



Veterinary Association of Namibia

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## Presidents Desk

Recently I read the following story: "There is a story they tell of 2 dogs. Both, at separate times, walk into the same room. One comes out wagging his tail, while the other comes out growling. A woman watching this goes into the room to see what could possibly make one dog so happy and the other so mad. To her surprise she finds a room filled with mirrors. The happy dog saw a thousand happy dogs looking back at him while the angry dog saw only angry dogs growling back at him."

This story has a valuable moral behind it – I wish everybody could always approach life with a wagging tail. If we can become positive we will soon see other positive tail wagging dogs around us. This will again make other positive tail wagging dogs, spreading further around us. To the contrary, the growling dogs can easily spread a bad atmosphere. I encourage everybody to rather have a positive tail wagging approach to life, even in more difficult times. It will pay back in the end.

This year will face us with a lot of challenges, all the signs are showing that we will be facing a very dry year in most parts of the country. The drought will also affect many colleagues of our veterinary profession in a greater or lesser degree. It will not be easy to remain a tail wagging positive person, but we should still keep this morale in mind, despite the challenges.

I had the privilege to attend the launch of the "Common Vision of the Livestock & Meat Industry of Namibia" by the honourable Minister Mutorwa. The 1<sup>st</sup> of 5 critical action plans is "Animal Health & Welfare and Food Safety", where the veterinary profession, led by DVS plays a major role. Our contribution towards this very important vision plays a vital role and we must support this challenge to our best abilities.

*Anselm Voigt*

## Clinical Case: Lead Poisoning

A part time farmer in the Tsumeb district reported cases of one to three months old calves with nervous symptoms. The first case occurred in the last week of May 2014.

Being a human medical professional he suspected an infectious encephalitis. Despite treatment with antibiotics the calves did not recover.

By 25 June 2014 eleven calves had died and 22 were sick out of a herd of 136 cows and 95 calves.

In the past mining activities took place on the farm.

According to the herdsman who brought a calf for examination, they observed the following clinical signs in the sick calves at the farm:

- sick calves did not recover
- they tilt the head towards one side
- they run in circles
- they run into fences
- if they are touched or caught they fall down

The presented calf was in extremis in lateral recumbency with no fever. It was blind and had increased lung sounds. There was some keratitis probably due to trauma resulting from the lateral recumbency.

The calf was exsanguinated, and the following was found on post mortem:

- the lungs were congested and had a mottled appearance
- the reticulum / rumen contained two hands full of sand and hardly any roughage; the sand as well as the reticulo-ruminal epithelium was stained blackish.
- lead was recovered from the reticulo-ruminal contents by repeated rinsing of the contents until all roughage was cleared by flotation.

Lead, being heavy, remained as sediment together with the sand.

Ideally one would like to confirm the diagnosis by chemical analysis (preferably fresh kidney, also liver or reticulum / rumen content). However dry pieces of lead easily write on paper.

Thus a diagnosis of lead poisoning with secondary pneumonia was made.

In retrospect it was established with the herdsman that

- all the young calves are kraaled all day and night whilst their mothers graze in the veld
- no creep feed is provided
- the kraal is very large and contains various small and large metal objects

In Namibia lead poisoning tends to occur in areas where

- mining took place and where there is indiscriminate disposal of waste (esp. vehicle batteries)
- residents rely on batteries to operate radios, torches etc. and don't dispose of them correctly
- livestock suffer from pica (mineral deficiencies or general lack of good feed)

Usually acute lead poisoning is caused by ingestion of lead over a short period of time (e.g. licking corroded batteries). In the acid medium of the fore stomachs about 1 - 2 % of the ingested lead is converted to soluble lead acetate and this is slowly excreted in the bile, milk and urine. The remaining lead usually forms insoluble complexes in the alimentary tract and is excreted in the faeces.

The following clinical signs (other than those mentioned above) may be observed: chewing and grinding of teeth and associated frothing at the mouth, convulsions, charging, hypersensitivity, stupor, head pressing, rumen stasis. Death usually occurs within five days of the onset of clinical signs. The mortality rate is high.

The exact pathogenesis for the development of neurological signs is not clear.

Treatment is possible with Calcium disodium versenate (calcium disodium EDTA). A suggested rate is 5 mg/ kg bodyweight at least tid i/v for 3 - 5 days (1-10mg EDTA powder per ml in 5% dextrosaline).

Additional daily treatment with thiamine hydrochloride at 2 mg / kg body weight s/c is recommended.

Despite treatment fatalities occur because one is never sure how much lead was ingested.

Elsewhere lead is reported to be an environmental contaminant from the surrounds of areas with industrial activity such as smelters.

Locally the most important differential diagnosis for lead poisoning in cattle is Rabies, possibly tetanus in calves, a brain abscess or trauma to the CNS.

References:

- 1) OM Radostits, DC Blood, CC GAY; Veterinary Medicine, a text book of the diseases of cattle, sheep, pigs, goats and horses; eighth edition; 1994
- 2) KVF Jubb, Peter C Kennedy, Nigel Palmer; Pathology of Domestic Animals; third edition; 1985
- 3) personal study notes BVSc, University of Pretoria

**Dr. Renate Hilbert**

# VAN Congress 2014

First of all VAN would like to thank all the veterinarians who took the time to complete the questionnaire at the end of Congress 2014 in Swakopmund.

In general the feedback was very positive regarding location, topics, presentations and relevance.

Some of the colleagues would prefer to have more practical components incorporated into the scientific program.

A few negative comments were received concerning the promotional talks. Companies who gave large sponsorships toward the Congress had some extra time set aside for promotional talks. These sponsorships are very important, VAN is unable to host a high quality Congress without the generous contributions from the companies. Without these sponsorships, the Congress fees payable by the attendants would sky rocket. Some of the promotional talks were longer than planned and VAN will make sure that the companies stick to their time limits during the next congress.

Quite a few topics were mentioned for future CPD events/Congress: Various large animal topics, exotics (bees / aquatics), wild life, poultry (lots of demand), specific diseases like CBPP, pathology, orthopedic surgery and dentistry.

The VAN Congress will take place 15-17 October 2015 at Swakopmund.



# New VAN Members

VAN would like to welcome the following new members:

- 1) Dr. Justin Yule, qualified at University of Zimbabwe in 2010, currently working as a state veterinarian in Katima Mulilo
- 2) Dr. Laina Hango, qualified at University of Zambia in 2013, currently working as a state veterinarian
- 3) Dr. Lyndsay Scott, qualified at University of Pretoria Onderstepoort, currently working in private practice at Northern Veterinary Practice in Otjiwarongo

# Animal Welfare Act

The draft policy is to be completed by February 2015. This draft will be circulated to stakeholders and the industry for comments/inputs, where after the policy will be finalized. Only after the final policy is completed can the process of legal drafting commence.

# Funny One Liners

Why did the snowman call his dog Frost ? Because frost bites !

Why did the poor dog chase his own tail ? He was trying to make both ends meet !

What happened when the dog went to the flea circus ? He stole the show !

What happens when it rains cats and dogs ? You can step in a poodle !

What has four legs and an arm? A happy pit bull.

My karma ran over my dogma.

Why isn't there mouse flavored cat food? There is fish flavored!

Do radioactive cats have 18 half-lives?

If there is H<sub>2</sub>O on the inside of a fire hydrant, what is on the outside? K9P.

What's the difference between a new husband and a new dog? After a year, the dog is still excited to see you.



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24 February 2015

Dear VAN members

**Reporting of Diseases in Wildlife to the OIE for 2014**

Namibia is required to report annually to the OIE's World Animal Health Information System (WAHIS) the occurrence of disease in the nation's animal populations; this includes a section on wildlife. It is the function of Namibia's wildlife focal point to gather as much information as possible on the health of the country's wildlife for reporting to WAHIS-wild. Although the DVS reporting system records many wildlife conditions diagnosed, some undoubtedly slip through the network, particularly those diagnosed by private veterinarians. It would therefore be greatly appreciated if all vets who have made a diagnosis in a wild animal, the data of which has not been captured by either CVL or the state reporting system, to forward the information to [mjago@met.na](mailto:mjago@met.na)

The information required is for the period 01 January 2014 to 31 December 2014. It should be for all types of disease including infectious, toxic, nutritional etc, and can be for any species of wildlife, in free-ranging or captive, individuals or populations.

If you do not have all the information listed below, please supply as much as you can. If you have any questions please contact Dr Mark Jago at [mjago@met.na](mailto:mjago@met.na) or 0811273242.

The reporting system requires the following information:

*The clinical condition diagnosed (name of the disease/infection)*

*Region where disease/infection occurred*

*The date of the occurrence (the month will do)*

*Number of new and total outbreaks (this may often be just an individual case)*

*The nature of the diagnosis: i.e. clinical, necropsy, laboratory*

*The laboratory test used to confirm the diagnosis*

*The date any result was provided*

*The result of a test: i.e. positive, suspect, negative*

*The species of animal (s) affected (Scientific name would be great if you have it)*

*The number of animals involved grouped as follows: Susceptible, clinical cases, deaths, destroyed, slaughtered, vaccinated.*

Thank you for your help

Yours sincerely

A handwritten signature in black ink, appearing to read 'M. Jago', with a stylized flourish at the end.

Mark Jago  
Veterinarian - Wildlife Focal Point  
Ministry of Environment and Tourism