. RELATED POLICIES

- [AI 2002/105 Laboratory Support for Diagnosis of Footrot Policy](#)
- [AI 2003/22 Footrot Eradication Policy](#)

9. RELATED DELEGATIONS

Nil.

10. RELATED DOCUMENTS

- [AGFACT A0.9.56 \(Fifth Edition 2003\) - "Footrot: Sheep and Goats"](#)
- [Information document on 'Laboratory Testing for Footrot'](#)

11. REVISION HISTORY

Version	Date
Version 1	13.02.2007

12. DATE OF NEXT REVIEW

1 December 2007.

13. CONTACT OFFICER

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NSW DEPARTMENT OF
PRIMARY INDUSTRIES

WRITTEN INSTRUMENT

state council
RURAL LANDS PROTECTION BOARDS

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DIAGNOSIS OF FOOTROT

The attached document is a **WRITTEN INSTRUMENT** issued with the concurrence of the Director-General of NSW Department of Primary Industries under Clause 8.3 of Memorandum of understanding between the Director-General of NSW Primary Industries and State Council of Rural Lands Protection Boards.

APPROVED

for B D BUFFIER
DIRECTOR-GENERAL
NSW DEPARTMENT OF PRIMARY
INDUSTRIES
Date: 21.02.2007

S ORR
CHIEF EXECUTIVE OFFICER
STATE COUNCIL
RURAL LANDS PROTECTION BOARDS
Date: 13.02.2007