

ADDENDUMS

- Addendum A:** Application for the registration of land for keeping buffalo (2pg)
- Addendum B:** Guidelines for the collection of samples for disease testing and the interpretation of diagnostic test results (3pg)
- Addendum C:** Buffalo movement application form (3pg)
- Addendum D:** Stray buffalo control report form (1pg)
- Addendum E:** Diagram of buffalo movement (2pg)
- Addendum F:** Request/acceptance form to be authorised by DAH (for assistance in stray buffalo control) (2pg)

APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO (ADDENDUM A)

In terms of Regulation 20A (2) of the Animal Diseases Act, 1984 (Act No. 35 of 1984) as published in Government Notice No. R. 2358 of 10 December 1993 and the Buffalo Veterinary Procedural Notice.

TO BE SUBMITTED TO THE RESPONSIBLE STATE VETERINARIAN: Dr _____

Email: _____ Fax no: (____) _____

(A) New application Change of ownership Amendment to current registration

Current Registration no: _____

(B) Details of owner / manager / responsible person:

Owner of land:	ID number:
Manager / Responsible person (if not owner):	ID number:
Postal address:	Code:
Email:	Tel /cell no: ()

(C) Farm details (Attach a separate signed sheet for additional farm records):

Farm name and portion(s) as per title deed:	Farm number:	Geographical co-ordinates:
_____	_____	___ ° ___ ' ___ "E ___ ° ___ ' ___ "S
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Local Municipality: _____ Code: _____

<p>(D) Buffalo health status:</p> <p>Specific Infection Free(SPIF) <input type="checkbox"/> CD infected <input type="checkbox"/></p> <p>FMD + Corridor Disease (CD) infected <input type="checkbox"/></p> <p>Known to be infected or possibly infected with:</p> <p>TB <input type="checkbox"/> Brucellosis <input type="checkbox"/></p>	<p>(E) Type of system:</p> <p>Free ranging <input type="checkbox"/> In captivity <input type="checkbox"/></p> <p>Size of land to be registered: _____ ha</p> <p>Number of buffalo intended to keep initially: _____</p> <p>Precise <input type="checkbox"/> Estimated <input type="checkbox"/></p>
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(F) The following documents are compulsory and must be attached to the application (confirm by v the boxes):

Proof of land ownership and authorization	Letter of Nature Conservation confirming adequate fencing	Map showing exact extent of land to be registered	
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APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO (ADDENDUM A)

In terms of Regulation 20A (2) of the Animal Diseases Act, 1984 (Act No. 35 of 1984) as published in Government Notice No. R. 2358 of 10 December 1993 and the Buffalo Veterinary Procedural Notice.

I, _____(full name and surname), the **APPLICANT**, hereby confirm that:

- 1) All the information supplied by me on this application form, is to the best of my knowledge true;
- 2) I have received, read and understood the Buffalo Veterinary Procedural Notice (VPN) as referred to above and will abide by it; and
- 3) I am the legal owner of the land or have been authorised by the owner to make this application on his/her behalf.
- 4) Where the maintenance of section(s) of the required fence is currently not my responsibility, I hereby declare that I shall take full responsibility for that section(s) of the fence when it is no longer being maintained. In the case of double fences being required, I hereby commit to erect the required new fence(s).

Signature of applicant: _____ Date: _____

I, Dr _____, STATE VETERINARIAN of _____ state veterinary area, hereby confirm that:

- 1) All the information supplied to me on the application form by the owner/manager/responsible person of the land, is to the best of my knowledge true; and
- 2) The fence and the isolation facility comply with the requirements of the Buffalo VPN.
- 3) There are no cattle on the same land where the buffalo are going to be kept. Remarks: _____

Signature of Provincial State Veterinarian: _____ Date: _____
Email address: _____

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I, Dr _____, Provincial Executive Officer (PEO) of Veterinary Services of _____ Province, hereby recommend the registration of the land as applied for, to keep buffalo. I confirm that sufficient resources are available to monitor the conditions on the above mentioned land on a regular basis (at least once a year), that all buffalo movements onto and off the land can be controlled appropriately, and that it will be possible to follow up irregularities promptly.

Remarks: _____

Signature of PEO: _____ Date: _____

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Official National Registration no: _____ Date: _____

Signature of DAFF -DAH State Veterinarian: _____

GUIDELINES FOR THE COLLECTION OF SAMPLES FOR DISEASE TESTING AND INTERPRETATION OF DIAGNOSTIC TEST RESULTS (ADDENDUM B)

And as referred to and agreed upon in the Buffalo Veterinary Procedural Notice

These are only guidelines and the full history of the farm and buffalo herd, origin and disease status of the animals should be considered when interpreting any test result and making a final diagnosis. Movement will only be allowed if test results for the whole group are negative.

1. Interpretation guide for FMD serology

In general, all titres of 1.6 and higher are considered positive.

However, the ELISA test used for FMD is a screening test and can give false positive and false negative results. All positive results must be investigated by titration and comparative virus neutralisation tests. During early primary infection in buffalo, titres > 2.0 against the outbreak type are generally seen, with a reciprocal rise in one or both of the other types.

FMD is highly infectious and it is therefore unusual to find a single test-positive buffalo in a group, unless tested very early in an outbreak. Movement will only be allowed if test results for the whole group are negative.

2. Interpretation guide for CD test results

The CD tests have to be regarded as herd tests; this implies that if one or more animals in a group or herd show a positive test reaction, the whole herd (i.e. all buffalo on the whole land) must be regarded as infected and / or potentially infected with the disease.

IFAT	RT-PCR-Hybrid II	Interpretation	Action
Positive	Positive	<i>T. parva</i> positive	Regard as infected
Positive	Negative	<i>T. parva</i> positive Serological positive indicating exposure to <i>T. parva</i>	Suspect: Retest group and see contingency protocol for details
Negative	Positive	<i>T. parva</i> positive	Regard as infected
Negative	Negative	<i>T. parva</i> negative	None

Suspect: re-bleed and re-test

IFA: A titre of (40) or higher is regarded as a positive test result.

The history, age, tick situation, group composition, contact and previous test results must be taken into consideration when interpreting the results.

Movement will only be allowed if test results for the whole group are negative.

3. Interpretation guide for BTB test results

Comparative intra-dermal tuberculin test (CITT)		
NB: The skin fold should never be over manipulated and there may not be any prior cutaneous injuries close to the injection site		
Test result	Interpretation guide line	Action
Any bovine site reaction \geq 3mm greater than avian site reaction	Positive	Contingency protocol
Any bovine reaction \geq 3mm (regardless of the avian reaction)	Suspect / Positive*	Contingency protocol
Any other suspicious* signs at bovine site regardless of any measurements	Suspect / Positive	Contingency protocol
All other measurements <3mm	Negative	Nil
Gamma interferon test (IFNg)		
Test result	Interpretation	Action
Bovine reactor only	Suspect / Positive	Contingency protocol
Equal reactor	Suspect	CITT Re-test after 3 months if necessary
Multiple reactor	Suspect	CITT Re-test after 3 months if necessary
Avian reactor only	Negative	Nil
No reactions	Negative	Nil

*All clinical signs at the injection site must be recorded on the TB10 sheet i.e. oedema, heat, pain, redness, necrosis, circumscribed, flat etc. The signs must be interpreted as cumulative, for example a bovine reaction of \geq 3mm plus suspicious signs must be regarded as positive rather than suspect.

Notes: Every single measurement at 0hr and 72hr must be recorded. Rather extend reading time than shortening. The difference between 0hr and 72hr readings may yield negative results because of dehydration. In these cases the difference between bovine and avian reactions and the presence of suspicious signs will be particularly important.

For every infected buffalo herd, every attempt should be made to confirm the diagnosis by culture and typing of the organism. Movement will only be allowed if test results for the whole group are negative.

3.1 Sample collection during necropsy of BTB test positive buffalo

In the case of a positive CITT result, culling or euthanasia of the buffalo must be recommended. A complete necropsy must be performed by a veterinarian. Buffalo that are suspect/positive on the CITT (or other test) for BTB and where the animal is slaughtered, a necropsy conducted and samples collected for culturing, the small and large intestine should also be examined for possible macroscopic lesions associated with *Mycobacterium paratuberculosis* (Johne's disease). In such cases samples of the distal ileum, ileo-caecal valve area, first part of the caecum and the ileo-caecal lymph nodes should be collected for culturing and histopathology.

When performing the necropsy the following lymph nodes must be located and sampled:

Head/neck – retropharyngeal, parotid, mandibular; Thoracic – Mediastinal, tracheobronchial
Abdominal – Mesenteric, hepatic/renal; Peripheral – axillary, inguinal, prescapular, popliteal

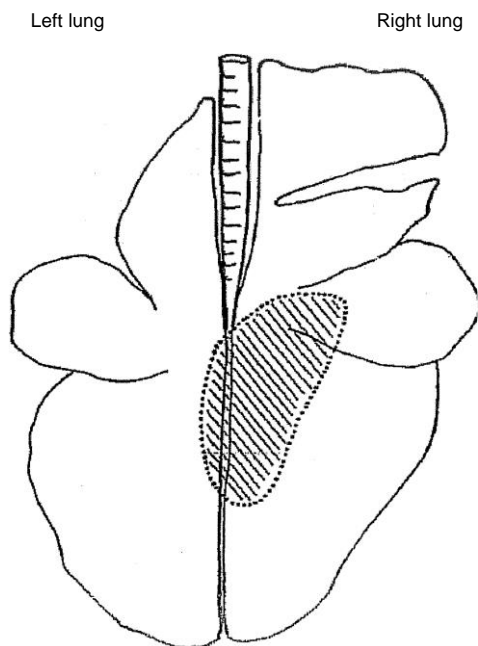
Aseptic sampling technique is of utmost importance. Equipment can be sterilized in boiling water and new scalpel blades must be used for cutting the lymph nodes from different pooled samples. Lymph node samples may be pooled in their respective groups but all lesions must be collected separately and labelled

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with the identification number of the buffalo. Affected lymph nodes must be split equally between formalin and frozen (if possible), but fresh frozen samples will take priority.

Thoroughly palpate all lung lobes and record the presence of granulomas on the diagram:



4. Interpretation guide for brucellosis tests results

The cut off values for tests in the bovine brucellosis manual are not applicable to buffalo.

For every infected buffalo herd, every attempt should be made to confirm the diagnosis by culture and typing of the organism. See Point 10 of VPN (contingency protocol)

Movement will only be allowed if test results for the whole group are negative. Post-calving (more than 6 weeks) tests are valuable for detecting recent or previously dormant infections in heifers and cows.

Test result	Interpretation	Action
Positive on Rose Bengal test only	Suspect	Isolate and re-test RBT and CFT after 2 months or calving
Negative on RBT and CFT	Negative	None
Positive on Complement Fixation test (any titre > 0)	Positive	Contingency protocol

BUFFALO MOVEMENT APPLICATION FORM (Animal Diseases Act 35 of 1984) (ADDENDUM C)

As referred to in the Buffalo Veterinary Procedural Notice

[State Veterinarian]
 [State Vet Office]
 [Postal address]

Date

Ref no.

I the undersigned, hereby apply for the movement of (number) buffalo:

FROM:		TO:
	OWNER of buffalo	
	ID number	
	Contact number	
	Email address	
	Owner of farm	
	ID number	
	Contact number	
	FARM NAME	
	FARM NUMBER	
WR/ / /	WR NUMBER	WR/ / /
	SV AREA	
	DISTRICT	
	PROVINCE	
	FMD ZONE	
	CD CONTROLLED AREA	

Transporter of buffalo (company name)	
Proposed date of movement	
Name & surname	ID number
Contact number	Email address

Tag nr	Age	Gender	1 st Microchip	Position	Microchip	Position

I acknowledge that I have read and understood the Buffalo Veterinary Procedural Notice

Applicant:						
Name & Surname				ID nr		
Contact details		Email	Tel	Fax		
Signature						

Please complete electronically or in clear print and sign a hard copy where applicable

BUFFALO MOVEMENT APPLICATION FORM (Animal Diseases Act 35 of 1984) (ADDENDUM C)

State Veterinarian recommendation

Ref no.

I SV of (area) received this application on (date)

I have received a complete set of test results as summarised below on (date)

I have correlated the ear tags and microchip numbers of the buffalo in this application and the test results

Summary of test results

Sampling date	Disease	Lab nr	Nr of animals	Result	Attached

Expiry date

History of the buffalo at origin is as follows:

I have interpreted the test results and the history of the buffalo and hereby

Recommend Do not recommend

this movement to be approved.

Name & Surname (State veterinarian)		Signature		Date
Contact details	Email	Tel		
	Fax	Cell		

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STRAY BUFFALO CONTROL REPORT (ADDENDUM D)

As is referred to in the Buffalo Veterinary Procedural Notice

Species:	
To:	
From:	

REPORT / COMPLAINT:	Name			
Place		Tel. no.		
Date received		No. of animals		
Origin of animals				
Place of exit / fence break				
Notification of stray	MTPA	Vet. Services	Sanparks	
Official notified				

CONTROL OPERATION:	Date				Time		
Farm name, number				Area			
Nature of area (crops, dam etc.)							
GPS location	S	E	Distance from KNP				
Attached sketch or GPS location of area in which the control was carried out							
Control officials							
Assisted by							
Reason for control							
Options exercised							
Number of animals:	Adult M	Adult F	Sub M	Sub F	Juv M	Juv F	
in herd / pride							
back to origin							
not traced							
destroyed							
Number of shots fired							
Shot placement (heart, lungs, brain)							
Caliber of fire-arm used							

DISPOSAL	Destination	Supervising veterinary official
carcasses		
trophies		

NOTIFICATION OF CONTROL	MTPA	Vet. Services	Sanparks
official notified			
control report sent to			

Signature		Date	
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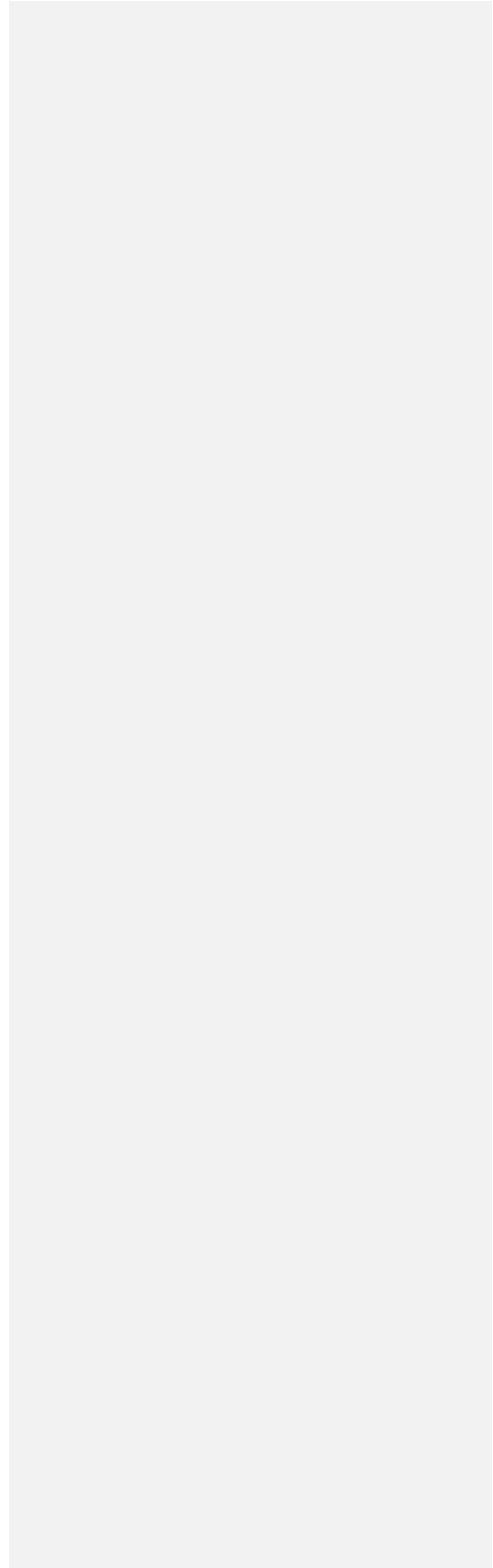
LIVE BUFFALO MOVEMENT CONDITIONS in terms of ANIMAL DISEASES REGULATION 20 (1) (a)

ADDENDUM E

Dir	Directors' approval in all instances
Dis	Directors' approval only if between SV areas (inter SV area)
X	Red-cross veterinary movement permit
Q	21 days quarantine in an approved quarantine camp in the protection zone
S	Negative serology for SAT-1, SAT-2 and SAT-3
B	Land at origin (except in case of control of stray buffalo) and destination must be registered for the keeping of buffalo
[Fmd Cd Tb Br]	Negative testing for foot-and-mouth disease, Corridor disease, tuberculosis and/or brucellosis unless regarded as positive for particular disease
Ex	Exemption from Regulation 20 (6) by national director
Y	Only stray buffalo
Dip	Treatment against external parasites with a registered remedy

ADDENDUM E (Continued)

LIVE BUFFALO destination	TO →	FMD AREA STATUS →	FMD PROTECTION ZONE			FMD FREE ZONE		
			FROM	← origin	ENDEMIC AREA	VACCINATION AREA	NON-VACC. AREA	CD CONTROLLED AREA
FMD PROTECTION ZONE	FMD AREA STATUS ↓	CD ↓ → AREA STATUS	CD CONTROLLED AREA	not allowed	not allowed	not allowed	not allowed	not allowed
	ENDEMIC AREA	CD CONTROLLED AREA	Dir X B [Tb Br]	not allowed	not allowed	not allowed	not allowed	not allowed
	VACCINATION AREA	CD CONTROLLED AREA	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]
	NON-VACCINATION AREA	NON-VACCINATION AREA	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]
FMD FREE ZONE	CD CONTROLLED AREA	CD CONTROLLED AREA	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B Ex [Fmd Cd Tb Br]
	CD NON-CONTROLLED AREA	CD NON-CONTROLLED AREA	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]	Dir X B [Fmd Cd Tb Br]



ADDENDUM F

STRAY BUFFALO ASSISTANCE REQUEST/ACCEPTANCE FORM

REQUEST AND AUTHORISATION TO RENDER SERVICES

In terms of section 3 (1) (b) of the Animal Diseases Act no. 35 of 1984 and regulation 4 of the Animal Diseases Regulations, you are hereby requested and authorised to assist veterinary officials, whenever asked to do so by such official, in the control of stray animals which pose an animal disease risk in the district of the Province from the date of your acceptance of this request until further notice without reimbursement and under direct supervision of and in the presence of a veterinary official. It is required from you to possess a firearm suitable for the destruction of such animals and of an appropriate and valid firearm license.

Please take note that in terms of section 25 of the Act, no person shall, except for the purpose of the performance of his duties under this Act, or for the purpose of legal proceedings thereunder, or when required to do so by any competent court, excluding a civil court, or under any law, or with the written consent of the Minister, disclose to any other person any information acquired by him in the performance of his duties under this Act, and which relates to the business or affairs of a person.

You are requested to complete the accompanying form and return to this office within fourteen days of receiving this letter.

Director of Animal Health

ACCEPTANCE OF REQUEST TO RENDER SERVICES

ON BEHALF OF THE DIRECTOR OF ANIMAL HEALTH

Animal Diseases Act 35 of 1984, section 3 (1) (b)

Animal Diseases Regulation 4

Director of Animal Health

I,
..... (full name and surname)
with identity number
residential address
postal address
contact number

