

Leptospirosis



Leptospirosis causes milk drop, abortions and infertility in cows. Two strains of *Leptospira hardjo* are responsible for the disease in the UK. Risk factors for infection include contact with sheep (which are silent carriers of the disease) and untreated water courses. It has been estimated that up to 80% of beef herds and 55% of dairy herds are infected with leptospirosis.

What is your herd status? We can provide FREE laboratory testing of bulk milk samples or bloods.

Leptospirosis is also zoonotic causing severe flu-like symptoms in humans. Transmission to humans is most commonly acquired by contact with urine (e.g. in the milking parlour) or abortion material.

Leptavoid H is a vaccine against both *Leptospira hardjo* strains which greatly reduces the risk of infection and reduces urinary shedding in infected animals. With spring being the time of greatest transmission, now is a good time to booster vaccinated animals or commence a vaccination programme.

Bluetongue Reminder

The time has come for your annual Bluetongue booster and primary vaccination for young animals.

Adult stock who were vaccinated last year, require just one 1ml jab ideally before turn out. This applies for sheep, cows, goats and alpacas.

Calves, lambs, kids and crias, who have not previously been vaccinated require a vaccination course of two doses, each of 1ml under the skin. The first one should be performed from 4 weeks of age to prevent interactions with maternal antibodies. The second dose should be given approximately 3 weeks later.

Immunity will be achieved approximately 3 weeks after the second vaccination.

REMEMBER: Do not use Bluetongue vaccine at the same time as another vaccine. Leave 2-4 weeks between vaccines.

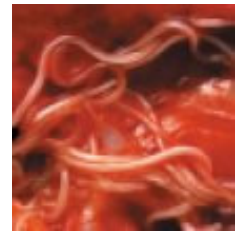


FlockCheck

The UK flock could be losing one in six of its lambs in the period up to and immediately after birth. As in previous years Intervet are funding the laboratory testing of **6 ewes** that were barren, aborted or had still born lambs per flock for **Enzootic abortion** (*Chlamydia*) and **Toxoplasma**. These are the two most common infectious causes of abortion in sheep and we have effective vaccines for both diseases. Just one vaccination with Toxovax is sufficient to protect sheep for life from toxoplasmosis and there are some good deals to be had on *Chlamydia* vaccines.

Lungworm

The wet weather of last summer increased the incidence of Lungworm (Husk) in our area. This debilitating, often fatal, disease is caused by the worm *Dictyocaulus viviparus*, which is picked up as larvae from the grass while cattle are grazing.



Typically young stock in their first grazing season are affected in late summer, early autumn. Adults are usually not affected as they have built up their own immunity through “trickle infection” of worms. However, naïve cows were developing clinical disease last season, due to the high doses of infectious larvae on the pasture. There is also risk to second season animals that have been wormed during their first season with continuous release boluses, as they have had no chance to build up natural immunity to the worms.



The best way of preventing lungworm infection in your cattle is by vaccinating with Huskvac® 6 and 2 weeks before turnout. This vaccine contains inactivated larvae, which stimulate an immune response. This immunity is then maintained as the animals pick up worms from the pasture, reinforcing their cover. Because the vaccine contains live larvae, the animals can not be treated with a wormer at the same time as this will kill the vaccine. There should be a least two weeks between the second dose of the vaccine and worming.

Coccidiosis

Coccidiosis is caused by single-celled, resistant organisms called Coccidia. They live in animals’ large intestine and are a major cause of diarrhoea in young animals – including calves, lambs, kids and crias.



Most species of coccidia do not cause any disease and the animal does not become ill. However, if the animals are stressed and their immune system is compromised or they are subjected to a high burden of pathogenic coccidia, then clinical disease may occur.



Animals are usually between 3-6 months old, but can be up to 2 years. Often there is very loose diarrhoea with or without blood and straining (less so in goats and alpacas), severe weight loss and severe dehydration. Occasionally the only clinical sign will be weight loss. Subclinical infection is also common - reducing growth rates.

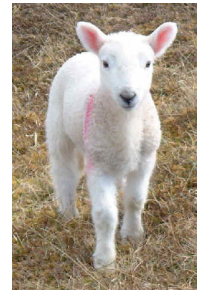
Treatment consists of an oral drench called Vecoxan®, which can also be used to prevent the disease on farms where the organism is known to cause a problem. Cleanliness is also important – sheds containing infected animals should be depopulated, cleaned out and disinfected with an oocidal disinfectant (that kills the coccidial eggs). The eggs (oocides) are extremely resistant to most disinfectants so make sure that the disinfectant has a claim to work against coccidia.

Changes to Clinical Waste disposal

For once the regulations have got simpler! All **used syringes, empty medicine bottles or vials** and **out of date drugs** no longer have to be separated and can now be disposed of **altogether** in 60 litre **sulo bins**. **Needles** should be put in the 5 litre **sharp bins** as before. It’s a good idea to just put the needles in the bin rather than in their plastic sleeves so that they take up less volume.

Watery Mouth in Lambs

Newborn lambs are born with immature guts and no circulating antibodies so they are very prone to picking up bacteria from their environment shortly after birth. It is then a race between getting enough antibody from their mothers colostrum to protect them and the bacteria being able to colonise the gut and produce toxins leading to lambs becoming sick and showing the classic "watery mouth" symptoms.



Premature or weakly lambs and triplets are often first to succumb to the disease but if environmental levels of E-coli are high, a high percentage of lambs can be affected. Levels tend to build up in the lambing pens and it's common to see the problem escalate as lambing progresses. Affected lambs are dull, off suck, look "full" or distended and often have saliva under their jaw making them wet. Treatment needs to be given rapidly and consists of antibiotics, laxatives, and fluid replacer but mortality levels can be quite high.

Prevention is based on keeping the lambing environment (and the ewes udder) as clean as possible to reduce the challenge and giving the lambs plenty of colostrum within the first 2 – 3 hours after birth (approx 50ml/kg per feed and 210ml/kg in the first 24hrs).

Remember ewe milk replacer gives energy but no antibody protection and colostrum substitutes are unlikely to contain farm specific antibodies (unlike their mothers who are exposed to the local strains all the time). Antibiotics can be used as a prevention in farms experiencing problems but they ARE NOT A SUBSTITUTE FOR GOOD MANAGEMENT!

The two most commonly used antibiotic products are oxytetracycline tablets (2 per lamb) and Spectam Scourhalt which should be given as soon as possible after birth. The aim is to kill the bacteria before they have chance to colonise. Ideally target the lambs most at risk (ie. premature, weak, multiples or from ewes with insufficient colostrum). In outbreaks it may become necessary to blanket treat all newborn lambs. Remember lambs given preventative antibiotics still need adequate colostrum and clean pens.

If you have a particularly milky ewe or one who has lost lambs, it is often worth milking extra colostrum and freezing in old yoghurt pots to use for susceptible lambs at a later date. Defrost slowly in warm water, reheating it in a microwave will deactivate the protein and make antibodies ineffective.

Colostrum in Calves

Just like lambs, calves are born with no circulating antibodies and are just as prone to picking up environmental infections in the early period after birth. Generally a calf should receive 5-6% of its body weight (i.e 2 – 2.5 litres) as colostrum within 6 hours and a further 5-6% within 12 hours. By 24 hours the gut begins to "close" and can't absorb further antibodies so this is a critical window to ensure enough has been taken.

Commercial colostrum substitutes and pastes do contain some antibodies, but although better than nothing will not necessarily be enough or of the correct strains as mothers colostrum. Maternal colostrum can be frozen and gently thawed to give to other calves and in some herds feeding back pooled colostrum can be very helpful in dealing with scouring problems. However, as with all good things there can be a catch, if you have Johnes disease this can be an effective way of transmitting the disease to other calves and caution should be exercised when bringing in colostrum from other farms of unknown health status.

Colostrum intakes have a big effect on general calf health but probably most impact on the incidence of calf diarrhoea in a herd. This usually starts within the first 10 days of life and can be bacterial, viral or parasitic (cryptosporidia). Rotavirus is one of the most common causes of scour and can be extremely infectious. It causes profuse watery diarrhoea and can lead to rapid dehydration and death in some calves.

A one shot vaccination of dams with Rotavec Corona in the last 3 months of pregnancy gives good levels of protective antibody against Rotavirus, coronavirus and E-coli. in the cows colostrum. This is a good control method but does rely on calves getting adequate colostrum within the critical post calving period. It is especially useful in sucklers as they continue to take in antibody which although not absorbed well after 24hrs will coat the intestines and give continued protection. In dairy cows supervised suckling or bottle feeding gives best results but pooling colostrum may be helpful in outbreaks.

Colostrum intakes can be checked with blood samples if you are experiencing problems. The practice can easily test the quality of colostrum by using a colostrometer, all we need is a 250ml sample. However, in my experience it is usually a lack of rather than poor quality that is causing problems.

We now also now have a quick in practice stick test for identifying a few of the main causes of calf scour. If you are having problems, bring in a fresh sample for us to check.

CLIENT QUESTIONNAIRES – thank you very much to everyone who has returned these. Elaine (the Scottish one you speak to on the phone) would love to improve the percentage return from 40% to 99% please do help her!