

THREE RIVERS VETERINARY GROUP

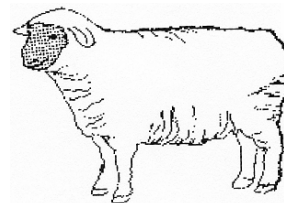
FARM ANIMAL PRACTICE

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SHEEP PRACTICE.

WINTER 2008 NEWSLETTER.



Liver Fluke Disease.

This year there is a risk of a high prevalence of liver fluke disease and you are all advised to treat for it this autumn.

Survey shows need for abortion vaccinations

Latest results from Intervet/Schering-Plough Animal Health's annual Flock Check survey revealed that almost two-thirds of flocks tested were positive for toxoplasmosis. Yet a survey of farmers this summer showed that two-thirds don't vaccinate for it.

This leaves flocks at risk of barrenness, abortions and the birth of sickly and weak lambs. These typical signs of toxoplasmosis were reported by farmers surveyed and suggests that ewes could have been infected while pregnant last year. Some 15% of the farmers had had lower scanning percentages than expected; 12% saw more abortions; while a further 15% said that they had seen weak and sickly lambs. Such losses easily erode performance and profitability.

Although sheep develop their own immunity to toxoplasmosis, particularly when infection occurs at any time other than pregnancy, it's a risky policy, to hope that infection occurs when ewes are not in-lamb.

The scale of damage caused by the protozoa depends on the stage of pregnancy. In the first 60 days, the foetus is re-absorbed and the ewe appears barren. From 60 days, there is abortion in late pregnancy with mummified foetuses, stillbirths or weak and sickly lambs that often die.

The most reliable form of protection is using a live vaccine such as Toxovax®. This requires a one-off injection for the whole flock, after which only replacement females will need to be vaccinated.

Any flock with barren or abortion rates greater than 2% should investigate the cause. Talk to the practice about ordering supplies of Toxovax to protect your flock this winter.

Controlling Lameness.

Lameness remains one of the most important health and welfare issues facing sheep producers. It can have significant adverse effects on the economic performance of the flock.

Footrot, the commonest cause of lameness in UK flocks, is the prime example, with control programmes being most effective if action is taken on a whole flock basis. The key thing to understand is that footrot can be controlled with a dedicated whole flock approach, and is not something that we simply have to live with.

The first step must be to diagnose the actual cause of lameness in affected sheep. Whilst footrot is the most common condition, there are other causes of lameness, including scald and Contagious Ovine Digital Dermatitis (CODD) for example, and it can be easy to confuse the symptoms. Farmers should consult the practice to make an accurate diagnosis based on the clinical examination of a significant number of sheep, because the treatments required may differ.

Effective Diagnosis.

Scald can usually be controlled with footbathing, but CODD is more difficult to treat and so the objective must be to work us to keep this disease out of the flock. Footrot is a

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highly contagious condition that, if left uncontrolled, can have severe economic and welfare consequences.

The only way to break the footrot cycle is to undertake a **WHOLE** flock control programme. The 'best practice' control programme starts by vaccinating and footbathing all sheep, then splitting the flock into two groups: those sheep that are obviously infected and those which are not infected. This simplifies the treatment regime, reduces the disease challenge for uninfected sheep and helps identify those animals not responding to treatment for culling.

Infected sheep should be given an antibiotic injection and walked through a footbath every five days. After three footbath treatments, any sheep that have not responded should be considered for culling.

Uninfected sheep should be footbathed and moved onto clean grazing. If it is not practical to segregate uninfected and infected sheep, make sure all the animals are footbathed every five days.

Vaccination.

Annual vaccination should be a central part of the programme for all sheep that face a footrot challenge, with additional booster doses being used to treat infected animals. Vaccination with Footvax provides effective treatment for infected sheep, as well as long-term protection. A single injection of the vaccine can be used to treat footrot because antibodies are produced against *D. nodosus*.

Sheep do not produce a natural antibody response to *D. nodosus*, which means they will never develop a natural immunity to footrot so will remain susceptible year after year. This is why vaccination is so important.

An initial 1ml injection will stimulate adequate antibody response to treat existing infections and prevent new ones for up to five months. But it is advisable to vaccinate again four to six weeks later for improved cure rates and longer on-going protection. Thereafter, an annual booster should be sufficient to keep footrot at a manageable level.

Footbathing and Foot Trimming.

Footbathing and foot trimming are integral parts of overall foot care in UK flocks, and used in conjunction with vaccination will improve overall disease control, but they are not cures for footrot in isolation.

Foot trimming can be an important aid in the diagnosis of different lameness conditions, but should be carried out sparingly and must never draw blood.

Excessive trimming is itself a common cause of lameness in sheep, and soft tissue damage can cause a toe granuloma (or 'strawberry'). Footbathing applies a topical disinfectant that may not penetrate sufficiently into the infected hoof to control footrot, but it is usually effective in controlling scald in lambs.

Under any circumstances, it is important to ensure that footbath design is suitable to accommodate enough contact with the treatment solution, as appropriate for the chemical being used.

Johne's disease.

Johne's Disease is most commonly thought of as a cattle disease; however it can have a significant impact in sheep flocks as well. The main clinical sign is chronic progressive weight loss rather than the pipe-stem diarrhoea seen in cattle.

As many other diseases, such as poor dentition, chronic liver fluke, Jaagsiekte and Maedi are characterised by chronic weight loss, Johne's cannot be diagnosed on clinical signs alone. A diagnosis of Johne's is generally only made as the result of investigation into ill-thrift, and, because ill-thrift is not routinely investigated, Johne's disease is almost certainly under diagnosed in sheep.

Despite this under diagnosis, most National Animal Disease Information Service (NADIS) monthly reports contain a reference to Johne's in sheep, with most of these reports coming from flocks in the south-east of Scotland.

In the NADIS database 2.7% of flocks have recorded cases of Johne's. Taking the under diagnosis into account, this suggests that the level of disease in the UK flock is likely to be as high as, if not higher than, the level of 5% recorded in New Zealand where investigation of ill-thrift is more common.

The NADIS data show a clear difference between lowland and upland flocks in the rate of diagnosis, with none of the lowland flocks in the NADIS database having recorded Johne's disease, whereas the rate in the upland and hill flocks is 4% of farms. So take care when buying in stock that you don't introduce it into your flock.