

## FARM ANIMAL NEWSLETTER - AUGUST 2021

### QUARANTINE PROTOCOL FOR PURCHASED SHEEP

It's that time of year again when the majority of sheep farmers will begin purchasing sheep to add to their flock. Whether it's tups, gimmer lambs or drafts it is of the utmost importance to protect our existing flock by following quarantine and isolation procedures.

- Firstly, isolate bought in animals for 28 days. The isolation area should be **at least 2 metres** away from other stock and in a different airspace (this means none of the air from the isolated animals will pass over the other animals on the holding).
- All sheep should have their feet examined and good practice is to footbath them 3 times at 5 day intervals during isolation. Consider a foot disinfection mat in the isolation unit.
- Any ill health or abnormalities during isolation should be investigated by seeking veterinary advice; respiratory signs, scour, lameness, swellings, skin disease, etc.
- Vaccinate to the same status as the flock.
- Keep on a fluke free pasture (no snail habitat) for 4 weeks after second fluke dose, or realistically as low risk as possible.
- Hold in a quarantine pasture or yard for 48 hours after worm treatment then turn onto a worm contaminated pasture (i.e. one that has grazed ewes and lambs during the summer).
- Blood sample purchased sheep for scab exposure.
- The animal can enter the flock after 28 days or 14 days after the last vaccine and whenever test results are all negative.



#### Step 1. Treatment

All sheep brought onto the farm should be treated with a product likely to remove all worms (resistant and susceptible). Resistance is reported in the UK with BZ (group 1-White), levamisole (group 2-Yellow) wormers, ML (group 3-Clear) wormers and now Zolvix (Group 4-Orange) wormer. The recommendation is to treat with 2 broad spectrum wormers which are most likely to kill all worms carried. **The simplest regime which also takes into account a scab risk is Zolvix and Cydectin 1%. However if Footvax has or is going to be used Zolvix and Dectomax injection or OP dip.**

#### Step 2. Holding

Hold sheep off pasture for 24-48 hours, until any worm eggs present in the gut have passed out with the dung. Faecal egg count (FEC) sampling at least 10 sheep where possible, 14 days after treatment will show that the worming regime has worked. Manure produced during this post-treatment period should **NOT** be spread on grass that will be grazed by sheep.

#### Step 3. Turnout onto contaminated pastures

Bought-in animals should then be turned out onto pasture contaminated with the farm's natural population of worm eggs and larvae. This helps to dilute any resistant worms that may have survived the treatment and rapidly infects the new animals with the farms specific worm population. This shortens the period when any introduced worms are dominant.

#### LIVER FLUKE

A treatment with fluke products other than triclabendazole is prudent (*resistance to triclabendazole has been reported in sheep, and more rarely in cattle*). Sheep should be kept off pastures for at least four weeks after treatment to prevent resistant fluke being introduced (*infected animals can pass eggs for up to three weeks after the adult flukes have died*). Remember that no flukicide kills all fluke with one dose, immature fluke need to be killed by treating twice.

#### SCAB

Considering the fact that the resistance of scab to group 3 injections (e.g. Cydectin, Dectomax) was identified in late 2017, and that the use of these products also increases the resistance of worms to clear drenches, this emphasises the importance of using drugs responsibly and of quarantining bought-in and sheep grazed on other holdings. There is a blood sample available for detecting whether sheep have been exposed to scab. This can be used to monitor the disease in sheep grazed on open fells, in purchased stock or as a marketing tool if selling sheep.

# RUMEN DRINKING IN CALVES

A recent study has shown that on most dairy farms between 2 and 8% of calves which are born alive die within the first month of life. Furthermore almost half of calves receive treatment for scours, as many receive treatment for pneumonia before they are weaned. Of over 6000 calves that were post-mortemed by Scottish Agricultural Colleges during the trial period the 10 most commonly diagnosed conditions contributing to calf deaths were:

- Cryptosporidia
- Rumen Drinking
- Rotavirus
- Salmonella
- Colisepticaemia (E Coli)
- Navel ill
- Pneumonia due to:
- Mycoplasma Bovis
- Mannheimia
- C. Pyogenes
- Pasteurella Multocida



In 40% of the mortalities investigated, insufficient levels of antibodies from colostrums fed was found to be a significant factor in the death of the calves.

In another study up to ¼ of all dairy calves were found to have insufficient protection from colostrum, interestingly only 11% of calves which were stomach tubed with colostrum as soon as possible after birth were inadequately protected, 19% of calves that were fed colostrum from a bottle with a teat on, but 61% of calves left to suckle the cow were found to have taken in insufficient colostrum.

The target is for calves to receive 10-12% of their bodyweight of colostrum in the first 4-6 hours of life i.e. A 40kg calf should receive 4 litres colostrums split over 2 feeds in the first 6 hours.

## Rumen Drinking

Of the conditions identified by SAC as contributing to dairy calf mortality, rumen drinking perhaps is the condition least talked about. Milk/ milk replacer is digested by the abomasum and in the pre-weaned calf milk that is ingested should bypass the rumen via the 'oesophageal groove' and pass straight into the abomasum. If significant amounts of milk pass into the rumen an acidosis condition develops. Symptoms of rumen drinking/ acidosis include:

- Reduced appetite
- Gut pain/ teeth grinding
- Bloat caused by build up of acid and gas in the rumen
- Poor growth
- Depression
- Hair loss
- Sticky clay like faeces with a white putty like appearance.

There are a number of factors that can make calves more susceptible to rumen drinking, caused by failure of an oesophageal groove closure, such as:

- Diarrhoea due to rotavirus, cryptosporidia etc
- Irregular feeding times
- Feeding milk from troughs/ buckets too close to ground
- Feeding of milk/ milk replacer which is too cold (should be fed at 39°C)
- Drinking milk too quickly e.g. from an open bucket or a damaged teat end
- Feeding insufficient quantities of milk
- Stressors such as long distance transportation
- Feeding waste milk



Calves which are rumen drinkers develop an inflammation of the gut lining resulting in further acidosis, scours, abomasal ulceration, bloat, immune suppression and ill thrift.

If you would like to know more about rumen drinkers or colostrum and feeding practices for calves please speak to one of the farm vets.

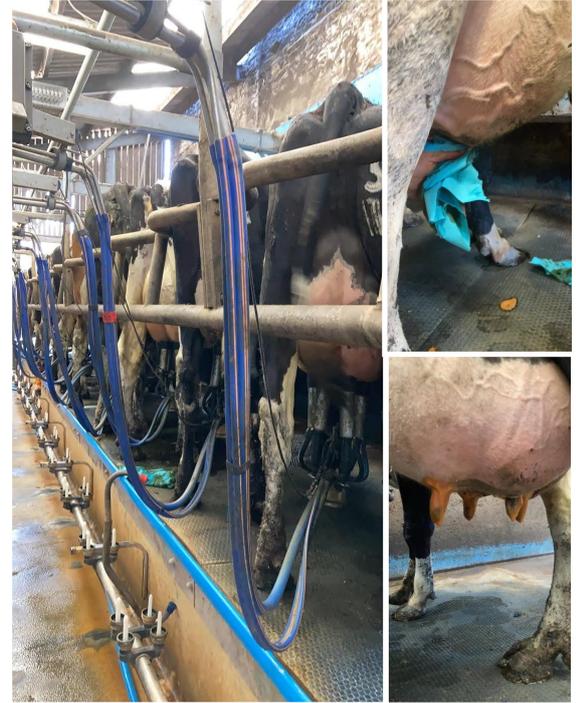
# MASTITIS CAUSING BACTERIA

## Staph Aureus

**Staph Aureus** are the organisms responsible for causing the most common type of contagious mastitis in dairy cattle. The majority of diseased quarters are sub clinically infected (raised cell counts) however the quarters may suffer from recurrent bouts of clinical mastitis. Udders of infected cattle are the most common source of new infections. As with all contagious forms of mastitis these bacteria are spread from cow to cow primarily during milking by:

- Contaminated clusters
- Milker's hands
- Shared towels etc.

Mastitis caused by **Staph Aureus** is likely to result in abscess formation within the milk producing tissues of the udder, significantly reducing milk production and greatly reducing the chances of a treatment cure. **Staph Aureus** commonly produces chronic infections that will persist from one lactation to the next despite dry cow therapy. Cows that do not respond to treatment should be segregated from the uninfected portion of the herd and eventually culled.



## E.Coli

**E Coli** mastitis infections are picked up from the environment (not spread cow to cow in the parlour). **E Coli's** are among the most prevalent bacteria found in organic matter including bedding and manure so exposure of the teat end to **E Coli's** occurs through contact with dirty bedding. Poor udder cleanliness, inadequate or overcrowded cubicle or straw yard management and damaged teat ends are all risk factors for **E Coli** infections in uninfected cows.

New infections can occur at any time during lactation and may also occur during the dry period. However, cows in early lactation are at an increased risk for new infections due to the increased stress and immunosuppression status associated with the time around calving.

Clinical signs of **E Coli** mastitis vary from very mild symptoms which self-cure to acutely ill cows with a life-threatening infection. **E Coli** mastitis does not usually result in the cows becoming chronic carriers.

## Streptococcus Uberis Mastitis

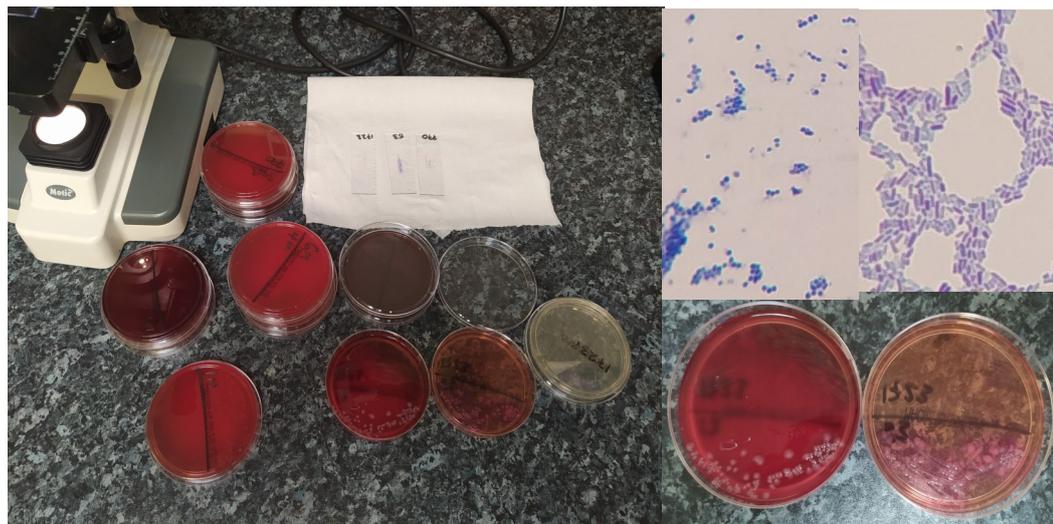
**Streptococcus Uberis** can cause both clinical and sub-clinical (raised cell counts) mastitis in dairy cows. **Strep Uberis** is found in the environment and is usually classed as a cause of environmental mastitis along with **E Coli**, unlike **E Coli**, **Strep Uberis** can persist in udder tissue to become capable of spreading to other cows during milking and can therefore be classed as both environmental and contagious cause of mastitis. Chronic carriers do exist. In most herds **Strep Uberis** and **E Coli** are the predominant causes of clinical mastitis.

## What to do next?

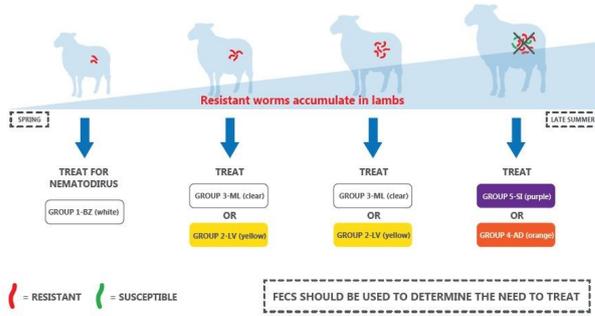
Sampling clinical mastitis cases and high cell count cows will help to determine which mastitis pathogens are present in your herd.

Numerous different bacteria can cause mastitis cases and because treatment and prevention strategies will vary depending on which bacteria predominate in you herds, it is worthwhile collecting milk samples from clinical mastitis cases before they are treated and having bacteriology carried out at the surgery to see which bugs we are up against!

A protocol for correct collection of milk samples is on our website or for more advice please contact the surgery.



# BREAK WORMING DOSE- ARE YOU USING THIS STRATEGY?



Break dose worming is when we use one of the new anthelmintic wormer groups, **Group 4-AD Orange** or **Group 5-SI purple**, as part of the routine wormer programme to help slow resistance to wormers. The aim is to kill all resistant worms that have survived the grazing season and reduce the contamination levels for next year as well as maximise growth rates in lambs. It can't be emphasised enough how vitally important it is that we use this strategy correctly. Wormer resistance **IS A REALITY**, and has been seen this year in several flocks. Thankfully the weather has been kind to worm burdens this year but think what a pickle we will be in if we break the "break" dose and develop resistance to these new classes of wormers.

<b>DO</b>	<b>DOSE LATE IN THE SEASON AFTER WE HAVE USED THE OTHER GROUPS OF WORMERS.</b>
	<i>If you dose too early the lambs won't have been exposed to all worms and you are not getting the benefit. The timing is therefore going to be different for lowland early lambers to April born horned lambs</i>
<b>DON'T</b>	<b>NEVER DOSE AND MOVE WITH THIS STRATEGY.</b>
	<i>Lambs must have exposure to worm burden straight away after dosing to prevent developing resistance to G4 or G5</i>
<b>DO</b>	<b>DOSE ALL THE LAMBS , DON'T LEAVE THE MINIMUM 10 % UNDOSED AS RECOMMENDED WHEN USING GROUP 1,2 OR 3 WORMERS.</b>
	<i>The aim is to clear out all worms, not leave a mixed population to dilute resistant ones.</i>
<b>DO</b>	<b>DO A WEC TO MAKE SURE THERE ARE WORMS PRESENT AT A SUFFICIENT LEVEL.</b>
	<i>There is absolutely no point dosing if there is not a worm burden.</i>
<b>DO</b>	<b>DO A POST DRENCH TEST TO MONITOR FOR RESISTANCE.</b>
<b>DON'T</b>	<b>NEVER DOSE ADULT SHEEP WITH G4 OR G5 WORMERS AS A BREAK DOSE.</b>
	<i>The only time these wormers should be used in adult sheep is as a quarantine dose.</i>

## EMAILING INVOICES

Just to remind you all that we are now able to email invoices and newsletters rather than posting them out. This is something which many of you have already signed up to, but for those of you who haven't please read on.

In order for us to email your invoice to you **we need the email address that you want the invoice to be sent to. Also, you MUST have signed a GDPR (General Data Protection Regulation) form which we hold on file to say that you are happy for us to send emails to you.** If you would like to receive your invoice by email, please contact the office to ensure that we have the correct details and a signed GDPR form for you. Please remember to check your **junk mail folder** for your invoice until you have added us to your contacts. Some inboxes do not allow submissions from email addresses with generic names such as 'info@' so you may need to change your preferences in settings to receive our emails.

If we do not hold an email address for you or the GDPR information we hold on your account does not allow us to send an email you will receive your invoice by post as usual.

## BENTHAM BOX

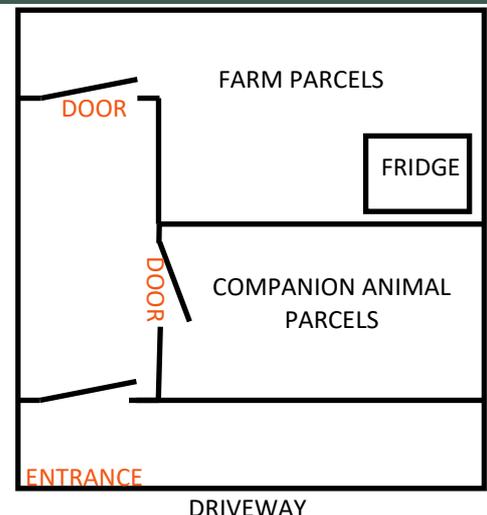
For all of you who collect parcels from the Bentham surgery box we have had an upgrade!

The collection point has now been moved into the garage which is located at the rear of the building.

As you can see from the diagram there is an entrance door which takes you into a corridor. The first door on your right takes you into the companion animal collection box, the door facing you at the far end of the corridor takes you into the farm animal collection box.

On each door is a keypad. The code is unchanged for entry.

Please don't forget, if you have a fridge item as part of your parcel this will be in the fridge for you to collect, not in with the other items.



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[www.daleheadvetgroup.co.uk](http://www.daleheadvetgroup.co.uk)

