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Dr. Warren Skippon
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Canadian Veterinary Medical Association
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Dear Dr. Skippon:

On behalf of the CABV/ACVB thank you for allowing us the opportunity to provide comments on Canada's current anaplasmosis policy. We took the liberty of asking for input from 3 or 4 experts in Western Canada. Please find below comments received:

Comments from First Practitioner:

1. Anaplasmosis is a disease that does not affect exports of Canadian cattle; however, it has negatively impacted imports of US feeder cattle (due to costs and additional management requirements in the CFIA Restricted Feeder Program it has severely limited (effectively stopped) Alberta feedlots from importing US feeder cattle).
2. Surveys conducted of US feeder cattle imported into Alberta feedlots have found a very low prevalence of anaplasmosis and no transmission of disease to in-contact Canadian cattle in the same feedlots (AAFC survey I conducted in 1995, other 2 surveys attached). Note: ticks are not found in feedlot environment in the prairies. Incoming cattle which bear ticks can be treated with Saber to remove ticks.
3. CFIA has used a cELISA test with a higher inhibition cut off point (42%) than the rest of the world (30%), increasing the probability of false negatives. As such, it is highly probable that Canada has had a low level of anaplasmosis for many years and we have not observed "large outbreaks" of clinical disease.
4. Wildlife e.g. deer can carry anaplasmosis and these deer move freely across the US/Canada border and this has not resulted in observable clinical disease problems in Canada. Note: MT Dept of Agric has done surveys of wild deer migratory patterns and they move from MT to SK on a regular basis.

5. Past costs associated with anaplasmosis in Canada have not been due to clinical disease losses but rather have been due to CFIA depopulation methods to eradicate the disease. Infection has usually been identified by positive blood tests (not from outbreaks of clinical disease). Note: latest cases in BC were identified by serological blood tests taken 1 year prior to being tested in the laboratory and action taken by CFIA. Ability to eradicate anaplasmosis in BC Nicole Valley will be very difficult and most likely costly given tick prevalence. Thus, the question as to why Canada continues to keep this disease reportable (note: very few countries in the world have made anaplasmosis a reportable disease. It is considered a production limiting disease that the industry deals with, not governments).
6. Past CFIA risk and economic assessments have used outdated information and costs associated with diseases in southern USA states which would not be indicative of Canada given our environment (occurrence and persistence of ticks). Anaplasmosis is not listed in past cow/calf, dairy or feedlot NAHMS surveys as an economically important disease (note: in southern US states where ticks are prevalent year round, this disease is more prevalent).
7. Montana, which is a US state similar to Alberta, has a very low endemic rate of anaplasmosis. It rarely causes clinical disease and rarely causes outbreaks of disease in MT. When disease is seen, it usually is seen in an older cow that shows signs of jaundice (information from MT State Vet and local MT practitioners).
8. New research at KSU has shown the 2 mg/lb of tetracycline in the feed for 42 days will eliminate carriers of anaplasmosis if the vector is controlled. The vector can be eliminated with Saber treatment (work done by Dr. Tim Lysyk from Lethbridge Research Station in BC with Dermacenter ticks).
9. Health Canada VDD has indicated they do not support delisting anaplasmosis due to increased use of antimicrobials and risk of increased antimicrobial resistance. Assumptions being made by HC VDD are that delisting disease would result in numerous clinical cases of disease that required treatment (no evidence to indicate this), and HC assumes that treatment is not effective (Saber treatment does remove ticks, feed medication for 42 days in clinical affected cattle will remove carriers (Dr. Hans Coetsze KSU recent research), disease is usually seen in older cattle e.g. cows which once treated, would most likely remain in the herd as breeding stock and would not go to slaughter. While use of medicated feed may increase TET resistance short term, once medicated feed is removed, that resistance will drop down to levels prior to use of medicated feed (work did on feeding tetracycline in the feed to incoming cattle during Master's degree with Dr. Janzen and Dr. Chirino - resistance is transient once antimicrobial pressure is removed).
10. HC VDD has also raised issues about vets having to use medications extra-label to treat anaplasmosis. There are label claims in the USA for feed medication to treat anaplasmosis (Aureomycin is approved in the USA and has a label claim for control of anaplasmosis). Canadian veterinarians do have the legal write to use medications extra-label when there is scientific data to support such use and as long as drug withdrawal periods are followed (FARAD can be used to establish appropriate drug WD periods for feed TET for 42 days at 2 mg/lb/day). Note: this dose of TET in feed is lower than doses of TET used by some Canadian vets for BRD control.

11. If Canada delists the disease from reportable to annually notifiable, it will: 1) not negatively impact exports, 2) it allows for increased imports e.g. US feeder cattle into AB feedlots, 3) clinical disease is unlikely to become prevalent due to: (a) our environment (winters), (b) lack of ticks in many areas of the country where cattle are raised e.g. major imports of US cattle would be from northern US states (low incidence of Anaplasmosis based on USDA surveys conducted by Dr. Dargatz) into Alberta feedlots and these feedlots are not an environment for ticks, (c) ticks can be removed from incoming USA cattle with Saber, and (d) sick cattle can be treated with tetracycline in the feed for 42 days at 2 mg/lb (low cost treatment) to remove carriers. Most clinical disease will be in older cattle e.g. breeding cows, and these cattle will not end up in the meat supply any time soon (as long as drug WD is followed e.g. 14 days there is no drug residue risk). While feed medication may increase AMR of enteric bacteria, this increase in resistance is transitory (once medication is removed, enteric population will revert) and given it is most likely that breeding cows will be the ones treated, they most likely will not end up in the meat supply; thus, AMR should not be an issue (note: studies conducted in packing plants indicated low prevalence of bacteria on beef carcasses given HACCP procedures in place - and low prevalence of TET in these bacteria note: resistance noted in studies could not be correlated to use of medications).
12. Based on the above, my opinion, that anaplasmosis should be delisted to annually notifiable and the industry should manage it as a production limiting disease. The costs to keep it reportable far outweigh the costs to live with the disease at low levels.

Comments from Second Practitioner:

1. I think Anaplasmosis needs to be reclassified down to at least Notifiable. That would probably be the best place to start.
2. We need to accept reality of our national status and put regulations in place that allow trade of cattle across the border with protocols that reflect the current disease status of both the countries involved and not place Canada on a pedestal of disease "freeness" that we do not deserve.
3. With ticks and wildlife as vectors and reservoirs we are always at risk of disease.
4. In general I agree with the above statements, but firmly believe in NOT allowing Anaplasmosis regulations to restrict trade.

Trust the above comments will be useful to the Steering Committee when examining, and making recommendations concerning Canada's anaplasmosis policy.

Sincerely,



Murray Jelinski, DVM, MSc
Secretary-Treasurer

MJ:pmm