alnorthumbria veterinary group

Newsletter

March 2019

We are off to a good start with the spring it would seem. The pace of work has certainly picked up as have the late night calls.

Lambing lists are available to get you organised for all your lambing needs. Please remember to place your lambing/ calving order at least 24 hours in advance so we can have it ready for you.

It is time for blood sampling ewes for metabolic profiling which checks the protein and energy status of the ewes to minimise problems come lambing time. Ideally 5 ewes from each group are done 3 weeks before lambing.

Congratulations to J and E Campbell of Rosebrough Farm who have won the "Family Run Farm of the Year" in the Northern Farmer Awards 2019!

Don't Forget to Use

- **Bovela and Spirovac**—Cattle vaccinations given before turnout.
- **Rotavec Corona**—Vaccination for cows 3-12wks pre-calving to prevent scour in calves.
- **Ewe-Go**—For twin lamb disease.
- **Heptavac P**—For ewes 4-6wks pre-lambing.

Attention: Betamox LA

Betamox LA 100ml has a new, longer withdrawal period with immediate effect.

WITHDRAWAL PERIOD
Cattle:
Meat and offal: **28 days** (was 23 days)
Milk: 84 hours
Pigs:
Meat and offal: **19 days** (was 16 days)
Sheep:
Meat and offal: **19 days** (was 16 days)
Not for use in sheep producing milk for human consumption.

Worming Ewes at Lambing

Dormant larvae upon resuming development in the spring can be a source of pasture contamination and can cause scours in lambs in the summer. When worming ewes to combat the peri-parturient rise, current SCOPS guidelines state to leave 10% of ewes untreated to combat worm resistance. We would suggest fit, single-carrying ewes. Use a product that is active against dormant larvae.

Please don't leave ANY untreated if you are trying to eliminate scab from your flock.

Scabivax Forte Application

It is a good time to highlight the correct application of Scabivax Forte as recently it has been highlighted as an issue:

1) Load the bottle
2) Prime the applicator by pointing towards the ground and pump roughly 10 times to get the first drop of vaccine onto the applicator prongs.
3) Apply the vaccine in the **axilla** (between the top of the foreleg and the chest wall). Avoid application in the groin region as it can cause a severe reaction. You can use behind the elbows in ewes. Hold the applicator at 45° and ensure both the wires of the applicator and in-contact with the skin area. Press the applicator prongs firmly into the skin and make a single scratch approximately 4-5cm (2") long. The scratch should break the skin but not draw blood. Each pump delivers one dose of vaccine.

Five Point Lameness Reduction Plan—Henrietta Bowie

Thankyou to everyone that came along and participated at the recent meeting on sheep lameness. One of the things that the meeting has highlighted is the lack of awareness of the "The five point plan for l ameness reduction in sheep" so I thought I would explain it.

The five point plan has both a treatment and preventative approach to reducing the lameness level within a flock to ideally < 2%.

The first step is to **cull** badly or repeatedly affected animals. Think 2 strikes and they are out. By getting a way of marking sheep that you have caught and treated for footrot then if they are repeat offenders they are better removed from the flock as they become a constant source of infection and by removing them the flock will become more resilient.

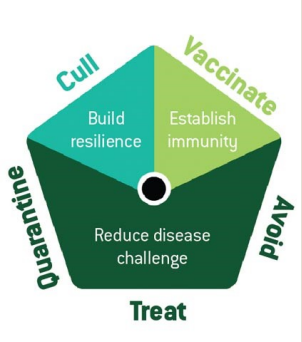
The next step is to **treat clinical cases early**. Each incidence of lameness in the flock will cost on average of £8.38 per ewe in the flock. If you can treat within 3 days of seeing the lame sheep then the financial and performance benefits for the entire flock will be seen.

The essential third step is to **quarantine all incoming animals**. Footrot can survive on pasture for 10 days. By not quarantining incoming sheep into the flock you are putting yourself at risk of introducing footrot into your flock or a different strain of the footrot bacteria if you already have footrot. Planning ahead means that you can avoid spreading lameness as well as other diseases into the flock if you isolate them for 4 weeks after introduction to the flock.

The fourth step is to **avoid spreading infection at gathering and handling**. To achieve this then consider some of the following;

- Foot bathing if appropriate and practical with the right concentration of formulae
- Mobile handling unit
- Clean and well drained handling area
- Gravel entrances to the handling facility to avoid poaching
- Lime around water troughs
- Graze one field and then the next so the pasture is free from footrot if it hasn't been grazed < 10 days earlier.

The final step to consider is **vaccination** to stimulate immunity. Footvax can be used if footrot is present in the flock and contributing to the lameness problem.



Calf Scour

Scour is a widespread and costly disease causing poor growth and sometimes death in young calves. Calves with diarrhoea often have a high temperature, are dehydrated, become depressed and are less likely to feed. They also act as a source of infection for other calves.

Rotavirus and Coronavirus

These are the most common causes of diarrhoea in young calves. As viruses they will not respond to antibiotics so supportive therapy to relieve the symptoms is the only option to allow the calf's immune system to try and fight the infection:

- Fluids and electrolytes to treat dehydration: most commonly orally using Rehydion Gel which is useful as it can be mixed with milk or water reducing the number of separate feeds required.
- In severely dehydrated animals putting calves on an intravenous drip may be necessary .
- NSAID's (e.g. Meloxidyl) if the calf has a temperature – they will decrease it and make the calf more likely to want to feed.

E. coli

This usually affects very young calves less than a week old. This bacterial infection can be severe and cause calves to become seriously unwell; it usually requires intensive fluid therapy in addition to antibiotics.

Cryptosporidiosis

This is a protozoan parasite and infection can result in a long-lasting diarrhoea which will only respond to 7 days of Halocur. If confirmed all calves in the batch should be treated.

A ten minute, easy test is available to determine the cause of scour requiring just a small amount of faeces. The test can detect whether Rotavirus, Coronavirus, *E.coli* or Crytosporidium are present and can be done at the surgery. For some other causes of scour and for antibiotic sensitivity testing, the sample has to be sent to a lab.

Prevention

- **Hygiene** is key to reduce transmission of infectious agents. Bedding should be clean and dry and replaced between batches of calves, infected calves should be isolated and calves of different ages should not be mixed.
- **Vaccination** is also a useful tool: **Rotavec Corona** protects calves from Rotavirus, Coronavirus and *E.coli* through vaccination of the cow.

  - A single injection of vaccine 3-12 weeks before her expected calving date increases the amount of antibodies in her colostrum.

  - It is then vital to ensure the calf receives adequate colostrum from the vaccinated dam – around 4L of colostrum within the first 6 hours of life.

  - Immunity will persist for as long as the calves continue to be fed with colostrum; suckled calves will receive this naturally, dairy calves should be fed stored colostrum from a cow's first 6-8 milkings. Generally after 2-3 weeks calves develop their own immunity.