

FARM ANIMAL NEWSLETTER - NOVEMBER 2024

PASTEURELLOSIS IN LAMBS

Pasteurella Trehalosi is a bacterial infection which can cause septicaemias (blood borne infections) in 4 to 10 month old lambs. The clinical signs of Pasteurellosis vary; mild cases may present with a cough and discharge from eyes and nose, whereas in more severe outbreaks animals are usually just found dead. Systemic Pasteurellosis caused by Pasteurella Trehalosi is the most common cause of sudden death in lambs in the UK between August and December. On post mortem examination of lambs we have confirmed Pasteurellosis as the cause of death on numerous occasions in the last few weeks.

The initial source of the infection is usually symptomless carrier adult sheep which infect many lambs within the flock with Pasteurella bacteria which invade the tonsils but spread no further due to the lamb's immune system containing the infection. However, under certain circumstances these organisms which have colonised the tonsils multiply rapidly and spread to the

lungs to cause a pneumonia or septicaemia condition.

Predisposing 'stress' factors making lambs vulnerable to outbreaks of Pasturellosis include:

- Housing
- Moving lambs from poor pasture to richer aftermath pasture in late summer or sending lambs away for wintering
- Extreme weather conditions or changeable weather
- Concurrent infections with other respiratory pathogens such as lungworm
- Liver fluke infestations, heavy gutworm burdens or trace element deficiencies can all compromise the immune system
- Stress due to handling.

PREVENTION

Vaccination of lambs with a Pasturella vaccine (e.g. **Ovipast**, **Ovivac P**, **Heptavac P**, 2 doses 4 to 6 weeks apart) will boost the lamb's immunity and provide significant protection against disease outbreak. Recognising the trigger factors (such as moving, handling, worm/fluke burdens and trace element deficiencies etc) so as to reduce stress on the lambs at the most vulnerable times will also be beneficial.

If you are losing lambs, contact the surgery to arrange a post mortem to be carried out, checks to be made for worm burdens and to discuss strategies which can be used in the face of an outbreak to minimise further losses.

For more information or to discuss a vaccination programme, please speak with one of the farm vets.

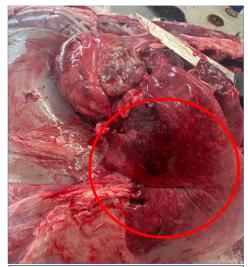


Image from a recent lamb post mortem at the surgery, cause of death diagnosed as Pasteurellosis.



DO YOU KNOW YOUR FLUKE DOSES?

It's the time of year that we traditionally start to fluke dose sheep, the farm vets and SQP's have daily discussions with clients over the available diagnostic tools and which active ingredient will deliver the best treatment. We see 3 syndromes of fluke infestations; acute, sub-acute and chronic. The chart below indicates the timing, clinical signs and recommended treatments.

Disease type	Peak incidence	Clinical signs	Treatment
Acute	July to December	Sudden death or dullness, anaemia, dyspnoea, ascites and abdominal pain.	Triclabendazole. Treat all sheep and move to a lower risk (drier) pasture if possible OR re-treat after 3 weeks. Further deaths may occur post-treatment from liver damage incurred.
Sub- acute	October to January	Rapid weight loss, anaemia, submandibular oedema and ascites in some cases.	Treat with a fasciolicide active against mature and immature fluke. If sheep cannot be moved to lower risk pasture, re-treat after 5-8 weeks.
Chronic	January to April	Progressive weight loss, anaemia, submandibular oedema, diarrhoea and ascites.	All fasciolicides are active against the mature fluke involved in chronic disease. Treat and move to lower risk pasture.

Diagnostics and Detection:

There are several ways we can diagnose fluke, they all have their place at different stages of the disease.

Post-mortem examination: This provides a definitive diagnosis. We have the capacity to do all your PM

examinations at Dalehead in the PM room of the farm building. Abattoir data on fluke lesions is also very useful in diagnosis. **Fluke egg detection (faeces):** Microscopic examination of muck samples will detect fluke eggs. This technique is used to detect if adult fluke is present. Eggs are not produced until the fluke is over 8 weeks old so we cannot diagnose acute fluke with a FEC. The number of eggs produced fluctuate on a daily basis and when fluke burden is low few eggs are excreted; this means our sampling needs to be robust to get an accurate result. Gathering as many as 20 samples gives us a wider snapshot and bringing individual samples rather than premixed ones is important in allowing us to carry out an accurate test.

Coproantigen ELISA (faeces): This technique detects fluke saliva, it can only be done at a specialist lab so it is more expensive that a FEC. The coproantigen levels are detectable from at least 7 week old fluke. The levels fluctuate from day to day so we need to sample at least 10 animals and perform the tests individually to get accurate results. This method is useful for checking flukicide efficacy when resistance is suspected.

Biochemistry (blood): The fluke damage to the liver can be measured by looking at certain enzymes in the blood. GLDH levels, indicate liver function they will increase 2-3 weeks after fluke infection. Around 6-8 weeks post infection the GGT (gamma-glutamyl transpeptidase), increase indicating liver damage. Levels are reduced in chronic diseases due to the blood feeding activity of adult fluke. Changes in blood chemistry can be variable and are not specific for liver fluke.

Serology (blood): Detects antibodies from two weeks post infection, levels rise and fall over time but can remain positive for many months following exposure. This means that interpretation results from adult sheep that have had fluke in the previous

year is extremely difficult. We use this blood test to detect when lambs start to meet fluke, we can therefore tell when fluke start to emerge and when we should start dosing for fluke.

Treatment: Now we know how to diagnose fluke in our livestock the next mission is to treat fluke. It is important to use the appropriate drug for each situation and to base treatments on fluke forecasts. Most fluke doses on the market are

FLUKE IN LIVER 2 3 4 8 10 11 12 Copra-antigen detects fluke FEC detects fluke Triclabendazole 99.90% 90% - 99% Closantel 99 - 100% 23% - 73% Nitroxinil 91% - 99% 50% - 90 % Oxyclosanide 50% - 70% 80% - 99% BZ white drench

effective in treating chronic fasciolosis, because they kill adult fluke, but few are effective in treating acute fluke infections in sheep caused by the immatures migrating through the liver.

Triclabendazole (TCBZ) is generally the drug of choice but unfortunately we have widespread resistance to this drug on many farms within the practice. Once we have resistance to TCBZ it is useless; unlike wormers, we do not get partial resistance of fluke to drugs. If you do not know if TCBZ works on your farm we can do a reduction test, please speak to one of the vets to arrange this.

It is extremely important that we do not overuse the drugs we have left! Use the forecasting we have available and rotate the flukicides we have available throughout the season.

Narrow spectrum

PRODUCT	COMPANY NAME	CHEMICAL NAME		WITHDRAWAL PERIOD (MEAT)
Endofluke 10%	Bimeda	Triclabendazole	Oral	56 days
Fasinex 5%	Elanco AH	Triclabendazole	Oral	56 days
Flukiver 5% w/v oral suspension	Elanco AH	Closantel	Oral	42 days
Solantel	Norbrook	Closantel	Oral	42 days
Tribex 5%	Chanelle Pharma	Triclabendazole	Oral	56 days
Triclacert 5%	Downland	Triclabendazole	Oral	56 days
Triclafas drench	Norbrook Labs	Triclabendazole	Oral	56 days
Zanil	MSD AH	Oxyclozanide	Oral	14 days

Summary:

- Refer to the fluke forecast as to when activity based on the weather is expected
- Blood sample this year's lambs to diagnose when fluke is active on your farm
- Ensure the fluke dose you are using will treat the stage present
- Post drench test when using Triclabendazole to monitor for resistance.

RINGWORM IN CATTLE

Ringworm is a fungal skin infection which is commonly seen in young cattle. The causing agents, Dermatophytes can survive for months in buildings, on feeding equipment, on walls etc. We therefore start to see a rise in cases when animals are housed for back end. Calves which are under nourished, and immune suppressed individuals are often more susceptible to infection. Humans can also be affected by the infection.

The greyish lesions are slightly raised, round in appearance which can extend up to 10cm in diameter and can become confluent. Lesions are more commonly seen around the head and neck but can extend over the body.

While a ringworm infection is described as self-limiting it can take up to 9 months to resolve fully, in which time transmission to other animals can occur and contamination of the environment and equipment. Although ringworm

has little effect on production, if cattle are to be sold, it may impact the price due to buyers being put off.

Topical treatment (enilconazole) is available however it may not be effective in all outbreaks and a strict regime must be followed.

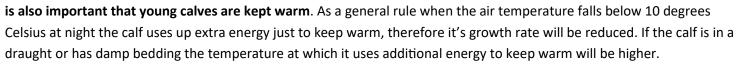
There is once again a UK licensed vaccine available. Which can be used both for active immunisation to reduce clinical signs of ringworm caused by *Trichophyton verrucosum* and to shorten the recovery time of infected cattle showing clinical signs of ringworm. Onset of immunity has been demonstrated at 3 weeks after vaccination.



CALF JACKETS

Research has shown that maximising daily liveweight gains of dairy heifer calves before weaning results in extra milk production when they calve down. An extra 100 grams of growth per day up to weaning can result in an extra 250kg of milk produced in the first lactation.

We encourage farmers to have good ventilation in calf buildings to remove stale and humid air in order to reduce the incidence of respiratory disease. However, it



The use of calf jackets to keep young calves warm in order to maximise their growth rates is becoming increasingly popular and is proving very successful. A recent study carried out at the practice found that calf jackets increased growth rates over winter by 0.2kg/day from birth to weaning. To achieve this with extra feed would cost over £27 per calf. Calves heavier at weaning tend to live longer, give more milk and are more fertile than those weaned lighter. We currently stock 'Cosy Calf' jackets at a very reasonable price of £22.00 plus VAT (direct debit/cash sale price).

For more information on the benefits of calf jackets and protocols for when they should be used please speak to one of the farm vets or farm vet techs.





HEALTH ASSESSMENT

Looking at housing, colostrum management, nutrition & disease levels.

Provides advise & targets for calf rearing.

COLOSTRUM TESTING

Quality testing & measurement of antibody transfer.

WEIGHING & GROWTH RATE ANALYSIS

VACCINATIONS

DISBUDDING

Local anaesthesia & NSAID pain relief are included.

VETERINARY ATTESTATION NUMBER RENEWALS



It is almost 12 months since the Veterinary Attestation Declaration (VAN) came into force. Unless part of an assurance scheme, a declaration signed by your vet is required in order to allow farmers to sell livestock, or animal products derived from their livestock for entry into the food chain and to export to the EU.

Please contact the surgery to arrange your renewal and avoid a last minute rush!

ANIMAL HEALTH AND WELFARE PATHWAY

The Animal Health and Welfare Pathway (AHWP) was launched last year as part the Sustainable Farming Incentives by the Rural Payments Agency. The funding is available to cattle and sheep livestock keepers who are registered with the RPA and have the qualifying number of animals. Whether you apply to target cattle or sheep, a vet visit is involved to discuss disease concerns relating to your flock or herd. In addition to the visit, compulsory testing is required (BVD in cattle/worm egg count reduction test in sheep).

The funding is a set amount per species and the application process is done online, either by yourself, or your land agent. Once the boxes are ticked and we have completed what is required for the grant, we will provide you with a review summary, written report and supporting documents if necessary, in order for you to submit your claim to the RPA. In addition to the initial review, there is now a Follow On Endemic Disease Review for which you can also apply. This is an additional part of the AHWP where you can receive funding to investigate disease and production limiting factors on your farm.

The attention in cattle is BVD whilst in sheep there are wide range of health issues which can be investigated e.g. MV, trace elements, fluke, lameness, abortion. You can complete the endemic disease review as long as your initial review has been accepted by the RPA and the claim for the AHWR has been completed within the last 10 months. You can reapply for the above cycle for funding every 10 months until June 2027. But all the funding is for either sheep or beef cattle or dairy cattle. You can not change species within the 3 years. If you would like more information, please do not hesitate to contact the surgery.





Farmer Meeting at Dalehead Veterinary Group

Oral fluid therapy in cattle and sheep: a guide to dealing with dehydration in ruminants.



Wednesday 27th November at 12pm

Dalehead Veterinary Group Settle BD24 9AA

To register your place please contact the surgery on:

01729 823538



LABORATORY NEWS

The Dalehead lab remains busy with faecal egg counts for worms, fluke and lungworm. We continue to see some high worm egg count results in lambs, and positive lungworm diagnosis in cattle.

With the wet summer and mild autumn we are expecting fluke to be more of an issue this winter than in previous years. The second round of testing on our fluke monitoring farms all returned negative

results last week (next round of testing in 3 weeks), however we have diagnosed acute fluke on a few farms with particularly wet land.

As we know, fluke is a tricky beast and risks are different for each farm, so please do phone the surgery and speak to one of the farm vets or SQPs to discuss your risks and any prevention control measures.



NOVEMBER 2024



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