

12 DECEMBER 2007

EQUINE INFLUENZA

CHIEF VETERINARY OFFICER COMMUNICATION # 15

URGENT FOR ALL VETERINARIANS

Update on investigation, treatment and reporting of adverse reactions following vaccination with Proteqflu and Proteqflu TE

Horses vaccinated against equine influenza (EI) with ProteqFlu and ProteqFlu TE vaccine may experience a range of adverse reactions and clinical signs including:

- A transient swelling at the injection site,
- Pain and local hyperthermia in rare cases,
- A slight increase in temperature (maximum 1.5°C) for 1 day, exceptionally 2 days,
- In exceptional circumstances, apathy and reduced appetite may be observed the day after vaccination,
- In exceptional circumstances, a hypersensitivity reaction may occur, which may require appropriate symptomatic treatment.

Owners/agents who notice vaccination reactions are asked to notify the EI hotline (1800 675 888) or, if immediate treatment appears necessary, their veterinary practitioner. All reports received by NSW DPI will be referred to the Veterinary Investigations section of the Local Disease Control Centre (LDCC) where they will be recorded and assessed.

The LDCC will provide a task request to authorise the owner's nominated veterinarian to investigate reports of significant/severe vaccination reactions and to provide necessary treatment.

Veterinarians who are asked by owners/managers to investigate adverse reactions to the vaccine should first obtain a task request from the Local Disease Control Centre (LDCC) on 02 4640 6539. If the matter is urgent, attention should not be delayed but a task request should be obtained as soon as possible after the visit.

DPI will pay veterinarians for the investigation and reasonable treatment of significant/severe adverse reactions to vaccination conducted as part of the EI control program. The payment will cover an initial investigation visit and all subsequent reasonable treatment for symptoms deemed to be related to vaccination reactions.

Payment will be subject to submission of the completed attached report which is to be sent to the State Disease Control Headquarters on 02 6361 9976.

Invoices for investigation and treatment of significant/severe reactions are to be submitted to the LDCC on fax 02 4640 6562.

When the reaction is severe or life-threatening it is requested that a preliminary report be sent as soon as possible after the first visit. All final reports should be sent within 7 days of completion of the examination or treatment.

© State of New South Wales through NSW Department of Primary Industries 2007 Disclaimer: The information contained in this publication is based on knowledge and understanding at the time of writing (7 December 2007). However, because of advances in knowledge, users are reminded of the need to ensure that information upon which they rely is up to date and to check currency of the information with the appropriate officer of New South Wales Department of Primary Industries or the user's independent adviser.



Adverse Reaction Reporting Form for Veterinarians Investigating Reactions to ProteqFlu/ProteqFlu TE

Task Request Number

(please tick box/s and circle options where appropriate)

Reporting Veterinarian:

Name:.....VP Vet. Prac. Board Reg. No.....
Address:.....P/C.....
Telephone:Mobile:.....
Fax:Email:

Horse Owner/Agent:

Mr/Mrs/Ms (circle)
Address.....P/C.....
Telephone:Mobile:.....
Facsimile:..... Email:

Horse

Microchip No.....Horse name:.....
Sex.....Age.....Pregnant / Lactating
Date of vaccination suspected to have caused reaction.....V1 / V2 / V3
Weather at time Wet / Dry
Date reaction observed by owner/agent.....Date/s attended by veterinarian.....

Adverse effects noted:

- ☐ Injection Site swelling : <5cm / 5-10cm / 10-20cm / >20cm
☐ Increased Temperature: <39°C / 39-40°C / >40°C ☐ Pain and/or heat at injection site
☐ Off feed ☐ Apathy or depression

Hypersensitivity reaction (detail).....
.....

Duration of reaction:.....days Other (detail)
.....

Treatment: (If necessary attach extra page/s of clinical signs treatment notes etc).....
.....
.....

Outcome Recovered / Still affected / Dead

Prognosis Expect full recovery / Will probably recover/ Unlikely to recover

I certify that the information provided in this report is, to the best of my knowledge, true and accurate. In my professional judgement it is unlikely / possible / probable (circle) that this is a reaction to vaccination with ProteqFlu/ProteqFlu TE

Signed..... Date.....

Fax completed form to: 026361 9976 SDCHQ, Submit invoice + task request no. to: LDCC 02 4640 6542

Registry Copy to ☐ Epidemiology ☐ Legal ☐ Industry Liaison