



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA 2021
e-BULLETIN #17

VSBSA e-Bulletin – Veterinary Surgeons

Key Points:

1. Alert: Positive Australian Bat Lyssavirus Detections in South Australia
2. New Continuing Professional Development (CPD) Guidelines – Maintaining CPD Records
3. Reporting Obligations – Claims for Compensation re: Alleged Negligence

1. Positive Australian Bat Lyssavirus Detections in South Australia

This item has been prepared by the Chief Veterinary Officer, Biosecurity SA, Department of Primary Industries and Regions (PIRSA). If you have any questions or concerns about the item, please contact PIRSA directly.

Two positive detections of Australian Bat Lyssavirus (ABLV) have recently been found in grey-headed flying foxes in Adelaide, South Australia.

- [What is ABLV and recent cases](#)
- [ABLV is a notifiable disease](#)
- [How it is spread?](#)
- [Impact](#)
- [Potentially affected animal species](#)
- [Clinical Signs - bats and other species](#)
- [Handling Bats](#)
- [What to do if bitten or scratched by a bat](#)
- [Post exposure vaccination of animals](#)
- [Testing and submission of samples](#)
- [Further Information](#)

This information is also available on [PIRSA's Animal Health ABLV](#) webpage.



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

What is ABLV and recent cases

ABLV is a rabies-like virus from the family Rhaboviridae that has only been reported from Australia. It is closely related to the classical rabies virus found overseas. ABLV is endemic in Australian bats. It causes an invariably fatal encephalitis (infection and inflammation of the brain) in bats, humans and other animals.

ABLV was first reported in bats in 1996 and has since caused reported deaths of three people, two horses and multiple bats in Australia. Positive cases in bats continue to be reported around Australia every year.

The two recent cases in South Australia were detected after trained animal carers, wearing appropriate personal protective equipment, received scratches and bites during two separate grey headed flying fox rescues. One animal was exhibiting unusual behaviour and vocalization. Due to the potential risk of ABLV, the bats were humanely euthanised with necropsy and testing at the Australian Centre for Disease Preparedness (ACDP) confirming the presence of the virus. All potentially exposed people sought medical advice and were advised by SA Health doctors and treated accordingly.

ABLV is present in less than 1% of all free-living bats. ABLV infection is more common in sick, injured, or orphaned bats. Of those sick or injured bats with signs of central nervous system disease, up to one-third are infected with ABLV.

ABLV is a notifiable disease

Infection with Australia Bat Lyssavirus (ABLV) is a *notifiable disease* in Australia. If you suspect ABLV in an animal, please call the Emergency Animal Disease Watch Hotline on **1800 675 888**.

How it is spread

Clinical disease occurs after a variable incubation period, which can be from 10 days to many months or sometimes even years. The virus does not survive for more than a few hours outside an infected animal.

Infected animals shed virus in the saliva. Like the rabies virus, it is presumed that ABLV is usually transmitted directly via a bite or scratch, or from contamination of a fresh wound or mucous membrane from an infected, clinically ill animal. No carrier state has been demonstrated.

There is no known risk of contracting ABLV from bats flying overhead, contact with bat urine, faeces or blood. There is no evidence to suggest ABLV could be contracted by eating fruit partially eaten by a bat. Any fruit that has been partially eaten by any animal should not be eaten as it could be contaminated by a variety of germs.



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

There is no significant risk of exposure from living, playing or walking near bat roosting areas.

Impact

Clinical disease is invariably fatal.

ABLV is a zoonosis that can be fatal in humans.

Potentially affected animal species

There have been three human cases, and two horse cases of ABLV in Australia. There have been no known cases in dogs or cats or other animals to date.

Horses, dogs, cats and other pets may potentially be exposed to ABLV through contact with bats, and, it is possible that exposure may lead to infection in a pet, which may, although unlikely, then transmit the disease to a human.

Potentially affected animal species include:

- bats
- flying foxes
- microbats
- insectivorous bats
- dogs (never been reported in Australia)
- cats (never been reported in Australia)
- horses
- humans

Clinical signs - bats and other species

ABLV infection produces a range of clinical signs of central nervous system disease including:

- paresis (weakness) and an inability to fly, hang properly, swallow properly or move about
- paralysis - most obvious in the hind limbs
- seizures, tremors
- unusual vocalisation or incessant licking
- changes in behaviour, including agitation, aggression and approaching people (it is rare for healthy bats to approach people)

Fewer than 20% of bats infected with ABLV show signs of abnormal aggression or approaching people.



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

Other animals infected with ABLV are expected to show clinical signs consistent with encephalitis in that species. Clinical signs in non-bat animals are likely to be similar to ABLV in bats or the [signs of rabies in non-bat species](#).

Handling bats

If possible, avoid handling live bats. Only people who adequately vaccinated against rabies and are experienced in handling bats and using appropriate personal protective equipment (e.g. puncture proof gloves) should rescue or examine a bat.

If a bat needs help, contact the Fauna Rescue SA bat helpline on 8486 1139 or Bat Rescue SA on 0475 132 093 for help to safely collect a live bat.

If you suspect a bat or other animal is infected with ABLV, immediately isolate the animal, limit its contact with humans and other animals and seek urgent medical advice. Also immediately report it to the **Emergency Animal Disease Watch Hotline** on **1800 675 888**.

If an animal that has been potentially exposed to ABLV develops clinical signs suggestive of ABLV, it should be euthanased and tested for ABLV.

What to do if bitten or scratched by a bat

Infection in people is extremely rare. While there is no effective treatment once a person is clinically ill, prompt action following a bat bite or scratch may prevent clinical disease. If possible, arrange to have the bat submitted urgently to the Department of Primary Industries and Region's VETLAB for ABLV testing, by contacting the **Emergency Animal Disease Watch Hotline** on **1800 675 888**.

If bitten or scratched by a bat, do not scrub the wound. Immediately wash the wound gently but thoroughly for at least 5 minutes with soap and running water. If available, apply an antiseptic with anti-virus action, such as povidone-iodine, iodine tincture, aqueous iodine solution or alcohol (ethanol), after washing.

If bat saliva gets in the eyes, nose or mouth, or broken skin, flush the area thoroughly with water.

Seek urgent medical advice from a doctor or nearest hospital emergency department, as soon as possible.

Post-exposure rabies vaccinations and other treatments may be necessary if you have been bitten or scratched by a bat. No person who has received post-exposure prophylaxis (vaccinations) has developed clinical disease.



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

Please refer to the [SA Health website](#) for information on ABLV symptoms, treatment and prevention.

Post exposure vaccination of animals

Animals usually do not mount an antibody response to ABLV infection until well into the clinical course of the disease. There is therefore no reliable ante-mortem diagnostic test for ABLV infection in animals.

Post-ABLV exposure vaccination may be undertaken in animals exposed to an ABLV-infected bat.

Rabies vaccine is a **Prescribed Vaccine under SA's Livestock Regulations**. This means that a registered veterinary surgeon requires case-specific authorisation from the South Australian Chief Veterinary Officer (CVO) to use the vaccine in South Australia to manage Australian-bat-lyssavirus (ABLV) risk following potential exposure to ABLV.

Veterinary surgeons should contact the **Emergency Animal Disease Watch Hotline** on **1800 675 888** to report a suspect ABLV exposure incident, assess the potential risk and if necessary, arrange for a permit to access the vaccine.

Supply and use of the Nobivac® inactivated rabies vaccine is permitted in Australia under Australian Pesticides and Veterinary Medicines Authority (APVMA) permit number [PER14236](#). This vaccine contains ≥ 2 IU/mL inactivated rabies virus (Pasteur strain) as the only active constituent. Other conditions of use are also in place, such as the requirement for prior microchipping, as well as recording and filing of details. Further information on these permit conditions may be found on the [APVMA website](#).

All veterinary surgeons who are fully registered by a state or territory veterinary board can order and use the rabies vaccine to prepare cats and dogs for export from Australia.

Testing and submission of samples

Animals usually do not mount an antibody response to ABLV infection until well into the clinical course of the disease. There is therefore **no reliable ante-mortem diagnostic test** for ABLV infection in animals.

Whenever reasonable, only rabies-vaccinated persons should handle, euthanise, or remove the head or brain of a bat or other ABLV-suspect animal. A whole bat may also be submitted.

Take all reasonable steps to avoid being bitten or scratched and wear appropriate personal protective equipment.

If bitten or scratched, immediately wash (do not scrub) the wound, apply a disinfectant, and seek urgent medical advice.



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

If testing is urgent (i.e. if a human or animal has been bitten or scratched by a bat), contact the PIRSA's VETLAB on (08) 8202 3300 or the **Emergency Animal Disease Watch Hotline** on **1800 675 888**.

Double bag each bat/animal. Place the bat/animal in a plastic bag, then place the bag containing the bat/animal in a second bag. Refrigerate, rather than freeze, fresh animal tissues.

A completed laboratory submission form with human or animal details and contact numbers must be supplied.

Testing of the bat is at no cost to the patient/owner/clinic.

Further Information

- [SA Health website](#) for information on ABLV symptoms, treatment and prevention
- Queensland Government's [Australian Bat Lyssavirus overview](#).
- Queensland Government's [ABLV information for veterinarians](#).

2. New Continuing Professional Development (CPD) Guidelines – Maintaining Records

New, contemporary [Continuing Professional Development \(CPD\) Guidelines](#) for South Australian veterinary surgeons were introduced on 1 January 2021.

CPD is the process by which veterinary surgeons maintain, improve and broaden their skills and knowledge, and develop personal qualities to ensure that they remain professionally competent to treat animals to a high standard.

CPD provides a foundation for compliance with the VSBSA's [Code of Professional Conduct](#), and to uphold the public's trust and confidence in the profession.

The new CPD Guidelines apply to all veterinary surgeons and veterinary specialists with primary registration in South Australia including recent graduates and those who are undertaking postgraduate study.

Veterinary surgeons must maintain CPD records which describe their CPD activity and how that activity has maintained and/or developed their knowledge or skills in professional practice.

This involves recording the following information for each item of CPD activity:

- The learning outcome of the activity (a description of what was learnt)



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

- The impact of the activity (a description of how the activity benefited or will benefit an area(s) of professional practice)

The following material was recently added to the VSBSA's website to enhance understanding of the CPD record keeping requirements:

- [Reflecting on your Continuing Professional Development: Questions and Answers and Prompts for Reflection](#)
- [Maintaining Continuing Professional Development Records: CPD Planning, CPD Recording and Examples of CPD Records](#)

3. Reporting Obligations – Claims for Compensation re: Alleged Negligence

Section 45 of the *Veterinary Practice Act 2003* (VP Act) requires veterinary surgeons to provide the Veterinary Surgeons Board of South Australia (VSBSA) with prescribed information about claims for compensation arising from their provision of veterinary treatment.

Section 45 ensures that the VSBSA is fully informed to enable it to fulfil its overriding function of regulating the provision of the veterinary treatment for the purposes of maintaining high standards of competence and conduct by veterinary surgeons.

The obligation takes precedence over obligations to maintain client confidentiality and any confidentiality agreements entered into with other parties.

Failure to comply with this obligation is an offence carrying a maximum penalty of \$10,000. In addition, failure to comply with the obligation may be proper cause for disciplinary action against a veterinary surgeon.

Criteria for obligation

There must be a claim for damages or other compensation made against a veterinary surgeon or any other person alleging negligence.

Further, the negligence alleged must be in connection with the provision of veterinary treatment.

A claim against a veterinary surgeon in any other capacity - such as in their capacity as an employer or occupier of veterinary premises - does not trigger the obligation to report to the VSBSA. For example, a slip and fall injury sustained by a client on veterinary premises which is the subject of a claim for negligence against a veterinary surgeon as the occupier of such premises is not required to be notified to the VSBSA.



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

If a veterinary surgeon becomes aware of a claim for compensation against another person (such as their employer) in relation to veterinary treatment which they personally provided, the veterinary surgeon must directly provide the prescribed information to the VSBSA.

The threat of a claim being made does not of itself give rise to the obligation to report to the VSBSA (although it might trigger a veterinary surgeon's obligation to notify their professional indemnity insurer).

Veterinary surgeons are strongly encouraged to contact their professional indemnity insurers and/or seek legal advice if they are uncertain as to whether a claim made against them or another person results in the need to provide prescribed information to the VSBSA.

Required action

If a claim meeting the above criteria has been made, the veterinary surgeon is required to provide prescribed information about the claim to the VSBSA at *two stages*.

Regulation 7 of the *Veterinary Practice Regulations 2017* (VP Regulations) sets out the information which is required to be given to the VSBSA about a claim. Different information is required to be given at each of the two stages.

The VSBSA requests that all information under section 45 of the VP Act be given to it in writing.

Prescribed information to be provided at first stage

Within 30 days after the claim is made, the veterinary surgeon must provide the following information to the VSBSA:

- a) the nature of the veterinary treatment that is alleged to have been carried out negligently;
- b) full details of the alleged negligence;
- c) details of the place at which the negligence is alleged to have occurred;
- d) the time at which and the date on which the negligence is alleged to have occurred; and
- e) full details of the injury or loss suffered or allegedly suffered by the claimant as a result of the alleged negligence;

Prescribed information to be provided at second stage

Within 30 days of a claim being concluded or finalised by either an order made by a court to pay damages or other compensation, or entry into an agreement for



VETERINARY SURGEONS BOARD OF SOUTH AUSTRALIA

payment of money in settlement of that claim (either with or without a denial of liability), the veterinary surgeon must provide to the VSBSA:

(f) details of the order or agreement, including the amount ordered or agreed to be paid.

Disclaimer: The VSBSA does not accept any liability to any person for the use of this information. If you require an interpretation of the *Veterinary Practice Act 2003* and/or the *Veterinary Practice Regulations 2017*, you should seek your own legal advice.

12 April 2021