

STATION ROAD, SETTLE, BD24 9AA

MOUNT PLEASANT, HIGH BENTHAM, LA2 7LE

GISBURN AUCTION MART, LANCS BB7 4ES

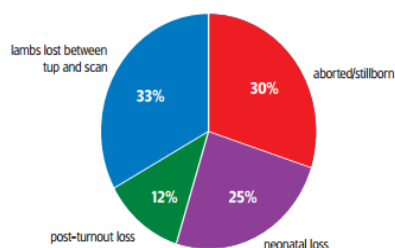
Dalehead
Veterinary Group Ltd



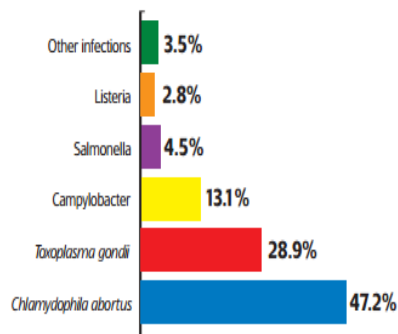
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FARM ANIMAL NEWSLETTER - FEBRUARY 2017

Abortion and Barren Ewes



Source: ADAS average lowland flock



Source: VIDA submissions 1996-2003

Increasing your lambing percentage by 5% can increase profitability by up to 70% as the costs of getting and rearing these extra lambs is almost the same as not! The UK average lowland flock lambing percentage is around 155% with 170% achieved by the top 10% of producers. So where are these losses occurring?

In many cases, the cause of the losses is an infection in the ewe during pregnancy which may be responsible for the barren ewe seen at scanning, and not just the more obvious abortions often seen. As well as weak and sickly lambs that die soon after birth, many farmers also accept barren ewes and abortion rates of between 5-10%. However, if the abortion rate is above 2% there is likely to be an infectious cause which should be investigated.

Above 63% of all losses occur due to absorption, abortion and still birth and 75% of all infectious causes of ewes not carrying a lamb to term are due to Toxoplasma or Chlamydia (Enzootic abortion). It is cost effective to investigate a low lambing percentage as most lamb losses occur prior to birth. Other abortion problems are less easy to manage and losses in live lambs require effort and investment to correct; feeding, housing and disease problems, but these are less than 30% of all problems in both categories.

BVD Awareness

At our recent BVD meeting held on 17th November and more recently on 1st February at Skipton Auction 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.



IMRESTOR



You may recall a previous newsletter discussing Imrestor, a new drug to use in the dry period which boosts the immune system therefore reducing mastitis after calving. We had three farms using this product over a number of months and the first of the data is now in.

This first farm recorded health data very carefully for 3 months prior to using Imrestor. Every cow due to calve was treated with Imrestor and the changes in disease data measured. In the trial period 58 cows calved before the drug was used and 50 after. We were hoping to see a difference in whites and retained

cleansings on farm but despite reducing these diseases the difference was not big enough to be significant. Proving significance on a small farm trial like this is very difficult as the smaller the difference the more cow samples needed to prove there is a significant benefit. For example you would only need 2 cows to prove there is a difference between Highlands and Holsteins but you might need a lot more to prove beyond reasonable doubt which is the Devon and which is the Lincoln Red traits.

That said the mastitis findings were very good. The farm wasn't experiencing an exceptionally high rate of mastitis prior to using Imrestor with 21% having mastitis in the first 60 days after calving. After using Imrestor the mastitis rate dropped to 6% a reduction of 71% overall. I think you will agree that this is both a scientifically and financially significant result.

Speaking of finances, the mastitis rate in the first 58 cows had an estimated cost of £3,360 based on £280 per case. Reducing this to £974 for the next (58) group of cows is a saving of £2,386 on disease costs. The cost of the Imrestor is £27 or £1,566 to treat the 58 animals leaving a benefit to the farm of £820 over the 58 animals in the first 60 days. Another way of looking at it is an effective increase of 0.8 pence per litre over the group in the first 60 days.



FEVER TAGS FOR CALVES

We have recently held 2 on farm demonstrations of the use of fever tags in calves for the early detection of pneumonia. The tags have an inbuilt temperature sensor which monitors the calf's temperature every 15 minutes and if the temperature rises above 103.5°F consistently for 6 hours the tag will start flashing to indicate that the calf is running a fever and likely to need treatment. Research has shown that when a calf is incubating pneumonia the temperature will rise on average 24 hours before there is any nasal discharge and 48 hours before the calf becomes depressed and off its feed or start coughing. The fever tags therefore act as an early warning system to allow early detection of the development of respiratory disease. This allows treatment to comment significantly sooner than if relying on symptoms of runny nose, cough, depression or reduced appetite. This is likely to lead to a better success rate of treatment, quicker recovery, less permanent lung damage and fewer re-treatments and ultimately cut down on antibiotic usage.

In dairy herds the protocol would usually be to insert the tags at approximately 7 days of age and to leave them in until weaning at which point they can be removed and re-used on another calf. The battery life of the tag is approximately 2 years although the temperature probe may only last for a few re-insertions. For more information about these tags including how to insert them please contact the surgery.



BIRD FLU UPDATE

A case of the highly pathogenic Avian Influenza (H5N8) has been confirmed in the practice area (near Kirkby Malham) on 6th January. Previously cases have been confirmed in Lincolnshire and Carmarthenshire. Since the Kirkby Malham case, there have been confirmed cases on 2 turkey farms in Lincolnshire (confirmed on 16th and 26th January) close to the original case, and 3 cases at Wyre near Preston in farmed Pheasant (confirmed on 24th, 27th and 31st January). The virus has been circulating in wild birds in Europe for several months, and as a result, it is contact with wild birds (that won't necessarily show any signs) that present the highest risk of infection to domestic poultry.

The severity of signs can vary between species of birds and the disease in this area has proved to be rapidly fatal to chickens, whereas infected ducks and geese can show minimal signs.

Because of this risk, **since 6th December 2016, the whole of the UK has been declared a Disease Prevention Zone. This requires the compulsory housing of domestic chickens, hens, turkeys and ducks, or where this is not practical, their complete separation from contact with wild birds.** This order will apply until at least 28th February. Free range poultry that are housed under this order will not lose their free range status (they can be housed for up to 12 weeks without doing so). Good biosecurity should also be practised. The local 3km protection zone and 10km surveillance zones are for the AHVLA. As stated above, poultry outside these zones still require housing as they still in a protective zone.

Below is a list of useful links, but a few main points about the disease are:

- Although some strains of Avian Flu can spread to humans, this requires very close contact, and there have been no reported cases of the H5N8 strain infecting humans
- There is NO food safety risk
- It is NOT an airborne disease – spread is through direct contact, faeces and body fluids. Hence if birds are housed, or direct contact and faecal contamination of feed and water by wild birds is avoided (keep covered) this will reduce the risk of spread dramatically. Conversely, if domestic poultry are allowed to drink from the same puddles, ponds and lakes as wild birds, ducks etc, especially in this area where it is known to be present, there is a very real risk of infection
- Full clinical signs are listed on the links below, but not all signs are shown by all cases. Any incidence of a few birds showing diarrhoea, malaise and rapid death should be reported either to us or the APHA line on 03000200301.

USEFUL LINKS:

<https://www.gov.uk/guidance/avian-influenza-bird-flu#backyard-flocks>

<https://www.gov.uk/guidance/avian-influenza-bird-flu#prevention-zone>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/581952/ai-birdflu-factsheet-170106.pdf

SCHMALLENBERG VIRUS



In a recent surveillance report from APHA it was noted that Schmallenberg disease had been confirmed in sheep in the South West of England and that there had also been reports of deformed lambs being born into other early lambing flocks.

Sheep which produce deformed lambs have been infected with the virus during the first 2 months of pregnancy with the infection likely to be spread by midges.

In the practice during January we have delivered 3 lambs which looked typical of Schmallenberg lambs (fused joints and rigid neck) one of which is shown in the picture. We would be interested to hear of any deformed lambs being born which are likely to be Schmallenberg lambs.

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 only detect adult fluke infections.

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

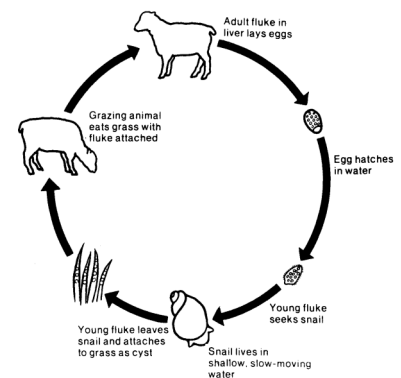
Blood sample: Antibody can detect fluke from 2 weeks old but stays high for 6 months post infection

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

Life Cycle:

Fluke eggs passed out in the faeces will only hatch out when the temperature rises above 10°C and their development outside the sheep takes place in the mudsnail which also requires moisture and temperatures above 10°C to thrive.

This development outside the sheep takes a minimum of 10-12 weeks. Through the winter fluke eggs will not hatch and so by late winter/spring all the flukes that cattle/sheep are carrying should be adults and therefore **treating sheep in the spring with a product that only kills adult flukes will be effective at stopping pasture contamination by fluke eggs and reducing the challenge for this year's lambs.**



Treatment:

Needs to be targeted to the particular stage of fluke.

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

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

Nitroxylin (Trodax) kills flukes from 7 weeks old

Albendazole (Albex, Endospec) kills adults only

As a rough guideline treating sheep pre-tupping with a Triclabendazole based drench, in January with a Closantel based drench and in the spring with an Albendazole drench should provide good fluke protection but the programme will vary from farm to farm so please contact us to discuss your own control strategy.

Triclabendazole Resistance

There are an increasing number of farms which have a proportion of flukes which are resistant to Triclabendazole. This is why it is important not to use a Triclabendazole based drench every time.

The photographs shown are from a local sheep which died last week from fluke having been fluked every 6 weeks with Triclabendazole through winter. The gall bladder contained at least 150 adult flukes which had not been killed off by dosing with Triclabendazole!



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