



# SHROPSHIRE FARM NEWS

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## TB AND THE FUTURE

You may have heard that TB testing in England and Wales is going out to tender. This is definitely now happening and should be in place for next October. The official reason for this is an EU law saying that government contracts above a certain size have to go to an official tender process. It is however more about cost savings. By putting out TB testing to the private sector, DEFRA hope to reduce the amount of money they spend, mostly from a reduction in their administration costs (which are frightening). They will still retain control over who tests what and when.

The proposed timetable is as follows:

**January 14 – March 14:** Invitation to tender.

**June 14:** Winners of each region announced.

**October 14:** New "Delivery Partner" takes over administration and the actual testing begins.

Wales is to have two regions – North and South, and England is to have five regions – North, Midlands, South East, West and South West.

Shropshire is part of the Midlands region and includes the counties of Stafford, Derby, Nottingham, Lincoln, Leicester, Northampton, Warwick, Worcester and Hereford.

So what does this mean for farmers? Shropshire Farm Vets, as a founder member of XL Farmcare, are intending to bid for and win the tender for the Midlands. In doing so, this will enable us to continue to test cattle on your farms and life will more or less continue as is. XL Farmcare will also be responsible for organising and performing the testing on ALL farms in the Midlands and this will lead to sub-contracting discussions with veterinary practices throughout the region. It may/will also be necessary to bring in specific TB testers for areas where testing is not carried out to protocol or there are issues with local testing vets.

Of course we have competitors, some of whom are looking entirely to employ teams of non-clinical vets who only test and this could well lead to a radical shifting in veterinary dynamics throughout the country. Time will tell on this one.

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There are likely to be increasing non-compliance penalties on farmers as well, not least the recent announcement linking arranging TB tests to the Single Farm Payment.

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## LAMBING COURSE

There are still places available on Nathan's lambing course to be held at the end of January, Date & Venue TBC. Please contact the practice to register interest and we will be in touch once a date is decided.

## USE OF SAFE MEDICINES COURSE

Alistair is considering running a safe use of medicines in the New Year. This would cover the bureaucratic side of medicines and all practical aspects involved on farm. Please contact the practice to register your interest.

## FARMING FUNNIES

The best from our crackers this Christmas:

What do farmers use to make crop circles?  
A Protractor .

Why did the farmer feed his pigs' sugar and vinegar?  
He wanted sweet and sour pork!

Why shouldn't you tell a secret on a farm?  
Because the potatoes have eyes and the corn has ears!

Did you hear about the magic tractor?  
It turned into a field!

What do you get if you cross an angry sheep and a moody cow?  
An animal that's in a baaaaaaaad mooooooood.

Did you hear about the snobby cow?  
She thought she was a cutlet above the rest!

What happened to the lost cattle?  
Nobody's herd.



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DEFRA are very clear and tendering for TB work every three to five years will become the norm for us all.

We will keep you informed but if you want any more details, speak to me.

Alistair

## CALF SCOURS AND ALL THAT

Calf scour accounts for around 50% of all UK calf deaths, causing financial losses to both beef and dairy farms. There are many different causes of this problem and the development of disease depends on the relationship between the calf, the pathogens, management and the environment. It is important to understand the variety of factors which can lead to this problem and assess how improvements can be made to your farm.

### Causes:

The causes of scour can be divided into 4 main groups:

- **Nutritional** - usually self-limiting, associated with poor feeding practices.
- **Bacterial** - Salmonella and certain E. coli strains, 1-3 days old.
- **Viral** - most common are rotavirus and coronavirus, 7-14 days old.
- **Protozoal** - cryptosporidia (7-14 days) and coccidia, usually affects older calves.

I think you can expect to see more control on this side of TB, and potentially less on the badger side.



It is important to remember that mixed infections are common, e.g. Rotavirus and Cryptosporidia. All of the agents affect the flow of fluids to the gut, the end result being a dehydrated calf which is acidotic and low in electrolytes (particularly sodium). The clinical signs include sunken eyes, increased skin-tent time, lack of suck reflex and eventual recumbency. Diagnosis of the cause is useful to ensure the correct treatment and to help you prevent further spread of the disease among a group of calves.

Care must be taken with interpretation of results as agents which cause scour can be found in healthy calves and their presence does not necessarily mean they are responsible for disease.

### Treatment:

The main treatment for calf scour is oral fluids; these are relatively cheap and are easy to administer on farm. There are 3 main aims for fluid therapy:

- To provide a source of water and electrolytes.
- To improve absorption from the gut.
- To provide a source of energy.

It has now been proved that continuing to feed milk alongside electrolytes does not prolong diarrhoea as was previously thought. Feeding milk during the treatment period can help intestinal wall healing and avoid excessive weight loss. Calves should receive 2 x 2 litres of electrolyte daily plus milk. In badly dehydrated calves that are still standing 8 litres of electrolytes may be used, split into regular 2 litre feeds. If a calf is recumbent then the gut will not be able to absorb oral fluids and the calf should be placed on intravenous fluids, it is important that this happens quickly as the calf may reach a point of dehydration beyond which death is inevitable. We have a variety of different electrolyte products available, please ask one of us for any advice you may need.

If there is a bacterial cause of the diarrhoea then antibiotics may be indicated in the treatment but they are not recommended for all cases of scours. There is proven benefit of giving non-steroidal anti-inflammatory medicines (such as Flunixin, Metacam or Ketofen) as these will reduce the inflammation and pain in the GI tract.

In cases of cryptosporidial infection then Halofuginone should be given as this is a product licensed to prevent the infection and it will reduce environmental contamination.

Supportive care should also be considered, such as individual penning with heat lamps.

### Prevention:

Good disinfection of wellies, feedbags and buckets is vital in preventing further spread of the disease between other susceptible animals. Calving boxes should be kept clean and bedding changed between occupants when possible. Some of the infectious agents which cause scour can be shed in the muck of adult animals so good hygiene should not be overlooked.

Every calf should receive at least 10% of its bodyweight in colostrum within the first 4-6 hours of its life. It may be worth checking the quality of the colostrum using a colostrometer. Levels of colostrum antibodies in the calf's blood can be checked by blood sampling between 2-14 days old. The level of maternal antibodies provided in the colostrum can be increased if the dams are vaccinated with Rotavec Corona. This has been shown to: reduce the incidence of scours caused by rotavirus, reduce the shedding of virus by calves infected with rotavirus or coronavirus and reduce the severity of diarrhoea caused by E. coli F5 (K99).

Please ask at the practice for further information on these vaccinations.



## INJECTION SITES IN CATTLE AND SHEEP

I'm sure this is old hat to most people reading this newsletter but you never know! When injecting any drug into an animal it's important to give it via the appropriate route. Some drugs are in different substances that affect how long they are in the system for and can give nasty reactions or not work if given the wrong way. It's also important to use a clean needle and syringe – apart from passing bugs on when giving the injection some drugs don't work in the presence of water or other drugs.

### Intramuscular (IM)



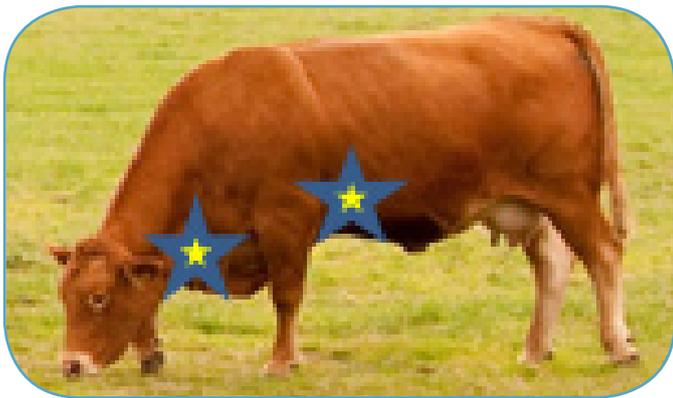
- For meat producing animals in the neck is preferable to rump as this avoids damaging high value cuts of meat.
- In milk producing animals in the rump is often easier as the cow doesn't see you coming – take care for flying feet!
- Most of the antibiotics that we give can be given by this route for a fairly rapid uptake into the body.



- Introduction of dirt to the muscle can encourage clostridial infection or abscess formation therefore it is important to stay as clean as possible.

### Subcutaneous (SQ)

- This means under the skin and is best achieved by creating a tent of skin- be careful not to stick the needle straight through and out the other side!

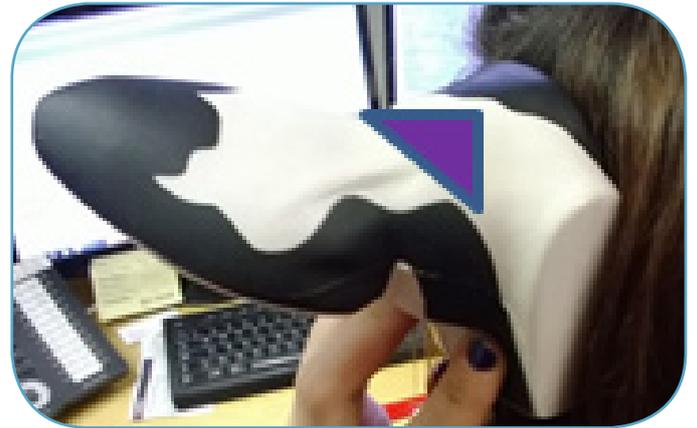


- In sheep any area of hairless skin can be used, a good place is the arm pit.

- For cattle large volumes are best behind the shoulder as they can swell, smaller volumes can be given in the neck.
- Most vaccines and many of the pneumonia drugs are given by this route.

### Base of the ear (SQ)

- Special preparations of cephalosporins are licensed for injection to the base of the ear.
- This is because they are in an oil based suspension which slowly releases the drug.



- Restrain the head and insert needle at the base of the ear where it attaches to the head, a pad of fat can be felt here if pushed with finger; direct the needle towards the opposite eye.

### Intravenous (IV)

- For sheep the jugular vein is used.
- In cattle either the jugular or the tail vein are used.
- Injecting into the milk vein should be avoided where possible.
- This is the fastest route of getting drugs into the body.
- Special preparations of cephalosporins are licensed for injection to the base of the ear.
- Steroids, NSAIDs, sedatives and calcium can be administered via this route however, it is possible to kill cattle by giving drugs too quickly this way.
- Proper restraint is vital for giving IV injections.



## BIOSECURITY ON THE SMALL PIG FARM

In all species, we forever hear of new diseases, especially coming from the continent like Blue Tongue, Schmallenberg, and the more well-known disease such as Foot and Mouth, plus our own common pig diseases such as Enzootic pneumonia.

As always, in the case of any disease, prevention is better than cure. So it is important to prevent or reduce the spread of infection onto a holding, out of a holding or between different sections of a holding, and this applies to large units, small holdings and those with one or two pet pigs.

So, how is infection spread and what can we do to reduce it?



1. Pig movement: Pig to pig contact is the greatest risk of transmission of disease. Spread can be reduced by enquiring that new sources of livestock don't carry disease, and then quarantining pigs on arrival on the unit, with change of boots and clothing between handling different parts of the unit. Quarantine ideally should last at least four weeks. Vaccination can play an important part in disease control at this stage also against known infective agents on the farm. Treating against parasites is also important. Also consideration to pigs visiting shows and visiting boars do give a risk of potential disease spread. Here as well as isolation, disinfection and washing of trailers on return is very important. Remember all pig movements off a holding require a movement licence.

2. Semen does offer a risk of disease spread so ensure disease monitoring and declarations are undertaken.

3. Pig faeces and secretions. Anything that transports pig faeces or other secretions onto a farm has the potential for disease spread such as: vehicles, people, wildlife and pets. Therefore the pig keeping area should be separated from vehicular access, with a hard standing area which is easy to wash down and disinfect. Provision of clean clothing, washing facilities and clean boots, or the provision of foot dips in disinfectant can make a huge difference in reducing disease spread. Vermin control is also important.

4. Some diseases are transmissible between species, including TB.

5. Feedstuffs shouldn't carry the risk of infection spread but remember the feeding of table scraps etc. is illegal.

6. Airborne spread. A wide range of diseases have the ability to spread on wind by short distances, some diseases many miles. Therefore the location of small holdings relative to large pig units, and consequent health risks should be considered if such a threat exists.

There are many risks to the health of pigs from outside the farm that need to be considered on any unit however big or small. The above are things to consider, and quarantine, disinfection and restricted access to animals are key considerations.

Rod

## CLOSTRIDIAL DISEASES IN SHEEP

It is the time of year when many ewes will be due their annual booster against clostridial diseases. These are a group of bacterial diseases which include Lamb Dysentery, Pulpy kidney, Braxy, Black disease and Blackleg. Many of these diseases involve the production of toxins which are produced rapidly and if left too long cause irreversible damage. Often the first clinical sign seen is sudden death but it is also worth looking out for dullness, inappetance, fever and severe lameness.

For this reason it is important to prevent the diseases with vaccination, and if an outbreak occurs to treat rapidly.



One of the vaccines available against clostridia also protects against pasteurella pneumonia. We have already seen quite a bit of this in our sheep flocks this autumn and winter so it is definitely worth considering pasteurella in your vaccination plan, particularly as the other option is flock wide antibiotic injection which can be time consuming and expensive.

Breeding ewes should be vaccinated 4-6 weeks before lambing to ensure protection of the lambs from birth. Any breeding ewes which have not been vaccinated before must receive 2 doses 4-6 weeks apart, with the second dose given 4-6 weeks before lambing. It is very important that the lambs receive an adequate amount of colostrum in the first two days after birth so that they receive the maternal antibodies which will protect them from the diseases. The lambs themselves will then need two doses 4-6 weeks apart, the first of which should not be given until the lambs are over 3 weeks old.

Please contact us if you would like to discuss your vaccination options further.

Ally

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