



# Accredited Vet Newsletter

Division of Animal Industry

## NYSVDL Alert: *Salmonella dublin* Alert

The New York State Veterinary Diagnostic Laboratory (NYSVDL) at Cornell University has isolated *Salmonella dublin* (Group D) from diagnostic samples submitted from multiple calves on multiple premises in the Northeast in the last few years including New York premises. They have all shown a very similar antimicrobial susceptibility profile, being resistant to most antibiotics.

Veterinarians should be especially alert to cattle illnesses involving fever, diarrhea, abortions, and respiratory signs (especially in calves) including coughing and labored breathing. **The most common history on the submitted cases is acute respiratory disease in calves from 1 week to 6-8 months of age that resulted in a high mortality rate.** Diarrhea is reported in the history of some of these cases but not all.

Ante-mortem samples for testing would include blood cultures, nasal swabs, transtracheal washes, and fecal cultures submitted to the NYSVDL at Cornell for a diagnostic work-up. Post-mortem samples would include fresh tissues (lung, tied off loop of intestine, spleen, lymph node, and a fecal sample) and a full set of fixed tissues for histopathology. A more detailed description of a diagnostic plan for an enteritis or respiratory case is available at: [http://ahdc.vet.cornell.edu/docs/Bovine\\_Diagnostic\\_Plans\\_Panels.pdf](http://ahdc.vet.cornell.edu/docs/Bovine_Diagnostic_Plans_Panels.pdf)

*Salmonella dublin* is a cattle host-adapted strain which means that long term carrier animals do occur and can maintain the infection within a herd by continuing to shed organisms contributing to repeat exposure of healthy and sick animals. These *Salmonella dublin* carrier animals are difficult to reliably identify with current diagnostic techniques. It is advised that cattle operations take strict biosecurity steps to prevent the introduction and transmission of *Salmonella dublin*. One such step is knowing the source and herd health history of purchased animals.

Finally, *Salmonella spp.* have the potential to infect people and cause illness and death. Notify a physician or the local Health Department if any animal caretakers show signs of serious illness, such as fever, delirium, vomiting, diarrhea with or without blood, and abdominal cramping. Individuals with weakened or suppressed immune systems, pregnant women, and the very young and very old are most susceptible to infection and illness with *Salmonella*. **Consumption of raw milk is a high risk practice, especially from herds experiencing a suspected or confirmed outbreak of *Salmonella*.**

For more information on the NYSCHAP *Salmonella* module see: <http://nyschap.vet.cornell.edu/>. For a more detailed fact sheet on *Salmonella* Dublin see: [http://ahdc.vet.cornell.edu/docs/Salmonella\\_Dublin\\_in\\_Cattle\\_Health\\_Alert.pdf](http://ahdc.vet.cornell.edu/docs/Salmonella_Dublin_in_Cattle_Health_Alert.pdf)



## Disposal of Routine and Disaster Related Livestock Mortality

With the decline of the rendering industry, managing routine livestock mortalities safely and economically has become more difficult over the last few years. Although this is a hardship, other options are available and can be worked into the farm routine as needed. Many animals need to be properly disposed of each year. For example; with a 4% loss in dairy annually, 40 cows out of every 1,000 have to be properly managed in an effective, economical and environmentally sound manner. Disposal should be done in a manner that protects public health and safety, does not create a nuisance, prevents the spread of disease, and prevents adverse effects on water and air quality.

Unfortunately, in addition to routine mortality, every year we face animal related disasters including barn collapses, fires, lightning strikes, floods and winter storms. Occasionally, there may be mass casualty due to disease as well. When many animals are killed in one incident it is important to contact agriculture support agencies to get guidance

( Continued on page 2 )

### Inside this issue:

TB Suspects on CCT	3
NVAP Updates	4
Aquaculture—VHSV	5
APHIS Form Update	5
Equine Piro Regs	6
Wildlife/Zoonoses	6
Field Vet Gets Award	7

## Disposal of Livestock Mortality (continued from page 1)

on what is the best course of action for disposal. Being prepared ahead of time and considering the “what if’s” is important.

If plans are not well thought out, disease and nutrient concentration in one area can lead to biosecurity problems and soil and water pollution. The farmer, or animal owner, is responsible for ultimate disposal, so it is important that best management practices are followed. Animal disposal with any method needs to be accounted for in your clients’ nutrient management plan. The options are as follows:

**On-Farm Disposal** methods are described by Natural Resources Conservation Service (NRCS) Conservation Practice Standard 316: Animal Mortality Facility, which can be found at: <ftp://ftp-fc.sc.egov.usda.gov/NHQ/practice-standards/standards/316.pdf>

**Composting** mortalities is an option when done properly. It requires carbon sources such as woodchips (which can be acquired from municipalities, road crews and utility companies), reuse of chips and bones from previously composted animals and some carbon from on-farm. The composting site should be located in a well-drained area along field edges or other dry convenient areas. NRCS Standard 317 describes composting and can be found at: <ftp://ftp-fc.sc.egov.usda.gov/NHQ/practice-standards/standards/317.pdf>. This NRCS Standard will give you guidance as well as the Cornell Waste Management Institute Fact sheets, Posters and a DVD of Natural Rendering: Composting Livestock Mortality and Butcher Waste from the Cornell Waste Management Institute can be found at <http://cwmi.css.cornell.edu/naturalrendering.htm>. Cornell Cooperative Extension, NRCS and Soil and Water Conservation Service are additional local resources that can assist you with information.

**Burial** with the animal placed above the water table and covered with 3 feet of soil, is legal but can be expensive and not always feasible because of shallow soils and freezing conditions. If a situation requires multiple animals to be buried, soil type, geology, and the water table will limit how many can be placed in a burial excavation. One problem with burial is that it concentrates nutrients and does not provide pathogen kill, especially where many animals are buried together.

**Farm Disposal, “Dragging them Out Back”** or dumping deadstock affects ground and surface water, promotes the spread of disease, invites wild animals and pets closer to livestock and is a biosecurity risk. Dumping dead cows and calves on roadsides, fallow land or the neighbors’ property is illegal.

### Off-Farm Disposal

**Rendering:** If there is a rendering company serving your clients’ area, it is a great option. Renderers have served this industry for over 100 years. Recent regulatory actions concerning what animal parts renderers may use has caused significant changes in their business practices, the value of their products, and consequently the economics of this service to the livestock owner. They are a regulated business and if they accept the animal, the renderer becomes responsible for disposal at that point.

**Fee for Services:** If there is an entity in your area that has created a business of collecting mortality, farms may be able to contract for services. The farmer must know where and how mortality is being disposed and that it is a legal operation. If he or she pays someone to take a cow or horse, and it is disposed of illegally, both parties are responsible and legal action can be taken. In a mass mortality situation, it would be difficult for a business to be able to safely bury the number of animals that have to be disposed in one area. A business would have to be permitted, and properly composting, to accept mortality in a central location. For your clients’ protection, they should have signed contracts in place with a statement of how and where mortality is being disposed.

**Landfills:** Landfills have not been in the practice of taking mortality and butcher waste. In some cases they will take some mortality but it varies throughout NYS and would have trouble accepting all the mortality that is part of the livestock industry in NYS. There is discussion with landfill operators to see how they might be able to help farms with mortality in disease outbreaks and disasters. For routine mortality, we generally need to employ other options.

**Incineration:** Controlled incineration may be employed in specific situations but for the most part it creates too much air pollution to be allowed. It is also very hard and inefficient to burn liquid. Since animals are composed of over 65% water, incineration takes a lot of time and energy and is very costly.

~By J. Bonhotal & M. Schwarz, Cornell Waste Mgmt Inst., Sally Rowland, NYSDEC

For veterinarians writing CVIs for animals going to PENNSYLVANIA county or state fairs, please click on “[2011 Pennsylvania Dept of Agriculture Animal Health Requirements for Fairs, Exhibition](#)” for 2011 requirements.

## Close Call: Cervid TB Suspects in NY

Accredited veterinarians continue to play a key role in the TB surveillance program for captive cervids (deer and elk) in New York. Category 2 accredited veterinarians are also required to have special training before applying the Single Cervical Test (SCT) in cervids. The test procedure includes proper restraint of the animal, officially identifying the animal, clipping hair from a 2" square in the lateral mid-cervical area where the injection of 0.1 ml PPD Bovis will be made, intradermal injection of the tuberculin and reading the test 3 days [72 +/- 6 hours] after injection by restraining the animal and feeling and clearly seeing the injection site. The same veterinarian who injects the tuberculin must read the test. Any swelling regardless of size requires a "suspect" designation to be recorded on the TB Test Record [AI-11] and the same day issuance of a Quarantine Order [AI-13] for the herd. The testing veterinarian should immediately contact the Department field veterinarian in their area to schedule a Comparative Cervical Test (CCT). If the field vet isn't available or doesn't respond within one day please call the DAI office in Albany at 518-457-3502 to report the suspect. The TB Test Record and Quarantine Order should be mailed to the DAI Albany Office promptly (within 7 days).

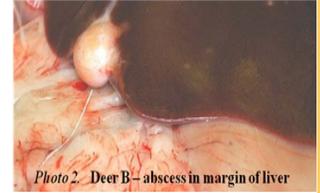


Photo 2. Deer B - abscess in margin of liver

Only trained and approved state / federal regulatory veterinarians may perform a CCT. This test involves injecting balanced tuberculins (PPD Avian and PPD Bovis) in two clipped mid-cervical sites after palpating and measuring the skin thickness where injections will be done. The CCT must be performed within a 10 days after the original SCT tuberculin injection or not sooner than 90 days after the original SCT. The CCT is also "read" three days (72 +/- 6 hours) after injection by the same regulatory veterinarian who performed the injections and measurement. Both injection sites are palpated and skin thickness is measured. The difference in skin thickness from before and 3 days after injection for each tuberculin is calculated and plotted on a scattergram to determine if the CCT result is negative, suspect or reactor (positive) for bovine TB (*Mycobacterium bovis*).

The most recent TB "scare" which we had in New York occurred in late 2010 when a collection of older deer at a zoological park in New York State was TB tested. This herd had been quarantined for lacking a current TB test [more than 5 years since the last whole herd test]. The deer were darted with tranquilizers and tested inside their enclosure. Each animal was officially identified with eartags and injected with PPD Bovis tuberculin for the SCT. On the third day following the injection, three of the deer had palpable thickening of the skin at the injection site. Any reaction at the injection site warrants further follow up by a regulatory veterinarian. These three TB suspects were prepped for a Comparative Cervical Test (CCT).

An epidemiologic investigation was started after the SCT suspect result was read. The herd of origin, animal movements into and out of the herd and any mortalities suggestive of TB were of key interest. The animal facility layout, current and past location of other TB susceptible animals and animal caretaker routines were examined. Animals at greatest risk were a group of sheep that shared a common fence line with the deer. There were other TB susceptible ruminants at the premises but not in adjoining enclosures. Feeding and animal care routines were reviewed and changes were made as extra biosecurity protocols went into place. The degree of possible human TB exposure that occurred at this facility was also discussed. After examining patterns of employee and public visitor traffic changes to the daily routine were made to decrease human and animal exposure until test results were completed. Employees were educated on the situation and only those employees who had to interact with the deer were allowed near their enclosure.

When the CCT test was read three days after the injections, two of the three suspects once again had palpable skin thickenings at the injection site. These two deer were still considered to be "suspects" for bovine (mammalian) tuberculosis after plotting the increase in skin thickness for both avian and bovine TB on the scattergram. Division of Animal Industry personnel discussed the CCT results with the zoological park's director and veterinarian. Although the animals could have been held for 90 days and retested once more by CCT before requiring removal of non-negative animals, all parties agreed that euthanasia and necropsy of the two suspects would be the best and fastest way to definitively rule out bovine tuberculosis.

Photo 3. Deer B - pus in retropharyngeal lymph nodes



The two suspect does were euthanized, necropsied and a full set of tissue samples were collected and sent to the National Veterinary Services Laboratory (NVSL) in Ames, IA, for confirmatory testing. Deer A's necropsy revealed multiple <1mm whitish foci in the mesenteric lymph nodes. However, Deer B's necropsy had many more gross lesions. Deer B had multiple lesions in the surface of the lung, liver (edge of the diaphragmatic surface), spleen (internal abscesses), rib cage (abscess at the junction of distal rib/sternum) (Continued on page 4)

## Close Call: Cervid TB Suspects in NY (continued from page 3)

and several lymph nodes (retropharyngeal, mediastinal, hepatic, and mesenteric). (See photos inset in article.) All of the lesions contained pus ranging in consistency from watery to cheesy and from white to cream in color. The retropharyngeal and mesenteric lymph nodes had a gritty/sandy feel when cut on cross section.

Specimens from both deer were taken and sent in formalin containers and fresh tissues on ice packs. Histopathology and staining for acid-fast organisms was completed in a few days but the cultures took 8 weeks. The TB-consistent gross necropsy lesions which were seen reinforced the need for tightened biosecurity at the zoo until final results were available from NVSL. Barriers were put up to eliminate direct contact between the deer enclosure, the sheep and the public.

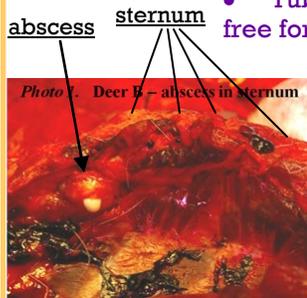
At the end of December 2010, histopathology on lymph nodes from Deer A revealed lymphsarcoma. The following week Deer B was described with "pyogranulomatous inflammation with Splendore-Hoeppli material, unknown etiology, in multiple tissues." No acid-fast organisms were observed in the samples from either animal which made tuberculosis much less likely. Final culture results released in March 2011 indicated "no *Mycobacterial isolation made*".

Even though the work-up of this case of two CCT suspects confirmed the absence of tuberculosis in this herd we need to remain vigilant and follow-up each deer which has any response to a SCT with a CCT until a more reliable confirmatory test is validated and approved by USDA. The follow-up of each non-negative CCT must be dealt with individually within the guidelines of the current UM&R and using evidence gained from an epidemiologic investigation.

### Why Should This Concern Anyone Involved in Animal Agriculture in NY?

- Only three years ago in New York a fallow deer was a CCT suspect and was confirmed to have *M. bovis* infection. The deer herd was depopulated. Fortunately no additional TB cases were found in either domestic livestock or wild white-tailed deer in the area around the index herd or in trace-out herds.
- There is currently a beef herd in Indiana which has had a number of reactors removed with confirmed *M. bovis* which is the same strain as that which has been found in 3 captive deer herds in Indiana. Similar situations have also occurred in Nebraska, Pennsylvania and New York since the early 1990's.

- Tuberculosis seems to be making a resurgence nationally. Some states which had been TB free for 20 or more years including Ohio, Indiana and Kentucky have had TB discovered in one or more cattle herds within the past year.
- International trade and interstate commerce implications may result from increased discoveries of tuberculosis in domestic livestock and wildlife.
- Increased testing of livestock for interstate movement may be a consequence of the resurgence of tuberculosis. We as veterinarians must all be vigilant in watching for signs of tuberculosis in both domestic and wildlife species.



## 2 National Veterinary Accreditation Program (NVAP) Updates

If you are an accredited veterinarian and you have not yet notified the NVAP that you wish to retain your accreditation, you must submit an application without delay. The original deadline of August 2, 2010 was extended, however that extension will soon be coming to a close and a new end date is expected to be published very soon. Veterinarians who have not "Elected to Participate" in the new program by submitting their VS 1-36A forms will have their accredited status revoked and will have to start the process at the very beginning, including attending a Core orientation. The form is available on the APHIS website: <http://www.aphis.usda.gov/>. Note: NY Veterinarians have a choice of submitting these forms via fax directly to the NY Area Office of APHIS VS at 518-218-7545 or follow the instructions on the website and send them to Maryland.

**Veterinarians who submitted their forms and have not received a reply are welcome to contact the NY Area Office of USDA APHIS VS at 518-218-7540 (or email to: [barbara.h.miller@aphis.usda.gov](mailto:barbara.h.miller@aphis.usda.gov)) and Barbara Miller, NY NVAP Coordinator, can confirm for you whether or not your form was received and processed.**

(Continued on page 5)

## NVAP Updates (continued from page 4)

Beginning July 1, 2011, all vets applying for veterinary accreditation for the first time, as well as those seeking to attend core orientation will need to have completed APHIS-approved IAT (Initial Accreditation Training).

For graduate and licensed veterinarians who have already received their degrees from a U.S. or foreign school or college of veterinary medicine and who are seeking veterinary accreditation for the first time, IAT is available *only* through the Area Office in the state where accreditation is sought. The IAT must be completed with a passing score of 80% or higher. An "IAT Certificate of Completion" earned in the IAT web course will be required for admission to the Core Orientation Program.

For students currently enrolled or matriculated in a U.S. school or college of veterinary medicine, IAT is being incorporated into the regulatory and foreign animal disease curricula at most of these institutions. Veterinary students can access the course content through the Association of American Veterinary Medical Colleges web site. The IAT must be completed with a passing score of 80% or higher. An "IAT Certificate of Completion" earned in the IAT web course will be **REQUIRED for admission** to the Core Orientation Program.

## Aquacultural Disease—Viral Hemorrhagic Septicemia Virus (VHSV)

*Here is another reportable disease that many of you may not be aware of. This is good information to keep in mind as we enjoy the waters of NY State.*

Viral Hemorrhagic Septicemia Virus (VHSV), a rhabdovirus, is a severe disease of freshwater and saltwater fish. It affects many species of fish including muskellunge, bass, pike, perch, walleye, trout and bait fish species. There are 4 genotypes of VHSV. Type IV is the North American Strain with Type IVb being discovered in the Great Lakes Watershed. Even though VHSV is not zoonotic, it can cause significant mortality events in wild and commercial fish.

Affected fish can have internal and external hemorrhage, ascites, exophthalmia and erratic swimming behavior. Some fish species can be silently infected and act as a source of spread to other fish, bodies of water or equipment. Since the virus prefer cooler water temperatures, the disease is mainly found in the Northern US.

USDA is concerned about this disease due to the impact it has on the US aquaculture industry and on international trade of aquatic animals and their products. USDA currently has Cooperative Agreements with several states including New York to set up surveillance testing for VHSV in commercial and wild fish.



Ext Hemorrhages-  
VHSV Type 4b

Photo Courtesy of  
P.Bowser, Cornell

Large fish mortalities in public waters should be reported to the New York State Department of Environmental Conservation. If VHSV is diagnosed, regulatory officials get involved to prevent the spread and further mortalities.

VHSV can be prevented by doing several simple things. Do not move untested fish between water sources. Do not dispose of unused fish, including bait fish, or fish by-products into any body of water. Finally do not transfer water between water sources and be sure to clean and disinfect all boats and equipment after being in the water.

For more information on VHSV and aquaculture, visit <http://www.focusonfishhealth.org/index.php>.

## Discontinuation of Paper Version of APHIS 7001— Sm Animal Health Certs



The USDA-APHIS-VS is no longer printing the APHIS 7001, Small Animal Health Certificates for Interstate or International movement. The form will only be available **online** at <http://www.aphis.usda.gov/library/forms/pdf/APHIS7001.pdf>. The Division of Animal Industry has no more paper versions of the APHIS 7001 left.



**For INTERSTATE MOVEMENT:** Complete the form online. Print off 3 copies. **Sign all 3 copies.** Keep one copy for your records. Give one copy to the owner to go with the animal(s). Send one copy to the Division of Animal Industry office. We will keep a the 3rd copy and forward copy of it to the receiving state for you.

**For INTERNATIONAL MOVEMENT:** Complete the form online. Print off 2 copies. **An accredited vet signs both copies.** Keep one copy for your records. Send the other copy to the NY USDA-APHIS-VS office in Albany for endorsement of INTERNATIONAL movement. As always, you need to check with the receiving country to see what requirements are necessary for movement. The link to the international requirements can be found at <http://www.aphis.usda.gov/regulations/vs/iregs/animals/>. Endorsement fees and processing times still apply. If you have any questions about the online CVI for INTERNATIONAL movement, please contact the NY USDA-APHIS-VS office in Albany, NY, at 518-218-7540.



Click on  
icon to go  
to the NYS  
Fair

The 2011 requirements for animal entering the State or county fairs in NY are now posted online at: [www.agmkt.state.ny.us/AI/AIHome.html](http://www.agmkt.state.ny.us/AI/AIHome.html). Scroll down the screen and look for "County and State Fair Information." Please keep in mind that the individual county fairs or the State fair may have additional requirements for exhibition animals. Health certificates for animals going to NY fairs can be obtained by calling Gerard or Mary Beth at the Division of Animal Industry at 518-457-1709.

## FDA Warning: Xylitol Ingestion in Dogs and Ferrets

The Food and Drug Administration is cautioning consumers about the risks associated with the accidental consumption of xylitol by dogs and ferrets. Xylitol is a sugar alcohol approved for use in many common products, including sugar-free baked goods, candy, oral hygiene products, and chewing gum.



Xylitol can be found in many over-the-counter drugs such as chewable vitamins and throat lozenges and sprays. It can also be purchased in bulk bags for use in home baking. These products are intended only for human use.

FDA is aware of complaints involving dogs that experienced illness associated with the accidental consumption of xylitol. Xylitol is safe for humans but it can be harmful to dogs and ferrets.

FDA is advising consumers to always read the label on products and to not presume that a product that is safe for humans is safe for your pet.

The FDA reports included clinical signs such as a sudden drop in blood sugar (hypoglycemia), seizures and liver failure. If you suspect your pet has ingested xylitol, some signs to look for are depression, loss of coordination and vomiting. The signs of illness may occur within minutes to days of ingesting xylitol. Owners should consult their veterinarian or pet poison control center immediately for advice if they know or suspect that their pet has ingested a human product containing xylitol.



Consumers wanting to report animal illness, please contact the [FDA consumer complaint coordinator](#)<sup>1</sup> in your state.  
~Warning posted 2/18/2011 ([FDA website](#))

## Equine Piroplasmosis Regulations for NY



Several equine practitioners have called the Division of Animal Industry inquiring about the potential creation of Equine Piroplasmosis regulations for horses entering racetracks in New York State. At this time, the Division of Animal Industry is interested in drafting legislation that would require horses entering racetracks in New York State to have tested negative for Equine Piroplasmosis within the last 12 months. This intent is based on the numerous, positive test results of Piroplasmosis in the United States through surveillance testing and for the protection of the equine population and racing industry in New York. The specifics on the proposed legislation need to be defined. Creating a permanent regulation will take time and require a period for the public to comment on the issue. There are nearly a dozen states that currently require negative testing for Equine Piroplasmosis before entering tracks. We believe that the earliest timeframe to get this proposal approved, including the public comment period, would be Fall 2011. That means that there would not likely be a requirement for testing during the spring and summer months of racing in New York State. If you have any questions, comments or concerns about this matter prior to the public comment period, please contact Dr. Courtney McCracken at 518-457-3502 or at [vetaccred@agmkt.state.ny.us](mailto:vetaccred@agmkt.state.ny.us).



## From the Wildlife/Zoonoses files...

For those veterinarians working with wildlife for professional or recreational purposes: Here is a summary of an [article from the New England Journal of Medicine](#) (Dec. 30, 2010) "Novel Deer-Associated Parapox virus Infection in Deer Hunters" that was published by ProMED. (Full article is available to N Engl J M members)



"Parapoxviruses are a genus of the poxviruses that infect ruminants, and zoonotic transmission to humans often results from occupational exposures. Parapoxvirus infection in humans begins with an incubation period of 3-7 days, followed by the development of erythematous maculopapular lesions that evolve over the course of several weeks into nodules. In 2009, parapoxvirus infection was diagnosed in 2 deer hunters in the eastern United States after the hunters had field-dressed [removed the entrails from] white-tailed deer. We describe the clinical and pathological features of these infections and the phylogenetic relationship of a unique strain of parapoxvirus to other parapoxviruses.

(Continued on page 7)

## Wildlife/Zoonoses article (continued from page 6)

Deer populations continue to increase, leading to the possibility that there will be more deer-associated parapoxvirus infections.”

DNA sequence analysis of the virus infecting these hunters suggests that the causative agent is a novel parapoxvirus and phylogenetic analysis clearly differentiated these isolates from the better known orf virus. Parapoxviruses have been isolated from red deer in New Zealand and from reindeer in northern Europe. Human infection from cervid-borne parapoxviruses has rarely been reported.

The number of white-tailed deer [the source of this new parapoxvirus] in the United States has risen dramatically during the 20th century, from fewer than 500 000 in 1900 to more than 18 million in 1992. There are more than 10 million deer hunters in the United States, and as human exposure to deer has increased, so has the emergence of deer-associated zoonotic infections.

~ Info and Lesion Picture courtesy of N Engl J Med 2010; 363:2621-2627 Dec 30,2010

~ Article summary and comments posted by ProMED-AHEAD Digest Jan 1, 2011



Deer-Associated Parapoxvirus Papulonodular Lesions.

## DAI Field Veterinarian, Dr. Roger Ellis, Receives Presidential Award

Division of Animal Industry Field Veterinarian Dr. Roger Ellis was recently recognized for his volunteer efforts as a part of two organizations: Veterinarians Without Borders and Farmer to Farmer. Dr. Ellis was in Washington D.C. to represent Veterinarians Without Borders when he was surprised with the Presidential Volunteer Service Award. He had no idea that he was going to be receiving this award.

Dr. Ellis has traveled to many countries over the years including Russia, Liberia, Mongolia and several other African countries with different volunteer organizations. During these international travels, Dr. Ellis educated farmers and veterinarians about basic animal husbandry, diseases, and preventative medicine. “I’d like to encourage everybody to become involved. You help people but you get unbelievable experiences in return when you volunteer.” By volunteering abroad “it helps U.S. citizens to get more educated about the world and I always feel lucky to live here and when I come home,” Ellis said.



Dr. Ellis in Liberia helping a farmer with basic animal husbandry techniques like deworming and medicating sick livestock.

Dr. Ellis is the field veterinarian for those easternmost counties of New York State which border Vermont and Massachusetts. Dr. Ellis often says that he is protecting “the Eastern Border of NY” from disease and pestilence. He has been an employee with the Division of Animal Industry for over 10 years. He genuinely enjoys working with local farmers and veterinarians with animal issues.

~~Congratulations Roger!~~



Dr. Roger Ellis (L) is presented the Presidential Volunteer Service Award by Gregory Gottlieb, deputy assistant administrator for the Bureau of Food Security in Washington D.C.

## Lessons learned from the Poisoned Wisconsin Steers

For those of you who followed the story of the 200 steers in Wisconsin who died acutely from ingestion of moldy sweet potatoes, here are a couple of important lessons to take from this situation.

First, it is important for farmers to know exactly what they are feeding their animals. They also need to inspect the feed regularly. This is especially critical when the feed is stored long term or the weather may have affected the quality. By-products such as fruits and vegetables can be nutritious when fed appropriately. Along with nutritionists, veterinarians can also play a key role in assisting farmers in reviewing feed rations. Many ration problems can be corrected with improved monitoring and professional guidance. Be sure to look at all parts of the ration, including the vitamin and mineral supplements and electrolyte mixes as potential sources of toxicity.

Second, farmers and veterinarians need to understand the role that regulatory agencies initially play during these acute mortalities of unknown etiology. It is important to remember that high morbidity or high mortality is a reason for veterinarians to contact state or federal agencies. Even if it is suspected that the cause of deaths may not be infectious, regulatory officials need to know about these situations. Regulatory agencies can sometimes assist the private practitioners manage the situation as well as offer diagnostic resources. Once the cause is determined to be of a non-infectious nature, regulatory agencies often rely on the private practitioner and nutritionists to assist in the resolution of the problem.



## New NYSCHAP Coordinator Announced



The New York State Cattle Health Assurance Program (NYSCHAP) has a new coordinator. Dr. Melanie Hemenway, a current Division of Animal Industry Field Veterinarian, will take over the role of NYSCHAP coordinator. Dr. Hemenway received her B.S. in Animal Science and went on to the University of Florida, College of Veterinary Medicine, where she received her DVM in 1998.

Before working in a regulatory capacity, Dr. Hemenway worked for Attica Veterinary Associates, a 6 vet dairy practice in Western NY. She initially learned about NYSCHAP when working as a private practitioner for AVA. After 6 years of private practice, Melanie was hired by the NYS Dept of Agriculture and Markets, Division of Animal Industry as a regional field veterinarian. She had NYSCHAP farms to oversee as well as other regulatory duties. In 2006, she completed the Foreign Animal Disease Diagnostician Course on Plum Island, NY. She is also active with John's conferences in NY and in other states. Even though being the NYSCHAP coordinator will take most of her time, Dr. Hemenway will continue to reside in Western NY and will also remain the NYSCHAP veterinarian for the herds that she has managed for many years. Her other field duties in Alleghany, Livingston and Wyoming Counties will be assigned to other field veterinarians.

The Division of Animal Industry is excited to have a veterinarian as the new NYSCHAP coordinator. DAI is confident that Dr. Hemenway will continue to steer NYSCHAP onto a successful path in the future. The Division would also like to thank outgoing NYSCHAP coordinator, Kathy Finnerty, for all of her years of hard work and dedication to NYSCHAP and the farmers of NY. Good luck Kathy in your future endeavors!

*Welcome Melanie - Good Luck Kathy*



Next week, you will be receiving another email from [vetaccred@agmkt.state.ny.us](mailto:vetaccred@agmkt.state.ny.us) which contains an article about foreign animal disease awareness from USDA-APHIS-VS. The title of the article is "Looking for Zebras Among the Hoofbeats." *This article is not just for large animal practitioners!* Dr. Todd Johnson, Area Emergency Coordinator for New York and New Jersey wrote this article to remind and educate accredited veterinarians that foreign animal diseases can show up in a variety of settings. This refresher article is one you don't want to miss!

Next week, you will be receiving a mini-newsletter that is all about requirements for state and county fairs in NY for 2011. Be sure to look this special newsletter in your "in-box" from [vetaccred@agmkt.state.ny.us](mailto:vetaccred@agmkt.state.ny.us). Although there have not been many changes to the fair requirements, it is good to review what is required for entry. Each year, we still have exhibitors who have issues with entry due to errors on the CVIs, etc. Please take the time to review this newsletter and the animal health requirements carefully.

### **LAST MINUTE ADDITION: New Rules for Pets Travelling Internationally**



**Here are 2 new bits of information given to us from USDA. Please read carefully for Category 1 and Category 2 vets who are assisting clients in sending companion animals to the European Union. This information is very important. If you have any questions, please contact the USDA office directly at the number listed below. The Division of Animal Industry does not deal with international movements!**



The USDA would like to remind all accredited veterinarians of the proper sequence of procedures for animals to be allowed entry into the European Union. The European Union recognizes a rabies vaccination as valid **only after** the animal has been given a microchip. In addition 21 days must pass after the valid rabies vaccination has been administered, before the animal will be allowed entry into any European Union member country.

Due to this restriction all USDA offices will not be allowed to sign and endorse any European Union health certificates, for Dogs, Cats and Ferrets, until 21 days have passed after the valid rabies vaccination. If you have any questions on this issue please call the New York area office at (518)-218-7540.

