



Ontario Livestock and Poultry Council (OLPC)

39 William Street, Elmira, ON N3B 1P3 (519) 669-3350, Fax: (519) 669-3826 info@ontlpc.ca

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Hon. Leona Dombrowsky
Minister of Agriculture & Food
11th Floor, 77 Grenville Street
Toronto, Ontario
M5S 1B3

Dear Minister Dombrowsky:

Ontario is the largest producer and processor of livestock and poultry in Canada. It has over one-third of Canada's total population with millions of people living in close proximity to millions of animals. Yet, Ontario is the only province in Canada without an Animal Health Act. Such an Act would be a key pillar in an effective animal health strategy for Ontario and in an effective public health strategy as well.

Since 2005, the Ontario Livestock and Poultry Council (OLPC) has been urging the Ontario government to pass legislation which would provide for an Animal Health Act. Attached is a position paper on the need for an Animal Health Act which contains several animal disease scenarios we have compiled to illustrate why legislation is essential to implementing effective disease control measures.

We would welcome the opportunity to discuss this issue with you in detail and would appreciate if your office could suggest some dates when you would be available to meet with two or three members of the Council. My contact information is noted below or they may reach Susan Fitzgerald, our Coordinator at the numbers given in the letterhead. Thank you, in advance, for your consideration of this request.

Yours truly,

Gordon Coukell
Chair
Cell 705-443-9835
alcoma@csolve.net

Ontario Needs an Animal Health Act

The Ontario Livestock and Poultry Council represents every food animal sector in the province. While the Council members are naturally interested in issues of disease reporting and containment, they also recognize that the smartest and most cost-effective management strategy is disease prevention.

Why it is needed

Legislation such as an Animal Health Act is urgently needed in Ontario because it could:

- Provide the provincial government and the food animal industry with the required tools to manage disease outbreaks that threaten the integrity of the food supply; animal and human health.
- Set the framework for industry-wide minimum protocols for animal disease prevention, control, identification, response and eradication, and promote a formalized culture of risk management.
- Fill key policy and operational “gaps”; inter-governmental and cross-industry coordination; formalized emergency response; traceability; euthanasia, clean-up, disinfection and disposal.
- Backstop industry efforts to introduce biosecurity and risk management measures within limited legislative authority (insurance, on-farm food safety etc.).
- Allow Ontario to control product imports in the event of a major disease outbreak in another province and allow the province to move quickly to control or eradicate the problem.

What we are asking the Ontario government to do

The industry asks the Ontario government to demonstrate leadership through:

1. supporting legislation for an Animal Health Act;
2. establishment of minimum on-farm biosecurity standards for those sectors which do not have them in place;
3. clear agreement on inter-governmental roles and responsibilities clarifying the roles of federal, provincial and municipal government's during a disease outbreak;
4. recognition of the Office of the Chief Veterinarian (Ontario) as an equal component of the emergency management authority along with the Emergency Management Ontario and the Ministry of Health;
5. creation of an Animal Disease Early Warning System including a well-funded Animal Health Laboratory, support for the Can Vet Reserve and sentinel herds, flocks and vet practices.
6. industry representation on a Standing Advisory Committee for the Office of the Chief Veterinarian Ontario (OCVO);
7. articulating definitive policies on mass carcass and manure disposal in a disease event and on humane slaughter when required as a disease containment strategy; and,
8. institute zoning policies for Ontario.

What industry has been doing

The industry is and has been taking a leadership role in animal disease prevention. OLPC was founded to develop multi-species strategies to prevent Foreign Animal Diseases and other animal diseases.

Within this context, OLPC has undertaken:

- An Advanced Agricultural Leadership Program project to determine what obstacles exist to the adoption of firm biosecurity standards in each livestock sector.

- Development of Biosecurity Standard Operating Procedures for 20 service sectors.
- Risk assessment surveys of nine animal sectors to determine disease exposure risk and compliance to best practice standards.
- Development of a multi-species multi-disease livestock insurance project.
- A Stockpiling Project to establish an inventory of emergency response equipment.
- To assist with the Ontario Veterinary Biosecurity Initiative to enhance the role of veterinarians in biosecurity and disease response issues.
- Development of a list of ten low/no cost solutions to on-farm biosecurity and posted them for the benefit of the industry on: www.agbiosecurity.ca.
- To compile some low/no cost biosecurity protocols and practices which can be easily implemented on-farm and developed these into: a factsheet/checklist for producer use, a newsletter/magazine article, and an accompanying PowerPoint.
- Two simulation exercises to assess disease response capability with both the industry and the Canadian Food Inspection Agency (CFIA).

Currently, in Ontario, the Canadian Food Inspection Agency is the only entity with legal powers to control the movement of animals and order eradication actions in the event of a reportable animal disease and, only then, once the disease has been confirmed. There is the question of how to enact control measures in the event of a suspected disease outbreak or for a disease which is not deemed reportable.

Many of the supply managed commodities have built food safety and animal health policies around quota licensing. A clause in the Farm Products Marketing Act empowers them:

to direct and control, by order or direction either as principal or agent, the producing or marketing of the regulated product, including the times and places at which the regulated product may be produced or marketed,

For example, if poultry producers do not abide by the on-farm food safety or isolation policies then they will not receive a new license to produce. In dairy, DFO can refuse to pick up the milk. This process only applies to those organizations that have the authority to market farm products and is limited to the selling aspect. For example, DFO can not control the movement of animals and the onus is placed on the poultry producers to self report for diseases other than those which would be diagnosed and reported to CFIA by veterinarians.

For unregulated commodities, there is no mechanism to act upon a suspected disease outbreak. They have no control over marketing, some associations do not have contact information for all producers and there are livestock and poultry groups that do not even have a producer association. The single most important factor that must be addressed in effectively responding to an animal disease outbreak is the current inability to stop all animal movement within the province or within a specific zone of the province until laboratory confirmation of a reportable disease or, in cases of non-reportable diseases, to act upon the situation at all.

Given this environment, the Ontario Livestock and Poultry Council proposes that Ontario requires an Animal Health Act which clearly defines the roles and responsibilities of government departments, veterinarians, industry associations and farmers in the event of an animal disease outbreak including the important time period between suspicion and confirmation of disease. An animal disease early warning system including a well funded Animal Health Laboratory, and support for sentinel herds and flocks would also allow the province to collect disease information from around the province.

We have compiled a number of scenarios and case studies which emphasize the specific risks that the industry faces which can only be addressed via a legislative piece. Some of these situations are actual occurrences whereas others are illustrations of potential disease outbreaks. The scenarios presented include:

1. *Salmonella spp* in livestock, poultry and humans
2. *Clostridial botuli* in chickens and poor on-farm biosecurity practices
3. *Cysticercous ovis* in sheep and lack of authority to enact control measures
4. Veal industry – insufficient biosecurity protocols
5. Infectious Laryngotracheitis (ILT) in non-regulated chicken layer flocks
6. Johne's Disease in ruminants and Crohn's disease in humans
7. West Hawk Lake Zoning Facility and a non-identified acute disease in pigs
8. Swine Influenza H3N2 and control of animal movement
9. *Streptococcus suis* in swine, movement of animals and authority to test

SCENARIO ONE: *Salmonella spp* in livestock, poultry and humans

This true situation started on an Old Order Mennonite farm where the mode of transportation by the family was by horse and where there was a herd of 30 milking cows. The farmer lost every fresh (newly calved) cow due to salmonellosis, severe enteritis, and septicemia. One third of the herd, 10 cows, died. The family's children, employee and both parents all developed bloody diarrhea. The veterinarian was concerned lest the horse was a carrier because it was the family's mode of transportation. The farm's cattle, the horse, the dog and the chickens were all swabbed and the test results indicated they were all positive as carriers of *Salmonella spp*. However, only the fresh cows and the young calves were severely affected. The farmer had to temporarily shift some of his quota to his brother as he had lost so many cows that he could not fill it and did not want to buy in more cattle until the disease situation was under control. DFO and farm service providers were notified that their trucks could be possible carriers to other client farms.

The veterinarian in charge was very disappointed that the Public Health Unit, the family doctor and the service sector seemed to show minimal interest in the case and its potential impact on the rural community at large even though this was clearly a case of zoonotic disease transmission and young children were involved.

This is a good example of a disease situation with the potential to be spread to neighbouring farms and where there was apparently no set of protocols in place to assist the attending veterinarian implement alerts, institute a control zone or to establish required standard operating procedures for any service sector doing business at the farm.

We envision that an Animal Health Act would set out protocols and prescribe roles and responsibilities for all transmissible livestock and poultry diseases thus predetermining who is in charge of similar situations so that there is no danger of transmission.

Comment:

Salmonella can act as described above but the bloody diarrhea is also a sign of *E. coli* O157:H7 infection. These organisms are spread by the fecal:oral route and so there would need to be a common source such as a church lunch, drinking water, contaminated milk, etc. The spread to neighbouring farms would be mechanical but there would then need to be a source to trigger other infections. The Ministry of Health would likely become very involved in this instance as it resembles the Walkerton

case. The Ministry of Health does have some powers under the Ontario Health Promotion and Protection Act.

SCENARIO TWO: *Clostridium botulinum* in chickens and poor on-farm biosecurity practices

Another actual situation occurred on a small mixed farm with a stream running alongside the barn and a manure pile in a nearby barnyard with no containment to prevent manure runoff from leaching into the surrounding soil and stream.

The producer's pigs and beef cattle have access to the manure pile and the farmer would throw his dead chicken carcasses onto it where they are eaten by the other livestock. The chicken carcasses had *clostridium botulinum* infection and so the other livestock were not only sickened by botulism, but the toxin was able to leak into the nearby stream. According to Dr. Vic Cortese from Pfizer, that toxin, in a very small amount in New York's water supply, has the potential to wipe out the city's population.

Clearly, the potential for disaster was present, yet there was apparently no one able to order the required testing; require that the farm's manure be properly contained so that it was not leaching into the watercourse; require the proper disposal of dead carcasses; require that the other livestock be housed away from the manure pile; notify relevant authorities; warn downstream neighbours, etc. An Animal Health Act in Ontario could have established these control procedures.

SCENARIO THREE: *Cysticercus ovis* in sheep and authority to enact control measures

A further example occurred just last year and involved a parasite called *Cysticercus ovis* which came to Canada from some infected New Zealand sheep at some point in the past. It was not initially deemed to be a serious problem, but the veterinarian involved in the case feels that the problem incubated unnoticed for some time in western provinces.

On the particular farm in question, the ewes passed the parasite to the newborn lambs which were then moved to be raised in a large feedlot. The animals appeared to be clinically normal, but once the lambs were slaughtered, it was apparent that the carcasses were full of cysts and the carcasses were then condemned. On this farm, there was a 15% prevalence rate which represented a large loss for the producer.

This parasite is spread by coyotes and foxes who eat dead carcasses infected by the parasite, and so the potential for it to spread throughout Southern Ontario is great. However, without an Animal Health Act, there is no authority designated to assess the situation, determine a response and then to initiate and manage the required control measures.

SCENARIO FOUR: Veal industry – lack of biosecurity protocols

An Ontario veal farmer received several phone calls from dairy farmers informing him that there were bull calves ready for pick up that week on their farms. The veal farmer headed out Monday morning to the first pick up. Unbeknownst to the veal farmer, the first dairy farm had a downer cow. The dairy

farmer did not know what was wrong with the cow, just that she was sick. There was a note left on the front door for the veal farmer which stated that the bull calf was in the back right pen; the dairy farmer was not around. The veal farmer went into the barn and walked to the back right pen to pick up the bull calf. On his way, he passed the sick pen where the cow was down. The veal farmer continued to get the calf. He picked up the calf, loaded it onto his truck and continued to the next dairy farm.

After spending the morning going farm to farm picking up bull calves, he went back to his farm to drop off the calves in the veal barn. After getting the calves fed and settled in the barn, the veal farmer headed to the local calf sale.

When the veal farmer got to the calf sale he went out to the holding pen to “walk the calves”. He was checking the calves on offer to see which ones he wanted to buy. After previewing the calves, he then went into the sales arena where he sat next to two other farmers who were also there to buy calves for their veal barns. They were not from the local area. It was later determined that the downer cow was infected with a foreign animal disease.

The difficulty in reacting to a foreign animal disease outbreak is the potential risk of disease spread one veal farmer could have in both the dairy and veal industries. When veal farmers buy direct from dairy farms, the veal farmer could potentially come into contact with the dairy heifers. Some dairy farmers keep the bull and heifer calves together in the same area. There is also the potential risk in tie stall operations that the veal farmer could walk by the milking cows to get to the area where bull calf is held.

It is not common practice for veal farmers to wear plastic booties, disinfect their boots, or change their outer clothing when picking up bull calves directly from farms. This could pose great challenges in containing an outbreak especially in the case of a highly transmissible and pathogenic disease. The contact at the sales arena with other farmers could potentially have spread the disease outside the contaminated zone and into another geographic area.

SCENARIO FIVE: Infectious Laryngotracheitis (ILT) in non-regulated chicken layer flocks

ILT is a viral infection of chickens that can cause significant mortality and a drop in egg production in layer birds. There is a vaccine that will prevent this disease from occurring. The regulated supply managed industry operates under a Feather Board Command Centre (FBCC) to deal with outbreaks in the commercial industry. There is an estimated 11,000 smaller layer flocks of chickens kept by feather fanciers, organic farmers and for other local needs. These are not regulated by the Egg Farmers of Ontario and they tend to be suspicious of intervention by this organization.

On May 12, 2009 a group of 2,000 started pullets were sold directly and through sales agents to 17 “small flock owners” in various locations in Wellington County and Waterloo Region. On May 21st a local veterinarian was contacted regarding a respiratory disease affecting a flock on a farm in Waterloo Region. Several neighbours had visited the farm to provide advice. The vet’s differential diagnosis included Avian Influenza, Newcastle Disease and Infectious Laryngotracheitis (ILT). The CFIA was notified that a possible outbreak of a reportable disease had occurred and samples were taken to the laboratory in Guelph. Histological examination of frozen tissue along with PCR testing confirmed ILT and eliminated both Avian Influenza and Newcastle Disease as possibilities. On May 24th a confirmation of ILT was made.

Since ILT is non-reportable, the federal government had no authority to intervene in this situation. The FBCC was called immediately when ILT was confirmed but they can only intervene with regulated producers and so monitored the situation. The veterinarian recommended that all exposed flock (i.e. the other 16) be vaccinated for the disease before it spread but, by the 24th, eight more cases had occurred in his practice area. Over the next week, several flocks exposed at a local feather fancier show began to show symptoms. Because of the cost and the inconvenience of carrying out the vaccination, most of the flock owners refused to vaccinate. By November 2009, over 200 flocks including 17 commercial flocks were reported to have been infected. Since the province has no authority to act in a situation like this, these figures were only estimates but it is clear that ILT was getting out of control. The FBCC did respond to the commercial flocks, control zones were established and flocks were vaccinated. The FBCC also offered to assist small flock owners with their control efforts but this offer was often rejected by these owners. The disease remains endemic in small flocks in Ontario.

An Animal Health Act in Ontario would have allowed the Chief Veterinary Officer (CVO) of the province to intervene and to enforce control and vaccination procedures on the smaller flocks which would have controlled and eventually eliminated the disease. These activities could have been subsidized by the province and the commercial feather industry in order to control this dangerous disease. Fortunately ILT only affects chickens, pheasants and related species of birds and does not affect humans or other livestock.

SCENARIO SIX: Johne's Disease in ruminants and Crohn's disease in humans

Johne's Disease is a chronic intestinal disease of ruminants. The bacterium *Mycobacterium avium paratuberculosis* (MAP) has also been found in humans with Crohn's disease which is a chronic intestinal infection of humans. The percentage of dairy and beef cattle, sheep and goats infected has not been determined precisely because testing procedures are not completely reliable. Estimates of infection in dairy herds run as high as 50% but are likely much lower (6% -16%). Most cattle show no sign of the disease but can spread the infection in their milk and in their feces to other animals. A voluntary control program has been started by the Canadian Animal Health Coalition in alliance with the five veterinary colleges, AAFC, OMAFRA and the beef and dairy industries. Research has shown conflicting results as to the effect of pasteurization on the viability of MAP in milk. Ontario does not have a traceability system which would allow the separation of milk from infected and non-infected herds. As stated above, testing results are not completely reliable and so a test and slaughter or test and isolation program is likely to be slow in obtaining results.

On February 4, 2009 a researcher at the OVC reports that MAP has been found in milk at a retail store in Guelph. Several reporters pick up the story and refer to an August 2008 article out of Washington quoting an American Academy of Microbiology report that people with Crohn's disease are seven times more likely to have MAP in their gut tissues. They report that milk could be transmitting the MAP organism to children and causing life long chronic intestinal disease. CBC and CTV television news do major reports on the situation and a recall of all milk and milk products produced in Ontario is undertaken by the Ministry of Health, CFIA and Health Canada. Similar situations occur in other provinces. A number of interviews with individuals suffering from Crohn's disease further intensify the situation. Researchers from several universities are asked for comment and the conclusion is that this could be a very significant human health issue.

By early December, newspapers, radio and television reports have taken the situation into hysteria mode and the Dairy Farmers of Ontario, unable to identify MAP free herds, begin using their

legislative authority and start the process of dumping all milk in the province. Store shelves are emptied of Canadian milk and dairy products as there is no way of assuring consumers that they are receiving MAP free milk. Some foreign milk supplies from countries with stronger control programs are allowed in to provide a small supply for critical needs. The lack of animal health regulations in Ontario becomes a central theme of many of the news reports and also becomes a theme for many CD sufferers who are now convinced that the province was responsible for their illness.

The provinces of Manitoba and Quebec, both of whom have animal health legislation, immediately put in place a compulsory program to test for and segregate infected herds and start epidemiological studies of dairy and beef herds in their provinces. The two provinces are also able to take the voluntary program already started for MAP and make it compulsory for their producers. Ontario has no legislative ability to develop mandatory programs for controlling MAP and therefore dairy products continue to be dumped while products from Manitoba and Quebec slowly begin to trickle into the market as their compulsory programs identify negative herds and a new traceability program allows them to keep track of MAP negative milk. Milk from the U.S. is also allowed into the Ontario market from states with strong control programs. In addition, dumping of milk is being challenged by several environmental groups who continue to keep the issue in the media with their concerns. Farmers are also having to consider euthanizing their animals as the crisis deepens and there is no end in sight.

Animal Health legislation would allow OMAFRA and the industry to put regulations in place to make control of this disease a mandatory requirement of producing milk in Ontario. The CVO could be responsible for determining which herds are negative and, with the help of DFO, start segregating suspect milk and isolating or eliminating infected herds. It will take several years to completely eradicate the disease from cattle and so a long-term program similar to the ones carried out for TB and Brucellosis would need to be considered.

SCENARIO SEVEN: West Hawk Lake Zoning Facility and a non-identified acute disease in pigs

Canada's West Hawk Lake (WHL), near the Manitoba/Ontario border, is internationally recognized as being one of the most unique, natural zones in the world because of its natural geography, relative public/agriculture/wildlife isolation, and its location on an existing "choke point" on the only major highway and railways connecting eastern and western Canada. The U.S. has recognized Canada's zoning efforts to date. The WHL initiative will develop the capability to implement a two-zone system at WHL where Canada's industry will most likely need it, and where it is likely to create the most value. The WHL initiative addresses the basic capabilities of a static zone within the parameters of minimal cost and impact on commerce. It has been designed to implement an effective zone at this unique choke point, if and when needed. The initiative has been based on the reality that a viable zone will enhance Canada's ability to: respond to a major foreign animal disease, recover long term sustainability after a disease outbreak, and reduce the economic impact of the disease by as much as 50%.

The present site is operated under the Province of Manitoba animal health legislation but is designed to work closely with the CFIA's Health of Animals Act if a major foreign animal disease occurs. The province can also stop shipments of animals with other disease conditions if it is a potential threat to its industry.

On November 21, 2008 a truckload of purebred swine is shipped from a farm near Guelph to a farm in the Brandon, Manitoba area. While on route, the owner of the Guelph area farm notices a major depression in feed consumption and the development of fever and ulcers on the snout, feet and in the

mouths of the pigs. He calls his veterinarian who quickly reports to CFIA that this might be a case of Vesicular Stomatitis or Foot and Mouth Disease, both of which are reportable under the Health of Animals Act. The CFIA takes samples and sends them to the National Testing Laboratory in Winnipeg.

Meanwhile the truckload of pigs arrives at the WHL check point just inside the Manitoba border. Veterinarians from the Manitoba Ministry of Agriculture Food and Rural Initiatives, who have been warned of its arrival, stop the truck and refuse it entry into the province. The CFIA also have regulatory authority to seize the animals and hold them until a definitive diagnosis is made at the laboratory. The animals are returned to Ontario and maintained under strict controls just inside the Ontario border.

On November 27th, the test results are announced and no reportable diseases were detected. Because there was a non-diagnosed vesicular disease showing in these animals the Province of Manitoba, under their animal health legislation, refuses to allow them to enter the province. The Guelph area farm owner now has to decide whether to bring the animals home or to sell them at a local sales facility in northwest Ontario. The press has picked up the story and animal welfare concerns are starting to be raised because of the length of time the animals have been in transit and the disease they are suffering. The Ontario government is being severely criticized for not caring for animals and for leaving farmers and their livestock unprotected from disease.

This is an example of where the Province of Ontario needs legislation to allow the CVO to get involved in protecting Ontario's livestock from non-reportable disease and conditions that presently threaten producers and consumers. In this example, the CVO could have ordered the animals to return to the Guelph area farm, quarantined the premises until the undiagnosed situation was understood or controlled. This would have alleviated the animal welfare concerns raised in the press.

An Animal Health Act would also have demonstrated that the Minister, the Ministry and the Province had proactively put the necessary controls and procedures in place to deal with situations such as those above.

SCENARIO EIGHT: Swine Influenza H3N2 and control of animal movement

A load of feeder pigs was shipped from Western Canada to a farm near Powassan, Ontario. The pigs seemed fine on arrival with a few coughs and sneezes, but no major symptoms. The farmer put them into his continuous flow finishing barn. Within 48 hours, the pigs were running a significant fever, off feed and coughing but with little death loss. One of the children who helps with chores also started to exhibit "flu-like symptoms".

The farmer called his brother-in-law, who farms just down the road to ask if he had seen anything similar. The brother-in-law replied that he had been very busy selecting potential gilts for sale from his gilt grow out barn. He was supposed to start shipping gilts within a month to a new start-up herd in Perth County. He was pretty confident that nothing had happened in his barn but appreciated the call. The child became very sick and was taken to the hospital. The diagnosis was Swine Influenza H3N2 and the entire family was put on Tamiflu. Tests showed that this was a new strain that had not been detected in Ontario before. Within a week, the brother-in-law reported that many of the gilts were running a significant fever with coughing and sneezing.

The neighbour to the brother-in-law's farm has a turkey breeder flock with an open-sided barn in the summer months for improved ventilation. This producer is now concerned that if his flock becomes infected there will be a drop in egg production.

This scenario raises the questions:

Should the Province of Ontario have the ability to control movement from the feeder pig operation and the gilt breeder in order to protect other regions of Ontario?

Should there be a mechanism to allow the Province to put the "at risk" farms under surveillance?

Should the Province of Ontario be able to name this as a reportable disease in livestock?

SCENARIO NINE: *Streptococcus suis* in swine, movement of animals and authority to test

An Olympic athlete decided to tour around China after the Olympics. Her family is in the pig business and she thought it would be interesting to see what a typical pig farm looks like in China. She signed up for a farm tour to Gaundong province. On the last day before she boarded the plane for home, the community butchered some pigs for a community roast. She dove in to help in order to get the full experience. When done consuming the fruits of their labour, she found out from the interpreter that the reason the village had the community roast was that the pigs were looking a bit "wobbly". Rather than take the chance that they would die, they thought they would eat them. Other than a bit of a cut on her hand that happened during the processing before cooking she felt no ill effects and thought no more about the incident as she headed home to Canada.

Within 24 hours of arriving home at the family hog operation, she had to fill in at the barn for a family member that broke their hand in a boating accident. She had planned to stay away from the barn for a few days but she did not feel that she could say no to her parents after all the support they had given her in pursuing her sport. Within 24 hours of working in the barn, she noticed that her hand was really sore where she got cut during the pig roast and she had a blue splotch developing on her forearm.

The next morning she collapsed as she tried to get out of bed and died shortly after arriving at the hospital. The emergency room physician diagnosed a "Toxic Shock" like syndrome based on her travel history. The family was grief stricken and, to make matters worse, there were increased numbers of sick and dying pigs in the grower barn.

The vet suspects that it is *Streptococcus suis* based on post mortems and given the recent tragedy of the daughter's death believes there may be a connection to the visit to China, her death and the sick pigs.

As with the preceding scenario, this example illustrates the importance of being able to put "at risk" farms under surveillance, consider additional diseases as reportable, having a mechanism to enter suspect farms (in this case a pig farm) to take diagnostic samples, and having the ability stop the sale of the pigs from this farm in order to protect the workers at the abattoir and meat processing plant.

The Ontario Livestock and Poultry Council (OLPC) was formed in January 2005. To date, there are 28 members and five ex-officio members of OLPC including primary production livestock and poultry groups, farm service, feed, processing and veterinary communities. The Council is industry funded and provides a forum for the livestock and poultry industries to come together to develop strategies to deal with important animal health issues.

Members

Poultry Industry Council
Chicken Farmers of Ontario
Ontario Broiler Hatching Egg & Chick Commission
Ontario Cattlemen's Association
Egg Farmers of Ontario
Ontario Pork
Ontario Pork Industry Council
Ontario Sheep Marketing Agency
Turkey Farmers of Ontario
Ontario Veal Association
Ontario Veterinary Medical Association
Ontario Goat Breeders' Association
Association of Chicken Processors
Ontario Agri Business Association
eBiz Professionals Inc.
Brian's Poultry Services
Farm Credit Canada
Ontario Association of Bovine Practitioners
Ontario Association of Swine Veterinarians

Ontario Association of Poultry Practitioners
UPI
Canadian Poultry Magazine
Sylvite Financial Management Services
Clovermead Farms Inc.
Joseph Loewith & Sons Ltd.
Alcoma Farms
Jim Pettit, DVM
Toni Wells Consulting

Ex-officio Members

Animal Health Laboratories, University of Guelph
Ontario Veterinary College, University of Guelph
Ontario Ministry of Agriculture and Rural Affairs
Canadian Food Inspection Agency
Ontario Society for the Prevention of Cruelty to Animals