

Interviewer: take a look at these pictures and tell me what do you think?

Participant: it's Epizootic lymphangitis.

Interviewer: is it only EZL?

Participant: I think this is fungal disease.

Interviewer: C is epizootic lymphangitis again.

Participant: A is lameness I think.

Interviewer: do you know what causes the fungal disease that you have identified?

Participant: I think, its most of the time caused by flies.

Interviewer: what's the difference between EZL and other fungal disease?

Participant: I think when EZL is there. They will not be caught by other fungal disease.

Interviewer: they have either EZL or another fungal disease. What do you think is the name of the fungal disease in "B"

Participant: dermatophytosis

Interviewer: do you know what treatment is available either for the EZL or other fungal disease?

Participant: I think there is spray. I don't remember the name.

Interviewer: is it effective on both of these disease?

Participant: yes.

Interviewer: how are these disease spread?

Participant: by contact

Interviewer: only by contact to the horse and horse or it can go contact through other things like flies, people, and equipment's?

Participant: yes by agents.

Interviewer: if the horse come with such case what will you do?

Participant: if the horse come here with this case, I will wash them with water and savlon continuously for three days. Or five days this is the best treatment.

Interviewer: is it specifically for picture "c" EZL?

Participant: yes.

Interviewer: can the owners do that at home? Do they have to come to the clinic all these three days continuously?

Participant: I will just advise the owner to wash with the savlon and water. The owner will see me in order to apply at home.

Interviewer: when would you ask the owners to come back in one week? Or if the disease go away you will say don't worry about coming back? Is there any requirements for follow up?

Participant: if the wound will not heal I will tell them to come back in one week.

Interviewer: do you think this spray that is available is effective for treatment?

Participant: it's effective.

Interviewer: as long as the horse get the treatment it will be cured?

Participant: by the way some spray are effective but some are not effective.

Interviewer: why some spray are effective but not some are? Is it matter of the Ingredients?

Participant: I think its.

Interviewer: do you think there are some other factors, whether or not the horse recover from the condition?

Participant: there might be some drug resistant.

Interviewer: is treating EZL difficult?

Participant: it requires follow up.

Interviewer: the treatment time is not long but the owners must come back for follow up is that what you are saying?

Participant: follow-up is very important.

Interviewer: what about "B" the "dermatophytosis"?

Participant: I think this disease is dangerous, its zoonosis, it can transmit to human. The treatment is expensive. It takes long time.

Interviewer: would you differently advise the owners because it's zoonotic.

Participant: the owners must carefully treat the animal. Since it's zoonotic.

Interviewer: do you know any side effect associated with the treatment of dermatophytosis or EZL?

Participant: most of the time. If the disease is regressive, the animal may die and also the cost if the treatment. Hide production can be lost in the case of the dermatophilosis. There will be economic loss.

Interviewer: do you think EZL has any economic impact on the owner?

Participant: if one horse is affected by the EZL, they can't work. There will be economic loss. The income from one horse per a day is 400 or 500. If the horse is sick they will lose this birr. So this is the side effect.

Interviewer: we have seen horses that are abandoned on the road with saw at "modjo?"

Participant: I haven't seen any abandoned horse.

Interviewer: in your experience, the owners will treat the horse, keep in their house take care of it and they will recover?

Participant: yes.

Interviewer: do you know where veterinarians access the drug for the EZL?

Participant: they will get from SPANA.

Interviewer: do you know where the SPANA get from?

Participant: I don't know.

Interviewer: are you aware of any problem with accessing the treatment?

Participant: no.

Interviewer: what makes the owners to advise differently? You said this one is zoonosis. Do companies come to you and advertise different type of drugs? Do that affect what you will advise to the owners?

Participant: am confident on how to treat the animals, by what I have learned at the university.

Interviewer: have a look at these pictures and have you seen them?

Participant: I haven't seen these.

Interviewer: you have said that dermatophytosis is zoonotic. What will it cause in people? What is the clinical sign in people?

Participant: I haven't seen.

Interviewer: what will you do if people come to you for this case?

Participant: I will recommend to go to human doctor.

Interviewer: when the owners came to you, with their animals will you tell them to get the drug from human or animal pharmacy?

Participant: some drug are similar for human and animal. Of some drugs are not present at the animal pharmacy, I recommend to go to the human pharmacy.

Interviewer: will you write the prescription for that drug?

Participant: yes I will write.

Interviewer: can they buy drug without prescription?

Participant: no they can't.

Interviewer: do you know any of the antifungal drug used for any other purpose other than for human or animal treatment?

Participant: no.

Interviewer: do you have anything to say about antifungal medication? Anything you want to see changed?

Participant: the cost is expensive and so that is good if it could be better. I recommend enough treatment for antifungal.

Interviewer: do you think the drugs that are available in market for the treatment of fungal disease on the horse is okay?

Participant: it's lack of accessing. The drugs are not available in the rural area. If we just follow up and care we can eradicate those diseases.

Interviewer: potentially if you have better access, better follow up and better care you can eradicate this disease.

Interviewer: have you got any other question for me?

Participant: no I haven't questions.