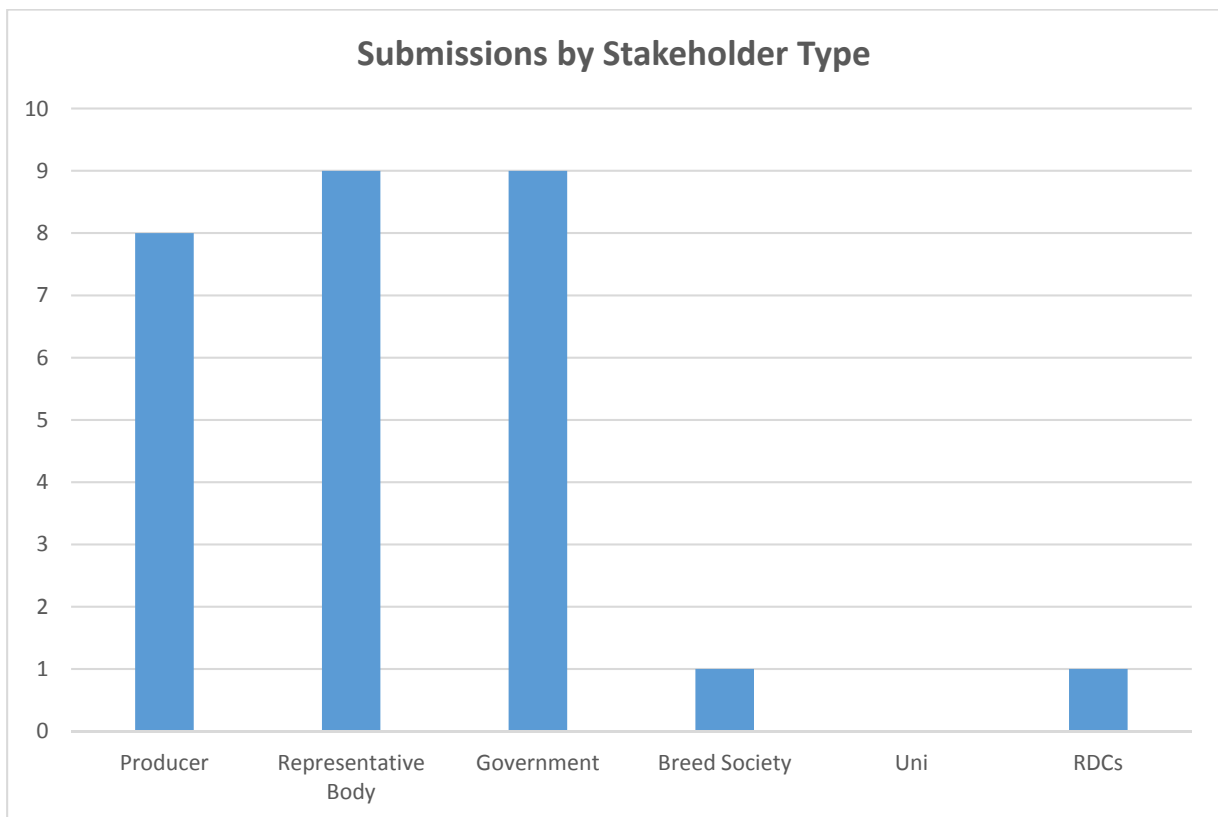
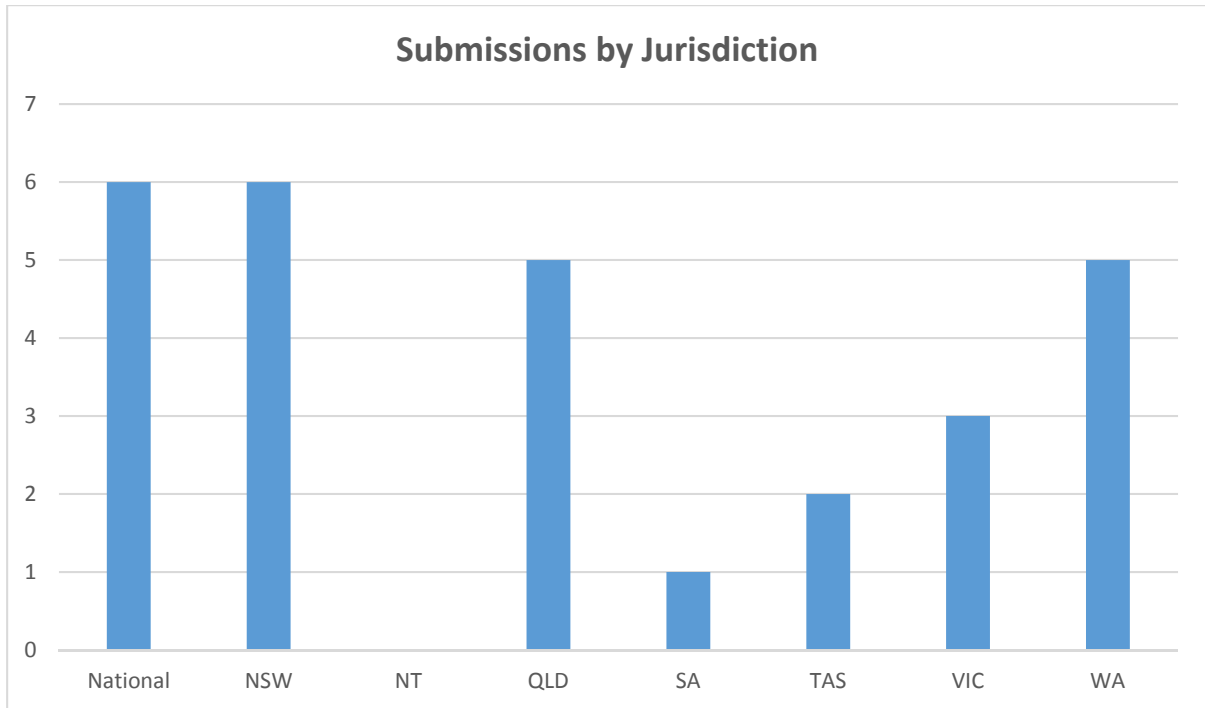


# BJD Review – Where to from here?

## Submissions on Discussion Paper 2

Submissions were received from:

AgForce Queensland	AgForce
Australian Government Dept of Agriculture	AGDA
Australian Registered Cattle Breeders Association	ARCBA
Mr John Armstrong (QLD)	Producer
Australian Veterinary Association	AVA
Dr Sandra Baxendell (QLD)	Consultant
Dairy Industry – Australian Dairy Federation and Dairy Australia	Dairy
Dept of Food and Agriculture Western Australia	DAFWA
Mr John Gunthorpe (Vic)	Producer
Mr Wallace Gunthorpe (QLD)	Producer
Mr Malcolm Harris (WA)	Producer
Mr Rod Hoare (NSW)	Producer
Kimberley Cattlemen’s Association	KCA
Mr Don Lawson (Vic)	Producer
Mrs Kathy Lovelock (WA)	Producer
New South Wales Farmers Association	NSWF
New South Wales Department of Primary Industries/Local Land Services	NSWBio
New South Wales Primary Industries Ministerial Advisory Council	NSW PIMAC
Primary Industries and Regions South Australia	PIRSA
Queensland Department of Agriculture and Forestry	QDAF
Sheepmeat Council of Australia	SCA
Tasmanian Chief Veterinary Officer	TasCVO
Tasmanian Farmers and Graziers Association	TFGA
Victorian Chief Veterinary Officer	VicCVO
Western Australian Farmers Federation	WAFF
Dr Keith Walker (NSW)	Producer
Dr David Skerman (WA)	Producer
Mr Ashley Kirk (QLD)	Producer





## AgForce Queensland Industrial Union of Employers

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25 June 2015

BJD Review Team  
Animal Health Australia  
Suite 15  
26-28 Napier Close  
Deakin ACT 2600  
Via email: [bjdreview@animalhealthaustralia.com.au](mailto:bjdreview@animalhealthaustralia.com.au)

To the BJD Review Team,

### Re: National BJD Strategic Plan Review – AgForce Response to Second Discussion Paper

AgForce thanks the BJD Reference Panel for the opportunity to contribute the Second Discussion Paper the content of which is largely supported.

As the Reference Panel would be aware from our response to the First Discussion Paper, AgForce Cattle seek to promote a progressive and profitable beef industry for our membership of 5000+ cattle producers in Queensland.

Effective systems that provides assurances to our customers in relation to animal health, welfare and biosecurity is critical to this.

AgForce Cattle has the following key commentary in relation to key aspects of Second Discussion Paper:


#	Statement	AgForce Comment
14	To keep the prevalence of Johne's disease to as low a level as possible	Supported.
14	To do so with minimum regulation and intervention by jurisdictions	AgForce agrees that consistency of application is crucial provided it leads to the best biosecurity outcomes. AgForce recognises the need for a co-regulatory model and supports continued co-management approached by Biosecurity Queensland. This 'recast' objective could be reworded to better reflect this crucial role for the regulator and service providers.

		Please note this comment applies to much of the content contained within the Paper but repeated comments will not be provided throughout.
14	To do so while maintaining maximum market access with minimum negative impact for those producers whose herds and properties are affected by the disease	Supported. Onus however needs to remain on the seller in any transaction.
15	Four Ancillary Principles	Supported. Nothing that the 'economics' must be supported by adequate biosecurity resourcing from a state (e.g. disease management) and industry (e.g. socialised biosecurity funding) perspective.
16	Basic architecture of a recast approach (Education, Research and Development, Management & Control, Monitoring & Surveillance)	In relation to Education and Management & Control – there needs to be appropriately identified incentives and disincentives to comply with any 'recast strategy.' Management & Control will still need to be set on a co-regulatory basis as per above. Clear, tested and practical tools will need to be available and resourced by industry and government to ensure an effective system is in place.
34	... Johne's disease should therefore acknowledge the association but neither assume nor imply or suggest causation...  (NB in relation to Crohn's disease)	Supported as is the summary outlined in 35: 'Looking ahead.'
42	Looking Ahead: Johne's Disease & Strain Diversity	Supported.
60	Looking Ahead: Johne's Disease & its Management: Prevalence, the Zone Construct and Risk Management	Supported as per AgForce Cattle submission to Discussion Paper One.
69	Johne's Disease & its Management: Notifiability, Monitoring, Surveillance & Related Matters	Supported.

75	Johne's Disease & its Management: Research & Development	Partially supported. AgForce Cattle understands an audit and review of JD research is currently being conducted by Meat & Livestock Australia and this should be made available for comment as part of the ongoing National JD Strategy Review.
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Should you require further information please do not hesitate to contact Senior Livestock Policy Director Anna Campbell on 0429 649 881 or [campbella@agforceqld.org.au](mailto:campbella@agforceqld.org.au).

Yours faithfully,



**Anthony 'Bim' Struss**  
**AGFORCE CATTLE PRESIDENT**

**Submission of the Australian Government Department of Agriculture (the department)  
to the second discussion paper of the National BJD Strategic Plan Review  
26<sup>th</sup> June 2015**

**General comments:**

- The department regards this second discussion paper as a great improvement on the first discussion paper both in style and content. It is easier to read and appears more balanced. We congratulate the author and AHA on this.
- We are in favour of the references to treating BJD management as one part of more generic improvements to livestock farm biosecurity. This aligns with the general support from the group discussions to date for lessening the status of BJD as being particularly important and deserving special treatment amongst Australia's current suite of endemic livestock diseases.
- To date there has been a steady setting out of the agreed key principles around a new program. However, now is the time to really delve more into the specifics of a proposed program. The most contentious issues will be around roles, and what criteria will apply to different status classification levels for farms and how these will be verified. For example, will geography, tracing or testing be utilised within the classification system, and if so, how. It may make more sense to base the system on general herd clinical history, livestock movement history, veterinary visits, etc. to more effectively move away from current arrangements.
- The general use of the term "zone constructs" or "construct of zones" within the document should be removed. Zoning is an internationally recognised approach to disease control. The approach is not the issue, it's the applicability, feasibility and benefit of BJD zoning in the Australian context for disease control purposes. As previously iterated, international trade is not based on zoning and importing country requirements do not refer to it.
- JD should remain nationally notifiable as a market access requirement. We do not support the inclusion of references to Johne's MAPs, Johne's zones or other forms of accreditation schemes in import health requirements.

**Specific comments:**

- **Para 9** – Full agreement and the implementation of a new policy by February 2016 is highly ambitious.
- **Para 11** - This language could be toned down. It is easy to say that a better program will be developed but until a detailed draft is available this remains a challenge. It could be referenced that the current policy was developed through consultation and industry involvement and was based on the best technical knowledge at that time, but in the period since its shortcomings have become evident.
- **Para 14** – These 3 objectives are fine but perhaps less appropriate to look at in isolation. An overarching objective may be needed to bring the three together along the lines of ensuring that any program addressing BJD makes sense and adds value – epidemiologically, but especially economically and socially. For example, governments and/or industry could go on spending a lot of money and effort on keeping the national prevalence of JD as low as possible but the key question is, would the benefits justify the costs - economically and socially? The fact quarantined properties have for the most part, not been found to be infected after 2-3 years testing, brings into question the value of the quarantine that has been put in place and the levels of risk of spread such forward traces posed.

- **Para 15, dot point 3:** this states that the approach should address ‘equally’ those who wish to protect their herds and those who wish to manage the presence of disease in their herds. This is perhaps unrealistic and highly subjective, suggest change to “more equitably”.
- **Para 16, last dot point** - Developing an agreed and efficient monitoring and surveillance program as part of any new approach will be one of the greatest challenges, particularly around the use or not of testing (not required for exports) or tracing.
- **Para 18, dot point 3** – refer to ‘governments’ not ‘jurisdictions’. The Australian government has a role at the intersection with international trade. This also applies in other areas of the document.
- **Context in box on Pg 18** - refers to “disease have nots” in zones presumably of low prevalence. But there are many JD free premises in disease zones that also may seek protection.
- **Para 21** - Consider adding at the end, *One area where JD does seem to hold greater significance than most endemic diseases is in international trade of livestock and genetic material.* For example, current import health conditions with major trading partners include specific Johne’s disease conditions. The feeder trade with Indonesia and Vietnam, currently very important for the northern beef industry requires that clinical disease not be detected on properties of origin (In the past 5 years Indonesia, in the past 3 years Vietnam). Although difficult, over time, there may be room to further influence via the OIE and/or trading partners how JD is addressed from a trade perspective.
- **Para 23** - The rationale for de-escalation of Johne’s disease management is understood, but the importance of market access and the continuation of JD importing conditions from many trading partners should be kept in mind as we move forward. These export markets help to underpin the value of Australian cattle.
- **Para 24** - The new program should be designed to meet specified outcomes rather than be presented as one of regulation verses deregulation. It is important that we identify the desired outcome and the least regulatory burdensome way of achieving this outcome.
- **Para 28** - Again, this could be presented as outcome focused rather than following “trends” (to deregulation).
- **Para 31, last sentence** – Suggest deletion. The use of the wording *involved with human cases* is potentially misleading and is contradicted by the following paras.
- **Para 35** – for clarity add “*a confirmed link between JD and*” between “*to*” and “*Crohn’s*”.
- **Para 39** - Replace “*export regulations*” with “*importing country requirements*”.
- **Para 42** – We agree that all strains in cattle should be regarded as BJD.
- **Para 42 3<sup>rd</sup> dot point** - This point is confused and should be amended. Cattle infected with sheep strain now would be (in almost all cases) ineligible for export because most import regulations refer not to strain types but to presence of paratuberculosis - JD (or in some cases BJD). The query arising at the Brisbane meeting which the department took on notice was not if cattle infected with sheep strain are eligible for export but if cattle co-located on the same property as JD infected sheep would be eligible for export. Advice from the relevant area of the department is that this varies depending on the import protocols of different countries. The only definitive statement is included in the Indonesian feeder and slaughter cattle protocol that specifies bovine johne’s disease, in all other examples presence of clinical paratuberculosis on farm (it doesn’t specify the species) could be interpreted as including susceptible ruminants present on the farm. Jurisdictions in

the past have asked and received from the department interpretation on a case by case basis. The northern trade to Indonesia and Vietnam in feeder and slaughter cattle would generally be sourced from farms where cattle were the animal raised rather than be raised with other ruminants. The situation in southern Australia would be quite different.

- **Para 49** - ignores those herds which in higher prevalence areas have been able to clear JD from their herds by persistent application of control measures. It is a realistic option but expensive and of long duration.
- **Para 56 & 57** - rely on an individual property status, which in point 57 heavily relies on area status. More detail is required on criteria for such a status to be based and who makes this determination given the concerns expressed in point 52.
- **Para 57 last dot point** - seems restrictive to "specific export testing". If a farm has any relevant evidence or test results regardless of the purpose for which they were collected wouldn't these be relevant? Particularly as JD would remain a notifiable disease.
- **Para 58** – We are strongly supportive of a national system as it will best support international trade by presenting a consistent approach and rationale that can be presented to visiting delegations.
- **Para 58 last dot point** - what powers are seen as required to “discourage wrong doers” if regulatory activity is to be reduced?
- **Para 60** - It is hard to provide meaningful comment until the detail of any course of action is provided.
- **Para 61**: Replace ‘and/or’ with ‘and’.
- **Para 67 and 68** – these are vague in terms of how surveillance objectives will be achieved.
- **Para 73** - Realignment of R&D to support a JD management biosecurity-oriented ‘toolkit’ makes considerable sense in a deregulated environment.



## **Response to Second Discussion Paper on a Review of the National BJD Strategy by Australian Registered Cattle Breeders Association.**

The second report provided by Benoit Trudeau is an improved attempt to identify the issues and a proposed way forward for a National BJD strategy. There are still some flaws in the paper which are outlined in this report.

### **Fundamental issue to be addressed**

The current National BJD Management Strategy is driven by the Standard Definitions, Rules and Guidelines, 8<sup>th</sup> edition (SDR & Gs) which was put in place by Animal Health Committee in 2012. The SDR & Gs are based on Zones which are assumed to have different levels of herd infection with Bovine Johnes Disease. The current SDR & Gs specifically exclude the “C” strain of Myobacterium Paratuberculosis (Mptb) as a cause of Bovine Johnes Disease (cattle infected with Mptb).

As stated in the second discussion paper;

1. The current zoning system is not supported by adequate surveillance testing to support the current definitions in particular the “Free” and “Protected” zones.
2. Cattle infected with the “S” strain of Mptb show the same symptoms of wasting and mortality as they express when they are infected with the “C” strain of Mptb
3. The current Zoning system as defined in the SDR & Gs does not recognise the infection of cattle herds infected with “C” strain of Mptb.
4. Zoning should not be part of a future National BJD Management Strategy.
5. The future definition of BJD should recognise all strains of Mptb including “C” strain, “B” strain and “S” strain.

There appears to be general agreement with the above statements by participants in the BJD Review Panel including the Chief Veterinary Officers who are members of the Animal Health Committee (AHC).

Nothing will change with the current management of BJD in Australia until the SDR & Gs are rewritten or revoked. There seems to be no argument that the current SDR & Gs are flawed which also means that the Market Assurance Program (MAP) is also flawed because it does not recognise the “S” strain of Mptb as a cause of Bovine Johnes Disease. The “Beef Only” status which is used to trade cattle from the BJD Management Area to the Protected Zone and the Beef Protected Zone does not provide any assurance that cattle are not infected with “S” strain.

We could spend another four months finessing the words in Benoit Trudeau’s very wordy and sometimes convoluted discussion papers including expensive trips to Melbourne and Perth to listen to representatives or individuals from those states. Both Victoria and WA are well represented on the BJD Review Panel with representatives from state farmer organisations and their respective Chief Veterinary Officers or their representatives. Individual producers have had ample opportunity to make written submissions.

**We do not have to wait another four months to get a resolution that the SDR & Gs need to be revised or revoked. ARCBA urges the next meeting of the BJD Review Panel to resolve to start revising the SDR & Gs immediately and appoint appropriate people to do this revision. This is the only way that discussion will become focussed enough to get a new BJD Management Program in place by February 2016.**

## Specific comments on Second Discussion paper

Statement 29 “Ensure that the deregulated approach....”.

This statement has very good intentions but will only be tested when each jurisdiction either changes or does not change their current legislation with regard to BJD. For example the Qld legislation relies heavily on the current SDR & Gs. What will they do when the SDR & Gs are revised?

Statement 37

The term should be “species specific” and not “species-isolated”

Statement 39

The import protocols of the many importing countries are variable. I understand that some refer to Bovine Johnes Disease (with no specification of strain) while others could be interpreted to refer only to “C” strain. The word “artificial” should be removed

Statement 42

The statement “Trigger change to the interpretation etc” should be removed. It is not the role of this review committee to revise the import protocols of other countries or to try to standardise them. The statement “Take account of etc” should also be removed. Cattle originating from herds known to be infected with “S” strain are already ineligible for export to at least some countries. The statement is redundant

Statement 43

This very wordy statement could be reworded to; “It is accepted that Johnes disease in cattle has different prevalence levels due to factors such as (a) type of cattle (dairy or beef) (b) climatic conditions (high or low rainfall), (c) intensity of grazing (stocking rate) and (d) exposure to dairy herds or sheep flocks infected with Mptb. The combination of these factors means that the prevalence of Mptb in cattle is lower in some geographic regions than others.

Statement 44

Remove the words “particularly those associated with (a) and (c) above” and replace with “–except for the exposure of cattle to sheep flocks infected with Mptb–”

Statement 47

This is a very convoluted statement. It appears to be referring to the export trade. The reality is that “trade considerations” are exactly the same for all jurisdictions as specified in the import protocols of importing countries. The eligibility of cattle to be exported is based on an individual property certification and the designated BJD Zone has no bearing on the eligibility of cattle to be exported. There should not be blurring between export trade considerations and disease management  
Statement 47 should be deleted

Statement 57

This is very messy. We assume it refers to trading cattle within Australia. How do you know the infection level of neighbouring herds? Who defines Low or very Low infection level area? Reference to testing for export is irrelevant. I suggest an alternative wording along the lines of  
Trading of cattle within Australia can be based on the existing or a revised “Cattle Health Statement” which includes a range of declaration options such as;

- Herd is infected with BJD. (allows infected herds to trade with each other)
- Herd is infected and animals vaccinated with Silirum vaccine (as above with lower risk)
- No known cases of BJD in last 5 years and no co grazing with dairy cattle or sheep flocks. (improved version of current “Beef Only” status)

- Check tested herd (higher assurance level than untested)
- Herd in Market Assurance Program (MN1, MN2 or MN3)

Note that the definition of Check Test” already exists in the SDR & Gs. The Market Assurance Program needs revision to account for “S” strain in cattle.

#### Statement 58

All laudable statements but it is not until the SDR & Gs are revised that these “feel good” goals will be achieved. That is why the rewrite of the SDR & Gs needs to commence immediately.

#### Statement 59

As above. The remaining consultation and workshop process will not develop the detail. This must be done by rewriting the SDR & Gs

Alex McDonald

ARCBA BJD representative

## BJD Review Report 2 JRA

### Comment

In my opinion the report indicates progression in a positive direction to the point that practical regulatory provisions should be imminent. Provided the same guiding principles that have operated this far are applied they should be acceptable to all parties. I recommend circulation of specific options for comment to test this.

The process has been protracted to the point of frustration for some, however it has been a very constructive process which has justified the time taken.

This demonstration of the benefit of a structured approach could well become a template for disease policy development in the future.

There are however still two elephants in the room that have avoided attention. Namely cost benefit assessment of emergency disease responses and compensation. If they are not addressed by this review I despair that they ever will.

It seems neither have been accepted as the primary concern of any of the participants of the implementation committee.

The structured approach in this BJD Review comes from hindsight and the original broad discussion group. It has become obvious that the costs were not fully assessed and the benefits were based on a false premise.

The same structure would be provided by a cost benefit analysis and the final report of the Review could well include a recommendation that it becomes a standard requirement for future events.

Compensation is in the too hard basket. Is it from the fear any initiative will carry a commitment to pay? The basic principles of fairness should apportion responsibility for cost in proportion to the resulting benefit. On farm costs including productivity and sales impacts should be shared by all beneficiaries as a basic principle.

Johne's disease is an extreme example where to party with least to gain has borne the brunt of the costs. (As it transpires the most recent exercise in the north was all cost and no benefit.)

It was assumed, wrongly, it is now acknowledged, that the Industry would achieve a market benefit. The only real beneficiaries are those further down the food chain who have a real or imagined food safety concern. This is where the cost liability should rest.

The industry were happy to see individual producers carry the brunt of the costs and the consumer concern rests with such a small minority that the issue is not a priority for tax payers.

A recommendation in the Review Report that costs be contributed in proportion to the benefit identified in the cost benefit assessment would ensure the response to disease threats would be in proportion to the threat and where onerous regulation is required fairness would be ensured.

John Armstrong

29<sup>th</sup> June 2015

"Carn Brea"

Bowenville Q 4404

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# AUSTRALIAN VETERINARY ASSOCIATION

## SUBMISSION FOLLOWING SECOND DISCUSSION

### PAPER INTO BJD REVIEW.

David S Beggs BVSc MVS

The discussion paper has been discussed by members of the Australian Veterinary Association, and the following comments are submitted in response:

1. The three primary objectives of the re-cast approach to BJD management listed in the discussion paper are:
  - To keep the national prevalence of Johne's disease to as low a level as possible
  - To do so with minimum regulation and intervention by jurisdictions
  - To do so while maintaining maximum market access with minimum negative impact for those producers whose herds and properties are affected by the disease

AVA supports the three objectives but notes that the principle of maintaining maximum market access should apply to all producers – especially those not currently affected by the disease. The current wording could be seen as ambiguous in this regard.

AVA believes it will be important not to add a significant regulatory or financial burden to the many producers who are currently unaffected by the disease.

2. The re-cast approach has 4 ancillary objectives/principles in that it should:
  - Be as simple as possible in both concept and application – the simplicity principle
  - Be as economical as possible to (a) implement and (b) manage over time, to minimise the financial burden to producers, industry and jurisdictions – the cost-effectiveness principle
  - Address equally the interests of those producers who wish to protect their herds and properties from incursion by the disease as well as those who seek to manage the presence of the disease in their herds or properties – the balance principle
  - Be introduced on the basis of equivalence, i.e. that a producer or property transitioning to the new system will see the current herd or property rating maintained during transition – the 'no-disadvantage' or equity principle

AVA supports these principles.

3. The re-cast approach is to have 4 key elements:
  - Education for prevention
  - Research and Development
  - Management & Control
  - Monitoring & Surveillance

AVA supports the general concept of these elements but it will be important when the detail is worked out that they relate directly to the three primary objectives above. In order to reduce spread and maintain market access with a minimum of fuss it may be sufficient to monitor farm risk rather than monitor for the presence of disease.

AVA believes that a discussion of management and control should specifically discuss the implications of BJD vaccine and the role that vaccination might play in the future.

AVA supports combining BJD control with other more general farm biosecurity measures.

#### 4. BJD and Crohn's disease

The discussion document describes an association which may or may not be causal and concludes: "Until such time as further evidence is brought forward, measures designed to manage Johne's disease should therefore acknowledge the association but neither assume nor imply or suggest causation." (item 34)

Whilst it is accepted that whether or not a link is causal should not be the major determinant of whether or not there needs to be regulation surrounding BJD, there has been significant feedback from AVA members who feel that simply dismissing it until further evidence is obtained is an insufficient response.

The statement and the following recommendations, fail to clearly propose any action to address or respond to the uncertainty around any link between the conditions.

A clear and unambiguous support for a precautionary approach is arguably an appropriate response for this kind of document (policy statement).

There are very simple actions that could be promoted for reasons other than, but including, BJD that will limit potential harm from Mptb. For example, exclusion of product (milk or meat) from clinical cases from the human food chain, milking procedures that limit faecal contamination of milk, commercial pasteurisation of milk for human consumption, effluent management that ensures waterways are not contaminated.

5. With respect to "regulation vs deregulation" the paper identifies (section 26) two distinct producer imperatives: "for those located in low prevalence areas, the priority is one of protection; for those in areas of higher prevalence, the priority is that of disease management."

AVA is unsure that these two listed imperatives cover the range of true imperatives. On many farms, the expression of clinical disease is rare and it is management of the implications of having a case recorded or suspected that is the issue. A major concern is that once a farm has a BJD status, the path and requirement to removal of that status is (a) complicated; (b) not well understood; (c) varies between jurisdictions; (c) related somewhat to the risk that BJD may exist on the farm but not related necessarily to the trading requirements of our export partners.

6. The document suggests that (whilst the detail of how this would work needs to be worked out in future workshops) in the future:

- a. BJD would be aligned in importance to other endemic diseases (29)
- b. A deregulated risk-based management approach be adopted (29)
- c. BJD would be defined as clinical BJD in a bovine, regardless of the strain; but the mere presence of the S strain on a farm if it does not cause clinical disease in a bovine will not constitute BJD (42)
- d. Zones would be replaced by a PIC-based property centric risk management approach (56), where location and BJD prevalence would still be a factor in assessing that risk (52-54)
- e. Animal health statements would be used as the primary means of advising potential purchasers of BJD disease risk when selling cattle, and regulation would be introduced to ensure penalties for falsifying these, although they would not be compulsory (58)
- f. BJD would still remain notifiable

AVA broadly supports the move away from Zones to a risk based system.

AVA believes that any risk assessment should not be purely PIC based, but should allow for some differentiation of risk within that PIC. For example, on a property where BJD has been diagnosed in the past, cattle purchased when aged more than 12 months from a very low risk farm should be ok to trade as these cattle have very low risk (since cattle > 12 months are unlikely to contract the disease). An animal health statement should be specific to the stock being sold, although it is recognised that providing some detail about the farm in general might be prudent.

AVA recognises the requirement for BJD to remain notifiable in order to access export markets. If BJD remains notifiable, AVA believes that the notification should be in line with trading partners requirements (and similar to other diseases) – a simple list noting the most recent clinical case – rather than something that creates a “status” that is difficult to resolve and takes no regard to differing risk levels of stock within the PIC. Whether or not a positive blood/faecal test constitutes clinical disease for the purposes of such notifiability will need discussion.

AVA notes that such a risk based system would not impose a large regulatory burden on producers currently unaffected by BJD, as all that would be necessary when purchasing stock would be to ensure that stock they purchased do not have a higher BJD risk than their own.

AVA believes that an animal health statement where there were penalties for fraud might be useful in the broader biosecurity context. Where farmers have developed an animal health biosecurity plan in combination with their veterinarian, this could be documented on such a statement. AVA believes that such statements should not be compulsory when selling stock as there may be situations where this adds unnecessary regulatory burden for little or no benefit (eg sale to an abattoir for slaughter or sale to a close friend or where trade is very regular and the risks are understood) but whether all stock have been purchased with an Animal health statement could itself be a risk factor listed on the statement.

It is noted that item 57 “Key elements of a risk management framework” contains no reference to transport/movement of stock from other zones in the formal assessment of risk. Whilst it could be seen as implied, AVA believes that it is a sufficiently important risk such that it should be mentioned explicitly.

7. AVA notes that the document contains no reference to BJD vaccination. At a minimum, a re-cast strategy should contain an agreed method of permanently identifying BJD vaccinates (if it is decided that such permanent identification is important).

**Submission about the Johne’s Disease Discussion Paper (2), with a Special Emphasis on Australia’s Goat Industries - June 2015**

Dr Sandra Baxendell PSM, BVSc (Hons), PhD MANZCVSc, GCertAppSC(RurExt), GCertPSectMgt, PGDAppSc, MRurSysMan

I support the move mentioned in the latest discussion paper to consideration of Johne’s disease (JD) as one disease rather than concentrating on strains. Goats are especially vulnerable to any spread of Johne’s disease as they can get either bovine Johne’s disease (most commonly) but also ovine Johne’s disease. In addition, goats do not show the severe diarrhoea that is a feature of this disease in cattle. Instead they just suffer from wasting, making Johne’s disease easily missed or put down to poor nutrition, worms or other goat diseases that cause wasting, such as CAE or CLA. A recent study of Johne’s disease in goats in Saudi Arabia found that the only consistent clinical sign was “weight loss despite apparently normal food intake” in adult goats.<sup>i</sup> The visible signs on post-mortem can also easily be missed in goats as was demonstrated in a study in a large US goat herd with a high incidence of Johne’s disease.<sup>ii</sup>

Goat farmers ability to identify Johne’s disease in their own goats has been found wanting. In a study of goat herds in Norway, PCR tests for Johne’s disease were performed on bulk goat milk samples. It was found that 3.3% of herds which had previous Johne’s disease cases had positive PCRs, but for herds with no history of Johne’s disease there was a 9.1% positive rate for PCRs.<sup>iii</sup> This higher level in supposedly “normal” herds indicated that the diagnosis of Johne’s disease had been missed in these herds. Norway then did something about JD and eradicated it from all commercial goat dairy herds. This was a much better approach than the one in this latest discussion paper of just saying the existing diagnostic tests aren’t good enough.

Johne’s disease in goats also occurs in younger animals that is the case with cattle i.e. as early as 12 months.<sup>iv</sup> Often after the stress of first kidding can cause Johne’s disease but it can also cause Caprine Arthritis Encephalitis (CAE) which is also a cause of wasting in goats. One complication is that goats with Johne’s disease and therefore in poor condition, are more prone to other diseases such as pneumonia, parasitic gastro-enteritis, and digestive disorders. Thomas (1983)<sup>v</sup> reported two years of post-mortems of 67 goats from a large UK goat herd in the first two years of Johne’s disease control, which are summarized in the table below:

<b>Diagnosis</b>	<b>Number of goats affected</b>	<b>Percentage (%)</b>
Johne’s disease	19	28
Johne’s + another disease	8	12
Pneumonia	8	12
Digestive disorders e.g. enterotoxaemia, acidosis, bloat	8	12
Parasitic gastro-enteritis	6	8
Gut torsion	3	4
Miscellaneous	10	16



No diagnosis	5	8
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These characteristics of Johne's disease in goats, make the goat industries more susceptible to any increase in Johne's disease spread in the cattle industries. Also it make cattle Johne's disease control at risk if it does not also promote Johne's disease control in goats. Any spread into feral goat populations would be especially dangerous due to their ability to travel large distances, often despite fences. There is already a pathway into rangeland goats e.g. dairy goats to Boer goats to rangeland goats via matings, leasing bucks and sales.

The amount of Johne's disease in Australian goats currently is unknown, although both WA and Qld have done surveys in the past. The only real current data for goats is the number in the current Market Assurance Program- i.e. 24 as at 12/6/15. The technology exists for surveys to be done using milk from bulk milk tanks. When this was done in Switzerland on goat and sheep dairy farms *Mycobacterium avium* ssp. *paratuberculosis* (MAP) was found in 23% and 24% of farms respectively. Similar tests should also be done on goat & cow dairies in Australia to get a clearer picture of the incidence of Johne's disease.

The current Market Assurance Program for goats, the Goat Health Statement and the National Kid Rearing Plan need to be strongly supported and all parties (industry & government) need to promote awareness of these systems. However many goats are sold without even an NVD, let alone a Goat Health Statement. Many goat owners e.g. miniature goat owners, lack the basic knowledge about Johne's disease and hence any lightening of current restrictions on cattle movements will put the goat industry at severe risk of increased spread. Goats attend shows and other events where cattle and cattle manure are a source of infection. Even in commercial herds spread is likely to be wide due to difficulties in diagnosis e.g. in France a serological survey of 105 goat herds (over 1100 goats) in 2010 found apparent herd prevalence and estimated true prevalence were 55.2% and 62.9 % respectively.<sup>vi</sup> France is a country noted for its goats' cheese with a substantial dairy goat industry and hence producers would have been expected to have been aware of Johne's disease.

Of all the submissions, I support Professor Whittington's as the most sound in logic and scientific evidence. I particularly support his comments i.e. *"There is particular emphasis on needs of producers who may already have the disease in their herd, and relatively less emphasis on needs of producers who do not already have the disease in their herd."* I note that in his submission he has countered all the points for change that have been put forward in the discussion paper.

The discussion paper states that any link with Crohn's disease should NOT be considered. However while the lack of definitive scientific proof is unfortunate, it should not be thought that educated consumers will not make this link. Indeed any simple internet sites will come up with many scientific authoritative webpages full of scientific information on the possible link e.g. [www.johnes.org](http://www.johnes.org), which has a whole section called "Zoonotic Potential". Indeed there is a Youtube video from a Crohn's disease sufferer already that towards the end demands the right for consumers to be able to purchase Johne's disease free dairy products and meat – see <https://www.youtube.com/watch?v=4CELZLY2X9c>. A search using "johne's disease crohn's disease" resulted in 27,300 hits on 12/6/15, with many from websites owned by government departments and Universities. Ignoring the link to Crohn's disease is an approach that risks further alienating consumers from scientists as happened after the BSE situation in the UK. Consumers are already making the link and they won't listen to governments or industry representatives, who just say - "not proven".

It is highly possible that consumers will eventually demand products from Johne's disease free herds and goats will be affected as well as cattle. Consumer demand for better health & welfare for farm animals and fear of negative health effects are both strong long term global trends. This pressure will increase as countries like Norway eradicate Johne's disease from their goat herds. I support the Qld Dairy-farmers' Organisation's submission comments on this – we need to be pro-actively eradicating JD so we can say to consumers we are working on this problem. The discussion paper makes no plans for if a connection is proven between Crohn's disease and JD in the future. At a very minimum, a response plan should be written and tested annually. Just holding a watching brief about Crohn's disease is not a good enough risk minimisation strategy.

Animal welfare and the suffering caused to animals from Johne's disease (JD) has not been adequately considered in any of the discussion papers to date. While it could be argued that cattle with JD are approaching the end of their productive life, this is not the case in goats where JD occurs much earlier. Research has shown that in goats, the effects from JD start within months of infection with reduced kid growth rates.<sup>vii</sup> Also some goats are companion animals and expected to live out a long life; similarly with alpacas. New companion goat and alpaca owners may not even know what a health statement or a PIC is, let alone be educated enough to purchase from only MAP accredited herds. JD has no cure so JD infected companion goats will suffer a long slow wasting death with subsequent distress to goat owners.

The research section of the discussion paper does not consider any investigations into why current JD infected herds are not eradicating the disease nor why those not in the Market Assurance Scheme (MAP) or who have dropped out of MAP, have done so. Current levels are very low for goats and alpaca herds- only 23 alpaca herds are in MAP and only 24 goat herds with dropping numbers in recent years. We need to know what the barriers are e.g. if it is lack of accredited vets than maybe the annual fee for vets to be JD accredited needs to be dropped (just leaving the online course as a method of ensuring vets have the knowledge needed). Putting the responsibility of JD onto industry assurance schemes should only be done once improvements to their uptake and barriers to taking part, have been identified and improvements actioned.

Australia needs to take a proactive stance and progress along the path of eradication. The road to eradication will not be easy, but is essential that steps continue to be made in the right direction. These discussion papers have not even looked at other options, only the loosening up regulations. They have not examined the possibility of compulsory vaccinations (as was used successfully for *Brucellosis abortus* eradication). While it does not prevent JD, it does reduce shedding, making positive herds a lower risk to others. Another option is to only allow herds with JD out of quarantine once they have entered into an agreement to manage JD on their property so that there is minimal risk to other herds and neighbours.

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30 June 2015

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Dear Duncan

### **Second Discussion Paper on a recast National BJD Strategy**

The dairy industry welcomes the opportunity to contribute further to the stakeholder consultation concerning the review of the National Bovine Johne's Disease Strategy. This is a joint submission from the Australian Dairy Farmers Limited (ADF) and Dairy Australia on behalf of the Australian dairy industry.

The dairy industry supports the progress with consultation to recast the BJD strategy. The Second Discussion Paper builds on the earlier work and attempts to clarify aspects and provide more direction. There continue, however, to be some areas of confusion and recommendations that have not adequately addressed matters on which the dairy industry made comment in earlier submissions.

The **High Level Principles for the Review** have been refined and appear to be sound. It is suggested that the purpose or need to manage BJD should be elaborated and included in these principles. A consistent approach with other similar diseases is sought, but there is little recognition that diseases with different features (control options) and trade risk may require different management strategies. The health and welfare of dairy cattle is priority for dairy farmers and it is an additional reason to minimise the impact of BJD.

**Three Primary Objectives** (section 14) have been introduced for the recast approach to manage the disease. These appear suitable but they do not include aspects of the key goals and objectives of current strategy that may still be appropriate and warrant further consideration. In particular, to minimise contamination of farms and farm products by *M. paratuberculosis*, and to protect non-infected herds whilst minimising disruption to trade.

**Ancillary Objectives** (section 15-20) These are straightforward and relevant.

**Regulated and Deregulated Regimes** (section 21-29) Recommendations include aligning the status of BJD closer to that of other cattle diseases. In terms of supporting general biosecurity principles this is sound but the detail and imperatives to manage BJD may require modified approaches to ensure that the approach is fit-for-purpose.

**Johne's disease and Crohn's disease** (section 30-35) notes differences between association and causation and recommends a 'watching brief' on evidence for possible links. The recommended 'watching brief' is supported but dairy industry comments on the First Discussion paper seem to have been overlooked. The limited perspective afforded to managing potential consequences for markets due to public health/food safety concerns that may arise (real or perceived) contrasts with this being a major driver for the dairy industry to take action to manage BJD.

The suggested approach doesn't include key management strategies that need to be taken to minimise human exposure to *M. paratuberculosis* in food as a precautionary measure if at some future stage evidence confirms a direct link or if consumers/customers perceive this is a significant risk. We recommend that in addition, the recast strategy should indicate what is being done to protect market access.

For example:

Continue to minimise the contamination of farms and farm products by maintaining a low prevalence of BJD and;  
Excluding cattle with clinical BJD from the food chain.

**Strain Diversity** (section 36-42) proposes that infections of cattle with all strains of *M. paratuberculosis* be managed similarly. Here the paper continues to confuse infection with *M. paratuberculosis* and disease and it does not recognise differences in the epidemiology and pathogenicity of the different strains. The different strains do not produce the same effect in infected cattle. This is important if the objective of the recast BJD strategy is to manage disease rather than prevent the spread of infection. Para 39 clarifies that export regulations do not distinguish between strains of *M. paratuberculosis* however eligibility for export is dependent on the absence of clinical cases of BJD which is more significant for access to export trade than a negative test result. Whilst recognising that all strains may infect cattle their significance and strategies for their management may be different.

**Zone construct and Risk management** (section 43-60) proposes doing away with the zone construct but recognises continuing need for risk management and assurances to underpin risk-based trading. The first paragraph of the introductory context again confuses disease and infection and should be; *'The question of protection from incursions of infected cattle (as distinct from the management of disease) is at one and the same time a desirable goal'*.

Additional elements of a risk management framework that could be recognised in Paragraph 57 are:

The biosecurity management practices including in regard to introductions to the herd; and  
The occurrence and investigation of cattle with suspect signs of BJD.


It would be relevant for Paragraph 58 which outlines principles of the national system to also include; *'provision of support for a reliable exchange of information to underpin risk-based trading'*.

**Notifiability, Monitoring and Surveillance** (section 61-69) clarifies the significance and role of requirements for notification and recommends that the operation of market assurance programs be revised in the recast strategy. This is strongly supported by the dairy industry because arrangements for market assurance are currently not operating efficiently and they are not meeting industry expectations. Recommendations from previous reviews of the MAP have not been implemented.

**Research and Development** (section 70-75) recommends continuing research that supports the recast strategy. This is supported and needs to include relevant attention to extension in the RD&E spectrum.

The dairy industry looks forward to continuing participation in the ongoing development of a recast BJD management strategy.

Yours sincerely



David Losberg  
Senior Policy Director  
Australian Dairy Farmers Limited



Robin Condron  
Manager Animal Health and Welfare  
Dairy Australia



# **SUBMISSION TO THE REVIEW OF THE NATIONAL BOVINE JOHNE'S DISEASE STRATEGY**

## **DEPARTMENT OF AGRICULTURE AND FOOD WESTERN AUSTRALIA**

### **SECOND DISCUSSION PAPER - 23 JUNE 2015**

#### **1. Johne's Disease and its Management: Essential Reference Marks Reiterated, Primary and Ancillary Objectives and Associated Matters.**

##### **1.1 The three primary objectives.**

With these attributes in mind, a recast approach to the management of the disease should rest on three clear primary objectives:

- **To keep the national prevalence of Johne's disease to as low a level as possible**

*DAFWA response: **Agreed** – it makes sense for WA to maintain a status of no known BJD prevalence in the WA cattle herd in any new BJD control strategy*

- **To do so with minimum regulation and intervention by jurisdictions**, within a framework that ensures as much consistency as possible between them while taking account of certain differences in practices as a function of varying priorities

*DAFWA response: **Needs clarification** – as discussed in the first discussion paper, minimal regulation and intervention by jurisdictions in regards disease control really only means one thing, **deregulation** – if this is the intention then it needs to be clearly stated. Further, with a minimisation of regulation and intervention by jurisdictions, in WA we would expect a gradual increase in BJD prevalence and hence establishment of the disease in WA.*

- **To do so while maintaining maximum market access with minimum negative impact for those producers whose herds and properties are affected by the disease.**

*DAFWA response: **Needs clarification** - This objective is ambiguous and redundant. Disease control and management means that it is accepted that for infected properties there will be market access restrictions and impact on producers to minimise the impact or spread of a disease. Providing a deregulated program requires disclosure by affected producers this will occur in both a regulated and deregulated environment.*

*Overall the three objectives need further discussion and agreement going forward to provide the framework for effective policy making.*

##### **1.2 The four ancillary objectives**

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- Be as simple as possible in both concept and application – the **simplicity** principle

*DAFWA response: **Agreed in principle** – BJD is a complex disease, though admirable, simplicity maybe hard to achieve. Realistic, achievable objectives need to be set for success of the National Strategy in the Reference group.*

- Be as economical as possible to:

(a) implement and

(b) manage over time, to minimise the financial burden to producers, industry and jurisdictions – the **cost-effectiveness** principle.

*DAFWA response: **Agreed** – this is one of the most important aspects of the National Strategy; it must undergo a rigorous cost benefit analysis before implementation.*

- Address equally the interests of those producers who wish to protect their herds and properties from incursion by the disease as well as those who seek to manage the presence of the disease in their herds or properties – the **balance** principle

*DAFWA response: **Agreed**. There still needs to be an acceptance that all markets may not be available to herds with the presence of BJD compared with those free of BJD.*

- Be introduced on the basis of equivalence, i.e. that a producer or property transitioning to the new system will see the current herd or property rating maintained during transition – the '**no-disadvantage**' or **equity** principle.

*DAFWA response: **Agreed**.*

### 1.3 The four proposed parts

- **Education for prevention:** The recast approach should provide direction regarding the manner in which the spread of the disease is best contained, i.e. how producers can protect their herds and property against encroachment by the disease, using two principal means: biosecurity-conscious farm management practices and a reliable risk-based stock transaction system. Prevention is all-important where a cure is unavailable.
- **Research and development:** The recast approach should provide guidance on the most productive and beneficial areas or matters worthy of further research and development with regard to Johne's disease in cattle.
- **Management and control:** The recast approach should put forward the guidelines that will enable and facilitate management and control of the disease by producers, mindful of an overarching intent that aims to maintain maximum market access with minimum negative impact for those producers whose herds and properties are affected by the disease.
- **Monitoring and surveillance:** The recast strategy should define the monitoring and surveillance regime that is part and parcel of the operation of the equitable, transparent, consistent, supportive and informative management and control system necessary for informed, risk-based decision-making.

DAFWA response: **Clarification needed** - the four parts imply that one of the objectives is that BJD control is to be deregulated nationally.

- **Education for prevention – Agreed in principle**
- **Research and development – Agreed in principle**
- **Management and control – Needs further clarification** - If the new scheme is going to truly reflect this aim, then jurisdictions have to accept that, with the tools currently available, the disease will continue to spread in those areas that already have it. Also that there will continue to be incursions in currently BJD “Free” areas. Any new plan needs to state that up front and centre when presented to industry. It could be argued that this goes against the first stated principle of the recast approach; i.e. **“To keep the national prevalence of Johne’s disease to as low a level as possible”**
- **Monitoring and surveillance** – if BJD is deregulated, surveillance would be a passive surveillance, based on clinical investigations, unless Industry is willing to fund additional surveillance programs. If Industry will require further surveillance and funds a program, a clear understanding of why the surveillance is to be done, and the implications of test results needs to be defined.

## 2. Johne’s Disease in Cattle: Regulated and Deregulated Regimes.

2.1 **Align** the status of Johne’s disease in cattle closer to that of other cattle-affecting diseases, without prejudice to the support given to ongoing research into the disease or efforts to manage and control it.

DAFWA response: **Agreed in principle** – clarification of “other cattle-affecting diseases” is needed, the use of endemic disease is preferable if this is the implied meaning (in a spatial sense be it jurisdictional, geographical or PIC-centric approach, it is up to further definition).

2.2 **Adopt** a deregulated approach to the management of the disease in line with its altered status, supported by an appropriate risk management framework.

DAFWA response: **Agreed in principle** – if JD in cattle is to be managed and controlled like that of other “endemic” cattle-affecting diseases. This needs to be stated more clearly as one of the objectives of the National Strategy if nationally agreed. BJD is currently not endemic in WA

2.3 **Ensure** that the deregulated approach recognises the different prevalence levels (and the priorities they give rise to) – and thus the prospect of variations in disease management principles, provided the variations:

- (a) remain true to the spirit and objectives of the approach and
- (b) maintain the integrity of equivalences and outcomes across jurisdictions.



DAFWA response: **Needs further clarification:** Can you have equivalence of outcome if you have differing approaches to control by jurisdiction? In the OJD plan where there is no equivalence of outcome - a producer testing positive in SA (where OJD is endemic but regulated) has a very different effect on his business compared to in WA where it is endemic but deregulated. As stated previously national agreement on whether BJD is to be regulated or deregulated must be decided on before this can have any chance of success.

### 3. Johne's Disease and Crohn's Disease

DAFWA response: **A point of clarification** - As discussed in this section and by Richard Whittington in a previous submission, there is association but not causation of Mptb in regards Crohn's disease.

### 4. Johne's Disease and Strain Diversity

DAFWA response: **Further discussion and clarification is needed** – the discussion in points 39-41 states that due to export regulations that do not differentiate between strains that there is no benefit in maintaining an “artificial distinction between them when it comes to disease management”.

This is a somewhat simplistic reason for not taking the different strains into account when discussing management and control of BJD.

WA is in the unique position of having regulated BJD and deregulated OJD as per the current NJDCP SDR&Gs. Under the current conditions there is benefit in maintaining distinction between strains as discussed in the first discussion paper submission, where there is evidence to suggest that cattle can be infected with S strain, but more work is needed to determine the potential for cattle infected with S strain to shed sufficient quantities of organism to infect other cattle and sheep.

Of course it is dependent on a clear decision, and subsequent statement being made on whether BJD will be deregulated nationally, irrespective of strain differentiation. There will be implications for WA Industry and current import requirements that must be fully elucidated if regulation is still part of the National Strategy and this approach is put forward. It would be counterproductive to simply decide that strains are to be taken out of the equation before further scientific discussion and research is conducted. Point 41 makes the point that management of JD will continue to be managed by species – if this is to be the case, then JD strains play a role in this and should not be prematurely discarded for the sake of “simplicity”.

### 5. Johne's Disease and its Management: Prevalence, the Zone Construct and Risk Management

#### 5.1 **Do away** with the zone construct.

DAFWA response: **Needs clarification-** National agreement that BJD is to be deregulated underpins this decision – There should be a clear statement of intent as discussed previously (and included as an Objective) that deregulation of BJD control be agreed nationally before removal of the zone construct can be discussed.

However certain WA Industry groups have indicated their support to maintaining WA as a BJD “Free Zone” or equivalence. As WA is the only BJD “Free zone” currently, does it follow the Balance principle as stated in paragraph 15 to “address equally the interests of those producers who wish to protect their herds and properties from incursion by the disease as well as those who seek to manage the presence of the disease in their herds or properties”

*What will producers be relying on to ensure protection from BJD incursions into their herds? Will it be animal health statements, vendor declarations and good biosecurity protocols alone in a deregulated system? This needs to be clarified prior to doing away with the zones.*

**5.2 Introduce and make use** of a property-centric ('PIC-based') risk management approach as a sounder, more reliable and more consistent basis for health certification as the necessary underpinning for cattle trade transactions.

*DAFWA response: **Further clarification needed** – following on from 5.1 above, it will only be through nationally agreed deregulation of BJD control and the introduction of a market assurance program that is participated by all levels of industry that this may be possible. Prior to this approach being decided what processes; declarations, surveillance, assurances and so on, will be considered to ensure the “Balance principle” is upheld?*

**5.3 Ensure** that anticipated variations in practices and procedures between jurisdictions:

- (a) accord nonetheless with the spirit, objectives and principles of the approach, including its biosecurity foundation;
- (b) maintain the equivalence of outcomes and ratings that speak to a unified and consistent approach;
- (c) rely on risk-assessed and evidence-based cattle health statements, measures and ratings;
- (d) encourage producer participation; and
- (e) actively discourage non-compliance.

*DAFWA response: **Clarification is needed** – see DAFWA response in point 2.3 and point 5.2. If evidence based cattle health statements are to be initiated, what surveillance and monitoring will be needed to prove the evidence needed, and what are the implications of the undertaken surveillance? An industry assurance QA program is the most likely outcome here. Point 5.3 (e) needs to be further clarified as it is ambiguous. How is non-compliance going to be actively discouraged without regulation?*

## **6. Johne's Disease and its Management: Notifiability, Monitoring, Surveillance and Related Matters**

**6.1 Recognise**, until further notice, the continuing notifiability requirement associated with export trade.

*DAFWA response: Disagree – **Several export protocols refer to endemic diseases that are not notifiable, it would be useful for BJD to be part of the producer declaration.** There is a requirement by importing countries of disease freedom certification on a property basis regardless of the National Strategy and this should be producer declaration.*

**6.2 Ensure** that, irrespective of jurisdiction, the consequences of notifiability are limited to market access:

- (a) do not attract the punitive consequences of some current interpretations; and
- (b) attract support and guidance in disease management from industry and jurisdictions.

*DAFWA response: **Point of clarification needed** - This statement is ambiguous. It seems to say that reportable requirements (“notifiability”) are still taken as associated with export trade. Does point 6.2 (a) mean then that though reportable in export trade, it should not be made known for domestic market access? Good biosecurity, market assurance schemes and declaration on health certificates would require “notifiability” to ensure other producers maintain protection and prevention of BJD entry, and as such will attract punitive consequences.*

6.3 **Review** present market assurance programs to ensure that they operate to attract participation and produce benefits (rather than potential risks) for participants.

*DAFWA response: **Point of clarification needed** – Agree that present market assurance programs need to be reviewed and any new market assurance programs be designed to attract wide and full industry participation, but it is a continuing trend in both discussion papers, that there should be no punitive consequences and potential risks for participants in the new BJD control/management program in whatever form it will take. Though it is desirable for all disease control programs to minimise producer impacts, there will always be consequences and risks associated with the participation of a producer in a disease control/prevention program, especially one where certain markets require declaration of freedom or at least no clinical signs. If there were no risks, then there would be no reason to control the disease.*

## 7. Johne's Disease and its Management: Research and Development

*DAFWA response: **Agreed in principle***

*Overall the second discussion paper does not provide much more direction of the pathway forward, simply because there has been no formal agreement on whether BJD is to be regulated or deregulated on a national basis. From this agreement a clear and complete set of objectives can be set. The current objectives set out so far are not adequate and will not provide sufficient guidance in the development of the National BJD Strategy.*

*There also appears to be confusion on what a disease control program does and does not do, in particular in the continuing underlying notion that a disease can be controlled, prevented and/or managed without punitive consequences or risks to the producer. The first principle reason for controlling, preventing or managing a disease is quite simply because to have that disease is to cause commercial, economic and/ or market access losses to the producer. If no risk is to be had by the producer, then there should be no attempt at controlling the disease and to continue to develop a program on this principle is destined to fail.*

*Export access is PIC centric and will be independent of whether the strain is "C", "B" or "S" and whether the disease is regulated or deregulated.*

*Management of the disease domestically will be affected by regulation or deregulation. One objective is "to keep the prevalence of Johne's disease to as low a level as possible". It is also stated that "prevention is all-important where a cure is unavailable". For deregulation to achieve these aims there will need to be a robust system available for producers to make informed decisions when purchasing stock.*

*For most of the proposals described in the paper, there will still be negative consequences for producers who find infection on their property.*

Prepared by Tom De Ridder, Bob Vassallo, Bruce Twentyman and Anna Erickson  
Endorsed Michelle Rodan 29 June 2015

## **Submission to BJD Strategic Review 23/06/2015**

Submitted by: John Gunthorpe

BJD Action Coalition

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It is disappointing how complicated we are making this process when the solution is so clear. It is costly when industry needs its levy funds to market and research. The recent MLA study on prioritising research funds examined 17 endemic diseases in cattle and placed BJD last as a disease on which MLA should devote funds. It supported Fred Chudleigh's earlier work estimating the cost of BJD to Northern Australia at just \$300,000. So far the current National Johne's Disease Management Control Program has cost a conservative \$80 million. This is a tragedy for our industry and must be brought to a conclusion NOW.

### **Johne's Disease and Crohn's Disease**

- Remove any mention of Crohn's. The use of an association is to placate those from Sydney University who still push for research funding for this 100 year misunderstanding. There is no association and any mention of Crohn's disease must not be included in the new program.

### **Johne's Disease and its Management: Prevalence, the Zone Construct and Risk Management**

- Delete any suggestion BJD can be eradicated;
- Talk about the management of BJD not control;
- There should be no mention of regions and no management by regions as the amount of testing and the validity of this testing provides no confidence in the prevalence of the disease in any region;

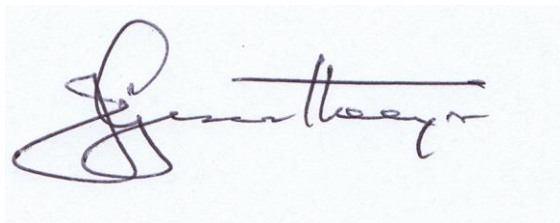
- Entrust responsibility for the management of BJD to cattle producers.

## **Johne's Disease and its Management: Research and Development**

- Full compensation must be paid to those impacted by the current failed SDR&Gs and scheme;
- Money given to research should be ceased until full compensation is paid. I see Industry funds better spent on education and training than invested in BJD research;
- Property biosecurity plans must be the core management tool supported by education and training.

Implementation of the new regime needs to happen sooner than February 2016. In fairness to those affected surely we can speed up this process. I would hate to see others suffer the way those caught up in the current SDR&Gs have over the last 2.5 years.

Sincerely,

A handwritten signature in blue ink, appearing to read 'John Gunthorpe', with a stylized flourish at the end.

John Gunthorpe

**Wallace Gunthorpe**  
**BJD Action Coalition**

Here is my submission to the national BJD review.

10. This must be the driver!

11/18. Agree

19. Should be earlier than Feb 2016.

20. Agree but implementation should be earlier.

21/23. Agree

24. Majority in areas of "low prevalence" have not tested so they don't know what their status is!!

25. Where this view prevails these people should test to find out their true status.

26. Those that are trying to manage the disease and those that don't think they have the disease but don't know! These people have been happy for someone else to take the heat while they get a free ride!

We have had 1 herd test positive to BJD out of 44 herds tested, how low is the prevalence in Queensland?

27. The real perspective is that nobody knows the real prevalence of JD in most areas!

28. Agree

29. a) Agree

b) Agree, but what is appropriate for unknown rate of infection?

c) Again unknown infection rate in most areas?

30. Agree

31/35. Remove all mention of Crohn's until proven!

36/42. Agree

43/50. Unproven and questionable zone status!

51/56. Agree

57. Agree but remove "neighbouring properties". People should not be penalised for what your neighbour is doing, we don't even do that now with the current failed policy!

58/69. Agree

70. Should be limited

71/74. Agree

75. Agree, but reduce expenditure on research!

### ***Summary***

In summary we must:

- remove all mention of Crohn's disease because there is no evidence
- remove all zones because they serve no purpose
- talk of BJD management not control
- entrust the management of BJD to cattle producers
- pay full compensation to those impacted by the current failed policy

Sincerely  
Wallace Gunthorpe  
BJD Action Coalition

## Submission to Discussion Paper 2 of the BJD Review

In relation to the second discussion paper we are primarily in line with the Kimberly Cattleman's Association's submission.

The main points that we would like to highlight are:

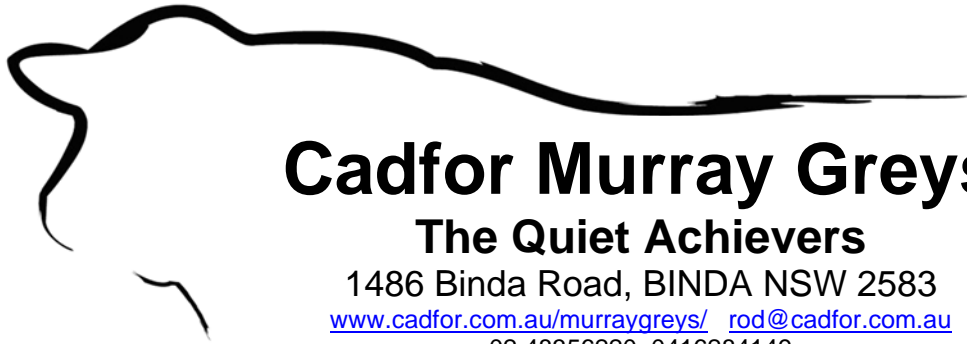
- We do not think that BJD is a disease of national significance and that it should not be treated as one
- We do not support deregulation
- We do not support WA maintaining the free zone status – it should be the same as NT & QLD
- The irony of the national BJD strategy's aim to “control a disease that can cause serious economic effect” directly resulting in many producers suffering significant financial losses.

Jenni Seigmeier on behalf of Malcolm Harris



Cleveland Agriculture  
P 02 6756 5004  
F 02 6756 5033





# Cadfor Murray Greys

## The Quiet Achievers

1486 Binda Road, BINDA NSW 2583

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02 48356220 0416284149

### **Comments on the Second Discussion paper on Bovine Johnes Disease policy**

I did not make any formal comment on the first discussion paper because I thought that the discussion and changes would proceed in a direction indicated by the overwhelming consensus of opinion of the attendees at the meeting held on 16 February 2015.

My confidence that this would occur is clearly misplaced. Suggestions made in the Second Discussion paper will ensure that affected producers will still be severely affected. Furthermore it is clear that the jurisdictions that claim they have little or no bovine Johnes still want stringent controls over affected properties and cattle.

#### **BJD – a notifiable disease?**

Problems with BJD stem from two major issues:

- The nature of the disease – long incubation period, incurable, nonspecific clinical signs, difficult to diagnose and miniscule economic impact.
- The requirement to notify its identified or suspected presence.

The OIE went close to voting to remove JD from its list of diseases. If it had done so there would be no justification to use BJD as a trade issue and no reason to keep BJD as a notifiable disease.

It would be interesting to learn how Australia voted on the matter of removing JD from the OIE list. Now that Australia has the position of Vice President of OIE one would hope we can add pressure to remove JD from the list.

#### **A consistent national approach?**

The jurisdictions that believe they have no JD and perceive that there is a benefit from their self-proclaimed freedom will continue to impose restrictions on the entry of livestock. This is the basis of the membership of stud herds and flocks in Market Assurance Programs. Clearly the prospect of a national program is slim indeed and explains why many producers consider the proposed review of policy a complete farce.

#### **Effect on affected properties**

There are severe consequences of a property being detected with BJD. In future this property will not be formally quarantined. However, it will be recorded as being affected and no doubt will have to declare the fact in any type of NVD statement. Cattle from this property will be ineligible for export. But what happens when cattle from the affected property are sold to a third party? Will these cattle be recorded in some manner as (a) ineligible for export, and/or (b) potentially infected?

There is little doubt that, in some jurisdictions, properties receiving cattle from an affected property will, in turn, also be classed as affected because there is no way that a producer can prove cattle from his property to be free of the disease. Affected properties will not be quarantined but the effect will be much the same.

Live export is an increasingly important market for cattle and these exports are being sourced increasingly from southern markets. All cattle producers like to keep all options open and

therefore will avoid buying cattle from affected properties. The result will be that cattle from affected properties will be avoided in the market place. Although the cattle might be eligible for slaughter it is amazing how buyers will avoid bidding and therefore get them even cheaper. A cynic might say there is collusion.

Anyone that thinks that cattle from known infected properties will be treated equally in the marketplace is not living in the real world. The consequences of a diagnosis of BJD is never going to be solely related to markets where presence of Johnes bars entry. This scenario will ensure that the disease is still driven underground.

**The removal of any distinctions between Mptb strains and treating all infected cattle, whatever the infecting strain, as equally infected.**

The implications of this recommendation are far reaching. While the effect on animals destined for export might be similar, the epidemiological significance of infection of a bovine with cattle or sheep strains is very different. Cattle running on a property with a high prevalence of infected sheep are infected only sporadically. The problem could be eradicated with relatively simple management if the source is a neighbouring sheep property. Cattle infected with the cattle strain suggests that the source is likely to be within the herd and, as infection probably occurred some years previously, the likelihood of easy eradication is slim.

If distinctions between the strains are ignored and if cattle infected with the sheep strain of Mptb are to be treated as if they are affected with the cattle strain, logic suggests that cattle running on properties where sheep have OJD should be considered suspect at the very least.

**Surveillance**

The second discussion paper suggests that there will continue to be 3 type of surveillance:

- Passive – producer notifications. As already discussed this will be no more effective than it is now because of the implications of becoming identified with the disease.
- Market Assurance Programs – the number of producers wishing demonstrate their freedom from JD has fallen considerably. The major reason that producers stay in the MAP is to allow trade with other MAP breeders, not to facilitate trade with states that claim freedom. The realization that the most likely way to be detected as infected or suspect is MAP testing is creating a wave of discontent. Breed societies are likely to suggest that stud breeders leave MAP *en masse*.

In any case using the MAP farms is a totally hopeless method of surveillance because this group of farms must be the least likely to harbor infection.

- Export-related testing and certification – if freedom from Johnes Disease is a condition for export it would be more logical and effective to test the farms or groups of cattle in question.

Any review of our method of providing assurance that properties of origin have no history of JD would not survive effective scrutiny. Our claim that we can certify stock as being from properties free of JD based on our current surveillance program is a farce.

I am very disappointed with the direction that the Review has taken.



Rod Hoare MVSc  
16 June 2015



## The Kimberley Cattleman's Association

RESPONSE TO THE REVIEW OF THE NATIONAL BOVINE JOHNE'S DISEASE STRATEGY

### Response 2nd Discussion Paper

Recommended Approach 2 <sup>nd</sup> Discussion Paper	Kimberley Cattlemen's Association Response
<p><b>20. Looking ahead</b></p> <ul style="list-style-type: none"> <li>• Rest on the three suggested primary objectives and four ancillary objectives (14-15)</li> </ul>	<ul style="list-style-type: none"> <li>• 14- (i) <b>AGREED</b>            (ii) <b>DISAGREED</b>. There are several contradictions in this paper.            The wording "with Minimum Regulation and Intervention by <u>jurisdictions</u>" must be clarified as it is at the heart of this process and could be the deciding factor in supporting or not supporting deregulation. This paper leans heavily toward deregulation and in particular point 10 which indicates deregulation and a producer-driven management of BJD. If any form of jurisdiction intervention is adopted even on a "minimum" basis we are still looking at a regulated regime. Although in supporting deregulation it is hard to see how this will work without Intervention by jurisdictions. Furthermore the consensus is that BJD cannot be contained, therefore clarification on "minimum intervention by jurisdictions" must be fleshed out             Given the importance of intervention by jurisdictions it would be nearly impossible for anyone in our Pilbara-Kimberly jurisdiction to support deregulation even though it's the regime we in principle originally favored, the burden of cost to our producers would far out weight the befits of deregulation. If BJD becomes deregulated producers will no long be able to rely on State of Federal support. If infected cattle from other jurisdiction were able to freely travel into our zones, the financial lose and burden to our members export markets could be extremely high             (iii) <b>Agreed</b></li> <li>• <b>15 AGREED IN PRINCIPLE</b></li> </ul>

<ul style="list-style-type: none"> <li>• <i>Comprise the four proposed parts as essential elements (16)</i></li> <li>• <i>Follow the basic implementation path charted in an appropriately explained and promoted transition plan, to take effect from February 2016 onwards (17-19)</i></li> </ul> <p><b>29. Looking ahead</b></p> <ul style="list-style-type: none"> <li>• <i>Align the status of Johne’s disease in cattle closer to that of other cattle-affecting diseases, without prejudice to the support given to ongoing research into the disease or efforts to manage and control it (21-23).</i></li> <li>• <i>Adopt a deregulated approach to the management of the disease in line with its altered status, supported by an appropriate risk management framework (24- 29).</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>16 –AGREED</b> <b>(iv)</b> Refer my comment in 14 (ii) The recast should take into account the cost of self-management and control and what financial impact this could have on producers taking in account no outside support will be forthcoming</li> <li>• <b>17-AGREED IN PRINCIPLE</b></li> <li>• <b>18-(i)</b> if a deregulation regime is proposed there must be a cost benefit analysis completed, not just a benefit analysis as detailed in point</li> <li>• <b>19-AGREED</b></li> <li>• <b>21- AGREED</b></li> <li>• <b>22-AGREED IN PRINCIPLE subject to 52</b></li> <li>• <b>23-AGREED</b></li> <li>• <b>24-AGREED</b></li> <li>• <b>25-AGREED</b></li> <li>• <b>26-28 AGREED</b></li> </ul>
<p><b>35. Looking ahead</b></p> <ul style="list-style-type: none"> <li>• <i>Take note of the important distinction between association and causation (32).</i></li> <li>• <i>Reflect that distinction in any discussion surrounding Johne’s disease and Crohn’s disease (34).</i></li> <li>• <i>Maintain a ‘watching brief’ on scientific research on possible links between Johne’s disease and Crohn’s disease (33).</i></li> <li>• <i>Update Australia’s response manual to Crohn’s disease as appropriate.</i></li> </ul> <p><b>42. Looking ahead</b></p> <ul style="list-style-type: none"> <li>• <i>Recognise the similarity of effect of different Johne’s disease strains in an infected host, effects that result in an Mptb diagnosis (36-38).</i></li> <li>• <i>Trigger change to the definition and interpretation of Mptb, to have it reflect the above in matters of export certification (39-40).</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>32-AGREED</b></li> <li>• <b>34-AGREED</b></li> <li>• <b>33-AGREED</b></li> <li>• <b>AGREED</b></li> <li>• <b>36-38 AGREED</b></li> <li>• <b>39-40 AGREED</b></li> </ul>

<ul style="list-style-type: none"> <li>• Take account of the fact that some producers (i.e. properties) may not be eligible for supplying stock to the live export market, should they have cattle infected with the 'S' strain, as a consequence of this change in approach..</li> </ul>	<p><b>AGREED</b></p>
<p>60. Looking ahead</p> <p>Do away with the zone construct (50-56).</p> <ul style="list-style-type: none"> <li>• Introduce and make use of a property-centric ('PIC-based') risk management approach as a sounder, more reliable and more consistent basis for health certification as the necessary underpinning for cattle trade transactions (57).</li> <li>• Ensure that anticipated variations in practices and procedures between jurisdictions (a) accord nonetheless with the spirit, objectives and principles of the approach, including its biosecurity foundation; (b) maintain the equivalence of outcomes and ratings that speak to a unified and consistent approach; (c) rely on risk-assessed and evidence-based cattle health statements, measures and ratings; (d) encourage producer participation; and (e) actively discourage non-compliance (58-59)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>50-51 AGREED</b></li> <li>• <b>52-AGREED IN PRINCIPLE</b> The described risk classification, low and very low risk should be expanded and prevalence should be carefully detailed, what classification restricts travel, or will there be no in coming in travel restrictions In a deregulated regime. Or will the onus be wholly on the buyer without fear of penalty nor stigma</li> <li>• <b>53-56 AGREED</b></li> <li>• <b>57 AGREED</b></li> <li>• <b>58-AGREED IN PRINCIPLE subject to 14 (ii)</b></li> <li>• <b>58 (vi)</b> is extremely important and should trigger the appropriate penalties and the intervention of the self-management/control rights (this would mean regulations) The authority should have the right to conduct at any time, risk audits (again, regulations) I reiterate that the issue of a cost analysis, and support if any has not been covered in this paper. This issue must be addressed if deregulation is to be considered</li> </ul>
<p>69. Looking ahead</p> <ul style="list-style-type: none"> <li>• Recognise, until further notice, the continuing notifiability requirement associated with export trade (61-62).</li> <li>• Ensure that, irrespective of jurisdiction, the consequences of notifiability are limited to market access (a) do not attract the punitive consequences of some current interpretations; and (b) attract support and guidance in disease management from industry and jurisdictions (63-66).</li> <li>• Review present market assurance programs to ensure that they operate to attract participation and produce benefits (rather than potential risks) for participants (67- 68)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>61-AGREED</b></li> <li>• <b>62-AGREED</b></li> <li>• <b>63-66 AGREED</b></li> <li>• <b>67-68 AGREED</b></li> </ul>

75. Looking ahead

- *Maintain the existing commitment to research into Johne's disease (70-72).*
- *Review the list research initiatives to ensure that the projects involved align directly with the nominated objectives of the recast approach (73-74).*
- *Prioritise those initiatives that will assist producers in their management of the disease and the risks attendant upon it (73-74).*

- **70-72 AGREED**  
**7.1 AGREED IN PRINCIPLE**

- **73-74 AGREED**

- **73-74 AGREED**

**I repeat my response to the 1st Discussion Paper "The deregulation of BJD controls without fear of penalty nor stigma could be a quantum step in the wrong direction. Most producer would accept and responsibly manage and control a BJD infected herd, but there will be a few that will not conform to biosecurity practices, these few could very well spread the disease and could negatively impact our valuable export markets. The exclusion of jurisdiction movements exacerbates this situation. There is also a very real cost impost to producers that must be quantified and considered. If the cost is too high there is a risk that the management will not be effective. A great deal of consultation and work still need to be done on negative aspects of deregulation It's important the stigma and perceived threat of BJD be remove, but a more relaxed governance framework be adopted**



Chris, Sally and Ashley Kirk  
Ashley's Mobile: 0408780810  
Email:ashleykirk81@gmail.com

## **Submission to BJD Strategic Review 23/06/2015**

Submitted by: The Kirk Family  
Rockley Brahman Stud  
Central Queensland

We were placed in quarantine after voluntarily testing three of our stud cows, which tested positive to Bovine Johne's Disease (BJD) on November 26, 2012.

Our three properties remain under movement restrictions (quarantine) and we are choosing to clear paddocks over an extended period of time, due to inadequate compensation.

I was pleased with the Second Discussion Paper: Towards a concerted approach to the management of Johne's disease. I believe great progress has been achieved since the Review began. I have listed several points of concern, from an affected producer's point of view.

### **Johne's Disease and Crohn's Disease**

- Remove any mention of Crohn's.

### **Johne's Disease and its Management: Prevalence, the Zone Construct and Risk Management**

- Delete any suggestion BJD can be eradicated;
- Talk about the management of BJD not control;

- There should be no mention of regions and no management by regions as the amount of testing and the validity of this testing provides no confidence in the prevalence of the disease in any region;
- Entrust responsibility for the management of BJD to cattle producers.

### **Johne's Disease and its Management: Research and Development**

- Full compensation must be paid to those impacted by the current failed SDR&Gs and scheme;
- Money given to research should be ceased until full compensation is paid. I see Industry funds better spend on education and training than invested in BJD research;
- Property biosecurity plans must be the core management tool supported by education and training.

Implementation of the new regime needs to happen sooner than February 2016. In fairness to those affected surely we can speed up this process. I would hate to see anyone suffer the way we have over the last two years and a half years.

Kind Regards

Chris, Sally and Ashley Kirk



I have been trying to digest the second discussion paper ON THE NATIONAL BOVINE JOHNES DISEASE

the only way "" towards a concerted approach to the management of johnes disease"" will be to lock all these incompetent FAT CATS in a room until they fix the issue

here wa go again with more of the same

we even have the issue of crohnes raised its not an issue except for those who have made a living out of producers levies and milked taxpayers TO JUSTIFY THERE EXISTENCE

there is a correlation to johnes if you live in a highly industrialised and polluted area if there was a correlation to humans then every second dairy farmer should have chrones to continue to raise this denigrates the report

the attached report clearly shows johnes as a minor disease

zones as we all know are irrelevant

trade restrictions may only apply to individual properties

there is no mention of compensation in the report

the Australian johns alliance would oppose any more funds being allocated to research until producers receive

firstly adequate compensation for what the farmer organisations and animal health Australia as the managers have done to there fellow producers

secondly state trade barriers are removed

thirdly section 32 restrictions on titles are remove

fourthly the Australian veterinary association calls for a royal commission into this debarcle so that its never repeated again

such an inquiry is needed to establish the extent of the suicides as a result of actions by the veterinary profession and the farmer organisation involved

the failure of animal health Australia as the mangers of the MAP scheme needs to be put under scrutiny

THEY SHOULD HAVE KNOWN THAT THE SCHEME WAS FLAWED

its quite clear that there is no practical test nor a cure.

surveys conducted are of very questionable science remember WA was free

there has not been a COST BENEFIT STUDY LOOKING AT THE ECONOMIC AND SOCIAL COSTS

THE POLICY HAS RESULTED IN FARMERS TAKING THEIR LIVES THIS IS A MAJOR FAILURE IN POLICY BY THE VETERINARY PROFESSION

A ROYAL COMMISSION IS NEEDED TO RESTORE CONFIDENCE

our policy has always been that this disease should be managed by farmers and the private vets and the only funding should be to encourage the use of the vaccines as a management tool

stop wasting our time PUT THOSE RESPONSIBLE FOR DECISION MAKING IN ROOM UNTIL THEY SORT IT OUT

REMOVE THOSE WHO HAVE BEEN GETTING TAXPAYERS AND OUR LEVIES OUT OF THIS THEY HAVE A HUGE CONFLICT OF INTEREST

IT'S TIME FOR PETER MILNE TO SHOW LEADERSHIP OR RESIGN

Don Lawson OAM  
53 Hunter Street Mansfield  
Victoria, 3722

Phone: 0418972141

Thank you

please remove all references to chrones disease

there are diseases that impact on humans such as brucellosis equals, undulant fever . leptospirosis and Q fever  
we farmers manage these

the continual reference to chrones is nothing but a red herring designed to keep those living of our levies in a job

meanwhile you people are destroying rural families,

for instance delta downs the leading indigenous land corporation cattle is in serious trouble fix it now

please put those who can resolve this impasse in a room until it is fixed

ITS TIME FOR AHA AS MANGERS TO SHOW LEADERSHIP OR RESIGN AS MANAGERS OF THIS PROGRAM

IN THE MEANTIME STOP THIS CIRCUS AND THE MASSIVE COSTS THAT YOU ARE INCURING WITH CONSULTANTS, MORE MEETINGS MORE TRAVEL ETC

WE ARE SICK OF PAYING OUR COSTS WHICH ACTUALLY COME OUT OF OUR POCKETS

THIS SHOULD HAVE BEEN PUT TO BED IN SYDNEY

Don Lawson OAM  
53 Hunter Street Mansfield  
Victoria, 3722

Phone: 0418972141

Bjd team

could you please also alter and remove the following terminology FROM ALL OF YOUR LITERATURE in relation to JOHNES

ERADICATE

impossible

when there is no reliable test nor is there a cure

the bacteria is FOUND in about 160 species and also in the water ways look at evidence from WALES

what the victorian DPI and the VFF DID WITH THERE ERADICATION PROGRAM WAS BORDERING ON CRIMINAL BEHAVIOUR

SECONDLY

remove the word CONTROL which means “to hold in check or curb”

cant be done no test no cure etc

please focus on

MANAGE

“manage is to take charge or care of BJD”

the only ones with the ability to manage BJD are the FARMERS and there PRIVATE VETS

THEY HAVE A PROVEN RECORD WITH OTHER DISEASES

WE HAVE HAD 2 SENATE INQUIRIES AND ONE VICTORIAN GOVERNMENT INQUIRY INTO JD

NOW AHA AND CATTLE COUNCIL ARE STILL GOING AROUND IN CIRCLES WITH MORE TALK FISTS

STOP IT NOW

Don Lawson OAM  
53 Hunter Street Mansfield  
Victoria, 3722

Phone: 0418972141

## BJD SUBMISSION RELATING TO SECOND DISCUSSION PAPER

While I agree often the regulation and its application can have a bigger effect on producers than the disease itself, we need to recognise the difference in numbers of infected properties is huge in different parts of Australia. In South Eastern Australia BJD could be considered “endemic” while in North West Australia it is really more “exotic” and needs to be managed differently. In the North and West protection from incursion and the potential effect of Live Export Trade are the big issues. Potential effect on Live Export Trade needs more investigation.

A better system must be developed to recognise the risk of introduction and infection as well as encouraging more active surveillance and increased property specific biosecurity planning which will be assisted by the development with better tests and tools.

Deliberate misrepresentation of herd health status needs to be punishable somehow.

STRAINS,

Past wisdom was that each strain was species specific and this was the basis of past policy. However, while each strain may produce the same effects on infected animals I believe more research needs to be done as to ongoing spread rate in cattle of “S” strain in particular. Different management options may be appropriate for different strains, therefore I disagree with clause 39 even though export regulations do not differentiate between strains and also believe clause 40 goes too far in that different management may be appropriate for different strains of JD.

Kathleen M. Lovelock (Mrs)  
Canterbury Brahman Stud,  
United Beef Breeders Association WA (Inc)  
P.O.Box 272, New Norcia WA 6509.



**REVIEW OF THE  
NATIONAL BOVINE JOHNE'S DISEASE  
(‘BJD’) STRATEGY**

**June 2015**

**NSW Farmers' Association  
Level 6 35 Chandos Street  
St Leonards NSW 2065**

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Email: [lovellj@nswfarmers.org.au](mailto:lovellj@nswfarmers.org.au)

**NSW Farmers' Association Background**

The NSW Farmers' Association (the Association) is Australia's largest State farmer organisation representing the interests of its farmer members – ranging from broad acre, Livestock, wool and grain producers, to more specialised producers in the horticulture, dairy, egg, poultry, pork, oyster and goat industries.

## **Executive Summary**

The NSW Farmers' Association strongly supports the current review of the National BJD Strategy and sees it as an opportunity to further our policy position of a national approach, with uniformity of regulation across jurisdictions. As we state below, our position can be summarised as 'seeking a truly national program which removes disincentives to increased participation in the Market Assurance Program (MAP) and results in better disease management.

Fundamentally, the success of any proposal to align the status of BJD with other endemic diseases, by adopting a deregulated approach, will be entirely dependent upon an architecture which supports market access and continues to manage the disease effectively (*i.e.* to minimise it). NSW Farmers seeks to provide continued input as these discussions develop to ensure that this architecture is effective. Noting that this review is not a review of the MAP, we strongly endorse the recommendation to review the MAP as part of this process.

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## **1. NSW Farmers' approach to BJD management**

### **1.1 Background**

The NSW Farmers' Association thanks Animal Health Australia (AHA) for involving NSW Farmers in the forum in Sydney in February 2015. As AHA is aware, NSW Farmers has been vigilant and vocal on the subject of BJD.

NSW Farmers is Australia's largest state farming organisation representing the interests of the majority of commercial farm operations throughout the farming community in NSW. Farmers care deeply about the biosecurity of their farms and the integrity of the food supply system.

### **1.2 NSW Farmers' Association position on BJD**

NSW Farmers' Dairy Committee, supported by the Cattle Committee, has been particularly active in lobbying for reform of the BJD management system, noting that the MAP currently involves far too few producers and provides strong disincentive for involvement.

Therefore, any changes must increase the number of herds involved in the MAP or reduce the disincentives in the current system, primarily centred on the way the National Dairy Industry BJD Assurance Score is allocated.

NSW Farmers' recognises the challenges to overhauling the national system while ensuring that jurisdictions are not disadvantaged. Nonetheless there are significant problems which need to be addressed.

#### *NSW Farmers' Association policy paraphrased*

The Association strongly supports a national approach to OJD and BJD to keep these diseases to a minimum.

This includes national uniformity of BJD regulations across all states and a risk-based approach for managing BJD.

NSW Farmers' position is underpinned by the broader policy position outlined in the box above but can be summarised as 'seeking a truly national program which removes disincentives to increased participation in the MAP and results in better disease management.'

## **2. Recast Approach - Primary and Ancillary Objectives and Associated Matters**

### **2.1 Three primary objectives**

NSW Farmers agrees that the objective has to be keeping the national prevalence of BJD as low as possible (this is entirely in line with our policy position, *see above*) and certainly endorses an approach to regulation which is aligned with risk and minimises the negative impact on those who are participants in the MAP. We note however, that complete deregulation may not be in the best interests of managing the disease.

### **2.2 Ancillary objectives**

The ancillary objectives of simplicity, cost-effectiveness, balance and 'no disadvantage' are broadly in line with our position.

### **2.3 Architecture of the recast approach**

NSW Farmers' completely endorses the essential elements of this section and makes the following observations:

- *Education for prevention*

It is critical in any system proposing deregulation and 'shared responsibility' that producers have a clear understanding and logical approach to managing the risk of BJD on farm. If a deregulated approach is followed then the 'architecture' needs to be robust to assist farmers to manage biosecurity risks on farm.

- *Research and development*

NSW Farmers was particularly concerned to hear of the cuts to R&D that have affected research in this area – this is something we will be vigorously pursuing.

- *Management and control*

Market access is a key concern for NSW Farmers, as is managing the reputational risk of participating farmers who are actively and voluntarily managing the disease.

- *Monitoring and surveillance*

It is critical that a deregulated system maintains a balance and ensures the integrity of the food chain while providing producers with tools to easily and equitably report any issues. Export requirements will require ensuring cattle are not sourced from high risk properties affected by clinical cases of BJD (to meet international expectations) and this will likely depend upon a reliable monitoring and verification system of management practises.

### **2.4 Introduction of the recast approach**

A new scheme will require a well argued 'value proposition', as the discussion paper makes clear. Farmers will need to be guided through the transition and, given the points in 2.3 above, the drivers of the new approach will need to ensure that the 'transition' period is appropriate to the scale of change. Any changes to the MAP program that result (see Section 7, *below*) will need to be managed carefully especially for those that have been involved for a long period of time. Those producers have invested heavily and they should not lose ground.

### **3. Johne's Disease in Cattle: Regulated and Deregulated Regimes**

The approach of the second discussion paper to manage and control BJD as we would other (often endemic) diseases as part of better farm biosecurity policies and practises, supported by an effective management framework (PIC-based to ensure traceability), is in line with NSW Farmers' policy, as long as the result of this is a reduction in the prevalence of the disease. The latter will only occur if the new approach is adequately supported by the 'architecture' referred to in 2.3.

### **4. Johne's Disease and Crohn's disease**

We agree that the 'association' with Crohn's disease needs to be monitored closely. Consumer views of BJD (and the commodities linked with it) are likely to be easily swayed by an argument by 'association' whether there is a proven causation or not. This underlines the need for increased scientific research. Minimising the occurrence of BJD will contribute to protecting NSW markets for meat and milk if this becomes a significant issue.

### **5. Strain Diversity**

The consequences of triggering a change to the definition and interpretation of BJD to reflect the fact that cattle can be infected with the 'S' (sheep) strain may have unintended consequences for the NSW cattle herd.

### **6. The Zone Construct and Risk Management**

NSW Farmers agrees that the "blurring of distinctions between disease management and trade considerations that occurs when 'merging' zones and jurisdictions contributes to the difficulty of shaping a consensual and uniform approach" (p. 19). A consistent, verifiable system would be entirely inline with NSW Farmers' policy. However, we note that any application of a PIC-based 'risk management' approach must not undercut current trade access (including access of NSW cattle producers) or unfairly penalise farmers for managing and monitoring on farm.

We agree with a risk based approach, having previously argued for greater flexibility, transparency and clarity in the implementation of control programs in NSW. When a herd is found to be suspect or infected, there should be greater scope for case-by-case management and resolution of suspect or infected properties, taking into account individual context and farm management practices. In other words, there should be robust traceability but a measured response, in line with the realities of testing for and managing the disease.

If the review does result in deregulation (and does away with quarantine) and the decision is made to provide farmers with tools to manage BJD then it would be appropriate to review the current tools. The existing systems have presented difficulties, e.g. in NSW the need to align the Johne's Disease Calf Accreditation Program (JDCAP) and the National Dairy Industry BJD Assurance Score.<sup>1</sup>

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<sup>1</sup> NSW Farmers' has advocated adoption of the provisions of the National Dairy Industry BJD Assurance Score including recognition of the contribution of calf hygiene control measures for additional 'calf points' and the introduction of an accredited JDCAP. This would allow complying JDCAP producers three extra points for the Assurance Score of relevant cattle, up to a limit of seven.

## **7. Notifiability, Monitoring, Surveillance and Related Matters**

We agree that quarantining has a stigmatising affect and, of course a huge impact on viability of a farm. It is for this reason that farmers have every incentive to prevent the occurrence of BJD. The NSW Farmers' Dairy Committee therefore supports the removal of quarantining of herds.

If zoning is to be removed, then we strongly endorse a review of the MAP as part of that process as suggested on p.24. There have been particular issues with the existing system as it relates to Dairy Assurance Scores (in NSW, the experience of dairy farmers of the trace back/trace forward system – as it has been interpreted there – has provided a disincentive for farmers to participate in the MAP). If the MAP is to continue then there needs to be appropriate market reward for participants and better promotion of the benefits of purchasing from MAP assured herds. A renewed program should ensure that, in all jurisdictions, the standards and guidelines are applied and assessed similarly.

If the national controls seek reliable biosecurity for purchased animals, it is not good enough to have less than 10% of dairy farmers participating in the MAP. A renewed MAP should provide greater integrity to the entire system and ensure that herds are returned to a higher level of assurance in the shortest time possible – to do this, the approach taken to establish that level of assurance needs to change. The integrity of the system must also allow for farmers providing seed stock to the rest of the industry without undue fear of penalties for participating in the MAP.

The guidelines may need to be tighter (e.g. the storage of colostrums and raking out), but it will also be important to clearly delineate the government's responsibility and that of the producer. NSW Farmers notes that processors are likely to demand additional 'quality assurance' over time and could play a role in building additional safeguards into the supply chain.

## **8. Research and Development**

NSW Farmers' agrees that the current research commitments must be maintained but strongly urge increased focus on a reliable testing regime which can assist farmers to manage the risk to their herds and their livelihoods in a more proactive and logical way.

## **Conclusion**

In short, NSW Farmers agrees that BJD management should be deregulated and handled as part of better farm biosecurity policies and practises (supported by a PIC-based, risk management approach), as long as the result of this is a reduction in the prevalence of the disease.

If the review does result in deregulation (and does away with quarantine) and the decision is made to provide farmers with tools to manage BJD then it would be appropriate to review the current tools. It is critical that a deregulated system maintains a balance and ensures the integrity of the food chain while providing producers with tools to easily and equitably report any issues. In our view, the MAP is in desperate need of review so that it is more broadly adopted and therefore more robust.

## **Acknowledgements**

The NSW Farmers' Association thanks Dairy Australia and the NSW Department of Primary Industries for providing valuable comment as we prepared this submission.



OUT15/15414

Duncan Rowland  
Executive Manager of Biosecurity  
Animal Health Australia  
Suite 15, 26-28 Napier Close  
Deakin ACT 2600

Dear Duncan

**Re: Review of the National Bovine Johne's disease ('BJD') Strategy: Second Discussion Paper- Towards a concerted approach to the management of Johne's disease**

The New South Wales (NSW) Department of Primary Industries (DPI) and Local Land Services (LLS) have reviewed the second discussion paper. This response is a joint response on behalf of both agencies that work in partnership to deliver Government Animal Health in NSW. These comments are additional to those made in response to the first discussion paper.

Overall Comments

- NSW supports the iterative process as outlined on the Animal Health Australia web site. This process has the best chance of gaining widespread engagement, acceptance and adoption of the recast strategy.
- NSW notes that the writing style of the first two discussion papers is suited to setting out principles and engaging a wide range of interested parties. This writing style means that these principles and general statements may be interpreted differently due to the reader's preconceived views on BJD management. For changes to be introduced in February 2016, the third discussion paper will need to provide clear detail about the recast strategy and to avoid ambiguity, be couched in plain English.
- NSW recommends that the recast strategy clearly articulate that
  - there should be no legislated restriction on the movement of cattle based on state borders,
  - that regulated movement restrictions will not be applied to properties that are infected or suspected to be infected with BJD (excepting potentially a requirement to truthfully declare BJD status),
  - that tracing will not be undertaken by government for control of BJD, and
  - any claim for recognition as a low prevalence area be based on epidemiologically sound surveillance.
- NSW notes that the section "Johne's disease and strain diversity" makes a significant departure from discussion paper one and current Animal Health Committee policy. In addition NSW is concerned that the suggestion that strain is not important is scientifically inaccurate and conflicts with the fundamental principal that the recast strategy be science based. As the changes proposed have significant implications for the sheep, goat, deer and alpaca industries and the Market Assurance Programs, wider consultation than the current review is an urgent imperative.
- NSW recommends that the challenges in achieving epidemiologically sound BJD surveillance over large geographic regions e.g. states be recognised. This surveillance has not been achieved in the past despite a clear requirement for this to occur.

Discussion needs to occur as to whether surveillance can be achieved (including the funding needed) and if it can't then low prevalence areas should not be endorsed.

- NSW notes that removing BJD from the Australian list of notifiable diseases has not been accepted because of ongoing export certification requirements. This means the review is not supportive of complete deregulation.

Specific Comments (numbers refer to paragraphs)

- Re 9 - While the focus of the review has been cattle, the proposals have implications for the management of Johne's disease in other species. NSW strongly recommends that relevant peak councils and producers be consulted as part of the current review.
- Re 11 - The previously agreed BJD national management strategies have involved extensive consultation and technical consideration and were therefore 'considered', the recast strategy is aiming to be more equitable and reduce negative impacts on producers rather than more 'considered'.
- Re 13 - "...act as a positive, supportive and effective instrument towards the management of a disease with limited clinical impact "-this limited impact comment has been cited repeatedly and responses to the first discussion paper have alluded to the ranking of the economic cost of BJD in the recent Meat and Livestock Australia review "Priority list of endemic diseases for the red meat industries". As noted in the previous NSW submission and expanded by Professor Richard Whittington, it should not be assumed that the current prevalence of disease will remain constant. In the absence of mitigating steps, it is expected the prevalence of BJD will increase in significant areas within NSW. BJD is a significant cause of production loss in other parts of the world and it is appropriate to have a management program that will avoid the disease becoming widespread. Vaccination is available which may reduce the prevalence of disease and faecal excretion of bacteria. However experience with Johne's disease in sheep suggests that the exponential phase will be reached before significant regional uptake of vaccination. NSW is supportive of a recast BJD program that empowers farmers working with their industry councils to adopt management practices which avoid BJD becoming widespread.
- Re 14 - in subsequent discussion papers, further details are required. For example specific targets for any proposed low prevalence should be specified. Having specified the objective, structured surveillance to give confidence to estimates of disease prevalence would need to be conducted.
- Re 15 - Re no disadvantage principle- as noted elsewhere, strain diversity proposals will potentially impact other producers, i.e sheep, goats, deer and alpaca.
- Re 24 - The regulation in areas of low prevalence has been driven by industry in those areas wishing to leverage that low prevalence to provide extra market access for their cattle or to exclude competition from other areas. This is compounded by the domino effect, where the requirements of one low prevalence area in a jurisdiction drive the store marketing needs of the whole state, and then the neighbouring districts of the next state, then the whole of that state. It means those with the highest entry requirements drive the national program. This is a significant impediment to changing the status of Johne's disease in Australia.
- Re 22 - NSW supports improved farm biosecurity policies and practices - biosecurity is everyone's responsibility. Farmers who do not have a disease have a responsibility to take reasonable steps to prevent it entering. Likewise, farmers with the disease must take reasonable steps to prevent it spreading. The grazing industries have developed a National Farm Biosecurity Reference Manual. There is low awareness and adoption of this excellent resource by farmers in NSW. The recast program should look for ways to facilitate widespread farmer and industry led adoption of best practise biosecurity.
- Re 31 - recovering an organism is not definitive evidence of 'infection' additionally strain typing of Mptb organism from human patients is complex and it is simplistic to say that all recovered organisms are C strain,
- Re 34 - Recommend change 'until' to 'unless' as convincing evidence may not ever be presented. NSW also notes that measures to minimise contamination of food with Mptb may be adopted to gain trade advantage without endorsing links to disease.
- Re 36-42 - Johne's disease and strain diversity - as previously noted NSW has significant concern about the scientific accuracy and soundness of this proposal which is a significant



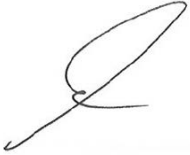
change to the first discussion paper which stated “The updated national BJD Strategy should, in its next iteration (a) maintain the separation between bovine and ovine Johne’s disease” (Page 12 Paragraph 20).

- Re 38 - This statement does not take into account the reduced contamination of the environment associated with infection of species outside the normal host range. Based on field experience, the ability to cause disease (pathogenicity is the technical term) varies. For example, the sheep strain readily infects sheep and a proportion develop Johne’s disease. Whereas it is rare for cattle grazing on the same property to develop Johne’s disease. Cograzing has given practical options to manage Johne’s disease in NSW.
- Re 41 - What does “management of Johne’s disease by species” mean? This appears illogical as it is not consistent with paragraphs 39 and 40.
- Re 42 - Many cattle producers from southern Australia may be significantly impacted if S strain detection in faeces was considered equivalent to C strain, these herds may not even be infected but may only be positive because they are shedding bacteria ingested on pasture grazed by sheep.
- Re 43 - This statement does not take into account the historical movements of cattle (and their diseases) and the role that intensity of stocking rates plays in the spread of infection. Under drought conditions or seasonal hot dry conditions, stocking densities around water points, feed out areas or creeks for example may be extremely high.
- Re 54 - Experience indicates that risk based scoring systems are very hard to credibly implement. The BJD Dairy Assurance Score is still finding its feet.
- Re 57 - NSW opposes herd certification for JD in cattle being linked to the status of neighbouring properties.
- Re 56 - zones are abolished but declaration of low prevalence areas is available - such areas must be based on epidemically sound data which has proven to be extremely difficult to gather previously. Any carry forward of current zones must be then justified by surveillance within a specified time period. If the data is not available after that time, the low prevalence status would lapse.
- Re 58 - the next discussion paper needs to clarify mechanisms that will be used to enforce accurate health declaration, it is unclear if disease legislation or consumer protection provisions (e.g. in NSW the Fair Trading Act) are envisaged. It should also clarify what is meant by ‘*verifiable statements and results*’ and outline how they would be verified.
- Re 61 - The current OIE Listed diseases and other diseases of importance to international trade (<http://www.oie.int/international-standard-setting/terrestrial-code/access-online>) includes diseases such as infection with *Echinococcus granulosus* as a multiple species disease, Bovine genital campylobacteriosis, infectious bovine rhinotracheitis, infectious pustular vulvovaginitis and Trichomonosis affecting bovidae which are not included on the Australian National Notifiable Animal Diseases List (<http://www.agriculture.gov.au/SiteCollectionDocuments/animal-plant-health/pests-diseases-weeds/animal/notifiable.pdf>). Some of these agents are included in export requirements and certification is provided by owners and/or their veterinarian rather than a Government veterinary officer. Thus the suggestion to retain Johne’s disease as a notifiable disease is mainly to comply with currently negotiated export permits. If regulation is responsible for a significant proportion of BJD costs and notification is retained, it may be appropriate for those who benefit from the export of animals to increase their contribution to funding the costs of BJD regulation.
- Re 62-65 - While many negative impacts experienced by producers with herds known or suspected to be infected with BJD stem from regulatory action such as quarantines and tracing, significant negative market access and trade impacts will continue and may deter producers from testing or notifying disease status. Stigma and associated negative social impacts can flow from disease status even when minimal regulation is in place.
- Re 69 - There should be no restriction on the movement of cattle based on state borders unless those areas, on the basis of epidemiologically sound surveillance, have gained recognition as a low prevalence area. The only additional regulatory measures on account of BJD should be

those associated with “fit for purpose” and requirement for statements about cattle to be accurate.

- NSW also considers that the MAPs should remain and should be reviewed to ensure their credibility.

Yours sincerely

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**Bruce M Christie**  
Deputy Director General  
Biosecurity and Food Safety

1 July 2015



30 June 2015

BJD Review Team  
Animal Health Australia  
Suite 15  
26-28 Napier Close  
DEAKIN ACT 2600

Dear Sir / Madam

Thank you for the opportunity to make comments on the Bovine Johne's disease (BJD) review.

As you know the Primary Industries Ministerial Advisory Council constitutes and represents a broad group of agricultural stakeholders from industries and communities across NSW, and provides advice to the NSW Minister for Primary Industries. The Biosecurity and Resources Working Group (the Working Group) is a subcommittee of the Primary Industries Ministerial Advisory Council; and is interested in issues which affect the profitability and sustainability of primary industries in NSW.

The Working Group is of the view that the current regulatory environment is not achieving good management of BJD. The cost of proactively managing the disease and the threat of trade restrictions associated with positive testing for the disease means that producers have an incentive not to identify BJD in their herds. The Working Group supports the move to an environment where BJD can be managed commercially at the producer level.

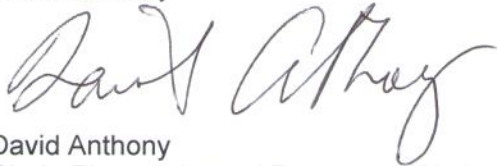
The members of the Working Group welcomed the BJD review, and are in agreement with the objectives, ancillary objectives, and key products of the Second Discussion Paper.

The Working Group has also carefully reviewed the recommendations of the paper. Concerning these recommendations, the Working Group makes the following comments:

- The move towards producer management of the disease, supported by an appropriate risk management framework is supported; particularly where effective education programs are established.
- Research remains essential and should not only be maintained at the current level, but reviewed to ensure that it is designed at improving diagnostic tests, vaccination products and application technology. Encouraging and using science to develop better diagnostic and preventative tools and understanding of BJD (including vaccines, genetic resistance, and testing regimes) will assist in the best management of BJD and OJD in the long term.

Generally, the Working Group is supportive of the recommendations and looks forward to participating in further discussion of this issue, how the recommendations should be implemented and more generally of the consistent management of endemic diseases so that the capacity to trade is not adversely impacted.

Yours faithfully

A handwritten signature in black ink, appearing to read "David Anthony". The signature is written in a cursive style with a large, sweeping initial "D".

David Anthony  
Chair, Biosecurity and Resources Working Group  
NSW Primary Industries Ministerial Advisory Council

## South Australian Response to AHA BJD Review Second Discussion Paper

### Introductory Remarks

While there are some aspects of the discussion paper that indicate a move in the right direction, others still raise serious concerns.

### Comments with respect to Essential Reference Marks Reiterated

One of the problems with both this document (and the previous one) is the ambiguity of some of the statements contained in it. The reference to 'light regulation' (p 7) is one of them. If 'light regulation' means some kind of government enforcement of any new regime, it is utterly unacceptable. If, however, it implies government carrying out normal functions in respect of property certification for international trade, then it is acceptable.

The three primary objectives state the obvious, but should not require a national program in order that they be met. Keeping disease prevalence as low as possible is what individual producers must be doing on their own properties. 'Minimal regulation' should read 'no regulation.' Maintaining market access is entirely at the discretion of the producer. Market access is determined by property status – producers wishing to access particular markets need to ensure that their properties meet the relevant requirements. In the final analysis, disease status and market access is entirely at the discretion of the individual and government plays no role beyond the provision of certification for overseas markets.

The need for simplicity and cost-effectiveness is self-evident. The principle of balance lies inherently within the buyer/seller relationship. The seller must manage, know and fully declare the health status of his/her herd and the buyer must know exactly what he/she requires. In this way, the interests of both are protected. There is no need for a national program to produce such assurances.

In terms of education for prevention, a transparent and verifiable farm categorisation/rating system must be implemented, harnessing OIE concepts. Producers need to be thoroughly skilled in the application of such a system and it must be utilised by both interested sellers and buyers of stock.

It is unlikely that BJD requires more research at this point, given the huge amounts of money expended on it over the past few decades. What is needed is an innovative, broad spectrum approach to animal health management, not more research into a single, somewhat insignificant disease.

Management and control is in the hands of the interested individual, as the paper correctly states.

The paragraph on monitoring and surveillance (p 9) is another typically ambiguous set of statements. Beyond what the producer needs to do to validate the health status of a property, there should be no surveillance beyond the 'business as usual' passive surveillance undertaken by government departments for all diseases.

### Comments on Regulated and Deregulated Regimes

The statement 'To manage and control Johne's disease as we would other diseases' (p 12) is sensible and self-evidently logical. However, it begs the question 'Given that there are no management programs for other diseases, why do we then need a specific program for BJD?'

If BJD is simply just another disease, then according it a national program (again) is simply hypocritical – it once again singles out Johne's disease for special treatment, albeit with altered rules.

*The simple fact is that BJD cannot be relegated to equal status with other endemic diseases while at the same time maintaining a national BJD program.*

A new program must either be a broad-based biosecurity program aimed at managing all on-farm conditions or there must be no new program at all.

The words ‘the treatment of BJD as an extraordinary item diverts limited resources otherwise better applied to the improvement of farm biosecurity practices in general’ thus rings very true, but this principle has never been discussed in the context of the ‘recast’ program. No vision or objectives have been framed for this approach, and the consultation period is rapidly winding down.

### **Johne’s Disease and Crohn’s Disease**

The “Johne’s is Crohn’s” lobby is a fringe group not generally regarded as part of mainstream Crohn’s disease research. Attempts have been ongoing for over 150 years to prove a link between the two and have not been successful. Johne’s disease and its management belong within the animal health sphere and it is proper for it to remain within that sphere. There is no reason at all for this debate to enjoy any further attention from livestock producers and/or veterinary authorities unless and until the appropriate public health experts identify it as a *bona fide* public health problem. This should therefore be removed from all further discussions on Johne’s disease management. There is no need for anyone within the animal health world to maintain a ‘watching brief’ on this. That is properly the domain of public health authorities.

### **Johne’s Disease and Strain Diversity**

While there may be a number of genetically identifiable strains of *Mptb*, the strain type is not a predictor of the host most likely to be affected, nor of the severity or otherwise of the disease it may elicit in a host animal. The strains recognised here are artificial constructs and are not recognised elsewhere. Paratuberculosis is paratuberculosis regardless of ‘strain’ and must be seen as such.

### **Prevalence, the Zone Construct and Risk Management**

Johne’s disease is as much an environmental phenomenon as it is a disease. While the causal organism may be found almost anywhere, it will only exhibit as clinical disease under certain environmental and husbandry conditions – generally related to rainfall and population density.

As a clinical entity, the disease itself is thus self-limiting. It will manifest in conducive environments and will ‘disappear’ in non-conducive environments. The ‘zones’ as seen in Australia are a product of environmental conditions. It would be naïve to assume that they arose as a result of disease control practices. The Queensland experience clearly shows that.

In non-conducive environments, the clinical entity vanishes, but the pathogen does not. No part of Australia can ever claim to be free of BJD. Observed low prevalence will be a product of the ecology and not of man’s effort; however, there is nothing wrong with harnessing nature in husbandry systems. Those wishing to access JD-sensitive live markets would certainly be better able to maintain disease-free properties in natural low prevalence areas.

Governments do not need to maintain low prevalence zones; nature does that very effectively by herself. Zones play no role in market access; in the final analysis, it is the status of the properties which matters. PIC-based risk management is not only desirable; it is the only logical way forward.

## **Notifiability, Monitoring, Surveillance and Related Matters**

The notifiability of BJD is seen as incidental. There is every likelihood that at some point in the future, it will be removed from the OIE List. Not all diseases included in trade protocols are necessarily notifiable in the country of origin, and this has apparently not impeded trade. While there is no objection to maintaining BJD as notifiable, it is certainly not essential.

### **The One Thing Lacking**

Neither of the discussion papers thus far has articulated any strategic goals relating to a future program, whatever the nature of that program might be. Primary objectives are essentially operational – keeping prevalence low with minimal regulation while maintaining market access (p 7) – these can hardly be thought of as articulating any sort of vision. The intent of the current discussion is clearly to find a way out of an untenable situation by getting rid of an embarrassing, ineffective and technically unsound national program. It has been done with unseemly haste and without a vision as to where the industry intends to go with endemic diseases and livestock biosecurity, and why.

This lack of vision will lead to disunity, dissatisfaction and probably disgruntled acquiescence on the part of many – and we will be saddled with yet another suboptimal and possibly dysfunctional program. It is very surprising that this has not started alarm bells sounding all over government and industry.

### **South Australian position in summary**

*SA CVO will NOT support:*

- A short-sighted ‘quick fix’
- A program with a single disease focus
- A program that is complex and cumbersome
- A program that commits government resources to managing an endemic disease
- A program that perpetuates zoning
- A program that fosters the concept of various species-linked strains of Johne’s disease

*SA CVO WILL support:*

- A program with a clearly articulated future vision
- A voluntary program with a farm biosecurity focus
- A program that empowers producers to deal effectively with endemic diseases
- A program that enables BJD status and management to be determined by individual producers
- A program that acknowledges the epidemiological reality of the multi-host propensities of all JD strains
- Government provision of technical advice on BJD and other biosecurity matters
- Government property auditing and/or certification only against cost recovery and only when government certification is essential (i.e. for export purposes)

Should the idea of a biosecurity-focused program be adopted, that needs to be fully described and discussed with industry within weeks rather than months. If this is not to be done, it would be preferable to have no program at all. Under a ‘no program’ scenario, technical advice on BJD management could still be provided to producers via State/Territory governments or by AHA.



Department of  
**Agriculture and Fisheries**

Reference: CTS 14578/15

29 JUN 2015

Mr Duncan Rowland  
Executive Manager Biosecurity  
Animal Health Australia  
Suite 15, 26-28 Napier Close  
**Deakin ACT 2600**

Email: [bjdreview@animalhealthaustralia.com.au](mailto:bjdreview@animalhealthaustralia.com.au)

Dear Mr Rowland

A priority of the Queensland government is to work with all industries affected by Johne's disease (JD) to develop a robust framework to underpin the Queensland industry vision for JD management into the future. This involves actively seeking the opinions of all Queensland industry members through fora such as the Queensland Johne's Disease Review Committee, participation in the national BJD Strategic Plan Review and one-on-one consultation.

In respect of traceforward properties associated with the Qld2012 and Qld2013 incidents, Biosecurity Queensland continues to work with all properties currently under movement restrictions on suspicion of JD to expedite their resolution. Progress in responding to these incidents has been significant, with the number of properties under movement restrictions steadily declining. A very small number (< 5%) of the traceforward properties associated with these incidents are yet to be resolved and all are expected to be finalised in the near future.

The Queensland government values and respects all voices contributing to this critical discussion and will continue to seek to work collaboratively and constructively to secure the best outcome for Queensland industries impacted by JD.

Yours sincerely

Allison Crook  
**Chief Veterinary Officer  
Biosecurity Queensland**

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29 June 2015

Animal Health Australia  
26-28 Napier Close  
Deakin, ACT 2600

**RE: Review of the National Bovine Johne's disease ('BJD') Strategy Second Discussion Paper:  
Towards a concerted approach to the management of Johne's disease**

I am writing to provide the Sheepmeat Council of Australia's (SCA) submission to the above consultation currently being conducted by Animal Health Australia (AHA). SCA is the national Peak Industry Council representing and promoting the needs of Australia's lamb and sheepmeat producers.

SCA welcomes the opportunity to contribute to the consultation process for this issue. SCA recognises the importance of the BJD Review process in ensuring the continued success of endemic disease management for both the cattle and sheep industries of Australia. SCA strongly believes that the management of JD, regardless of the strain, should be considered in the broader context of managing endemic disease holistically throughout Australia using strong biosecurity practices.

Further to this, given the synergies between the cattle and sheep industry JD programs, SCA urges, where possible, that this review should consider opportunities for the two industries to support and leverage off one and other to ensure that producer levies are expended in an efficient and effective manner.

Please find attached our submission providing SCA comments on the recommendations provided in the second discussion paper.

Yours sincerely,

Jeff Murray

A handwritten signature in black ink that reads 'Jeff Murray'.

President  
Sheepmeat Council of Australia

## **BACKGROUND - SHEEPMEAT COUNCIL OF AUSTRALIA**

SCA is the national Peak Industry Council representing and promoting the needs of Australia's lamb and sheepmeat producers.

The objects of SCA are;

- to represent and promote the interests of Australian sheepmeat producers
- to carry out activities necessary for the advancement of the sheepmeat and live sheep export industries;
- to collect and disseminate information concerning the sheepmeat and live sheep export industries;
- to co-operate with industry stakeholders and organisations at the state, national and international levels;
- to maintain interaction and co-operation with its Members, relevant Government departments and authorities at Federal, State, and local government levels, and with other relevant industry organisations;
- to promote the development and resourcing of the agricultural and pastoral industries of Australia;
- to act as the Prescribed Body for the sheepmeat industry in Australia within the Red Meat Industry Memorandum of Understanding (MoU) under the Australian Meat and Livestock Act 1997 (the Act).

SCA represents sheepmeat producers in Australia and provides a mechanism to bring a diverse range of issues and needs to the policy making process. The Council draws on many formal and informal processes to achieve this. Principal amongst these is input from the state farming organisations, which have extensive networks within their jurisdictions.

As the recognised peak body for the sheepmeat industry under the Act, SCA sets the strategic objectives to be pursued by the levy funded organisations Meat & Livestock Australia (MLA), Animal Health Australia (AHA), and the National Residue Survey (NRS), examining and approving their programs and budgets. We are involved in priority setting for industry R&D and marketing activities both domestically and internationally as set out in the Red Meat MoU. Under the MoU SCA assesses the performance of services delivered by expenditure of lamb and mutton levies.

## **Response to the Review of the National Bovine Johne's disease ('BJD') Strategy Second Discussion Paper: Towards a concerted approach to the management of Johne's disease**

The Sheepmeat Council (SCA) of Australia welcomes the opportunity to respond to the Second Discussion Paper prepared in response to the National Bovine Johne's disease review. Whilst this paper has been prepared by AHA on behalf of the Australian cattle industry, many of the issues outlined reflect those faced by the Australian sheep industry, both in the past and currently, as a result of Ovine Johne's Disease (OJD). SCA believes that it is important that the recommendations made in the discussion paper are considered, where possible, in line with the policy and management of OJD.

OJD is an incurable and infectious wasting disease of sheep caused by the sheep strain of bacterium *Mycobacterium paratuberculosis*, which leads to the thickening of the intestinal wall and reduced absorption of nutrients, resulting in loss of condition and death in the infected animal. Bacteria are spread through the manure of infected sheep, contaminating pasture and water supplies to infect other sheep within the flock. Once a flock becomes infected with OJD it is difficult to eradicate, however due to the availability of the Gudair vaccine OJD can be successfully managed to reduce production losses. Left untreated, OJD can result in serious economic losses due to lost production of both meat and wool sheep flocks.

Since the early 1990's, OJD has been recognised by the sheep industries as a disease that can result in significant production losses. As a result, the following management plans were established to assist producers and government in managing the disease:

- National Ovine Johne's Disease Control and Evaluation Program (NOJDP) 1998-2004
- National Approach to the Management of Ovine Johne's Disease in Australia (NAOJD) 2004-2007
- National Ovine Johne's Disease (OJD) Management Plan 2007-2012
- National Ovine Johne's Disease (OJD) Management Plan 2013-2018

The current OJD management plan, the National Ovine Johne's Disease (OJD) Management Plan 2013-2018, was based on a revision of previous plans through extensive consultation with producers, industry and state governments, taking effect from 1 July 2013. The plan was developed to enable producers to take a risk-management approach to their farm biosecurity, notably encouraging the use of the Sheep Health Statement and Regional Biosecurity Plans (RBPs). The objectives of the plan are as follows:

- To minimise the risk of infection by the bacteria spreading to properties and regions that currently appear to be disease free.
- To reduce the financial impact and adverse animal health and welfare effects of the disease on individual flocks, and on the sheep industry as a whole.

The plan provides a Framework for states to work from in setting their OJD policies, and does not interfere with trade. Further information on the National Ovine Johne's Disease (OJD) Management Plan 2013-2018 can be found at [www.ojd.com.au](http://www.ojd.com.au).

## **Response to the Review of the National Bovine Johne's disease ('BJD') Strategy Second Discussion Paper: Individual "Looking ahead" Recommendations.**

The following section of this submission directly responds to each of the recommendations provided in the second discussion paper. It does so by indicating SCA support of the recommendation, along with the provision of information on the current policy and management practices in the sheep industry under the National Ovine Johne's Disease (OJD) Management Plan 2013-2018. This approach has been adopted to provide reasoning for the SCA position, along with indicating possible opportunities to leverage due to the synergies that exist between the sheep and cattle industry management plans for Johne's disease.

### **1. Johne's Disease and its Management: Essential Reference Marks Reiterated, Primary and Ancillary Objectives and Associated Matters**

*Looking ahead, we recommend that a recast approach to the management of Johne's disease in cattle:*

- *Rest on the three suggested primary objectives and four ancillary objectives (14-15)*
- *Comprise the four proposed parts as essential elements (16)*
- *Follow the basic implementation path charted in an appropriately explained and promoted transition plan, to take effect from February 2016 onwards (17-20)*

### **SCA supports the recommendations set out in Section One: Johne's Disease and its Management: Essential Reference Marks Reiterated, Primary and Ancillary Objectives and Associated Matters.**

SCA strongly supports the statement made in paragraph 12 that a new approach formulated to manage BJD, and SCA would suggest JD in general, should promote an "open, consistent science driven risk-based, producer-empowering and voluntary participation in a disease containment effort that nonetheless gives trade imperatives and sensible, light regulation their due."

Specifically, SCA believes that the primary objectives, outline in paragraph 14 of the discussion paper, align with the objectives of the National Ovine Johne's Disease (OJD) Management Plan 2013-2018, discussed on page 3 of this submission. The four proposed principles aimed at ensuring a simple, cost effective, balanced and equitable approach the developing the management plan also appear sensible.

## **2. Johne's Disease in Cattle: Regulated and deregulated regimes**

*Looking ahead, we recommend that a fresh approach to the management of Johne's disease in cattle:*

- *Align the status of Johne's disease in cattle closer to that of other cattle-affecting diseases, without prejudice to the support given to ongoing research into the disease or efforts to manage and control it (21-23).*
- *Adopt a deregulated approach to the management of the disease in line with its altered status, supported by an appropriate risk management framework (24-29).*
- *Ensure that the deregulated approach recognises the different prevalence levels (and the priorities they give rise to) – and thus the prospect of variations in disease management principles, provided the variations (a) remain true to the spirit and objectives of the approach and (b) maintain the integrity of equivalences and outcomes across jurisdictions (24-29) and later sections of this document.*

### **SCA supports the recommendations set out in Section Two: Johne's Disease in Cattle: Regulated and deregulated regimes.**

SCA supports the recommendation that a balanced approach to regulation is required when considering a renewed management plan given the differing levels of prevalence of JD in cattle across Australia, which will be supported by strong Research and Development (R&D) and Management and Control programs. The tension that exists between those wishing to protect their herd in low prevalence areas and those wishing to manage the disease in endemic areas is also experienced within the sheep industry. Currently the Australian sheep industry attempts to balance the differing requirements of sheep producers through the following frameworks operating under the National Ovine Johnes Disease (OJD) Management Plan 2013-2018:

1. SheepMAP – This OJD specific Market Assurance Program developed collaboratively by the sheep industry and State Governments allows participation by sheep producers regardless of the prevalence area they are found in due to two streams:
  - a. Monitored Negative (MN) Status – Flocks maintain their status within the program through, among other requirements, regular testing to prove their negative status.
  - b. Monitored Negative Vaccination (MNV) Status – Flocks maintain their status within the program through, among other requirements, the effective use of vaccination.
2. Regional Biosecurity Plans (RBP) - These producer driven schemes use biosecurity mechanisms to assist with the management of OJD and have been successful given the market drivers that reward producers in the program. Producers not operating within a RBP are still able to trade, regardless of the prevalence zone they operate in, through participation with SheepMAP.
3. Research and Development – Continued investment in to OJD R&D provides producers with tools and information to manage the disease regardless of the prevalence zone they are in.

SCA policy supports the alignment of JD with other endemic disease and agrees that any management approach must consider the broader context of holistic endemic disease management through strong biosecurity practices. The recently released MLA report *Priority List of Endemic Diseases (B.AHE.0010)* further supports the recommendation to deescalate the treatment of JD in line with other endemic diseases that often have ‘greater consequences’ for industry.

### **3. Johne’s Disease and Chohn’s Disease**

*Looking ahead, we recommend that a recast approach to the management of Johne’s disease in cattle:*

- *Take note of the important distinction between association and causation (32).*
- *Reflect that distinction in any discussion surrounding Johne’s disease and Crohn’s disease (34).*
- *Maintain a ‘watching brief’ on scientific research on possible links between Johne’s disease and Crohn’s disease (33).*
- *Update Australia’s response manual to Crohn’s disease as appropriate*

**SCA supports the recommendations set out in Section Three: Johne’s Disease and Chrohn’s Disease, however caution is urged regarding the language used in this section.**

Whilst SCA acknowledges that there is a responsibility for all industries impacted by *Mycobacterium paratuberculosis (Mptb)* to keep a watching brief on research considering links between Mptb and Chrohn’s disease, SCA would urge caution in the wording of this section, particularly paragraph 33. Emphasis must be placed on the fact that a link has not yet been found between the Mptb and Chrohn’s Disease.

SCA strongly supports the maintenance of the Chrohn’s Response Management Plan.

#### 4. Johne's Disease and Strain Diversity

*Looking ahead, we recommend that a recast approach to the management of Johne's disease in cattle:*

- *Recognise the similarity of effect of different Johne's disease strains in an infected host, effects that result in an Mptb diagnosis (36-38).*
- *Trigger change to the definition and interpretation of Mptb, to have it reflect the above in matters of export certification (39-40).*
- *Take account of the fact that some producers (i.e. properties) may not be eligible for supplying stock to the live export market, should they have cattle infected with the 'S' strain, as a consequence of this change in approach*

**SCA supports the recommendations set out in Section Four: Johne's Disease and Strain Diversity.**

The second discussion paper notes the following points in relation to strain diversity (Paragraph 39-41):

- As export regulations do not differentiate between strains and only address the presence or absence of Johne's disease (measured by a positive result to a nominated test) in a property, herd or animal, there is no benefit in maintaining an artificial distinction between them when it comes to disease management.
- Therefore future disease management and control measures should address Johne's disease without exclusionary characterisation by strain
- That notwithstanding, the management of Johne's disease will continue to be managed by species (e.g. cattle, sheep). Variations in management measures may thus occur between species

Whilst SCA supports the comments made above, it would make the following three points in response:

1. Given that Cattle (C), Bison (B), and Sheep (S) Strains of Mptb have the ability to infect a variety of species, and that there are a number of Australian graziers that farm these species together on one properties, there is a clear need for the impacted industries to collaborate and cooperate where possible.
2. Further Research and Development (R&D) into the implications of strain diversity will be required.
3. SCA strongly believes that ongoing communication between the cattle and sheep industries, as the BJD management plan detail develops, is imperative to ensure that there are no adverse impacts on the Australian sheepmeat industry given the ability for cattle to become infected by S Strain.

## 5. Johne's Disease and its Management: Prevalence, Zone Construct and Risk Management

*Looking ahead, we recommend that a recast approach to the management of Johne's disease in cattle:*

- *Do away with the zone construct (50-56).*
- *Introduce and make use of a property-centric ('PIC-based') risk management approach as a sounder, more reliable and more consistent basis for health certification as the necessary underpinning for cattle trade transactions (57).*
- *Ensure that anticipated variations in practices and procedures between jurisdictions (a) accord nonetheless with the spirit, objectives and principles of the approach, including its biosecurity foundation; (b) maintain the equivalence of outcomes and ratings that speak to a unified and consistent approach; (c) rely on risk-assessed and evidence-based cattle health statements, measures and ratings; (d) encourage producer participation; and (e) actively discourage non-compliance (58-59).*

### **SCA supports the recommendations set out in Section Five: Prevalence, Zone Construct and Risk Management**

SCA strongly supports the recommendation that zone constructs are removed and replaced with a risk-based management systems underpinned by strong biosecurity practices. The risk management framework requirements discussed in paragraph 55 are particularly supported by SCA and fall in line with current objectives of the sheep industry management of OJD.

Producer consultation completed in the developing the National Ovine Johne's Disease (OJD) Management Plan 2013-2018 indicated that producers believed zoning should cease. As such, past President of the Sheepmeat Council, Ian McColl noted during the launch of the plan:

*"There will be no nationally recognised trading restrictions, zones or areas in relation to OJD prevalence under the OJD Management Plan 2013-18," Mr McColl said. "Some areas or states may choose to put in place entry requirements."*

The plan also encourages producers to collectively develop their own Regional Biosecurity Plans (RBPs), due to the added effectiveness of a collective approach. RBPs are a set of actions agreed to by a group of producers to manage biosecurity risk for their farms, (e.g. groups may agree to only buy vaccinated sheep). Guidelines have been made available to assist groups of producers in preparing an RBP. It should be noted that formal zoning is untenable due to the lack of formal approval process by State Government.

Another key initiative of the National Ovine Johne's Disease (OJD) Management Plan 2013-2018 was the communication around encouraged use of the Sheep Health Statement (SHS) as an important tool in the biosecurity toolkit that helped with the management of OJD and a host of other endemic diseases.

SCA believes that any consideration of recommendations in this section must be made in line with **Section 2 - Johne's Disease in Cattle: Regulated and deregulated regimes.**



## **6. Johne's Disease and it's Management: Notifiability, Monitoring, Surveillance and Related Matters.**

*Looking ahead, we recommend that are cast approach to the management of Johne's disease in cattle:*

- *Recognise, until further notice, the continuing notifiability requirement associated with export trade (61-62).*
- *Ensure that, irrespective of jurisdiction, the consequences of notifiability are limited to market access (a) do not attract the punitive consequences of some current interpretations; and (b) attract support and guidance in disease management from industry and jurisdictions (63-66).*
- *Review present market assurance programs to ensure that they operate to attract participation and produce benefits (rather than potential risks) for participants (67-68)*

### **SCA supports the recommendations set out in Section Six - Notifiability, Monitoring, Surveillance and Related Matters.**

The Discussion Paper notes that this “approach that is now proposed in place of the current arrangements for JD management intends to assist parties to better manage the risks associated with the disease, first through better biosecurity-oriented farm practices levelled at diseases of which JD is but one; and second, through more uniform, consistent, transparent and equitable risk assessment and management framework that recognises both imperatives (i.e. protection against the disease and management of it).” As noted throughout this submission, SCA strongly supports the management of risks associated with JD through the use of strong biosecurity practices. As noted on page 3, this is a significant feature of the National Ovine Johnes Disease (OJD) Management Plan 2013-2018.

SCA would again request that any review of current management frameworks, such as the species specific JD Market Assurance Programs (MAP), are done in conjunction with other impacted industries to ensure that the programs leverage off one and other, and producers are provided with programs that can reach across a number of species that they may farm.

## 7. Johne's Disease and its Management: Research and Development

*Looking ahead, we recommend that are cast approach to the management of Johne's disease in cattle:*

- *Maintain the existing commitment to research into Johne's disease (70-72)*
- *Review the list research initiatives to ensure that the projects involved align directly with the nominated objectives of the recast approach (73-74)*
- *Prioritise those initiatives that will assist producers in their management of the disease and the risks attendant upon it (73-74)*

### **SCA supports the recommendations set out in Section Seven – Research and Development.**

The National OJD Management Plan 2013-18 provides for on-going funding of research and development. SCA would recommend that in considering JD specific R&D there is a need to focus on:

1. Ongoing strong collaboration between the sheep and cattle industries
2. Further research into the implications of strain diversity
3. The impact of vaccine use in sheep on transfer to cattle

## Comments on the 2<sup>nd</sup> BJD Review discussion paper.

In general terms and given acceptance of BJD as;

- Endemic, worldwide as well as Australia.
- Not production limiting, particularly in the beef industry.
- Currently being adequately managed at the infected property level by dairy and beef industry producers.
- *Political and regulatory issue with unnecessary and unjustifiable devastating effects on individual affected producers.*

the real issue is about trade restrictions and exclusions, *by regulation* from markets both domestically and internationally.

### **Should BJD be Notifiable or Non-notifiable?**

As the disease is endemic and the current arrangements re management are in dispute, the question needs to be asked as to why the disease should be/remain notifiable within Australia.

Many other endemic diseases in Australia with certification requirements for livestock export are NOT notifiable. Additional comments re current practices, certification and the implications of this are made below.

The only apparent reason in the discussion paper as to why JD is notifiable in the international trade is an OIE requirement. This needs to be questioned with vigour.

The submission for the Feb16th meeting by Dr Mark Schipp of DAFF provided a listing of importing countries that have livestock export certification requirements for JD [BJD in particular]. What is missing is a detailed listing of the countries in question that have OIE approved/endorsed management/control programs in place which justify the imposition of this test/certification requirement on individual Australian producers at the PIC level as suggested in the discussion paper. Failure to have this importing country information from DAFF [DAFF to provide given they represent Australia at the OIE level] makes decision making as to future needs and impositions on individual property owners unclear. This information has been requested previously.

Without this information, the ongoing requirement for certification re freedom from BJD should be regarded as a non-tariff trade barrier if the importing country, which requires Australia's certification of freedom, does not have management systems in place to manage the disease.

One respects that importing countries have a sovereign right to require whatever they choose but international trade rules also have equivalence requirements.

The 2011 disruption to the live export trade was the result of the media expose and a subsequent DAFF generated review at the request of the Minister. This report questioned the findings of an earlier exporter commissioned review [Professor Ivan Caple et al] of overseas

management practices following receipt of livestock in certain markets. The findings from the DAFF review was that practices in the overseas countries receiving livestock exports from Australia were not compliant with OIE requirements. Ministerial suspension of the trade followed.

Similar expectations of OIE should be reviewed and are required in relation to BJD before arriving at final recommendations as to the most appropriate way forward in relation to the livestock export health protocols and export of livestock.

### **Certification issues exports of product and livestock.**

Comment has been made in previous submissions about there being no restrictions on meat and dairy products being exported. This then dispels and should question the notion of concern re Mptb being a food safety/ product integrity issue under current arrangements.

### **Negotiation of livestock export health protocols with potential importing countries.**

This process needs to be further reviewed in order restrict undue concessions being made by Government personnel as to what requirements need to be met[and property and individual disease testing “billed” at full cost recovery by the accredited Animal Health Laboratories to the producer] in order to meet the importing countries export health protocol requirements. In many cases certification demands are being made of Australian producers in relation to endemic diseases which exist in the importing countries.

### **Current existing certification practices for cattle exports.**

The current certification system for livestock exports contains many anomalies, inconsistencies, differing interpretation of test results along with practices which circumvent the existing export health protocol requirements. The processes, procedures and practices are such that the whole certification is vague, inconsistent, non-transparent and is readily manipulated. These shortcomings are well known to regulatory authorities which have the responsibility and authority to resolve outstanding issues which lead to certification that misrepresents the true disease status of individual properties and the exported livestock.

In relation to some viral diseases of cattle, namely Bovine Virus Diarrhoea [BVD or Pestivirus], Infectious Rhinotracheitis [IBR] and Parainfluenza 3 [PI3], a number of countries require certification that no clinical disease exists on the properties of origin within the past 12 months. Detailed investigations indicate that it not unusual that there has been no testing/investigations on these properties within the past 12 month period – in checking with the relevant State Animal Health Lab over 95% of properties had not tested for any of the above viral diseases. The assumption therefore is that no disease exists - “*Absence of evidence*”. This occurs even though there are detailed research findings by way of extensive surveys [Qld DPI, Meat Research Corporation (MRC) and MLA] that 90% of cattle properties have had past exposure to BVD [as measured by presence of antibodies] and 40% of those exposed properties have active infection [within the last 12 months] still circulating.

In summary, the current certification process for cattle exports using AQIS Accredited Veterinarians [AAV] is flawed and non-compliant when evaluated against a number of existing “livestock export health protocols” requirements. This process of certification is further compromised as these AAV are employed, or not employed, by the exporter hence they are not independent and able to report without fear or favour.

***As a major issue of the BJD review is the maintenance of trade access, the current dysfunctional and discriminatory nature of the current export livestock certification has to be addressed before any decisions can be made as to the way forward with the BJD review. Failure to do so will ensure that the presence of BJD will continue to be not diagnosed let alone be “notified” given its management to date.***

There are many instances of producers who have had an adverse disease test result entered onto the relevant State Animal Health Lab database being denied supply to export shipments while fellow producers who have not tested for disease x, y or z are able to export due to the “absence of evidence” of disease. These affected producers who have been commercially disadvantaged are now not testing for any disease, notifiable or non-notifiable – quite understandable but by not doing so, possible Emergency Animal Diseases [EAD] may not be detected and reported until a later date allowing significant spread in the meantime. The producers being penalised currently through quarantine are the very ones whose early responses to possible disease issues will minimise the impact of an EAD outbreak in the future.

The advent of full cost recovery for laboratory services provides further disincentives for any disease testing.

### **Free Trade Agreements [FTA] – Korea, Japan and China.**

What effect, if any do the above FTAs have on livestock export protocols? Have the protocols been altered as a result of the negotiations and agreement on the FTAs?

Are “country disease status” certifications still going to be used as non-tariff barriers where the disease status for specific diseases, [BJD in particular] of the importing country are equivalent to Australia’s?

Much has been made of Australia’s position being based on “science and evidence” in the negotiation and representation of Australian interests in these negotiations. The evidence in relation to the existing certification processes within Australia leaves these assertions “open” to debate and justification.

### **Reduction of “red tape” and removal of un-necessary/ineffective Government legislation/regulation.**

This is a stated aim of the current Government. Already there has been a significant withdrawal of AQIS/Biosecurity Australia in the certification process for livestock exports with the delegation of declarations during the stepped approach to final certification of live export shipments. This has been a result of “cost reduction” demands by the export industry

as well as Government desires to reduce their expenditure. The end result is that many of these declarations, mainly by way of Statutory Declarations by parties that either don't have the information (or access to it) or are influenced by the next receiving party in the chain.

### **Compensation.**

*Should the early producer responders, through disease testing, to a possible disease outbreak be penalised for the sake of the “greater industry good”? The current system and its management is a major disincentive to identify an issue, test and report.*

The current Cattle Disease Contingency Fund [CDCF] administered by 4 industry organisation trustees should be reviewed as to eligibility, adequacy and availability of funds for issues such as the recent BJD Qld experience. No funds were [made] available to affected quarantined producers in the recent Qld BJD incidents.

### **The “how to” progress.**

Challenges exist as to how the current practices can be managed, changed substantially and then monitored, managed and where appropriate enforced into the future while gaining and justifying the support sought from all participants to achieve any agreed outcomes.

### **Considerations as to the way forward.**

**Remove JD as a notifiable disease.** It then becomes an endemic disease on an equivalent basis as the majority of importing countries. DAFF to be responsible for initiating an OIE review of their current rationale/justification for designation of JD as notifiable. Timeline? As a minority of beef properties are known to be infected, “no disease” becomes the “default” disease status for JD - “Absence of evidence” – the same rationale as being used currently for BVD, IBR and PI3 in AAV Certification for live shipments as detailed above.

**Current infected properties wishing to export where export health protocols still require certification for BJD status.** Testing and management programs to be determined.

**Stud sales.** See below.

**Restocker/Trading cattle.** See below.

Given the new Biosecurity Bill/Act [May 2015] and the expected/proposed emphasis for individual producer responsibility for their own biosecurity as documented in “Modernising Australia’s approach to managing established pests and diseases of national significance”, any changes to BJD management needs to consistent with probable changes. Not sure as to the possible future interdependency between all the “requirements” of the above.

Legal implications of health statements/certification will need to be examined and catered for.

David Skerman.

## Tasmanian CVO response to AHA BJD Review Second Discussion Paper

### Introduction

As BJD is endemic in Tasmania our need is to provide an environment where producers are able to manage the disease in an effective and efficient manner commensurate with the impact of the disease. This will include having tools available so that producers who believe they are free of JD can, if they believe it is appropriate, take measures to mitigate the risk of introduction of disease to their properties.

I recognize that other areas of the country have a perceived low prevalence of JD and may want to have measures in place to help protect producers from introduction of JD.

The question is do we need a complex national program to achieve this, or can it be done in a simple way that puts control back in the hands of the producers?

### Comments on the paper

I am generally supportive of the paper so comments below focus on areas where I think clarification is required.

### Objectives - The recast approach (page 7)

My main concern is that in describing a recast approach to managing the disease there may be an expectation that this will be done as a specific national JD program whereas these principles could just as well be applied without the need for a formal program.

### Paragraph 14 - Three primary objectives (page 7)

The first objective "*To keep the national prevalence of Johne's disease to as low a level as possible*"

I believe this overemphasized the importance of JD and could be read to imply a need for an infected property to try and eradicate rather than manage the disease.

The second ancillary objective on page 8 does bring in the "cost-effective principle" but I think this should be clear in the primary objective. I suggest the principle is reworded to something like "*To keep the national prevalence of Johne's disease to as low a level as practical.*"

### Paragraph 20 – the basic architecture of the recast approach (page 10).

The way this is presented seems to imply a formal documented program. While we may need to document how we plan to progress into the future we should be open to having JD managed like most other endemic diseases without a nationally documented disease specific program.

### Paragraph 29 – Regulated and Deregulated Regimes – Looking ahead (p13)

I support the first two dot points but am confused by the third which seems to imply some form of ongoing regulation. Many other diseases have different prevalence levels across the country and are managed with minimal regulation.

Paragraph 35 – Crohn’s disease – looking ahead (p15)

I think a stronger statement is needed to reflect that there is no proven link between JD and Crohn’s disease and that management of JD should not be influenced by any speculated link.

Paragraph 42 - Strain diversity – Looking ahead (p17)

This could be stated much more clearly indicating there will be no difference in response based on strain.

Paragraph 60 – Zone Construct and Risk Management – Looking ahead (page 22)

Agree

Paragraph 69 – Notifiability – Looking ahead (page 24)

Agree

Under Tasmanian legislation, producers who believe or suspect JD is present in their herd/flock must notify a potential purchaser of that fact to ensure that the purchaser can make an informed decision.

Research and Development (Page 25)

I think this section overemphasizes the need for JD research.

JD should be treated like any other endemic disease. Research proposals for JD need to be assessed against proposals for other diseases on a cost benefit basis.

Rod Andrewartha

CVO – Tasmania

29/6/15





## TASMANIAN FARMERS & GRAZIERS ASSOCIATION

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To the BJD Review Team

Re: National BJD Strategic Plan Review – TFGA Response to 2nd Discussion Paper

The Tasmanian Farmers and Graziers Association (TFGA) is the leading representative body for Tasmanian primary producers. TFGA members are responsible for generating approximately 80% of the value created by the Tasmanian agricultural sector.

The total Tasmania gross state product (GSP) was \$23.9 billion for the 2012 year. The GVP of agriculture, forestry and fishing collectively amounted to almost 9% of this total – before input supply services and value-adding, which is well above that for the nation as a whole.

The TFGA thanks the BJD Review Team for the opportunity to comment on the second discussion paper and provides the following commentary to the management of BJD in Australia.

We agree with the Animal Health Committee statement saying; The complexity of the national BJD Standard, Definitions, Rules and Guidelines (SDR&Gs), National Cattle Health Statement, Beef Only scheme, National Dairy BJD Dairy Assurance Score, Australian Johnne's Disease Market Assurance Program (JDMAP) and other available risk management tools has impacted negatively on producer uptake and engagement.

The TFGA is supportive of a less regulatory environment. To move to a management program instead of a control program will remove the disproportionate negativity that surrounds BJD.

More farmers would contact a vet in regard to suspected BJD cases if there was not mandatory reporting. Some farmers go underground because of mandatory reporting. However, these same farmers would be willing to work on managing and controlling the disease if they were not stigmatised through mandatory reporting.

The submission by the Australian Government Department of Agriculture (first discussion paper) said internationally, only Australia and Japan seem to have substantive regulated approaches to JD control, with other countries leaving disease management, where any exists, to industry/the private sector.

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There seems to be a lot discussion about producers who have been identified with BJD on their farms and are acting to control the disease. But there are many who refuse to recognise they have BJD on their properties and are refusing to take action. We need to de-stigmatise the disease and find a pathway that encourages these producers to manage and control the disease.

Options for future management, i.e. individual basis or market assurance programs, of BJD in Australia should be considered as part of a national review and be underpinned by appropriate cost benefit analysis. Producers should continue to use and ask for national animal health statements, which are a means that provide information about a herd health status.

Very important to the successful application of this proposal will be the provision of adequate tools for use by the producer as a means of 'managing' the disease, which may include better tests; better understanding of the organism's behaviour; and adequate declaration mechanisms for full disclosure.

Additionally what is needed is an appropriate and funded education program which explains to cattle owners (beef and dairy):

- the makeup of BJD including possible infection with "C", B" and "S" strains of MPtb;
- on farm biosecurity systems which will minimise the risk of introducing BJD to a herd believed to be free of BJD;
- recommended management practices of BJD in a known infected herd to minimise clinical cases; and
- recommended methods of attempting to eradicate BJD should the owner of a known infected herd wish to attempt to eradicate the disease from his/her property/herd.

A deregulated approach for the future management of BJD in Australia is TFGAs preferred approach.

Yours sincerely

A handwritten signature in black ink, consisting of a large, stylized 'P' followed by a series of loops and a long horizontal stroke extending to the left.

Peter Skillern  
Chief Executive Officer



# Department of Economic Development, Jobs, Transport & Resources

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## **SECOND DISCUSSION PAPER FOR THE REVIEW OF THE NATIONAL BJD STRATEGY**

Thank you for the opportunity to provide a submission on the second discussion paper *Towards a converted approach to the management of Johne's disease* (dated 10 June 2015) as part of the review of the National Bovine Johne's Disease (BJD) Strategic Plan.

### **General comments**

Similarly to the first discussion paper, the wording of this paper is somewhat ambiguous in parts and this makes it difficult to understand what is specifically being proposed. As a result, parts of the paper are open for interpretation.

The paper appears to assume that a continuation of the National BJD Strategic Plan is required and alternative approaches do not appear to have been considered. Whilst accepting that we need to manage any change to the status quo, no argument is provided to support its continuation, whilst other endemic cattle diseases that have equivalent trade implications as BJD, such as bovine viral disease (BVD) / pestivirus, do not have their own national strategy.

The paper has a strong focus on herds/properties that are infected with BJD. The discussion would benefit from a greater consideration of the implications of any proposed change for those herd owners/managers who currently do not have an infected herd or property.

### **Essential reference marks reiterated (paragraphs 10-20)**

Victoria broadly supports the proposed three objectives, four ancillary elements and basic structure, but does question the need for a formal national strategy to achieve these. For example, why is a national strategy required specifically to guide BJD research and development, and why is a monitoring and surveillance regime required when there is no intention to have an active approach to this?

Clarity is required around "...minimum regulation and intervention by jurisdictions..." as referred to in the three primary objectives. If this refers to routine regulatory activities that are not specific to BJD, i.e. maintaining records of disease notifications and providing property certification for international trade, then this would be supported by Victoria. Regulation beyond this would not be supported.

Of all the elements, education for prevention is probably the most important, particularly with respect to achieving long term behaviour change. Even with the best tools available, without widespread awareness and understanding, any approach is unlikely to be successful. In general, there is relatively poor understanding of BJD, as well as broader biosecurity principles, currently amongst livestock producers.

### **Regulated and deregulated regimes (paragraphs 21-29)**

Victoria supports the summary in paragraph 29 for a fresh approach to BJD, but notes that the reference to a deregulated approach (second dot point) conflicts with references to "...minimum regulation..." elsewhere in the discussion paper. Victoria supports a deregulated approach.

The second dot point of paragraph 29 also refers to "...an appropriate risk management framework..." but this is not clearly explained in the referenced paragraphs 24-29. Victoria would support the provision of an appropriate risk management system, but this does not necessitate a national strategy (with regulation) nor does it need to be specific for BJD alone.

### **Johne's disease and Crohn's diseases (paragraphs 30-35)**

It is appropriate to maintain a 'watching brief' of this issue, but this does not require a national strategy and should actively involve public health colleagues. Industry already undertakes risk management for this potential issue without the need for a regulatory regime specific for BJD, e.g. the dairy industry pasteurises milk and requires hygienic calf rearing for milk suppliers.

### **Johne's disease and strain diversity (paragraphs 36-42)**

Victoria supports the summary in paragraph 42. Although the current strain-specific approach to Johne's disease may have been appropriate in earlier years, our improved knowledge of strain types, epidemiology and clinical manifestation has shown that strain type is largely an academic classification with respect to practical disease management.

Two considerations that need to be addressed are the potential trade implications for cattle on mixed sheep/cattle properties that have sheep infected with ovine Johne's disease and the need to engage with the sheep industry who currently also recognise the strain diversity utilised by the cattle industry to date.

### **Prevalence, the zone construct and risk management (paragraphs 43-60)**

Victoria supports the summary in paragraph 60.

Reliance of herd owners/managers solely on the 'status' of the zone their property is located in to provide 'protection' does not promote sound, property-based, biosecurity practices. Encouraging a property-centric approach as proposed will place increased onus on owners/managers to more actively manage biosecurity risks; this should be no different to managing other business risks.

Health certification for international movements is currently property-centric and does not take into account BJD zoning. Trading partners do not recognise current BJD zones / prevalence areas.

It is unclear why or how assessment of all the factors in paragraph 57 would be undertaken. Spread of BJD to neighbouring herds is not recognised as a significant risk; prevalence in the wider area would not be relevant/known unless zoning was properly utilised; and "...incidence of co-grazing..." needs to be clarified.

Note that "...powers ("teeth") to discourage wrong-doers ..." does not necessarily equate to regulation (paragraph 58). This could, for example, include actions taken under industry QA programs.

**Notifiability, monitoring, surveillance and related matters (paragraphs 61-69)**

Notifiability of certain diseases does not obligate jurisdictions to impose regulatory action. For example, caprine arthritis encephalitis, leptospirosis, ovine footrot and strangles are notifiable in Victoria, but regulatory action is not ordinarily taken upon receipt of a notification. Retaining BJD as a notifiable disease for the purpose of export certification alone is acceptable for Victoria if this is required.

**Research and development (paragraphs 70-75)**

Victoria disagrees with the statement in paragraph 70 that research and development should be integral and notes there was agreement at the 15 May 2015 workshop that research and development should not be part of the National BJD Strategic Plan.

A new Strategic Plan is not necessarily required to guide and enable BJD research and development. There are other opportunities for this including through the National Animal Biosecurity RD&E Strategy and Animal Health Committee<sup>1</sup>.

A deregulated approach for the future management of BJD in Australia continues to be Victoria's preferred approach.

Yours sincerely



**Charles Milne**  
Chief Veterinary Officer

29 / 06 / 2015

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<sup>1</sup> Johne's disease research needs were identified in Animal Health Committee's report *National Animal Health Research Priorities 2015-16*.

**Submission**

**Review of the BJD Strategy**  
**Second discussion Paper: Towards a**  
**concerted approach to the management**  
**of Johnes Disease**

**To:**  
**BJD Review Team Animal Health Australia**

**June 2015**

**Prepared by WAFarmers Federation**

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## **Agriculture in Western Australia**

The Western Australian Farmers Federation Inc. (WAFarmers) is the State's largest and most influential rural advocacy and service organisation. Founded in 1912, WAFarmers boasts a membership of over 4,200 farmers including grain growers, meat and wool producers, horticulturalists, dairy farmers, commercial egg producers and beekeepers. Collectively our members are major contributors to the \$5.5 billion gross value of production that agriculture in its various forms contributes annually to Western Australia's economy. Additionally, through differing forms of land tenure, our members own, control and capably manage many millions of hectares of the State's land mass and as such are responsible for maintaining the productive capacity and environmental wellbeing of that land.

WAFarmers Federation welcomes the opportunity to provide comments to the second discussion paper on a concerted approach to the management of Johnes disease and looks forward to further engagement in this process.

## **Introduction**

WAFarmers would like to take this opportunity to comment on the style used in the second discussion paper. We found the language used was somewhat convoluted and the co-mingling of issues reinforced confusion and was in places contradictory. We would encourage the use of plainer language. We were disappointed that the paper did not appear to take the program forward to any great extent.

The prevalence of BJD in Western Australia is extremely low as proven by the continuous surveillance testing within the state, with only one bovine animal ever been identified as being infected by the 'S' strain in WA. We have continuously emphasised the importance of further research to determine the consequences of different strains to the cattle industry before changes are made to the SDR&Gs and we fully support research into the development and authorisation of new diagnostic tools that will improve earlier detection of the disease across all species.

The second discussion paper attempts to clarify certain aspects of this complex situation but there are still areas of confusion and the recommendations have not addressed the matters raised in earlier submissions.

The main priority for Western Australia is the 'protection of its cattle herd' from BJD infection, to preserve its BJD freedom status. This is particularly important given the significance of the export market to the WA livestock industry and the need to maintain market access to a range of existing and new countries. A Risk Management Framework looking at movement pathways from different regions in the east to the north and west must be developed if deregulation of BJD is to occur in the east. There will have to be assurances that individual herd testing, monitoring, and reporting practices are robust before movements of animals from higher prevalence BJD areas to low prevalence areas would be permitted outside the current market assurance program requirements. We are not convinced disease reporting will occur on a self-determination basis.

## Comments to the Second Discussion Paper

1. High Level Principles for the Review have been repeated with some modifications, which appear sound, although somewhat contradictory. For example, the paper suggests a move to a deregulated program with self-reporting and minimum regulation for a - 'notifiable' disease. If a disease is *notifiable* then it must be supported by an independent disease surveillance system. A notifiable disease is any disease that is required by law to be reported to government authorities. The collation of information allows the authorities to monitor the disease, and provides early warning of possible outbreaks. In the case of Johnes disease in WA, there is a requirement to destroy the infected livestock upon notification and compensation is paid to affected producers. Regardless of how a disease is managed on a registered PIC, some export customers will require BJD to be notifiable within the State where the PIC is located and will need proof, or certification, of an official monitoring/ surveillance program, reporting and disclosure procedures. How will this be achieved in a deregulated environment?
2. A consistent approach with other similar endemic diseases is suggested. However, Johnes disease is not like other endemic diseases with different features, control options and trade risk. The issue we are grappling with is that Johnes disease is considered to have minimum impact as a production related disease, more so for beef than for dairy, but the public perception of the disease results in trade related conditions and therefore needs different management strategies. BJD is not an endemic disease in WA and therefore it will be managed differently.
3. The three primary objects in the discussion paper relate to keeping prevalence low, minimum regulation and intervention by jurisdictions as well as maintaining market access with minimum negative impacts. In contrast, the WA position remains focussed on minimising contamination of farms and farm products by *M. paratuberculosis*. The protection of non-infected herds whilst minimising disruption to trade, and minimising social, economic and trade impact.
4. We agree that evidence has not been presented to confirm a causal link between Crohn's disease and *Mycobacterium Para tuberculosis* infection yet the perception of public health consequences can dramatically affect trade. This perception is an important matter that must not be set aside in the development of a new approach to BJD management because the management of BJD underpins a precautionary food safety approach that supports the reputation and integrity of Australian produce. We should not under-estimate the market implications to food safety concerns or perceptions. This was the major driver for the dairy industry to take action on the management of BJD initially.
5. We note the paper continues to confuse infection with *M. paratuberculosis* and disease and it does not recognise differences in the epidemiology and pathogenicity of the different strains. The different strains do not produce the same effect in infected cattle. This is important if the objective of the BJD plan is to manage disease rather than prevent the spread of infection. Paragraph 39 clarifies that export regulations do not distinguish



between strains of *M. paratuberculosis* however eligibility for export is dependent on the absence of clinical cases of BJD, which is more significant for access to export trade than a positive test result. Whilst recognising that all strains may infect cattle their significance and strategies for their management may be different.

6. The paper proposes doing away with the zone construction but recognises the continuing need for risk management and assurances to underpin risk-based trading. But as mentioned above, the introductory context confuses disease management with the protection from incursions of infected cattle, both desirable goals. Paragraph 57 suggests that elements of a risk management framework should also recognise biosecurity management practices and the occurrence and investigation of cattle with suspect signs of BJD. Paragraph 58 outlines principles for a national system. It is suggested this should also include “provision of support for a reliable exchange of information to underpin risk-based trading”.

To BJD Review Team - Comments on 2nd Discussion Paper.

From: Dr Keith H Walker  
"Telnor Glen" Partnership  
Oberon NSW 2787

Comments on Sections 1 (JD and its Management) and Section 2 (Reg/Dereg. Regimes)

Four ancillary objectives.....

Suggest the critical need to add - the justice principle.

Fairness (natural justice) and Statute also I contend, demands that diseased livestock are NOT allowed to be transferred to other properties/owners. Current legal advice to me is clear that the Commonwealth Competition and Consumer Act 2010 now operative by incorporation in all States of the Commonwealth brings consumer guarantees in trade or commerce. These include that "goods" are of acceptable quality (Section 54), have fitness for any disclosed purpose (Section 55) and (Section 18 -Misleading and Deceptive Conduct) that "a person must not, in trade or commerce, engage in conduct that is misleading or deceptive or is likely to mislead or deceive".

Thus even if a " deregulated approach" is adopted in policy this must not be mis-interpreted by industry and the veterinary profession as freeing the management of disease and disease risk appraisal from the constraints of LAW common to the trading of goods viz cattle for breeding, semen etc, as distinct from policy/regulations under more specific disease control legislation.

Thus any "deregulated" approach set for adoption (point 29) needs to be much more carefully defined and the source of tensions identified and precisely dealt with, before simplistically being adopted into any new policy.

Thus "maintaining maximum market access with minimum negative impact" (point14) is NOT able to be offered by policy when it is not supported by common law for producers with a BJD infected herd.

Thus I do NOT support the current implied notions in these Sections that BJD can be somehow freed from the constraints of law/regulation i.e. simplistically "deregulated" even if the disease is (mis-) judged to be of limited "clinical impact". Sub-clinical disease which a veterinary or otherwise "risk assessment" may have over-looked does NOT appear to be excluded from consumer protection legislation as the risk assessment itself is "likely to mislead or deceive"!!

This to my view highlights the need re BJD for the trading of breeding cattle to be done on the basis of evidence/ best possible diagnosis over time e.g. the MAP program, NOT risk assessment alone and certainly not non-mandatory statutory declarations based on "risk criteria" alone, such as the cattle health statement.

Section 3 re Crohn's disease

I suggest that the looking ahead section contain words to convey the need for industry to have a precautionary approach to their food produce and *M.paratuberculosis*.

Therefore a dot point similar to:

Adopt the pro-active precautionary principle seeking to minimise BJD and disease spread (improved control) to limit contamination of raw food chain produce and end-products.

Vaccination of cattle in known infected (dairy and beef) herds should therefore be actively promoted towards this end and as a disease minimising productivity measure for all infected herds. Identification of vaccinates should be permanent and mandatory for retained or traded breeding animals only.

Section 5 re Prevalence zones, risk management etc

This section has one over-arching need which is to test the basis of all claims i.e. what evidence??

Just as zones were lacking surveillance evidence e.g. abattoir surveys for disease in aged cows say and infected herds in Qld remained undetected for many years due to lack of evidence, the alternative herd/PIC based risk assessment as proposed currently relies on undefined "statements", "results" and "encourages" producer participation in monitoring and surveillance activities as beneficial (unspecified) to (their) business and biosecurity.

This is surely no more evidence based than the zoning paradigm, particularly as there is heavy reliance suggested on un-tested, unverified "risk" assessment for both property introductions (biosecurity) and trade off of the property.

The latter proposition for breeding animals is technically best addressed by the current MAP program, despite a number of well publicised MAP breakdowns which have had huge "scare" value across the industry.

Some of these to my personal knowledge have probably occurred because of at least some element of owner and/or veterinarian risk taking behaviour e.g. retaining "disproved" false positives in the herd without repeated follow-up testing over time i.e. next 2-5 years, to check whether the animal was in fact seropositive but NOT excreting at the occasion of first detection (and easily dismissed as therefore "definitively" NOT BJD infected). Thus all the MAP breakdowns vividly illustrate that early infection in any herd is NOT a simple or straight forward risk diagnosis process - let alone table-top risk assessment process!

Therefore all BJD related assessments for any property need both adult animal herd test based evidence AND such evidence compiled over years of time (as per the MAP program) before any trade related certification is applied to that PIC/property. Lesser evidence might perhaps meet export certification interpretation/documentation requirements but should NOT suffice for high volume local breeding trade e.g. bull and stud female sales.

Clearly cost is an or THE issue but the down-side risk of consumer law litigation should NOT be easily dismissed for intra-national trade in seed stock of elite valuation. I am aware of historic out of court settlement(s) well before the current fashion for deregulation!!!

#### Section 6 re R&D

It is notable that Dairy Australia is NOT mentioned as a funder of R&D to benefit the most heavily infected compartment of the cattle industry. The benefits or otherwise of vaccination at least might warrant their future engagement!!

The efficacy of unproven/untested reliance on the execution of calf separation/segregation programs may also be mis-leading to industry and benefit from critical investigation.

The benefits of R&D have been and are documented by MLA for the sheep industry and clearly indicate a definitive policy planning, socio-economic and productivity benefit to that industry.

R&D should predictably therefore be a tool of overall benefit to the cattle industries rather than the "waste" so easily concluded by many levy payers.

The integration of research efforts with policy development needs should commence now and inform the policy implementation process.

Thank you for the opportunity to comment. I commend the benefit derived from the iterative approach so far and look forward to the next refined discussion paper, despite the criticism of the process by some.

Dr Keith H Walker  
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Oberon NSW