

STATION ROAD, SETTLE, BD24 9AA

MOUNT PLEASANT, HIGH BENTHAM, LA2 7LE

GISBURN AUCTION MART, LANCS BB7 4ES

Dalehead
Veterinary Group Ltd



24 hour
dedicated
farm cover

NEWSLETTER DECEMBER 2016

Barren Ewe Check

Toxoplasmosis is a protozoal (coccidial type organism) infection of sheep caused by eating hay, straw, grass or concentrates contaminated by infected cat faeces. Depending on when ewes are exposed to the infection the result can be an increased number of barren ewes, re-absorptions, abortions, stillbirths, mummified or weakly live lambs. **At scanning the aim should be to have less than 2-3% ewes barren.**

With this in mind MSD are running a 'Barren Ewe Check' service and will provide **FREE** laboratory testing on bloods from up to 8 ewes barren at scanning to check whether they have been exposed to Toxoplasmosis. The cost of taking the bloods are not included in the scheme but sampling can be performed at the surgery to save a visit charge.

COPPER DEFICIENCY IN PREGNANT EWES

Swayback in lambs occurs as a consequence of a severe copper deficiency in ewes during mid to late pregnancy. The breed of sheep and the nature of the feed can have a big influence on the likelihood of copper deficiency. Suffolks and Texels are very efficient at absorbing copper from the diet and are therefore less likely to become copper deficient than other breeds. If you are unsure of the copper status of your ewes, and are wondering whether there is a need to supplement the dietary copper, a blood test can help. Sampling six pregnant ewes can give an indication of the copper status of your flock.

If copper supplementation is required, there are a few options available;

Copper Drench

'Newhouse' or 'Swayback' drench. The amount of copper which can be given in one dose is limited because of the potential toxicity. These drenches can therefore only give a short term boost to the liver copper levels. Ewes may need to be drenched twice; firstly in mid pregnancy and again one month later. It is not advisable to treat for liver fluke at the same time as giving a copper drench.

Copper Capsules—Copinox

These are gelatine capsules containing copper oxide needles. They are administered orally to ewes either before mating or during the first half of pregnancy. The copper needles attach to the wall of the abomasum and dissolve slowly over 3-4 weeks allowing efficient uptake and storage of copper in the liver with minimal risk of toxicity. Liver copper levels can remain increased for at least 6 months.

Copper Injections—Veticop

Copper injections give a rapid, short term (2-4 month) increase in copper levels. The injection is administered as a single 2ml subcutaneous injection during mid-pregnancy.



Please talk to one of the farm vets if you would like to discuss blood testing ewes for copper status or the various treatment options available on 01729 823538.

Sheep Scab

Sheep scab is a form of allergic dermatitis caused by the faeces of the sheep scab mite. The mite is just visible to the naked eye and can remain viable off the sheep for 15-17 days. Sheep scab can be contracted via any contact with live mites. This is usually through sheep-to-sheep contact at market, in livestock lorries, sharing rubbing posts etc. Sheep scab is mainly a winter disease, with most cases occurring between September and April, although a significant number of cases do occur in the summer months, particularly on animals still full fleeced (lambs, hogs, etc) and on 'ridges' of longer fleece or poorly shorn sheep.

Clinical Signs

During the early stages of sheep scab, infestations are not obvious and animals often appear clinically normal. Early disease involves low mite numbers and very small lesions which are virtually undetectable. Sheep with early infestations may show no signs or simply be restless, rubbing against fence posts, have soiled and stained areas of wool, toss their heads or have deranged or tags of fleece. At these early stages, sheep can look perfectly normal and can unknowingly be introduced to a flock.

Later stages of infestation see high mite numbers and the lesions spread as scab mites cannot feed on the hardened scab so they are forced to go to the edge of the lesion making it spread out. Rubbing and head tossing becomes more and more excessive, areas of wool loss may appear, often with open, bleeding wounds. Sheep rapidly lose condition and serious cases will start fitting.

Get a Diagnosis

If you suspect your sheep have sheep scab, don't guess! Contact us to carry out skin scrapings on affected ewes to confirm a diagnosis of scab. A recently developed blood test may also help to indicate whether sheep have been exposed to scab.

Treatment Options:

Organophosphate Dips: OP dips treat both scab and lice and will kill scab mites instantaneously. However, there are safety considerations for humans dipping sheep, pollution concerns for the environment and dipping may not be an appropriate treatment for pregnant ewes. Sheep showers are NOT effective against sheep scab.

Injectable Treatments: There are a wide range of injectable wormers which also treat for scab but with only 3 active ingredients: Doramectin (Dectomax), moxidectin (Cydectin 1% or Cydectin 2% injection) or ivermectin (eg Ivomec, Noromectin). Great care should be taken to follow the manufacturers' instructions if scab is to be treated effectively.

It is important with some products (see table) not to return sheep to the field they came from for 18 days after treatment to avoid immediate re-infestation. With all the injectable treatments, scab mites are not killed instantaneously so it is important to avoid contact between treated infested sheep and untreated infested sheep for at least 14 days after treatment.

Injectable scab preparations are NOT suitable treatments for lice.



Product	Company	Chemical Name	Use	Treatment for Scab	Meat Withdrawal (days)	Persistent Protection (days)
Osmonds Gold Fleece	Bimeda	Diazinon	Plunge Dip	Immersion in dip bath for 1 min	49	Up to 28
Paracide 62	Animax Ltd	Diazinon	Plunge Dip	Immersion in dip bath for 1 min	70	Up to 28
Cydectin 1%	Pfizer	Moxidectin	Injection s/c	2 injections 10 days apart	70	28
Cydectin 2%	Pfizer	Moxidectin	Injection s/c at base of ear	1 injection	104	60
Dectomax 10mg/ml	Elanco	Doramectin	Injection i/m	1 injection	63	0
Ivomec Classic	Merial AH	Ivermectin	Injection s/c	2 Injections 7 days apart	37	0
Noramectin Multi Injection	Norbrook	Ivermectin	Injection s/c	2 Injections 7 days apart	42	0
Panomec Injection for sheep, cattle and pigs	Merial AH	Ivermectin	Injection s/c	2 Injections 7 days apart	37	0

Lice in Sheep

The sheep body louse is a small insect with a broad head and chewing mouthparts.

The clinical signs of chewing lice can be confused with those of sheep scab (*Psoroptes ovis*) so it is very important to get a professional diagnosis before deciding on the treatment to be used. The sheep are irritated by the lice and the scratching and rubbing will damage the fleece and hide.

Heavy infestations of lice are usually associated with animals in poor health. Chewing lice can therefore be a significant indicator of underlying welfare problems within a flock.



Lifecycle

Lice are permanent parasites, completing all life stages on the sheep host, feeding on wool and skin debris. Lice can survive off the host for up to 17 days. Most lice infestations occur in the winter.

Signs

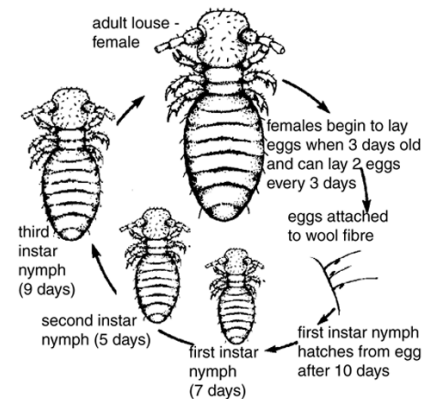
Sheep can carry quite significant numbers of lice without obvious clinical signs. Clinical signs of lice are related to irritation and scratching of the fleece.

Prevention

A good biosecurity plan should be devised to prevent contact with infested sheep including quarantine of all incoming stock, good fencing, strict disinfection of transport vehicles etc. Shearing will reduce residual populations of lice.

Treatment

If you find one infested animal, the whole flock should be treated with an appropriate ectoparasiticide, ideally just after shearing (e.g. Crovect). **Endectocides do not treat lice.** The table below shows the products currently available for the treatment of chewing lice.



Product	Chemical	Other ectoparasites covered	Meat withdrawal (days)
Dysect	Alpha-cypermethrin pour-on	Blowfly, Ticks, Headfly	28
Crovect	Cypermethrin pour-on	Lice (treatment only), Ticks,	8
Ectofly		Headfly	8
Coopers Spot-on	Deltamethrin	Ticks	35
Osmonds Golden Fleece	Diazinon	Scab, Ticks, Keds, Headfly	49
Paracide 62	Diazinon	Scab, Ticks, Keds, Headfly	70



May we take this opportunity to wish all of our clients a Merry Christmas and healthy and prosperous New Year!

We will be open as usual 9am – 12 noon on Christmas Eve and New Year's Eve. The office will be closed on Christmas Day, Boxing Day and Bank Holiday 2nd January 2017 but we will of course be operating a 24 hour emergency service with your farm vets on call and the reception and nursing team manning the phones!



BVD Awareness

At our recent BVD meeting held on 17th November we discussed how BVD infection was found to be present in well over 50% of herds both nationally and locally in herds tested within the practice. Symptoms of BVD within a herd may include the birth of persistently infected (PI) calves which spread the virus and are likely to eventually die of mucosal disease, reproductive problems such as reduced conception rates in cows, increased numbers of reabsorptions and abortions as well as immunosuppression of calves making them more prone to pneumonias and scours and having poorer responses to treatment. If you want to find out if you have active BVD infection in your herd (even if you already vaccinate) a young stock screening of 5 animals out of each separate management group of homebred calves aged 9-18 months looking for antibodies to BVD (evidence of exposure to infection) will show whether infection is present in your herd. In dairy herds a bulk milk sample tested for BVD virus is also recommended. If infection is found to be present identification of PI animals as well as vaccination is recommended. If you would like to review the BVD status of your herd please speak to one of the vets.



Fluke

Liver fluke disease (fasciolosis) is caused by the trematode parasite *Fasciola hepatica*. Disease can result from the migration of large numbers of immature flukes through the liver, or from the presence of adult flukes in the bile ducts, or both. Liver fluke can infect all grazing animals (and man) but mainly affects sheep and cattle. It is most pathogenic in sheep. All 3 stages of fluke cause liver damage inhibiting productivity and performance so the earlier you kill fluke, the better.

Clinical Signs:

Sheep with acute fluke die suddenly from haemorrhage and liver damage with the first evidence of a problem being sudden death. Acute fluke is caused by migration of immatures. The major presenting clinical findings in chronic fluke are very poor body condition score and poor fleece quality and in many sheep, bottle jaw. Affected sheep may die in an emaciated state especially when infestation is compounded by the metabolic demands of advanced pregnancy/early lactation. Chronic fluke is caused by adult fluke sucking blood in the bile ducts.



Diagnosis:

Faecal egg counts (40g) - can detect fluke from 5 weeks old

Coproantigen testing of faeces (2g) - coproantigen can detect fluke from 5 weeks old

Blood sample - antibody can detect fluke from 2 weeks old but stays high for 6 months post infection

Post mortem/slaughterhouse feedback—NEVER WASTE A DEAD SHEEP!

Treatment:

Needs to be targeted to the particular stage of fluke.

Triclabendazole (Endofluke, Tribex, Triclafas, Fasinex) kills all stages of fluke

Closantel (Flukiver, Closamectin) kills fluke from 4 weeks old and inhibits egg development for up to ten weeks.

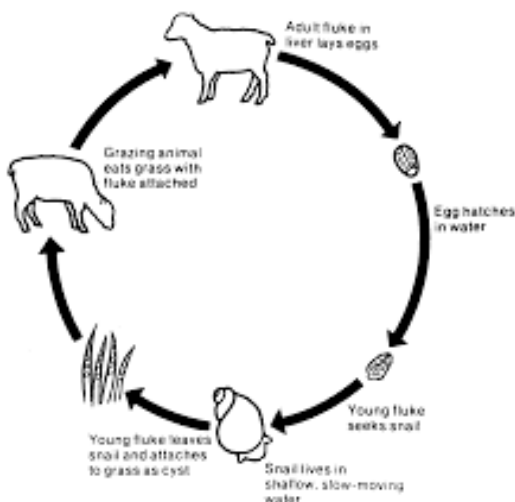
Albendazole (Albex, Endospec) kills adults only

Fencing off snail habitats is rarely practicable and in most situations is cost prohibitive as these are often extensive sheep enterprises.

Drainage is costless than prohibitive and many properties are subject to environmental controls.

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www.daleheadvetgroup.co.uk

