

# FLUKE

Hopefully as you are all aware, at least in the dairy world, we are massively restricted in what we can use to treat heifers and cows for fluke despite this being a potentially massive drain on the resources and economics of a farm. Previously we were fortunate enough to be able to import Douvostome which could be used at all stages of life and which had a zero milk withdrawal period. Unfortunately this product is now consigned to history, we simply cannot get it anymore.

This year we will be stocking **ENDOFLUKE** (a 10% triclabendazole product) as treatment of choice and at a highly favourable price. Like all fluke products, there are restrictions in use:

- Endofluke cannot be used during lactation for human consumption
- Endofluke can be used in the dry period, at drying off with 45 days plus 48 hours withhold
- Endofluke can be used in maiden dairy heifers with 45 days plus 48 hours withhold.

- Meat withhold is 56 days in all cases.
- Dose rate is 6ml per 50Kg, so an average 700Kg cow is 84ml.

For treating cows/heifer in milk (for human consumption), as we quite frequently have to do, we will be using **ENDOSPEC** (a 10% albendazole) which has:

- Milk withdrawal of 60 hours.
- Meat withhold is 14 days.
- Dose rate is 10ml per 100Kg, so an average 700Kg cow is 70ml.

This will also come at a highly favourable price and will be stocked.

Both the above products can also be used in sheep though perhaps the 2.5% versions of the above are a better option due to low volume issues. Please speak to Alistair about prices and availability.

## TB UPDATE FOR APRIL

The total number of tests we carried out in April was **54**.

The total number of animals tested came to **6486**. There were **zero** inconclusives and just **1** reactor.

Over the last six months to the end of April we have tested 48,128 head over 342 tests, resulting in 61 reactor and 26 inconclusive animals. We are definitely testing more animals compared with the same time period last year, and positively, overall reactor and inconclusive numbers are down. However, remember that these are averages and by definition the reactors/inconclusives are not spread around equally. TB remains a disease where the results are extremely difficult to predict.

At a recent TB meeting, some senior DEFRA people were informing the audience about the results of the "Edge" approach to TB. The Edge is a zone that separates annual testing zones from two or four years testing zones, and where testing is particularly aggressive – six monthly testing for all in Cheshire, often followed by Gamma (blood) testing of positive herds. This resulted initially in a spike of TB cases which has been followed

by a "significant reduction last quarter 2015 that has continued into first quarter 2016".

Given the initial success in reducing case numbers, and DEFRA obviously see the above as good news, Shropshire, as the next county south could well end up on six monthly testing as the policies of the Edge are extended. This is by no means certain and largely depends whether there is any money left to extend this approach. Of course, we all want to see some real action on wildlife as well.

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In amongst all the news about prices, Brexit and everything else, you may have also noticed that the O'Neill Report into antibiotic resistance was released last week. For anyone that wants to read through the full report, take a read here –

[http://amr-review.org/sites/default/files/160518\\_Final%20paper\\_with%20cover.pdf](http://amr-review.org/sites/default/files/160518_Final%20paper_with%20cover.pdf)

There are many many aspects to this report which encompasses national and international policy, doctor prescribing, ability to buy antibiotics openly in shops in Asia, but from a farm-animal veterinary perspective, undoubtedly there will be changes coming in the way we work. In a statement, British Veterinary Association President Sean Wensley said:

"BVA has opposed the introduction of arbitrary, non-evidence based target setting; such targets, to reduce antibiotic use, risk restricting vets' ability to treat animal diseases, which could have serious public health and animal welfare implications. However, we accept that evidence-based targets to reduce usage in animal agriculture are likely to form part

*Continued overleaf*



SHROPSHIRE  
FARM  
NEWS

## UPCOMING COURSES 2016/17

### AI COURSE – £475

Tim O'Sullivan

Tuesday 5<sup>th</sup> July – Friday 8<sup>th</sup> July 2016  
Tuesday 11<sup>th</sup> October – Friday 14<sup>th</sup> October 2016

### SAFE USE OF MEDS – £75

Alistair Macpherson

Thursday 14<sup>th</sup> July 2016

### INTRODUCTION TO FOOT TRIMMING – £200

Roel Driesen

Tuesday 18<sup>th</sup> October 2016

### Lambing Course – £110

Nathan Lowenstein & Emily Denton

Friday 20<sup>th</sup> January 2017 or  
Saturday 21<sup>st</sup> January 2017

**Our course costs are excluding VAT**

*Courses will be run dependant on interest and number of delegates.*

To be added to any of our waiting lists or for more information please contact Sam on:

**01743 860920**

or alternatively email:  
[samantha@shropshirefarmvets.com](mailto:samantha@shropshirefarmvets.com)

## PRACTICE/DISPENSARY TIMES

We are open 24 hours a day, 7 days a week;  
office hours:

Monday – Friday 8:15 – 5.30

From front page

of the solution to address AMR on a global scale. Therefore we are pleased that the report recognises the need for targets to be evidence-based and country-specific, acknowledging that the UK and Europe have already taken action such as banning the use of antibiotics as growth promoters. The UK poultry meat sector has done excellent work to achieve a 96 per cent reduction in the use of fluoroquinolones last year, and the UK pig sector has recently introduced an online medicines book to record antimicrobial usage, which may subsequently inform future target setting, while the UK cattle sector is actively working to implement a similar recording and monitoring system and is committed to strategies that seek to use antimicrobials only when necessary.

“The reduced use of antibiotics in animal agriculture is just one piece of the jigsaw when tackling AMR and we need to foster increased collaboration between health sectors – with the veterinary profession committed to playing its part – to ensure positive steps are taken to preserve these essential drugs for future generations.

“The current EU legislation on vets’ prescribing of antibiotics for all animals, including those farmed for food, is robust and we would like to see equivalent legislation adopted at international level.”

### So what does this mean for us as vets, or yourselves as farmers?

Right now we do not know, however, policy will likely and as always be influenced heavily by the supermarkets; our best guess is:

- Probably, in the short term, there will be legally driven restrictions on the types of antibiotics that can be used, and by whom. It is well-known that some families of antibiotics important in human medicine, are under threat, eg 3<sup>rd</sup> and 4<sup>th</sup> generation cephalosporins such as, eg Naxcel, Cevaxyl, Cobactan, Metricure, as well as the flouroquinolones, eg Marbox. These may just get banned, or may become vet-only (similar to Micotil) with each and every use having to be documented against laboratory evidence.
- Probably in time, other families of antibiotics such as some of the advanced penicillins eg, Combiclav, Synulox, or macrolides, eg Tylan, will come under similar threats.
- Probably, and almost certainly, we will have to justify the use of antibiotics with increased lab sampling to prove that there was a bacterial component to whatever disease was being looked to treat. One of the report recommendations is that each use of antibiotics can only occur with evidence, and that cannot be clinical judgement alone.
- Probably you will have to prove a certain level of competence or training to be allowed use any antibiotics on farm
- Probably, and almost certainly, there will be a considerable hike in the importance of Herd Health Planning, monitoring of disease and auditing. We want this to be a real joint

effort with us in order to get the best from your situation and not just work a box-ticking exercise. Already plenty organisations who monitor farm health are increasing requirements and this will only continue.

- There is also the possibility that things will get completely turned upside down. In some European countries, such as Denmark and Norway, vets are only allowed to prescribe medicines, not dispense them. The current head of the European Veterinary Medicines Group is Danish, and he likes their system.

### So should we run to the hills and be scared, or can we adapt, adjust and advance?

I am sure that all of you will recognise that good management, hygiene and investments in animal welfare can reduce the need for antibiotics in very many situations. We also know that targeted use of some of the other medicines, especially vaccines, Kexxtones and new products such as Velactis and Immrestore will reduce your need for antibiotics still further. Already we have seen significant numbers of our clients using selective dry cow therapy to good effect. The future of medicines on farm is certainly going to be one where we will have to stop and think before we reach for antibiotics but this need not be a negative cost impact on farm. Treating disease is almost always more expensive than prevention.

As a practice we want to help you to adjust to any changes that may come. We will certainly be discussing this with those of you who have herd health plans due for renewal and for those of you who don’t, we would encourage you to consider getting one drawn up or updated. We also run a one day, Safe and Effective Use of Medicines which you may want to consider for you or your staff – contact Sam at the office for detail.

### A farming world with fewer antibiotics certainly is achievable! – and it can be a more satisfying and profitable one to boot.

**On a related vein, please can we remind all clients that POM-V medicines need to be authorised by a vet prior to being dispensed.**

**Whilst this has never been a problem, please can we remind you to phone medicine orders ahead of time so that they can be both made ready and checked prior to collection.**

**Thank you**

# BLUETONGUE

**There have been various reports in the farming media about the possibility of a return of Bluetongue. I would refer you to the following NADIS website which gives a pretty good summary of the disease, clinical signs and effects:**

<http://www.nadis.org.uk/bulletins/bluetongue-in-cattle-and-sheep.aspx>

There are some reports of disease already being found in southern England by laboratories.

Bluetongue is a viral disease (antibiotics will not work against it, only against the secondary infection) carried by midges and was first reported on the continent a few years ago – you may remember the phased vaccination policy of the time?

### Clinical signs to be on the lookout or are:

- high temperatures
- eye and nasal discharge
- drooling, swelling and/or ulceration around the mouth
- difficulty breathing



Additionally, there could be swelling and ulceration around the coronary band and on the teats. A blue tongue is rarely a sign!! Abortions frequently follow, associated largely with the high temperatures.

Major differentials are IBR and Foot and Mouth, but plenty of other diseases can be confused in this picture as not all clinical signs appear all the time.

### There are limited ways to protect stock:

First is to try to keep the midges off the animals in the first place with fly repellents etc. This definitely has some value but can be hit or miss and sometimes is rain dependent.

Second is to consider vaccination of stock. I have just phoned around the various companies that may supply a vaccine. One has stated they expect their vaccine to be available by early July and that there is no Government vaccine policy this time, ie when the vaccine is available, it will be available to the entire country. I do not have a cost yet.

**Five/six years ago, the whole Bluetongue issue ended up being a bit of a damp squib.**

**I'm not sure this time we can rely on a repeat.**

## HERD HEALTH PLANS

One of the commonest reasons for failing Herd Health Plans is having poor information for the monitoring aspects of the Plan – Mobility, Body Condition, Cleanliness and Abrasions scores. Poor monitoring leads to poor outcomes which, when we are all having to be a lot more efficient, isn't the best result for progressing and reducing impact of disease on your farm.

We are able to provide someone who will score the above at a rate of £30 an hour. Having the information is one thing, using it effectively is another. Again, we can help to use *your* information and form a plan that suits *you* and *your* farm conditions.

This service is available now and has already been effectively used by some clients.