



TRUDEAU & ASSOCIATES  
ADVISERS TO MANAGEMENT

# Animal Health Australia

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**Review of  
the National Bovine Johne's disease ('BJD') Strategy**

**Second Discussion Paper:  
Towards a concerted approach  
to the management of Johne's disease**

Draft for discussion purposes only  
Not for release of publication

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## Foreword and Introduction

### ***This document***

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This document is the second in a series of iterative discussion papers intended to lay the foundation of a different approach to the management and control of Johne's disease in cattle.

### ***Material for discussion purposes***

2

The document and the positions expressed in it are intended for discussion purposes only. No statement expressed in the document has executive force and the positions offered do not yet represent agreed policy. The material is offered as work in progress.

### ***Reference material for further deliberations***

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Nonetheless, the document puts forward important propositions for debate and active consideration as part of the current national BJD strategy review. The propositions, and the rationale for those propositions, provide the reference material for submissions by interested parties and the facilitated deliberations of the Reference Group.

4

The material generated as part of the wider consultation process and the Reference Group critique will serve to formulate increasingly detailed versions of a better-integrated and harmonised approach to the management of the disease that will ultimately replace current BJD management and control arrangements.

### ***Information sources***

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The propositions set out in this second discussion paper build on the views and comments offered by interested parties through two channels:

- *Through participation in earlier facilitated workshops.* The first, a widely-attended forum, was held on 16 February 2015; its outcomes were recorded in a *Record of Proceedings* (12 March 2015), since circulated to participants and interested parties by Animal Health Australia. The second, directed at the Reference Group, was held on 17 February 2015; its proceedings were recorded in the same manner in a document

released on 31 March 2015. The third was held on 15 May 2015 in Brisbane. The outcomes of the deliberations involved have been integrated into this second discussion paper

- *Through submissions made directly to Animal Health Australia in relation to the review.* At the time of the last workshop (15 May 2015), 24 such submissions had been received from government agencies (Commonwealth, States and Territories), industry bodies and individual producers. The views expressed in those submissions were recognised both in the third workshop discussions and in the preparation of this second discussion paper, as part of which they were extensively referenced. (See adjoining table for details.)

### ***Reference to existing SDR&Gs***

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The propositions contained in this document make reference, as appropriate, to the current, Animal Health Committee-endorsed, *Standard Definitions, Rules and Guidelines for the control of cattle strains of Mycobacterium paratuberculosis in cattle and for goats, deer and camelids*, 8<sup>th</sup> edition, May 2012 (the 'SDR&Gs').

### ***The review process***

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From inception – and at the request of many interested parties – the BJD strategy review process was structured as a consultative effort that would strive, wherever possible, for consensus surrounding alternative approaches to the management of control of Johne's disease in cattle.

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As a recognition of the diversity of national, regional, jurisdictional, industrial and individual interests involved, the process has involved, and will involve, consultations and workshops in Sydney (February 2015), Brisbane (May 2015), Melbourne (July 2015) and Perth (August 2015).

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The cumulative outcomes of the discussions will then be integrated into a definitive argument (and associated recommendations) for the management of Johne's disease in cattle. Implementation of the new regime is expected to take place in February 2016 onwards.

***In formulating the statements and positions set out in this second discussion paper, close and individual regard has been had for the matters raised in submissions by the following contributors, offered in response to the first discussion paper:***

- *Agforce Queensland Industrial Union of Employers*
- *Animal Health Committee*
- *Armstrong, J., Carn Brea*
- *Atkinson, A.*
- *Australian Brahman Breeders Association Ltd.*
- *Australian Government Department of Agriculture*
- *Australian Registered Cattle Breeders' Association*
- *Australian Dairy Farmers & Dairy Australia Limited*
- *Cattle Council of Australia*
- *DeLong, M.*
- *Department of Economic development, Jobs, transport and Resources, Victoria, CVO, Agriculture, Energy and Resources*
- *Government of Western Australia, Department of Agriculture and Food*
- *Gypsy Plains Cattle Company (Curley, R. & J.)*
- *Meat & Livestock Australia ( Schröder, J.)*
- *New South Wales Department of Primary Industries*
- *Queensland Dairy Farmers' Organisation*
- *Skerman, D.*
- *South Australia, Chief Veterinary Officer*
- *Telnor Glen Partnership, (Walker, Dr K.H.)*
- *University of Sydney, Faculty of Veterinary Science (Prof. R. Whittington)*
- *Victorian Farmers' Federation*
- *Walker, K.*
- *WA Farmers Federation.*



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

### **Context:**

*Before entering further into the body of the discussion that took place during the second workshop – a discussion fed by 24 written submissions from interested parties in response to the first discussion paper, it is important that those matters agreed upon early in the exercise, which have guided exchanges productively so far, be restated to have them remain front-of-mind.*

*The paragraphs below repeat, with few modifications, essential material set out in the opening pages of the first discussions paper, material upon which there was general agreement, at least as matters of principle.*

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### **Current arrangements are in need of review and recasting**

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*'It is recognised that the National BJD Management Strategy, as it is applied, is fostering behaviours contrary to the interests of participants in the production chain by driving the disease (and information about it) underground. The consequences of the phenomenon are significant: ... perversion of the system; compromised disease surveillance; corruption of the integrity of information and knowledge about the disease; a compromised assurance program; the discouragement of participation in surveillance and disease monitoring and management programs; and a general increase in disease-related risks.'*<sup>1</sup>

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<sup>1</sup> Record of Proceedings, Open Workshop of 16 February 2015, item 17, p7

### ***Change is necessary to have policy and practices reflect evolving circumstances***

11

*There is strong support for a thorough review and recasting of the present strategy in favour of a better-considered, better-framed, better-targeted, simpler and more consistent BJD management regime than the present one – one based less on regulatory interventions than it would be on producer-driven management of BJD situations, within a wider biosecurity-inspired and trade-reconciled perspective.'*<sup>2</sup>

### ***What the recast approach should offer***

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*'The approach must be recast so that it promotes 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. Put succinctly, the recast approach to management of the disease in cattle must be demonstrably consistent (with itself and with the treatment of other similar diseases) and 'fit-for-purpose' (i.e. cognisant of all costs and benefits of its application).'*<sup>3</sup>

13

*'[The approach should]...act as a positive, supportive and effective instrument towards the management of a disease with limited clinical impact – i.e. that it works to enhance producer participation in disease monitoring, management and control, rather than discouraging it through the onerous, draconian and punitive regime it can visit on the owners of properties where the disease is found.'*<sup>4</sup>

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### ***The recast approach: Three primary objectives***

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

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<sup>2</sup> Ibid., p8

<sup>3</sup> Record of Proceedings, Reference Group Workshop of 17 February 2015, item 6, p7

<sup>4</sup> Ibid., item 8, p9

### ***The recast approach: Four ancillary objectives***

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In addition, if implementation of the recast approach is to be successful, it should answer to four ancillary objectives or principles:

- 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<sup>5</sup> – 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.

### ***The basic architecture of the recast approach***

16

Based on submissions and discussions with interested stakeholders, the Reference Group recommends that the recast approach have four key parts corresponding to four essential elements:

- **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.

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<sup>5</sup> Responses to the first discussion paper highlighted that any worthwhile disease management and control framework should give equal weight to the concerns of producers who wish to protect their herds from JD infection on the one hand, and those who must address its presence in their herds on the other.



- **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.

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

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Introduction of the recast strategy will occur in accordance with a well-publicised transition management plan.

18

The transition management plan will comprise a well-articulated rationale for the changes that the recast approach is to bring about, based on a cogently-argued 'value proposition' that makes clear:

- The benefits of the recast approach
- The elements of the 'old order' that are being left behind and
- The salient features, requirements of the 'new order' and the associated redistribution of responsibilities between producers, industry and jurisdictions.

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The intended start of the implementation date of the recast strategy remains scheduled for February 2016.

***Looking Ahead...***

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***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 (17-19)



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

### **Context:**

*A sense of dissonance persists when one considers the importance that has attached (and continues to attach) to Johne's disease in cattle against the numerous other, largely endemic, diseases that affect cattle, often with greater consequences.*

*The following paragraphs explore that dissonance and its significance for the review, focused as it is on 'BJD'.<sup>6</sup>*

### **The status of BJD**

21

From the first, a body of opinion among participants has directed attention to the high profile and 'extraordinary' treatment afforded to BJD when it is compared to other (often endemic) diseases that are both more serious in terms of their effect on cattle health and more consequential in terms of their herd management and business impact.<sup>7</sup>

### **A more consistent way forward**

22

If we consider:

- The epidemiology and pathogenicity of Johne's disease in cattle
- Its geographic, species and prevalence patterns, as well as
- Remaining issues surrounding tests, testing methodologies and their reliability (among other matters),

it would be more logically consistent and productive:

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<sup>6</sup> Distinctions in terminology between 'BJD' and/or 'Johne's disease in cattle' are discussed in the section on strains of Johne's disease

<sup>7</sup> It should be recognised that it is often regulations, their interpretation and application that account for much of the impact of the disease on the business of affected producers, rather than the disease itself.

- **To recognise** BJD as one cattle-affecting disease among many others, often (but not always) endemic in nature and of equal, if not lesser, importance and materiality than many
- **To alter** the status of Johne's disease in cattle from one of such importance that it warrants the level of attention given to it in recent years – including the abandonment of a program specifically directed to its management and control
- **To manage and control** Johne's disease as we would other (often endemic) diseases affecting cattle as part of:
  - Better farm biosecurity policies and practices, supported by
  - An appropriately graded, evidence and PIC-based risk management framework.

23

Advocates of this view see the 'de-escalation' of Johne's disease as the opportunity to introduce a more logical, sounder, more epidemiologically effective and more economical way to deal with the condition than the present program allows. Considered in that light, the treatment of BJD as an extraordinary item diverts limited resources otherwise better applied to the improvement of farm biosecurity practices in general.

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#### ***The regulation versus deregulation tension: General***

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By contrast, many in areas of known low to very low JD prevalence (see later discussion) associate low prevalence with the need for more stringent regulatory controls and constraints in the jurisdictions involved.<sup>8</sup>

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Where that view prevails, proposals to introduce a deregulated approach are thought to pose an unjustified risk unless the alternative can be shown to mitigate that risk effectively.

#### ***The regulation versus deregulation tension: Underlying issues***

26

Other considerations aside, the regulation-deregulation tension speaks to two significant underlying drivers of the debate, both of which we return to in greater detail later in this paper:

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<sup>8</sup> It should be noted that the existence of a direct *causative* link between low prevalence and high regulation is open to challenge.

- The first question is concerned with the significantly different levels of prevalence of JD in cattle across Australia; and, by extension,
- The second question addresses 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.

27

Reconciling the two perspectives holds the key to the development of a simpler, more consistent and better integrated approach to the present one.

28

In articulating the recast JD strategy, it should be borne in mind that the general trend is to deregulation rather than regulation. Progress is likely to be made if the discussion is oriented towards the exploration and definition of those steps and measures most likely to make deregulation work rather than its opposite.

### ***Looking Ahead...***

29

***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).



## Johne's Disease and Crohn's Disease

**Context:**

*Numerous submissions were critical of the statements made in the first discussion paper about the position taken on Crohn's disease. Contributors called for a better informed, more accurate and more nuanced statement surrounding the two diseases.*

*The five-point statement below refreshes and corrects the position.*

30

Johne's disease in cattle is caused by *Mycobacterium avium subsp. Paratuberculosis* ('Mptb').

31

*Mptb* has been found in human patients suffering from Crohn's disease. There is substantial evidence that the bacterium infects humans, children and adults alike. The bacterium involved in human cases has been typed as the C strain.

32

The presence of the bacterium in both cattle and humans gives rise to an *association*. An association does not, however, equate to *causation*. Put scientifically, the zoonotic potential of *Mycobacterium paratuberculosis* is and remains unproven. The matter should be kept in context as other factors (such as the genetic pre-disposition of individuals) can also be involved.

33

However, the association created by the shared strain argues for prudence in the form of watchfulness and the on-going assessment of such scientific evidence as may come to light over time.

34

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.<sup>9</sup>

***Looking Ahead...***

35

***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.***



<sup>9</sup> Principal reference: Professor Richard Whittington, Faculty of Veterinary Science, Farm Animal & Veterinary Public Health, *Submission to the BJD Review*, 2 May 2015

## Johne's Disease and Strain Diversity

### ***Context:***

*A similar criticism to that voiced in regard to the associative link between Johne's disease and Crohn's disease was levelled in more than one submission about a position, in the first discussion paper, that seemed to ignore (or pay insufficient attention to) the various strains of Johne's disease and their treatment in the policy – a treatment that was seen to lack in logic.*

*The five-point statement below aims to correct that deficiency. Fundamental to the position it expresses is that, irrespective of the strain of the disease that cattle contract, the active disease operates and displays common symptoms – ergo the infected animal has Johne's disease.*

36

*Mptb* presents in a variety of strains, chief among them bison ('B'), cattle ('C') and sheep ('S') strains.

37

The strains are not species-isolated. Cattle can, for instance, be infected with the 'S' strain, while the 'C' and 'S' strains can also be found in camelids, deer and goats.

38

Yet infected animals display the same clinical symptoms. In short, while the infecting strain may vary, the disease, once contracted, produces the same effect in the infected host.

39

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.



40

Therefore future disease management and control measures should address Johne's disease without exclusionary characterisation by strain.

41

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.

***Looking Ahead...***

42

***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..



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

### **Context:**

*The question of protection from incursions by Johne's disease (as distinct from the management of infection) is at one and the same time a desirable goal, an understandable pursuit and an emotive issue.*

*When joined to a map of the prevalence of the disease in Australia, the protection principle activates notions of division between 'disease haves' and 'disease have-nots', and the measures that can (or should) be taken by those in the latter category to maintain and preserve that beneficial status.*

*The construct of zones and associated regulatory measures introduced in the name of containment derives from that preoccupation.*

### **Prevalence and Zones: General**

43

It is accepted that Johne's disease in cattle displays different levels of prevalence across a range of variables that include (a) the type of stock (i.e. beef and dairy cattle); (b) climatic conditions (i.e. drier and wetter weather zones) and as a potential reflection of the combined interaction of these two factors, (c) geographic areas (e.g. large tracts of Queensland, Western Australia and the Northern Territory, versus New South Wales and Victoria).

44

Recognition of these differences – particularly those associated with (a) and (c) above – inspired the zone scheme embedded in the SDR&Gs, a four-tier hierarchy that established free (1) and protected (2) 'zones' as well as beef-protected (3) and management (4) 'areas', to which has been added a special dairy 'compartment'.<sup>10</sup>

<sup>10</sup> See *National Johne's Disease Program, Standard Definitions, Rules and Guidelines for the control of cattle strains of Mycobacterium paratuberculosis in cattle and for goats, deer and camelids*, Animal Health Committee, Edition 8, May 2012, pp14 et seq.

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This zone, area compartment hierarchy lies at the heart of the present system. It is the foundation around which the set of disease management rules governing cattle health certification and movement has been progressively erected.

46

Of particular relevance to the present reflection is the fact that the *geographic* distribution of the zones and areas presents a degree of coincidence with *jurisdictional* boundaries such that it is possible, with only moderate licence, to conflate a zone with a jurisdiction and, by further extension, to associate the zone and its status with the trading interests of that jurisdiction and the protection of those interests (by the jurisdictions, industry organisations and producers involved).

47

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 to disease management: differing, prevalence-driven interests manifest in different policy priorities (including the leniency or stringency of interpretation and application of those policies).

48

The low to very low prevalence of Johne's disease in the designated 'free' and 'protected' zones, often coupled with and bolstered by an export market orientation, has inclined producers and industry within these zones to a protection-inspired (and regulation-backed) stance in a bid to keep JD out of the zone.

49

Conversely – and just as understandably, in those areas where the disease is widespread, the inclination has been to the *management* of the effects, consequences and implications of the disease as opposed to disease exclusion or eradication, neither of which option is realistic given the incidence of the disease and the absence of a cure for it.<sup>11</sup>

#### ***Prevalence versus the zone construct***

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This reflection recognises entirely the variations – and, at times, significant variations – noted earlier in regard to the prevalence of Johne's disease in cattle.

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<sup>11</sup> It is arguable furthermore that the bias to management of the disease (rather than protection from it or eradication of it) has, of course, been assisted by a generally lesser interest in, and concern over, the exportation of the dairy and cattle stock bred in those areas to overseas markets.

51

At the same time, and while accepting the reality of differing prevalence levels, the reflection challenges the zone construct on the basis that (a) it rests on a questionable assumption and (b) does not have the actual efficacy often assigned to it.

52

If statements of policy are to rest on evidence, the declaration of geographic areas as 'free' of Johne's disease is open to challenge. We propose that it is more accurate for such areas to be described as one of low, or very low, prevalence given:

- The physical size of the areas involved
- The large numbers of animals in herds and the high number of those herds grazing those vast tracts of land
- The (relatively) limited extent of the testing for BJD that has been done as a proportion of the total testing effort that would be necessary to give credence to an absolute 'freedom from' statement
- The relatively low specificity and sensitivity of affordable tests
- The diversity of Johne's disease strains
- The number of animal species in which strains of the bacterium have been found, including deer and camelids
- The long latency of the disease in the infected host
- The potential co-grazing of lands.

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For the reasons put forward in (52) above, the emerging view is that, based on the balance of probability, it is not only possible but probable that Johne's disease-affected cattle are present in the free and protected zones. That no infected herds have yet been found is no conclusive proof of the absence of the disease.

54

We therefore put forward that a system which recognises grades of probability (i.e. the risk of disease presence) would likely be more 'truthful' (i.e. accurate), reliable and helpful than one that takes a disputable certainty as the basis for policy and regulation.

55

It should also be noted that health certification does not take account of the zone construct, as it is typically granted in regard to (a) a property (not a zone) and (b) the absence of evidence of the disease over a stated period preceding the trade transaction.

### ***Two propositions***

56

On that basis, we propose that the recast approach:

- Do away with the zone construct.<sup>12</sup>
- Rely instead on 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.

### ***Key elements of a risk management framework***

57

In the recast approach, the risk of JD presence in cattle would be assessed as a function of (and the associated certification based on) factors such as (but not necessarily limited to):

- The PIC-based health rating of the specific property with which the cattle is associated
- The PIC-based health rating of neighbouring properties
- The prevalence of the disease in the wider area, including consideration of climatic and other relevant conditions
- The incidence of co-grazing
- The results of such specific export testing as may be required.

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### ***Some system implications associated with the introduction of a risk management framework***

58

Essential to the viability of the risk framework described above is a wider, national system that:

- **Espouses a single, shared philosophy** and set of operating principles that accord with the three primary objectives stated earlier (see p6)
- **Displays consistency of evaluation methods and outcomes** between jurisdictions, notwithstanding acknowledged differences in (a) disease prevalence, (b) strategic priorities (e.g. protection versus management) and (c) commercial/trade imperatives
- **Rests on verifiable statements and results**, particularly where cattle health statements and certifications are concerned

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<sup>12</sup> This would not necessarily preclude the declaration of low-prevalence areas (as is done in the case of sheep), provided the affirmation rests on property-based, aggregated evidence.

- **Operates through a risk-management oriented collaboration** between producer, industry and jurisdiction rather than regulation – and is 'non-punitive' of JD-affected producers<sup>13</sup> (and does away with quarantine in particular)
- **Encourages producer participation** in monitoring and surveillance activities as beneficial to business and biosecurity
- **Has sufficient powers ('teeth')** to discourage wrong-doers who would otherwise seek to cheat the system and fellow producers.

59

Developing the detail of such a system is among the top priorities of the remaining consultations and workshops.

#### **Looking Ahead...**

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*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).



<sup>13</sup> Presence of the disease on a property will obviously have *commercial* consequences for the producer. But as we argue in (64), there are other, quarantine-associated, punitive aspects of the present regulatory regime which should be dispelled under the recast approach.

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

61

Given present export trade requirements and unless changes are made to the OIE classification (and/or to importing country requirements), Johne's disease in cattle will remain a notifiable disease.

62

It should be recognised that notifiability *per se* is not the source of difficulties experienced by those whose cattle are affected. Rather the difficulties arise from the actions taken within jurisdictions once notification occurs.

63

If the policies directing the negative-impact actions described at some length in earlier discussions are modified – as we propose they would be under the recast approach – notifiability need not be the source of fear and contention that it has become.

64

Clearly, the positive-tested presence of the disease in a herd or property does have – and will continue to have – consequences for the producer involved. However, for as long as the consequence is *solely* one of access to a market that bars entry to Johne's disease affected cattle the issue will be far more manageable – and equitable – than if it were accompanied by quarantine and the consequences of that quarantine – in particular its disempowering and 'stigmatising' business, social, personal ones.

65

The proposed approach does not deny the risk of Johne's disease manifesting, any more than it denies that there are market access and commercial consequences to the disease manifesting on a property where herds are bred for export to countries with JD declaration requirements. The risk exists – and will continue to exist, whatever regime applies.

66

The 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).

67

Cattle health monitoring and surveillance efforts have their place in the new approach, insofar as the following will remain:

- Passive (i.e. producer-reactive) testing and monitoring
- Market assurance programs
- Export-related testing and certification.

68

The exact nature and form of health monitoring and market assurance programs will be examined to ensure that they encourage positive behaviours on the part of producers (e.g. full disclosure of pertinent information), actively discourage avoidance and fraud and support better biosecurity practices to the benefit of producers.

### ***Looking Ahead...***

69

***Looking ahead, we recommend that a recast 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).





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

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There is universal agreement that research and development in Johne's disease is to form an integral part of any new approach to its management.

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Under current arrangements, suggestions regarding those matters and issues that would benefit from further investigation are funnelled through Animal Health Australia and the Meat Livestock Australia.

72

No changes are considered necessary to these arrangements under the recast approach.

73

The present slate of research initiatives is extensive. As part of the coordination of initiatives under the recast approach to the management of Johne's disease, it is proposed that the list of initiatives be reviewed and re-prioritised to have it align directly with the nominated primary objectives, with their explicit producer assistance focus – effectively contributing to the development of a Johne's disease management, biosecurity-oriented 'toolkit'.

74

Furthermore, it should be borne in mind that, as issues or matters arise over time, interested parties are able to influence the determination of research priorities through representations and submissions to Animal Health Australia and Meat & Livestock Australia.

**Looking Ahead...**

75

*Looking ahead, we recommend that a recast 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).

