

# VETS6301 Veterinary Public Practice

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# Introduction

## Veterinary Science as a Public Good

### Economic Goods

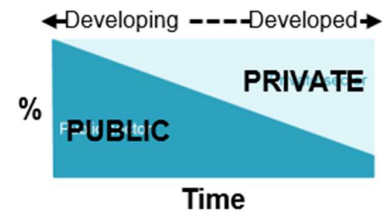
	<b>Excludable</b>	<b>Non-Excludable</b>
<b>Rival</b>	Private Goods <i>Food</i>	Common Goods <i>Water</i>
<b>Non-Rival</b>	Club Goods <i>Netflix</i>	Public Goods <i>National defence</i>

### Governments

- Provide public goods
- Regulate common goods

### Vets

- Australia – 20% public, 80% private
- Developing – 80% public, 20% private



## Public Health Surveillance and Response

### Public Health Surveillance

- **State** – state responsibility
- **Commonwealth** – collate data and report to the World Health Organisation (WHO)
- **WHO**
  - ❖ **International Health Regulation (IHR)**
  - ❖ Reports regarding **Public Health Emergencies of International Concern (PHEIC)**

	<b>Passive</b>	<b>Active</b>
<b>Initiated By...</b>	Provider → State	State
<b>Duration</b>	Ongoing	Ongoing or outbreak
<b>Disease Burden</b>	Underestimated	Better estimate

### Response

#### Steps

- 1) Detecting a possible outbreak
- 2) Defining and finding cases
- 3) Generating hypotheses
- 4) Testing hypotheses – analytical studies, lab tests
- 5) Finding the point of contamination and source of the food
- 6) Controlling an outbreak
- 7) Deciding an outbreak is over

#### Team

- **Public Health Unit** – epidemiological methods, interviews, medical tests
- **NSW Food Authority** – assess food handling, food tests
- **Lab** – isolate pathogens, subtyping
- **Food Industry** – controls

## Antimicrobial Resistance

### Antimicrobial Use

#### Categories

- **Therapeutic** – bacterial infection: *clinical signs + lab tests*
- **Prophylactic** – bacterial infection prevention following high risk events or procedures
- **Metaphylactic** – groups at risk due to exposure to disease or unfavourable conditions
- **Sub-Therapeutic**
  - ❖ Production only with no equivalent class in humans
  - ❖ Prevents disease and increases food conversion

#### Governance

- **Australian Pesticides and Veterinary Medicine Authority (APVMA)** – register drugs
- **State Health Departments** – control use of S4's
- **State Veterinary Registration Boards** – current practice standards

### Antimicrobial Resistance (AMR)

- **AMR** – ability of a microorganism to stop an antimicrobial working against it
- Selective pressure → resistance → resistant microbes and resistance genes disseminate
- Types
  - ❖ Innate (Natural) –  $\beta$ -lactamase producers against  $\beta$ -lactams: *E. coli*
  - ❖ Acquired – genetic mutation or genetic acquisition

#### Impact

- Cost of healthcare increases
- Compromised success of surgery and chemotherapy
- Threat to effective prevention and treatment
- Threat to global public health that compromises the control of disease spread

#### Implications

- **Importance Rating** – low, medium, high
- **Spectrum** – broad vs narrow

### Humans

- **Antimicrobial Use and Resistance (AURA)** – surveillance in hospitals and the community
- Australia is above the average volume
- Overprescribing – surgical, respiratory disease, aged-care
- Use – ↓ hospitals, ↑ community

### Animals

- **1970's** – all medically important must be dispensed by registered vets
- **Companion**
  - ❖ Cephalosporins (3<sup>rd</sup> Generation) – ceftiofur + cefovecin
  - ❖ Fluoroquinolones
- **Food Producing**
  - ❖ Ceftiofur – *cattle*: respiratory disease + foot disease
  - ❖ Fluoroquinolones – never registered
- No nationally coordinated veterinary or agricultural surveillance program
- **Problems** – cost, prescribe and dispense antimicrobials, sample submission