

Animal name: African buffalo (*Syncerus caffer*)



Contraceptive methods	GnRH agonist (implant)	GnRH agonist (injection)	GnRH vaccine (injection)	Progestogen (implants)	Progestogen (injection)	Progestogen (oral)	Progestogen (oral)	P2P vaccine	Surgical/Permanent
Contraceptive Product:	Deslorelin acetate	Luprolide acetate	GnRH protein conjugate	Etonogestrel 68 mg	medroxyprogesterone acetate;	Altrenogest	Chlormadinone	P2P vaccine main components are antigens derived from porcine zona pellucida glycoproteins and an adjuvant to stimulate the immune response Freund's modified complete adjuvant for primary vaccination and Freund's incomplete adjuvant for boosters.	N/A
Commercial Name:	Suprelorin®	Lupron®	Improvect®	Implanon® Nexplanon®	Depo-Provera®, Depo-Progesta®	Rego-mate®	Antihelit®, Belara®, Procton®, Luteran®	Porcine Zona Pellucida	Vasectomy
Product Availability:	4.7mg (Suprelorin 6) and 8.4 mg (Suprelorin 12) widely available through veterinary drug distributors in the EU.	Luprolide acetate licensed for human use	Available through veterinary drug distributors.	Manufactured by Bayer Schering Pharma AG. Available through human drug distributors	Manufactured by Pfizer. Widely available throughout Europe through human drug distributors	Rego-mate® Equine 2.2ml/ml oral solution and Rego-mate® Porcine 0.45 w/v oral solution widely available through veterinary drug distributors.	Available through veterinary drug distributors.	Not commercially available in Europe. P2P is available to Europe. It is advised that you check with the licensing authority that manages the import of veterinary drugs to obtain a permit to import P2P. Once all necessary authorisations and approvals have been completed, you can order P2P from: Kimberly M. Frank The License and Conservation Center 21005, Shiloh Road Belling, MA 01906 phone: 401-652-9718 fax: 401-652-9713 e-mail: kcfpp@hotmail.com	N/A
Restrictions and/or permits required by importing Country:	EGZAC recommends: always check with your local licensing authority	Data deficient	Current knowledge: widely available throughout European countries. EGZAC recommends: always check with your local licensing authority	EGZAC recommends: always check with your local licensing authority	EGZAC recommends: always check with your local licensing authority	EGZAC recommends: always checking with your local licensing authority	EGZAC recommends: always checking with your local licensing authority	License required UK and France; all other Countries unknown. EGZAC recommends: always checking with local licensing authority	N/A
Mechanism of Action:	GnRH agonists suppress the reproductive endocrine system, preventing production of pituitary and gonadal hormones. As an agonist of the GnRH initially stimulates the reproductive system which can result in oestrus and ovulation in females or temporary enhancement of testosterone and spermatozoogenesis in males. Therefore additional contraception needed during this time. Please see below and refer to Deslorelin data sheet for detailed information	GnRH agonist suppresses the reproductive endocrine system, preventing production of pituitary and gonadal hormones	Production of anti-GnRH antibodies by the immune system, neutralising endogenous GnRH activity	Interference with fertilisation by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Anti-estrogenic activity. Interference with fertilisation by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Interference with fertilisation by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	Interference with fertilisation by thickening cervical mucus, interrupting gamete transport, disruption of implantation, inhibition of LH surge necessary for ovulation	The P2P antibodies interfere with fertilisation by binding to the P2P glycoprotein receptors that surround the egg of the vaccinated female, blocking the binding and subsequent penetration of sperm.	Surgical procedure in which the ducts deferens are cut, tied, cauterised or, otherwise interrupted
Insertion/Placement:	Sub-cutaneous, in a place where it can be easily detected or seen for removal at a later date (e.g. upper inner arm); refer Suprelorin fact sheet for effective method of implant placement (humeralisation)	Injectable	Injectable intramuscular or subcutaneously	Intramuscular or subcutaneous. EGZAC recommends sub-cutaneous, upper inner arm for visibility (but for later removal)	Injectable intramuscular	Administered orally in feed or by syringe. Gloves must be worn when administering Rego-mate® (absorption through the skin can cause disruption to the menstrual cycle and prolongation of pregnancies in humans).	Administered orally	Injectable intramuscular	Surgical
Indications:									
Dose:	Dosage depends on the body weight of the individual. As a guide implant should be used per 100kg live. 4.7mg is recommended for a minimum duration of 6 months, and 8.4mg is recommended for a minimum duration of 12 months. Please contact EGZAC for specific dosage advice.	There are various formulations available lasting from 1-6 months. Dosing information is not available: extrapolation from human literature is likely the best place to start. Please contact EGZAC with specific dosage advice.	Two injections of 600µg are given 5 weeks apart and boosters are usually administered every 5 months, although duration can vary between species.	3 to 5 implants (0.008g) are recommended for a minimum duration of 12 months. As a guideline 1 implant/200kg.	As a guide 1.5-5mg/kg BW every 45-60 days. Dosages in our database are incredibly variable, ranging from 1-13.5mg/kg BW. Please contact EGZAC for specific dosage advice.	Rego-mate® Equine 1.0-4mg/kg daily's Rego-mate® Porcine: Start daily administered orally through feed or syringe.	1x a tablet should be administered daily ("10-12 mg", although this varies depending on the product)	100 µg protein is recommended. The first injection would consist of 25mg P2P + 5.5mg adjuvant and the second injection should be given no less than 14 days after this. In species with longer breeding seasons, the vaccine is given at a time other than prior to the breeding season (the primary vaccination course should be given at day 0, day 21 and day 45; booster should be administered every 7-8 months. If seasonal breeders with a well defined and short breeding season (2-3 months) then it is 1-2 months before the breeding season.	N/A
Latency to effectiveness:	Deslorelin will have a latency to effect of 3-4 weeks during which a stimulation of the reproductive system will occur. For this reason separation of both sexes is recommended for approximately 4 weeks. Pigs cannot separate the sexes. In order to suppress the initial stimulation phase, the first contraceptive bout must not be supplemented with an oral progestogen such as megestrol acetate pills (Durog/Megace) or altrenogest (the gonax®) daily, 7 days before and 8 days after the implant is inserted.	3 weeks average as GnRH agonists initially stimulate the reproductive system. Please refer to Deslorelin data sheet for detailed information separation of the sexes (if supplemental contraception is recommended) during this time (see product data sheet). Megestrol acetate pills daily 7 days before and 8 days after implant insertion have been used to suppress stimulation phase. The dose for domestic dogs is 2mg/kg, but must be extrapolated for other taxa)	Latency to effectiveness can be up to 6 weeks in separation of the sexes is recommended if possible.	To general inhibition of oestration after 1 day when inserted on day 5 of cycle or when replacing oral progestogen. As the right stage during oestrous cycle is often unknown, it is advised to use other contraceptive methods for at least 7-14 days after insertion of the implant depending on administration route (IM or SC).	1-3 days post injection. However, if the cycle stage is not known then extra time must be allowed; therefore, separation of the sexes or alternative contraception should be used for at least 1 week. Oral progestogens such as megestrol acetate pills (Durog) or altrenogest (Regimata®) can be used for this purpose to suppress the contraceptive bout.	In males, 95% treated with Rego-mate will be suppressed within 3 days however separation of the sexes should be used for 7-14 days after contraceptive methods, this is not possible then other contraception methods should be used for this time.	Latency to effectiveness should be approximately 3 days; however it is recommended that the sexes are either separated for one week or alternate contraception is used at this time.	Latency to effectiveness is approximately 2-3 weeks after the first injection in year 1 (reflexive separation of the sexes from the initial injection until 2 weeks after the first injection is recommended. Primary course of vaccination 2 injections x 2 weeks apart, preferable 3 injections).	N/A
Oestrous cycles during contraceptive treatment:	Initial oestrous and ovulation (during the 3 weeks of stimulation) then down-regulation. To prevent the stimulation phase, the megestrol acetate protocol described above is recommended.	Initial oestrous and ovulation (during the 3 weeks of stimulation) then down-regulation. To prevent the stimulation phase, the megestrol acetate protocol described above is recommended.	In a group of 57 mares, 50% were anovulatory after the primary vaccination and 100% after the booster vaccination. The interval from treatment to anovulation was 2-3 weeks.	Oestrous behaviour may be observed. Cycling and even ovulation can occur in adequately contracepted individuals (but in unlikely and the degree of suppression is dose dependent)	Oestrus is inhibited	Oestrus is inhibited	Data deficient.	P2P should not suppress oestrous cycles and may extend the breeding season beyond what is considered typical, resulting in additional oestrous cycles.	N/A
Use during pregnancy:	Not recommended as may cause abortion	Not recommended as may cause abortion	Unknown	Progestogens are not recommended in pregnant animals because of the possibility of prolonged gestation leading to dystocia, stillbirth and abortion in some species, although the effect may depend on dose.	Not recommended for use in pregnant animals because of the risk of prolonged gestation, stillbirth or abortion, etc. in some species, although the effect may depend on dose.	Not recommended for use in pregnant animals because of the risk of prolonged gestation, stillbirth or abortion.	Not recommended for use in pregnant animals because of the risk of prolonged gestation, stillbirth or abortion.	Does not interrupt pregnancy or affect foetus	N/A
Use during lactation:	No contraindications once lactation established, however, treatment during pregnancy may impede proper mammary development.	No contraindications once lactation established, however, treatment during pregnancy may impede proper mammary development.	Unknown	Considered safe for nursing. Does not affect lactation, but altrenogest is associated in milk.	Considered safe for nursing infant.	Considered safe for nursing infant.	Data deficient. Considered safe for nursing infant.	No known contraindications	N/A
Use in prepubertals or juveniles:	Data deficient. In this group, see product information sheet. Deslorelin may prevent epiphyseal closure of the long bones, resulting in taller individuals.	Lupron® may prevent epiphyseal closure of the long bones, resulting in taller individuals.	Unknown	The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	Data deficient. The use of synthetic progestogens in pre-pubertals or juveniles has not been fully assessed. Possible long-term effects on fertility are not known.	P2P treated prepubertal white-tailed deer and feral horses were fertile as adults. Not associated with side effects in elephants. But there are no data on other species	N/A
Use in seasonal breeders:	Data deficient. Should start at least 2 months before start of breeding season	Data deficient. Should start at least 2 months before start of breeding season	Unknown but if used should be done at least 6 weeks prior to the breeding season. Effective in the horse. Use before cycling starts at the onset of the breeding season.	Data deficient.	Should be injected at least 1 week before the breeding season starts.	Treatment should begin at least one month before the anticipated onset of the breeding season.	Data deficient. Treatment should begin at least one month before the anticipated onset of the breeding season.	Can be used in seasonal breeders but initial treatment and annual boosters should be carried out 2 and 1 months before the start of the breeding season respectively.	N/A
Duration:	Duration of efficacy has not been well established. As a guide 4.7 mg implants will suppress for a minimum of 6 months, 8.4mg will be effective for a minimum of 12 months	Lupron® is available in various formulations lasting from 1-6 months, but because the release of hormone from the depot formulation varies by individual, actual duration of efficacy can vary considerably	Unknown for most of species. Improvact® induces an immune response that generates short-lived antibodies in the domestic pig/piglet/piglet production starts to decline "7-8 weeks following second injection). Suppresses oestrus for a full season in mares after the first booster.	The duration of this product can last 2.5 to 3 years.	Dose dependent: 4-60 days in general. However, effects could last 1-2 years in some individuals.	No more than one dose each day. Rego-mate® must be given daily to maintain suppression of oestrus.	No more than one dose each day. Chlormadinone must be given daily to maintain suppression of oestrus.	Species-dependent: most species 1 year	Permanent
Reversibility:	Deslorelin is designed to be fully reversible however there are no current cases of reversal in this species. However, we have one record of a bantamgoing birth to live offspring 4 years after being implanted with 3x4.4mg implants. Removal of implant may hasten time to reversal.	Lupron® is designed to be fully reversible however there are no current cases of reversal in bovids	It must be taken in to consideration that younger individuals will take longer to reverse in comparison to older individuals. Improvact is not designed to be reversible, although reversibility has been demonstrated in some wild animal species. We do not have any records of reversal in this species.	Implanon is designed to be fully reversible however we do not have any records of reversal in this species.	Designed to be fully reversible but individual variations can occur. We have several reports of reversal in bantams with time between the first injection and offspring birth ranging between 6 months - 14 years.	It should be reversible after cessation of treatment. Signs of oestrus in equids have been observed 5 days after the end of treatment but will vary depending on the individual. However there are no cases of reversal in bantams.	Chlormadinone should in theory be reversible, however this has not been researched in this species. We have one record of reversal in a common hippo, in which the female conceived almost immediately following the end of treatment that had lasted 6 months.	Species differences on reversibility. Reversibility differs between species; however the longer P2P is given the longer it takes for a female to become fertile again. Treatment for over 5 years has been associated with ovarian failure in some cases. The possibility of ovarian damage makes this method unsuitable for animals highly valuable to captive breeding programmes or where reversibility is important. It is therefore suggested that an individual is on P2P for no longer than 3 years if you want the female to breed. We have one record of an Eastern long-eared going birth to live young 5 years after the began treatment.	N/A

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