

# Practitioner perspective

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WYONG EQUINE CLINIC

# OUTBREAK 25/6/07

- Initial cases seen during the week
- Carrolls Ranch association made on Sat Morning.
- Initial Tests taken that morning, driven down by owners that afternoon.
- Phone saturation from that point.

# PRACTICE STRUCTURE

- 3 vets ~ 1 testing/treating
  - 1 normal ambulatory work
  - 1 on phone constantly
  - 1 (Practice manager) on websites

# BEHAVIOUR OF DISEASE

- PRE PURPLE ZONE
  - Geographic nature of Central Coast
  - Horse to horse direct spread a no brainer
  - Aerial transmission predictable to a point; 200 – 500m . Wind direction, humidity, temperature seemed relevant.
  - Some pocketed outbreaks remained largely unexplained.
- POST PURPLE ZONE
  - Probably increased random nature of further spot outbreaks, not to the degree expected.

# VACCINATING

- KILLED VACCINE RELEASE(DPI)
- Breeding Stallions
  
- LIVE VACCINE RELEASE
- TRB – 5 teams of Vets/Stewards coordinated over 2 weekends. Existing infrastructure an advantage
- EFA – Earlier release allowed head start
- HRA – Fragmented population less manpower than thoroughbreds

# VACCINE EFFECTIVENESS

- Effectiveness not questioned.
- In retrospect could have been used more aggressively.

# LIASON WITH DPI

- By far most people helpful to a fault.
- SDCC – Industry Liason seemed to have more staff consistency
- LDCC – Workload seemed overpowering. Staff turnover made consistency difficult
- FCP – Again, individuals helpful, but system cumbersome.
- Local knowledge could have been better exploited