

# FARM ANIMAL NEWSLETTER - MARCH 2021 COLOSTRUM SUBSTITUTES FOR LAMBS

As discussed at our recent online sheep meeting there is a wide variation in the quality of commercially available powdered colostrum substitutes for lambs.



Colostrum is essential to provide energy and antibodies, protecting lambs against infections such as rattlebelly, joint ill and lamb dysentry. A lamb should receive 50ml colostrum/kg liveweight as soon as possible after birth and 200ml/kg over the first 24 hours. It can be a big ask for the ewe to provide this much colostrum especially those giving birth to multiple lambs, for instance a ewe giving birth to triplets averaging 3.5kg each needs to provide over half a litre of colostrum immediately following birth to satisfy her 3 lambs. Powdered colostrum can be used to supplement the ewe's own colostrum.

As you can see from the graph the antibody content of all powdered colostrums is less than that of the ewe but two of the best commercially available colostrum substitutes are the two which we have available at the surgery **Immucol and Lamaid**.

#### **Key points**

- Colostrum (or colostrum substitutes) should be administered ASAP after birth and definitely within the first 6 hours because the lamb's gut absorbs more of the antibodies into its body during the first few hours of life.
- Ensuring good colostrum intakes will reduce the number of lambs dying from infections such as rattlebelly, navel ill and joint ill in the first few weeks of life and reduce the use of antibiotics in newborn lambs.

### LEPTOSPIROSIS, BVD AND LUNGWORM (HUSKVAC) VACCINATIONS PRIOR TO TURNOUT

In the spring, prior to turnout, is when the majority of breeding cattle are vaccinated to give protection against BVD and Leptospirosis. In addition to single annual boosters for cattle already in a vaccination system, previously unvaccinated animals may require a course of 2 injections approximately 4 weeks apart to become fully protected (**BOVELA BVD** vaccine just requires a single injection followed by annual boosters).

It is recommended to complete the initial vaccination course prior to service so consideration needs to be given to which animals are going to be served through the summer. It is particularly important that BVD vaccinations of replacement stock are completed prior to service to avoid infection of susceptible animals during the first 3 months of pregnancy leading to the production of PI (Persistently Infected) calves.

Although we don't know of any supply problems with BVD and Leptospirosis vaccines this spring (**Leptavoid H** is only available in 25 dose bottles) we would recommend ordering early if you know your likely vaccine requirements.

Farms that vaccinate heifer replacements against lungworm will also need to vaccinate calves over 2 months of age with 2 doses of **Huskvac** 4 weeks apart with the second dose being at least 2 weeks prior to turnout.

For further advice on the most appropriate timings for vaccination protocols, which vaccines can be given at the same time and which worming products may be most appropriate after lungworm vaccination, please speak to one of the farm vets.



# Worming Ewes around Lambing



Traditionally we worm ewes around lambing time to decrease the quantity of worms that are passed out onto pasture by pregnant and lactating ewes which then go on to develop in the spring and summer.

When a ewe is heavily pregnant or milking hard her immune system comes under pressure, this is when roundworms which have been dormant and controlled by the sheep's immune system start to resume their lifecycle. We tend to see this activity from 2 weeks before to 4 weeks after lambing and it is known as the peri-parturient rise (PPR).

# Therefore our advise is to only dose adult ewes around lambing time as a routine worming treatment but even then, due to concerns about anthelmintic resistance, we would not recommend blanket treatment of all ewes.

We need to alter our worming programmes to slow down resistance. Our advice is to **worm strategically** and not blanket treat all the ewes.

#### Target the sheep that are most likely to be passing worms:

- •Hoggs, gimmers and young ewes
- •Ewes carrying twins and triplets or quads
- •Ewes with a low body condition score
- •Leave at least 10 % of the ewes untreated. This means any resistant worms will be diluted.
- •Use a wormer that is likely to be effective. This relies on you knowing which drugs you have resistance to. It would be safe to assume that white drenches are ineffective as 98% of flocks have white drench resistance.

•Treat the ewes in the 2 weeks pre- 4 weeks post lambing. Earlier or later results in the dose not being as effective and the damage may have already been done.

•If using 2% Cydectin it is really important that the whole ewe flock is not treated. This long acting wormer will prevent the ewes being exposed to worms for a number of weeks and will affect the immunity to worms. Recent advise from SCOPS is that this product should not be used on an annual basis in any flock.

•Best practice is to do a FEC on the hoggs/shearlings and thin triplet carrying ewes to see what the worm status is. Ewes in good body condition do not shed a significant amount of worms, and therefore do not need worming. We have several farms that have not wormed ewes for several years- think of the saving !

### **DON'T BE LAME!**



With the disgusting weather we have had and lambing time either upon us or not in the too distance future, the decision to house sheep is fast approaching. So now is the time to prepare and prevent! The infectious bacterial diseases, footrot and scald, are the most prevalent causes of lameness in sheep, however CODD (contagious ovine digital dermatitis) is on the rise.

Scald is caused by the bacteria *F. necrophorum* which occurs naturally in the soil. Footrot is caused by *Dichelobacter nodosus*, which is carried by infected sheep and remains infectious for a maximum of 10 days on contaminated pasture or bedding material. This means the feet of infected sheep are the main source of contamination. Sheep should be free from foot rot when housed as cases can escalate and spread quickly. Any lame sheep should be treated and isolated from the rest of the group. Regular foot bathing, adequate bedding and lime spread in high traffic areas will aid in keeping the bacteria low, sterilise the bedding and reduce the rate of transmission. Persistently infected sheep need to be identified and those that do not fully respond to treatment should be culled, as they are a source of infection to the rest of the flock.

The greatest risk of a CODD outbreak in a flock is from bought-in stock. Sheep with CODD can be carriers and not show obvious signs of lameness. Therefore, attention to foot health should be paid when purchasing sheep. Contagious ovine digital dermatitis (CODD) is clinically different from foot-rot. The main variation is the origin of the initial lesion at the coronary band. Infection start at the junction of the coronary band and the wall of the hoof then invades the sensitive laminae underneath the horn. CODD lesions starts small but as the disease progresses it causes separation of the wall of the hoof and the coronary band spreading downwards towards the toe. CODD usually affects either claw, the cleft and often the skin above the hoof. The horn may completely detach, but unlike 'normal' foot-rot, the coronary band where new horn is produced may be permanently damaged, resulting in the animal needing to be culled. There is often rapid shedding of the whole horn case, leaving a raw digital stump. The condition is extremely contagious so isolating suspected cases is imperative to reduce to risk of transmission. Please speak to one of our farm vets if you suspect a case of CODD as conventional foot-rot treatments are not effective

To discuss lameness in sheep, please do not hesitate to get in touch.

# THE DREADED DOWNER COW

A downer cow can be one of the most rewarding "easy fixes" or one of the most frustrating cases you deal with. What is a downer cow?

A downer cow is poorly defined; however, the accepted definition is a cow that is recumbent and unable to stand for more than 24 hours after the initial cause is identified and treated. The key is to act swiftly and confidently to lower the risk of a "downer cow". Firstly diagnose the cause, and then nurse the cow appropriately.

#### Causes

There are several causes for a cow to become recumbent, which can be established by the animal's history and a thorough clinical exam. Often the cause can be categorised into one of the following:

- Metabolic imbalances: The most common cause of downer cow syndrome is a complication of peri-parturient hypocalcaemia that do not fully respond to calcium treatment.
- Trauma: Paralysis after calving is another common cause, but it is important not to rule out bulling injuries or severe fractures.
- Toxaemia: Mastitis, metritis and other toxicities can also be a cause a of downer cows.

#### Timings and impact

• When a cow has been down for six hours the cow damages its muscles, nerves and joints due to its bodyweight.

#### Management and treatment

• Regardless of the initial cause for recumbency, while a cow is down she develops pressure myopathy due to her own bodyweight. Therefore, swift and efficient management of these downer cows is crucial, and the labour cost and the cow's prognosis must be assessed before determining how to proceed. If the cow is lactating, she must be milked if

down for more than 12 hours, this is to reduce mastitis risk. Additional complications of recumbency can include acute mastitis, pressure necrosis or ulcers and further traumatic injuries to her limbs from attempts to rise.

- Downer cows are often hypocalcaemic; however, when she fails to respond to treatment, monitoring blood minerals is essential for management. They can be additionally supplemented with potassium, phosphorus and magnesium therapies.
- Food and water must be within the cow's range and it is important to ensure – if she isn't penned alone – that the other cows aren't eating and drinking her supply. If she is not drinking by herself, fluid therapy should be considered.
- The cow must also be moved frequently and assisted, with particular attention paid to the hindlimb she is lying on. This may be done with a lifting harness or hugging lifters.
- NSAIDs can help target anti-inflammatory actions, as well as making the cow more comfortable.



# MEETING UPDATE

# **BVD Stamp It Out—Final Meetings**

Over 100 of you have signed up for the national 'BVD Stamp It Out' campaign, many of you attended the initial 'cluster' meetings at Gisburn Auction, Bentham Golf Club or North Ribbesdale Rugby Club before COVID struck or individually on farm recently.

You will have had initial screening tests carried out to identify your herds disease status and where necessary further tests carried out to identify PI (Persistently infected) cattle.

We now need to deliver a final meeting to present the findings from our testing demonstrating how widespread the infection is in our area, the impact it can have on farms and what measures should be taken going forward to control and eliminate the disease. Unfortunately the only way can hold these meetings is online at the moment. We will be holding several of these meetings the first of which will be held on **15th March at 7.30pm**. If you are able to attend please contact the surgery and we will provide you with a link to sign up.



# **Abortion Control In Sheep**

Any farm experiencing over 2% abortions or premature lambings is likely to have an infectious cause of abortion present. It should always be assumed that any ewe which aborts is potentially contagious to other sheep and to isolate her from the other ewes and remove any aborted lambs and afterbirths as soon as possible. Many of the causes of abortion in sheep can also infect humans, so strict hygiene measures such as wearing gloves should be taken when handling abortion material. It is always worthwhile having samples tested to determine the cause of the abortions as control measures and future vaccination recommendations will vary depending on the cause. We have already diagnosed Enzootic abortion, Toxoplasmosis and Staphlococcus Equorum this spring.



If no abortion material is available then blood samples can be taken from barren ewes, aborted ewes or those having premature lambs which can be tested for the evidence of exposure to Toxoplasmosis and Enzootic abortion. The lab fees for processing the bloods are free of charge. For more information about abortion control in sheep please contact the surgery to speak to one of the farm vets.

### Have you heard of Cowsignals<sup>®</sup>?

**COWSIGNALS**<sup>®</sup> Cowsignals Training Programme is a series of courses created for dairy farmers, farm managers and farm staff.

They are practical, cow based courses looking at every aspect of a dairy cow's life. By utilising cow signals we can identify the pressures on our dairy cows and look at practical ways to prevent disease increasing both productivity and number of lactations.

Andrew has qualified as a Cowsignals Advisor - so watch this space for Cowsignals activities coming soon!

### **NEW ROLES AND NEW PEOPLE**



One or two of you may have noticed a change in staffing when ringing the surgery or collecting parcels, so let us update you! Karen Gardner who previously worked in reception has taken on the role of 'Farm Vet Tech Assistant' working along side Vet Tech Anna. Karen started the role in January and is enjoying all aspects of the job including assisting vets with lambings, working in the lab and on farm visits with Anna and the vets. Karen grew up on her families local sheep and beef farm and has always had an interest in farming. She is currently studying for her AMTRA qualification.

We have also gained a new addition to our team; Harriett Robinson. Harriet joined the practice in January and comes from an extensive background in customer relations in the hotel sector. She grew up locally on a farm and has been working with animals from a young age so making the move to join our reception team seemed like an ideal opportunity to combine her love for animals with her client communication skills. In her spare time Harriet enjoys spending time with her horse and competing as well as walking with her little dog!

# **PRODUCT NEWS**

AVAILABILITY

**Rispoval 4:** Calf Pneumonia vaccine which has been unavailable for several months should be back in stock in early March.

Lactating cow tubes: In addition to Ubropen and Ubrolexin tubes we now have supplies of Synulox LC back in stock and an equivalent tube to Tetra Delta available. To review your choice of tube, please consult with one of the farm vets.

#### SHORT DATED DRUGS

Bovicalc Dry Cow Bolus: Bovicalc Dry bolus are given to high yielding dairy cows at drying off as an aid to stopping milk production thereby reducing the risk of running milk and decreasing the risk of mastitis both during the dry period and into the next lactation.

Closamectin Pour on: For beef cattle and dairy youngstock which haven't been fluked since housing and are carrying a fluke burden.

#### Short dated drugs are available at up to 50% discount price. Contact the surgery for more details.



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