NABSnet Newsletter

#59 | 20 February 2026

NABSnet info

Hi all

The next NABSnet Masterclass - in Perth on 6-7 March 2026 - is now fully subscribed.


Bill Tranter

This will be an excellent opportunity for many of you to do some great professional development (with VetEd CPD points) and also to network with colleagues and meet new people.

For those who aren't able to be in Perth, we'll endeavour to capture key lessons from the presentations in the next few newsletters and onto the website - so no-one misses out entirely.

A recent SDI (one of the snapshots below) really underlined to me how important our network is. A call came on a Sunday afternoon from a vet who was many hours from being able to reach the property where a mob of recently purchased bulls were dying. They had received a call from the vet who services the vendor 500 km away. I was able to contact a vet near the property who performed the investigation. So a case of the NABSnet networking at its best to answer the call of a distressed client – vets from 3 different practices and myself involved.

Thanks to Beth Cookson and her team at the Office of the Chief Veterinary Officer for providing us with an update on LSD in Bali.

Also in this newsletter:

- **'Snapshots' of a couple of recent SDIs.**
- **The new producer guide to cattle diseases, and the link to a flyer that you can use to alert clients to the NABSnet SDI process**
- **Getting to know Rick Last - the principal vet pathologist in DPIRD WA**

Cheers Bill

NABSnet Masterclass 2026
Perth, WA

! Now fully subscribed !

The 1.5 day NABSnet Masterclass 2026 is a valuable opportunity to connect with other northern cattle vets to share insights and enhance your disease investigation skills.

This year's program will include:

- SDI case presentations and discussions
- a practical exercise at the DPIRD Molecular Lab
- deep dives into nutritional diseases and plant poisonings
- tips from pathologists (getting brains out etc)
- an update on EADs around the world and our near neighbours

and is verified for 13 VetEd CPD points

Any queries contact Tom Clune
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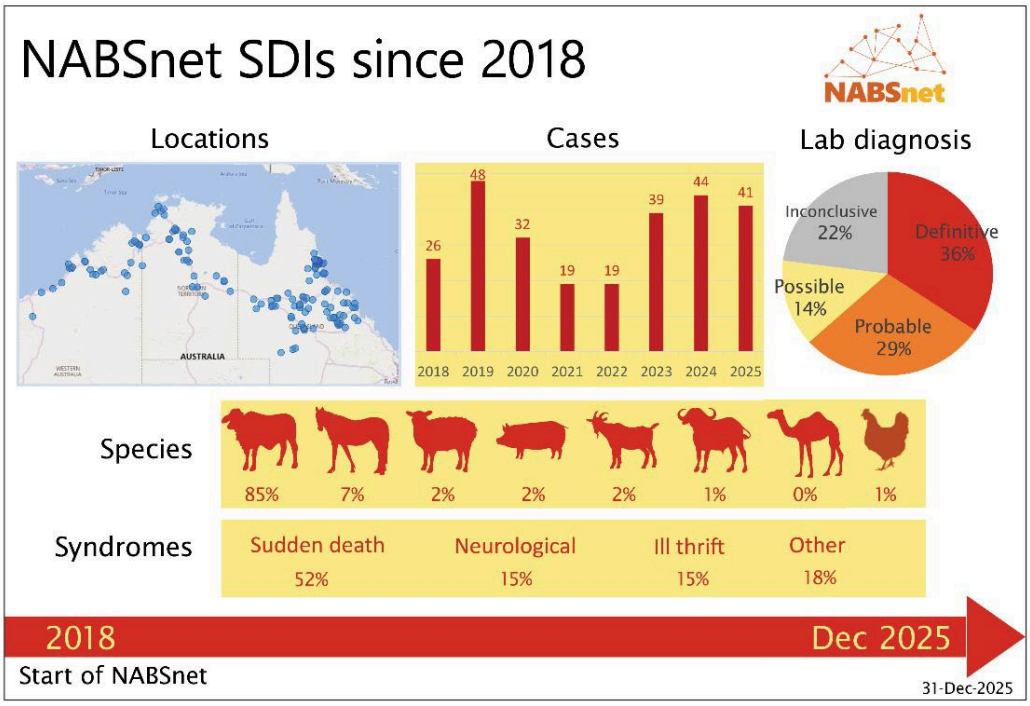
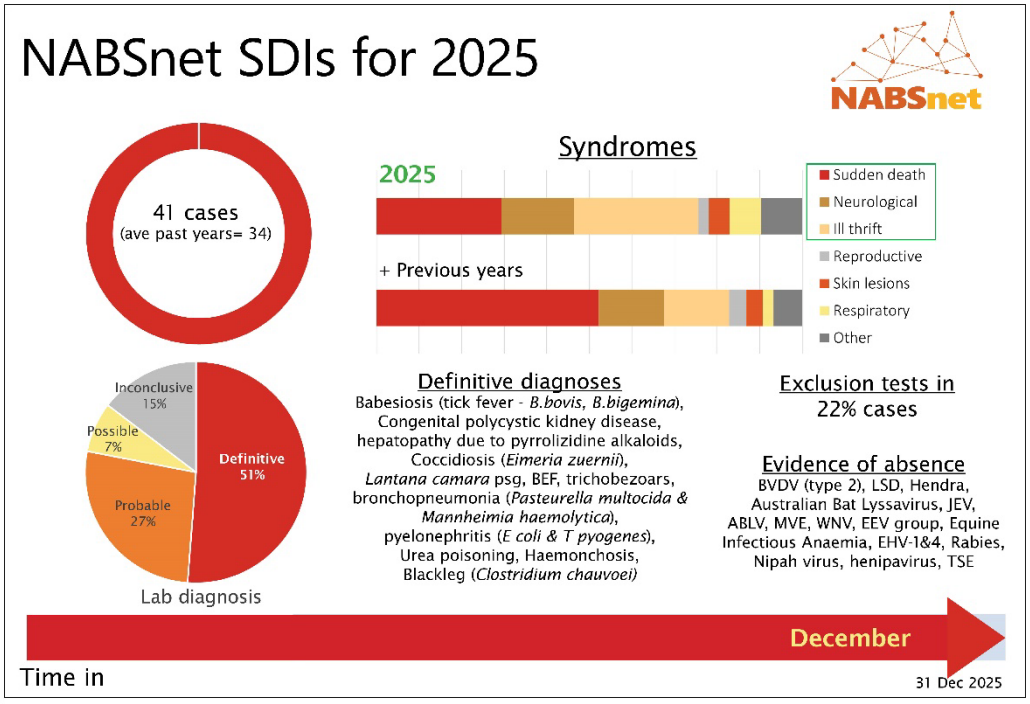
M: 0460 036 703


NABSnet SDIs since 2018
NABSnet
Locations
Cases
Lab diagnosis
AUSTRALIA
26
48
32
19
19
39
44
41
2018 2019 2020 2021 2022 2023 2024 2025
Inconclusive 22%
Definitive 36%
Possible 14%
Probable 29%
Species
85% 7% 2% 2% 2% 1% 0% 1%
Syndromes
Sudden death 52%
Neurological 15%
Ill thrift 15%
Other 18%
2018
Dec 2025
Start of NABSnet
31-Dec-2025


NABSnet SDIs for 2025
NABSnet
41 cases
(ave past years= 34)
Syndromes
2025
+ Previous years
Sudden death
Neurological
Ill thrift
Reproductive
Skin lesions
Respiratory
Other
Inconclusive 15%
Possible 7%
Definitive 51%
Probable 27%
Lab diagnosis
Definitive diagnoses
Babesiosis (tick fever - B.bovis, B.bigemina), Congenital polycystic kidney disease, hepatopathy due to pyrrolizidine alkaloids, Coccidiosis (Eimeria zuernii), Lantana camara psg, BEF, trichobezoars, bronchopneumonia (Pasteurella multocida & Mannheimia haemolytica), pyelonephritis (E coli & T pyogenes), Urea poisoning, Haemonchosis, Blackleg (Clostridium chauvoei)
Exclusion tests in 22% cases
Evidence of absence
BVDV (type 2), LSD, Hendra, Australian Bat Lyssavirus, JEV, ABLV, MVE, WNV, EEV group, Equine Infectious Anaemia, EHV-1&4, Rabies, Nipah virus, henipavirus, TSE
December
Time in
31 Dec 2025

SDI Snapshots - recent cases

Sudden death in recently purchased Brahman bulls

Six bulls purchased at the Clermont saleyards from one vendor in November 2025 died within a short period of arrival at their new owner's property in FNQ. The extent and nature of the damage to kidneys and liver and indicated exposure to a toxin (possibly yellow-wood trees, mouldy feed or Cu algaecide) some weeks before purchase.

The bulls became weak and then recumbent and died with seizure-like signs. The first bull died the day after arrival and four more died over the next two weeks. On examination dying bulls were dehydrated and jaundiced. At post mortem examination all tissues were jaundiced and the liver was distended and pale with rounded edges. The kidneys were pale and soft and the bladder was distended with red-brown urine.

Laboratory examination found renal tubular injury and mid-zonal and peri-portal hepatic necrosis. There was no sign of blood parasites. The liver lesions were not consistent with lantana or pyrrolizidine alkaloid poisoning. Mid-zonal and peri-portal liver necrosis is more commonly seen in cattle exposed to yellow-wood trees or mouldy feed (which can also result in nephrotoxicity). Hepatotoxicity and nephrotoxicity is also seen in cattle with acute copper or copper sulphate toxicity as a result of consuming excessive amounts of algaecide or copper supplements.

The severe subacute to chronic kidney failure and severe subacute to chronic liver disease indicated that the damage had likely occurred some weeks earlier.

On PM examination all tissues were jaundiced

Blackleg (heart) in calves and weaners

Over one week in October 2025 in FNQ, fourteen of approximately 100 calves and weaners were found dead, or died after being seen dull and depressed with excess salivation. The carcases appeared normal to the property owner with no swelling, oedema or bubbling of the skin but post mortem examination revealed gross abnormalities of the heart sac and muscle.

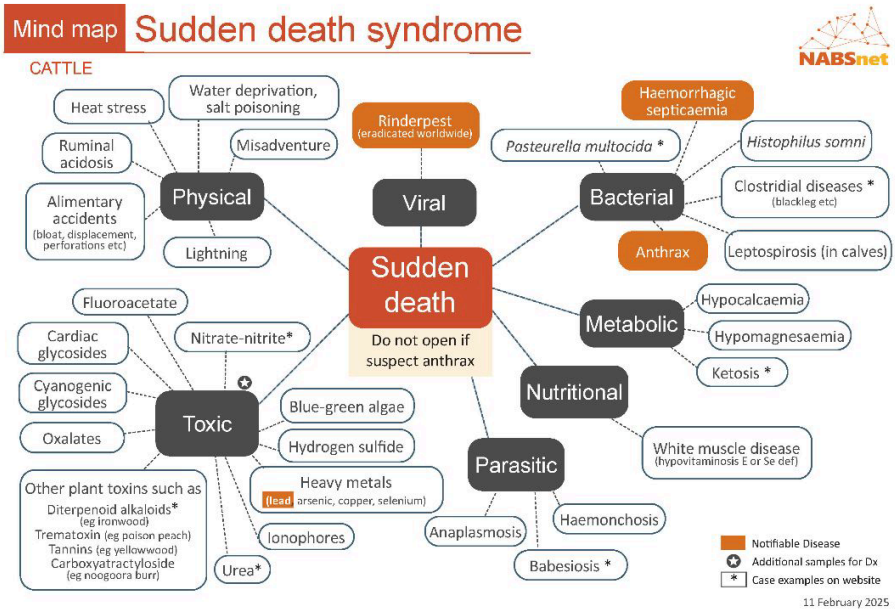
Laboratory examination showed myocardial haemorrhage, inflammation and necrosis, with large numbers of bacteria identified as *Clostridium chauvoei.* The only vaccinations administered on the property were botulism and vibrio.

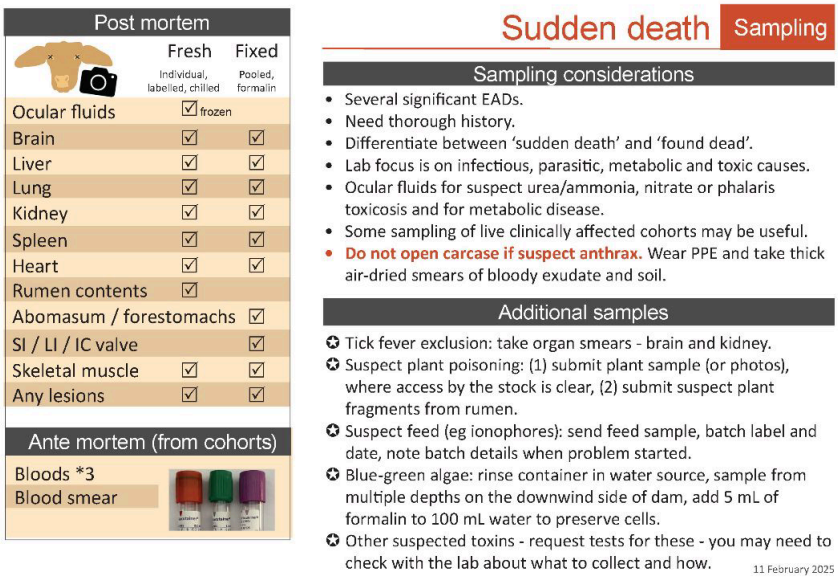
Because clostridial spores can survive in soil for years, disturbance of the soil (for example through excavation) is a predisposing environmental factor, but this had not occurred in this case. A predisposing management factor for blackleg is muscle bruising but there had not been any recent husbandry procedures such as yarding, drenching or head bailing. The main animal risk factors were being animals aged six months to two years and in good body condition, with no vaccination against clostridial diseases.

With a definitive diagnosis of blackleg, the recommendation to the owner was the usual course of two vaccinations given four to six weeks apart and also a booster 12 months later to provide lifelong immunity. As vaccinating animals can be a predisposing factor to blackleg, in the face of outbreak, vaccinations should be given subcutaneously if the label allows. In the future, vaccination protocols should be finalised by the time calves are six months of age.

Prophylactic treatment with a long-acting penicillin can also been given, however in this case, once the diagnosis had been made the sudden death outbreak had ceased.

Sudden death in cattle - things to consider





download syndrome differentials and sampling guides here

Rick Last – pathologist at large

An essential part of NABSnet is the lab work and getting to know the pathologists so you can confidently call up to chew out a difficult case can make a world of difference to a disease investigation.

We caught up with Rick Last to ask about his experiences and what led to career 'pathologist'…

Rick Last is a principal veterinary pathologist in Western Australia. This picture gives us a glimpse of his many life passions – sport (especially rugby) South Africa, the Western Australian bush and beach, pathology challenges, family and friends – we just can't see the music that also fills his working space!

Rick came to Australia 5 years ago to do a fill-in position in Pathology at Murdoch and has stayed, now as manager of veterinary pathology for DPIRD. His contribution to veterinary diagnostic investigatory work is absolutely outstanding and it's fantastic to have him contribute to NABSnet cases.

South Africa, Rick, what were your early career steps?

I qualified in 1985 and at that time in South Africa there was conscription so I was in the

military for 2 years but employed as a veterinarian. I worked on the border between South Africa, Zimbabwe, and Mozambique right on the edge of Kruger National Park. We had a hospital in the main town, and 4x4 vehicles and quite good facilities in various locations. We also patrolled 'the red line' for control for foot and mouth. The buffalo in Kruger National Park naturally carry foot and mouth and so there was a fenced buffer zone (to prevent contact with cattle) which we had to check every couple of months.

After those 2 years I went into large animal practice in South Africa, and then I went on the locum circuit around the United Kingdom. I worked in the Lake District, during the lambing season, which was a crazy, crazy experience, but it was good fun.

When I came back to South Africa I went into small animal practice. I lasted there about 8 months, and then I joined the state veterinary service, and that's where I got interested in pathology, and did my Masters in Pathology qualifying as a specialist pathologist in 1995 and opened a private diagnostic lab in South Africa, which I'm still involved in.

So what brought you to Australia?
Well after a few years I was ready for something else, and I did locums in pathology labs in the UK for 4 years, but it was mostly small animal work, so I was thinking about doing locums elsewhere. There was a guy recruiting vets from South Africa to Australia and he was forever contacting me asking if I knew of practitioners who wanted to come across, and one day I asked him on the off-chance if he ever had a request for a pathology locum. Amazingly he had just been contacted by Murdoch who had an empty position they were desperate to fill.

I was actually born in New Zealand so I had no trouble coming to Australia. I filled that position and really enjoyed it and then moved across to DPIRD.

You're a global citizen, Rick, what keeps you here?
I've been here 5 years now, and I'm very comfortable here in Perth. I work both sides of the Indian Ocean and come and go as I like and that's how Digital Pathology has globalised veterinary pathology and made the world a whole lot smaller.
In South Africa we've got so many toxic plants, so many infectious diseases, so many viruses that you can see a great range of diseases. But having said that, Australia's got different options, and I really enjoy working here. We can work up cases incredibly well because we've got the machinery to do it and really, really good scientists – including molecular, bacto,

virology, serology - we've got a very, very good team, and all the toys we need to do the work.

And what do you do when you're not doing path?
I like the outdoors a lot, so I do a lot of walking and hiking. I love the beach. And I'm a bit of a sports junkie as well, so I watch a lot of sport. I was born in New Zealand and lived a lot of my life in South Africa, so rugby's a bit genetic.

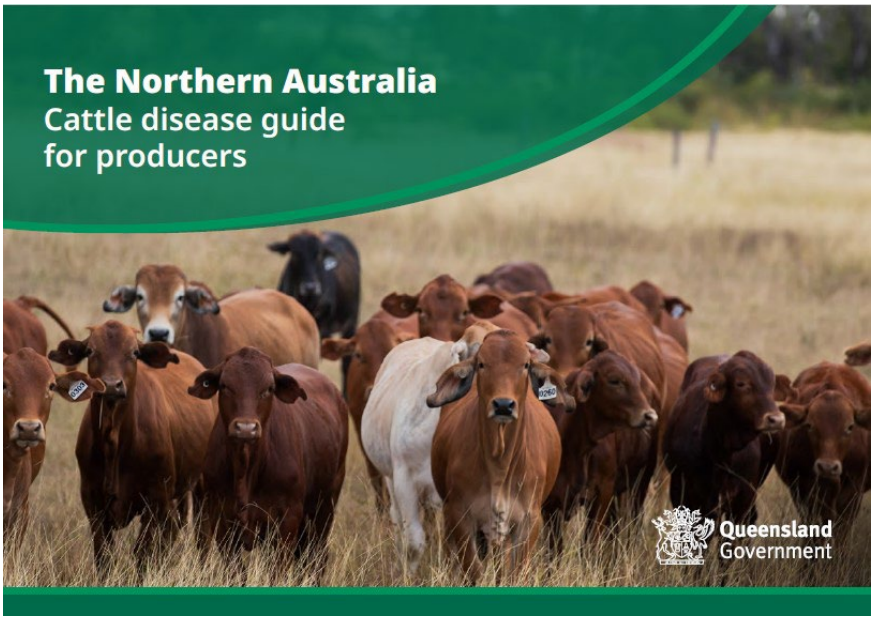
Given your breadth of experience – if there was one disease you'd absolutely NOT want in Australia, what would it be?
FMD, no question, in the light of what's been going on in South Africa over the last 3 years. They did not stamp it out and have had issues with the vaccine roll-out and availability. It's wiping out the livestock industry. Dairy producers are losing 30-40% dairy calves in 2 weeks with acute myocarditis "tiger heart". Cows with hooves and udders falling off, milk-production wiped out in a week - the animal welfare is just horrific, and now it's in the pigs and the Wildlife Farming/Conservation Industry is under huge threat. In South Africa there is no compensation which makes control even more difficult.

It's a very sad story but if there are vets who can control it, it'll be the South African vets. They are a phenomenal bunch… really, high-quality vets. I feel for them, you know, they go out every day and face this kind of welfare issue, and every one of their farmers is facing financial ruin. Must be terrible.

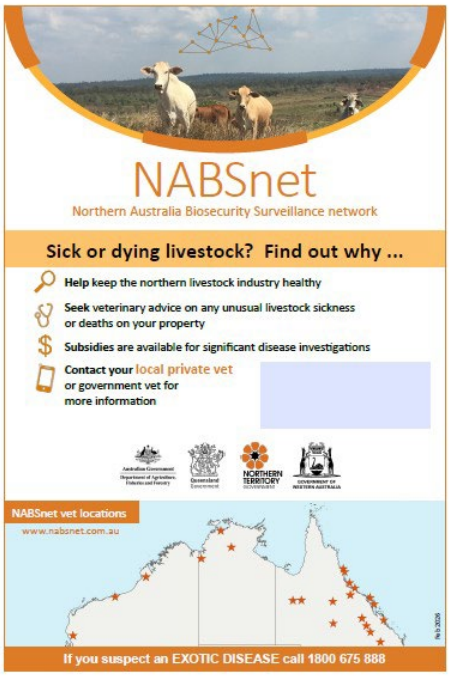
Probably if you had asked me that two, three years ago, I would have gone for something else, but this has shown just what devastation foot and mouth can do. In South Africa the head of veterinary services is not a vet, and so it been a political issue. In the Australian system the chief veterinary officer is the kingpin for animal disease control, that's the way it should be.

If you are coming to the Masterclass in March don't hesitate to say g'day to Rick and pick his brains about anything diagnostic (or rugby). He's a great contributor to NABSnet cases and has a world of knowledge.

Cattle diseases - guide for producers



This new resource for producers provides information on cattle diseases, encourages them to seek veterinary advice and describes the NABSnet SDI process. [Northern Australia Cattle Disease Guide for Producers]



Flyer for producers

There is also a NABSnet info flyer for you to use with producer clients - easy to add in your clinic details

Download here

An update on Bali's lumpy skin disease detection

From Australia's Chief Veterinary Officer

Beth Cookson

Dear NABSnet members

I am writing to provide an update on the lumpy skin disease (LSD) situation in our region, following the first reported detection in Bali, Indonesia, on 13 January 2026. Although this represents a change in the known distribution of the disease, it was not unexpected, as LSD has been present on Java, around 2 km west of Bali, since 2022.

Australia has never had an incursion of LSD. Our strict biosecurity measures, including management of travellers and goods, mandatory aircraft disinsection, and strong controls on livestock vessels, continue to reduce the risk of entry through passenger, cargo, and mail pathways.

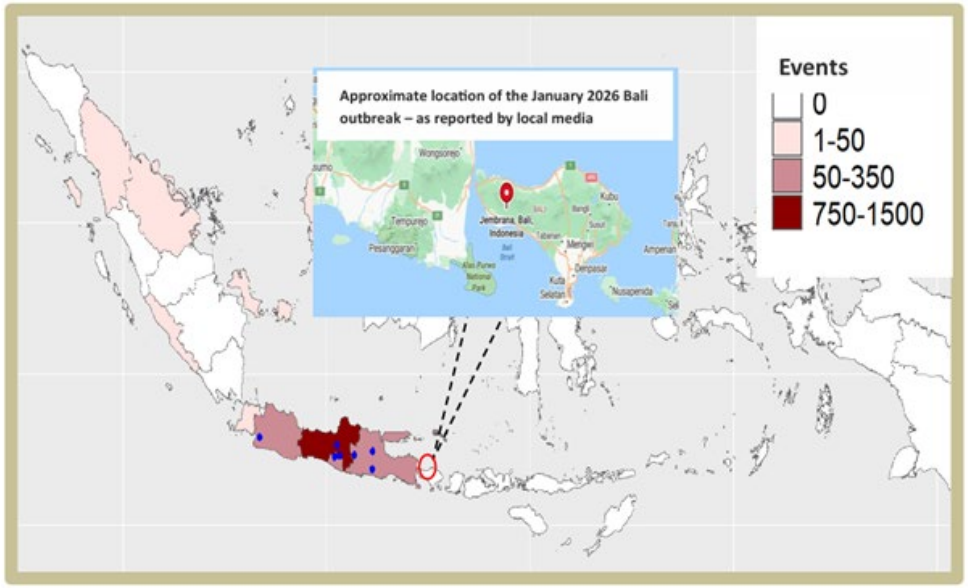
Understanding the risk to Australia

Experience overseas indicates that long-distance spread of the virus is most often linked to the movement of infected livestock, rather than long-range wind-borne dispersal of insect vectors. It is suspected that the illegal movement of livestock contributed to the virus reaching Bali.

A risk assessment completed in 2023, determined that the probability of LSD entering Australia via non-regulated pathways (such as via windborne entry of insects) was lower than previously thought – and that it would depend on factors such as the number of insect vectors required to initiate an infection. However, given the range of uncertainties about these factors, we continue to closely monitor the situation and to encourage ongoing vigilance and reporting.

As part of routine active monitoring, the department undertook a risk assessment following the detection of LSD in Bali. Given the high number of direct flights between Bali and Australia, the assessment considered potential risks associated with insect vectors, international travellers, imported goods and conveyances from Bali, as well as any additional measures that could be needed to address those risks.
The assessment found that current risk management measures, including mandatory disinsection of inbound aircraft, remain fit for purpose.

CSIRO is undertaking long distance wind dispersal (LDWD) modelling to improve our understanding of the risk of introduction of LSD entering northern Australia via carriage on insects during the current monsoon period, using atmospheric particle dispersion modelling and meteorological data. The findings in the draft report on the likelihood of LDWD of LSD over the period 1 September to 31 December 2025 are that it is very unlikely that insect vectors associated with LSD transmission might have undergone LDWD and been deposited on mainland Australia during the period. The department continues to work with CSIRO to finalise the report and consider possible further modelling to inform surveillance priorities.



LSD distribution – Indonesia (December 2024 – December 2025) and the January 2026 Bali outbreak, Laporan Perkembangan LSD Bulanan, iSIKHNAS, Directorate General of Livestock and Animal Health, Ministry of Agriculture of the Republic of Indonesia

National preparedness activities

Australia has nationally agreed response and cost-sharing arrangements in place to respond to exotic disease incursions, including for LSD. In addition, we have been working with government and industry groups to strengthen our disease preparedness activities under the National Lumpy Skin Disease Action Plan. Some of this work includes

- Securing priority access to 300,000 doses of LSD vaccine for Australia, Timor-Leste and Papua New Guinea, if required in the event of an LSD outbreak.
- Working closely with trading partners, ensuring that in the event of an outbreak, approximately $761 million in exports, previously considered at risk, may continue without disruption.
- Ongoing studies to determine if pooled insect samples from existing trapping programs could be used to detect LSD, which may reduce the need to muster animals during an outbreak.

Regional engagement

The department remains engaged with Indonesian authorities to understand the extent of the outbreak in Bali and planned response measures. Australia has previously provided

vaccine donations, technical expertise and broader biosecurity capability support to Indonesia. Additional technical assistance has also been offered to Indonesia by the department at this important time.

The department will continue to actively monitor and respond to the global disease situation and any changes in the risk to Australia.

The importance of NABSnet

Your participation in NABSnet provides essential clinical observations and samples that strengthen Australia's early warning capability and contribute directly to national preparedness.

The NABSnet northern Australia Cattle Skin Survey is a critical and ongoing part of this work. To date, over 200 samples have been submitted under the program. If you have not yet submitted a skin survey sample and are unsure of the process, please check the information on NABSnet website or contact our veterinary adviser, Bill. We aim to keep the process as streamlined as possible and welcome your feedback.

More information on LSD, including the global disease situation and Australia's preparedness activities, can be found at www.agriculture.gov.au/lumpyskin.
I thank you for your ongoing vigilance, which remains vital to maintaining Australia's freedom from LSD and other emergency animal diseases.

Warm regards

Beth

Cattle Skin Survey - routine skin conditions

NABSnet Cattle Skin Survey. The process is now easier for busy vets in the field and for collation of the results.

NOW you send the photos and submission forms by email (not text message), dispatch the samples, and then send the invoice. You no longer need to send in the results – they will be collated from the lab.

BUT for the samples to be eligible for the subsidy, we must receive images and the additional Cattle Skin Survey submission form by email to NABS@aff.gov.au

How to participate

1. Take photos of the lesions
2. Get punch biopsies (fresh + fixed)
3. Collect serum and EDTA bloods (if possible, not critical).

4. Fill in the Lab submission form **AND** the Cattle Skin Survey submission form. Both forms are necessary so we can analyse the data.

5. Email photos and both submission forms to the state lab (email addresses below) **AND** to NABS@aff.gov.au

6. Pack and freight samples and submission forms to your relevant state lab, to arrive the next day.

7. Send an invoice for $600+GST to NABS@aff.gov.au

Email photos and submission forms to:

NT: BVL.DITT@nt.gov.au or

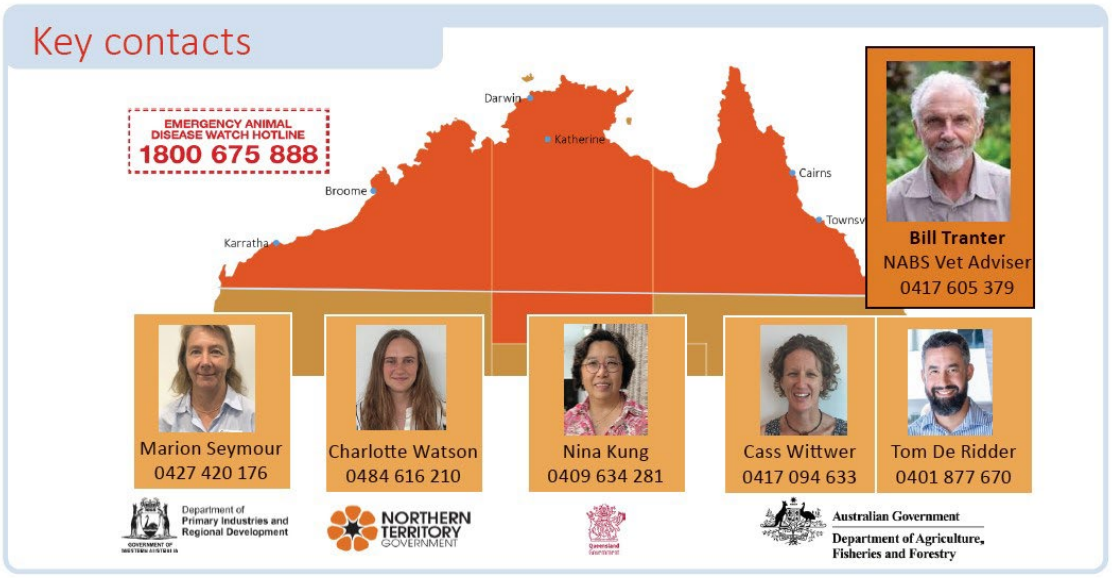
QLD: bslclo@daf.qld.gov.au or

WA: DDLS@dpird.wa.gov.au

AND NABS@aff.gov.au

download instructions and submission form here

Key NABSnet SDI contacts



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For NABSnet by the team at Harris Park Group

Let us know any topics you'd like to see covered in future issues.