● (1230)

At this time it was recognized that actual vaccination itself was not the answer. We knew at that time that it would not completely eradicate the disease, but would lower the percentage of infection. I think the problem today is that some people have placed total reliance on the vaccination program in order to eradicate the disease, and the program will not do this. The fact of the matter is that we must have a test and slaughter program if we want to get rid of the disease completely. In addition, vaccination is only about 66 per cent effective and only two out of every three calves that are vaccinated are protected.

Despite this, the program was to a certain extent a success. In 1950-51 there were almost 150,000 calves vaccinated. By 1963-64 almost 1½ million calves had been vaccinated. By 1973-74 the number had gradually dropped off to almost 27,000 calves. In 1957, when the infection rate had come down approximately 4.5 per cent, we decided that a test and slaughter policy was the only way we could completely eliminate the disease. This test and slaughter, or eradication program called for the establishment of brucellosis areas throughout Canada with all cattle, excepting calves under eight months old, steers, spayed heifers and official vaccinates up to 30 months old being tested by the agglutination test, and reactors were slaughtered, with compensation being paid. By the fall of 1966, all of Canada had been brucellosis tested and, where necessary, retested to reduce the infection rate to .2 per cent. As a result, areas were considered brucellosis accredited for five years. During the period 1957 to 1966 approximately 191,000 reactors were slaughtered, with the high point being 33,000 in 1960-61, gradually reducing to 12,000 in 1965-66. During the same period, some 10,700 cattle were blood tested, with a total of $13 million being paid in compensation.

Again recognizing that total eradication could not take place in conjunction with mass calfhood vaccination, together with the fact that the national infection rate was below .2 per cent, it was agreed that the next step toward total eradication should be taken. This next step was a gradual de-emphasizing of calfhood vaccination which was commenced in 1971. It was pointed out by others that de-emphasizing vaccination was not in any sense the elimination of vaccination, because the elimination of vaccination would have to come gradually. Even at this, it was recognized that there would be difficulties in eliminating the last vestiges of infection, inasmuch as we would have to go through a period of vaccinal withdrawal. This means that as herds in which infection was being masked by calfhood vaccination gradually discontinued vaccination and developed susceptible cattle, the residual infection rate did begin to show up. In addition, as active infection showed up in these problem herds, it followed that there would be minimal spread to other herds, for we now had the bulk of our cattle totally susceptible.

A number of countries throughout the world have eradicated brucellosis, namely, Norway, Sweden, Denmark, Holland and West Germany. As vaccination was withdrawn, these countries experienced difficulties in the elimination of the last vestiges of infection, similar to our present problem in Canada. However, they are now free and prohibit use of brucellosis calfhood vaccine. These countries reiterate and continue to report that in their view brucellosis vaccination causes confusion of the picture when eradication measures are in fact the goal.

Throughout Canada, in the fiscal year 1970-71 we had 3,884 brucellosis reactors in 170 herds. In 1971-72, these figures were 3,806 cattle and 153 herds, but in 1973-74, as the number of susceptible cattle increased and as the endemic herds began to show up, these figures rose to 8,849 cattle and 297 herds. When the 1974-75 figures are completed it is expected that the cattle number will be up slightly but the herd number will be up considerably because of herds having single reactors.

There has been a problem of complacency both in the veterinary profession and among livestock owners. Brucellosis being reduced to less than one-tenth of 1 per cent was unheard of or was very rarely seen in herds, and when abortions did take place one of the last things that herd owners thought of was brucellosis. I am just as guilty as anybody else in this regard. In my last three years of practice I never thought of brucellosis when I had cases of abortions, much to my sorrow when I found out by testing that brucellosis was the cause.

In addition to this complacency, less care was taken with respect to the movement of cattle from one herd to another. Less care was also taken in the purchasing of cattle, which meant, in fact, that infection did take place through movement of cattle. In days when the infection rate was high and everyone was conscious of brucellosis, infection did not take place.

What is being done in an attempt to eliminate this problem that we are facing today? What are we going to do about it, and how are we trying to combat it? First of all, in community auction sales, of which I have had two or three, all cattle going back to farms are being tested and, of course, backtagging of slaughter cattle is being done at these community auction sales. We are also ordering the slaughter of calves from infected cows and encouraging owners to get rid of reactors promptly. The cleaning and disinfecting of premises quickly and effectively has also been advocated. Again, this has been part of the complacency problem: there has been some difficulty persuading owners to dispose of reactors and they have been left in the herd. Perhaps it can be said that there has been too much leniency in letting owners keep these reactors in their herds to the point where they have spread infection before being removed and in the meantime additional cattle have been infected.

All livestock owners should take every necessary precaution possible with respect to brucellosis. No owner should add cattle to his herd unless the animal has been tested beforehand, held under isolation for 30 days and rested. It is imperative that owners report any abortions immediately and take precautions with respect to visitors to his herd. If these simple precautions are taken, the spread of infection from one herd to another, we can be assured, would almost be eliminated.

In conclusion, Mr. Speaker, we are now faced with a choice with respect to brucellosis, having gone through national calfhood vaccination schemes, national testing schemes, a gradual drop in vaccinations and a gradual increase in the number of susceptible cattle in the country. We can keep the disease at a low infection level by carry-