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The Director of Veterinary Services.

TRYPANOSOMIASIS: DISEASE CONTROL.

As the trypanosomiasis front broadens and deepens it follows that more and more cattle are becoming involved which are the property of owners who have not seen and therefore do not appreciate the possible effects of the disease. Added to this, in many areas political intransigence is having a profound effect upon the methods of control and the application of chemotherapeutic and particularly chemoprophylactic cover.

It is stressed again that the very essence of successful chemoprophylaxis of trypanosomiasis is the regular application of the chosen drug at the chosen interval to as near as possible 100% of the herds concerned. Further, it is again pointed out that no prophylactic regime is adopted without due consideration or abandoned without suitable precaution - by way of sanative measure during the waning concentration of the principle drug.

These points have been made ad nauseum but they are not appreciated outside the department. The application of trypanocidal drugs is, or should be an exact scientific procedure. The lability of the trypanosome is perhaps unparalleled in the field of chemotherapeutics and we can pride ourselves on the very successful use of drugs with little complication overall in the nature of drug resistant parasites to date.

This success is largely due to the insistence upon good and regular production, the devotion of the field staff to their work and the central control of drug usage and change.

The method of voluntary inoculation which has been used now since 1962, is working well where the trypanosome risk is such that curative drugs are the method of choice. It is obvious that with short acting drugs the danger is less since the waning concentration passes through the danger level more rapidly and the challenge itself is lower. The danger falls away with the use of the ultra short acting drug Borenil.

Where the trypanosome risk is such that prophylaxis is the logical method the danger is greatly increased and the precautionary principles as outlined above are of paramount importance. It is in areas where chemoprophylaxis is practised that political influences by interfering with selected regimes can jeopardise the success of the chosen measures.

This has happened in certain places and in particular Inyanga North T.T.L. and adjoining areas. (This area is a special case and is dealt with below).

It is submitted therefore that there should be a change of thought in respect of the control of trypanosomiasis by the use of drugs.

- 1) In newly infected areas, where the political climate is uncertain the only drug used should be Borenil. This is irrespective of the challenge. This will apply to such areas as Sipolilo, Bakasa, Kachuta and Kandeya T.T. Areas.
- 2) Prophylaxis will not be adopted in areas where the challenge increases sufficiently to warrant it as long as there is the slightest possibility of objection to production and inoculation in the future. Chikwizo is an area where such treatment will soon be necessary. In my opinion the political strife in the neighbouring areas of Mtoko and Inyanga North preclude it for the time being.

3) In certain areas it may be necessary to withdraw prophylactic cover correctly (instituting sanative measures), anticipating refusals shortly. e.g. Nani in Inyanga North.

There is also a possibility of this happening in the Gokwe District.

Inyanga North T.T.L.

The position here has further deteriorated and requires special consideration.

Non-production has now begun at the centres Manwere and Samakande as at Chifambe. All these centres have been under prophylactic cover.

Drug resistance will undoubtedly occur and rapidly spread. Consultation with Internal Affairs has indicated that there is no likelihood of the situation resolving in the immediate future.

It is therefore strongly recommended that the whole area, with the exception of Fombe and Chinsasa where cooperation is still good, be abandoned from the point of view of chemotherapy. The position would be re-assessed in say two years.

The centres around the perimeter of the infected area must come under intensified inspection.

These are Sabvure, Matetwa - Sawunyana T.T.L. and St. Swithins 1 and 2. The races at these areas must be put in good condition.

These areas, with 5536 head will be given special treatment. To begin with 10% smearing, 100% smearing of infected cattle, and treatment with Borenil at 5 m.p.k. If cases increase then a block inoculation will be carried out every two or three months. A check must be regularly made for drug resistance by the identification of individual cattle and weekly smearing after treatment.

This regime at the perimeter Centre must be enforced at all costs.

At Fombe and Chinsasa the present regime will be continued and if necessary replaced by Iso-metamidium as long as the owners cooperate.

It is regretted that this withdrawal has to be recommended but the whole ~~situat~~ situation is being altered by factors outside our control.

Regarding this area please see in addition T.11/54, T.11/46, T.11/51, T.11/56 and the reports of the Assistant Director Veterinary Service (Tsetse and Trypanosomiasis) Control to the National Trypanosomiasis Committee for January, February, March and April 1964.

(W. P. Boyt)

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