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Farm Newsletter – December 2009

PROTECT EWE REPLACEMENTS AND PLAN FOR HEALTHIER LAMBS NEXT SPRING

Protecting your next crop of lambs starts well before they are born and it's a good idea to start thinking about future disease protection in the autumn after ewes have been put to the tup. The autumn is also a time when high value replacements often enter the main flock and must not be forgotten when planning your vaccination regime.

Vaccination against pasteurellosis and the seven main clostridial diseases is an essential part of ewe health planning. Not only will it protect the ewe herself, but she will also pass vital antibodies on to her lambs in her colostrum.

Pasteurellosis is a year round problem and is responsible for many unnecessary and unwanted deaths. The unpredictability and rapid onset of an outbreak of septicaemia or pneumonia – and the relatively poor success rate of antibiotics – means a comprehensive vaccination programme is more than justified. It is a relatively small cost to pay for year-round protection of your ewe investment and peace of mind.

As far as autumn ewe replacements are concerned, you should always assume the worst case scenario regarding their history and vaccination status. Treat them as though they have not received anything then they won't be missed. Replacements have to survive all year to be productive and will be at constant risk from pasteurellosis and clostridial diseases. They can be treated similarly to breeding ewes, with a full primary course of two injections of 2mls of Heptavac-P Plus 4-6 weeks apart when they come into the flock, followed by a booster a month before each lambing, along with the older ewes.

Remember that vaccinating the ewe 4-6 weeks before lambing not only boosts her own immunity, it also increases the concentration of protective antibodies in the ewe's colostrum and these pass to the newborn lamb when it suckles.

TIME TO VACCINATE AGAINST CAUSES OF ABORTION

If you had abortion problems during the 2009 lambing season and have had either EAE or toxoplasmosis (or both) detected in your flock through the FlockCheck diagnostic service, now is the time to vaccinate your ewes to protect them against future lamb losses.

The Enzovax and Toxovax vaccines can be used to protect ewes against EAE and toxoplasmosis anytime over the non pregnant period, up until 3-4 weeks before tupping.

At its most obvious, EAE can cause devastating abortion storms, often affecting 25% or more of ewes. This happens when the disease attacks a flock containing many susceptible, previously uninfected sheep. Once a flock is infected it is very difficult to eradicate the disease and the flock then continues to experience on-going abortion losses of 5-10% a year. However, vaccination is a very cost effective way to control the effects of EAE and reduce your abortion losses.

If toxoplasmosis has been detected, vaccination is also the only way to avoid the disease in future years. Vaccination has been shown to produce a 6.4% increase in the number of lambs.

Unlike EAE, toxoplasmosis is not passed from sheep to sheep. In fact, sheep pick up the infection from the environment. This means older ewes are more likely to have been previously exposed to the disease and therefore will possess some immunity. Hence vaccinating the younger animals in the flock must be the first priority, although for maximum disease control whole flock vaccination is the gold standard.

PEACE OF MIND BLACKLEG PROTECTION

Blackleg generally affects youngstock between six months and two years of age while they are at grass, but can be prevented by a specific vaccine. Blackleg is caused by clostridial bacteria – primarily C. chauvoei – and tends to be the clostridial disease with which most farmers are familiar.

However, there are number of clostridial diseases that kill mainly calves and young cattle with little or no warning. It is now believed that there are 10 major clostridial bacteria responsible for causing disease in UK beef and dairy herds.

Yet no animal should die from a clostridial disease. Broad-spectrum vaccination is highly effective and extremely inexpensive when compared with the sporadic and unexpected loss of a valued animal. For example, an independent survey of over 500 UK dairy and beef farmers in 2007 revealed that half the interviewees had experienced calves or adult cattle dying for no apparent reason. The reality is that many of these losses could have been due to clostridial diseases. Farmer respondents valued the livestock loss at anywhere between £505 and £1243 per animal. Even at the lowest stock valuation, preventing the loss through broad-spectrum vaccination would pay for nearly five years of vaccine use in a 100 cow herd.

Consequently, with the recent introduction of a new vaccine that delivers the broadest possible protection against these ubiquitous diseases, it's well worth reviewing your preventive approach – certainly if all you vaccinate against is blackleg.

New Bravoxin 10 from Intervet/Schering-Plough Animal Health is a low dose, broad spectrum vaccine that will protect cattle and sheep from the 10 key clostridial bacteria that cause these diseases on UK farms.

Now that additional clostridial bacteria such as C. sordellii and C. perfringens A have been recognised often as a significant cause of deaths on both cattle and sheep farms, widening the spectrum of cover to include these two bacteria – as well as the other known pathogens – is the peace of mind control option. It makes a lot of sense, even if you have only experienced blackleg problems in the past.

OPTIONS FOR MASTITIS TREATMENT

As vets we frequently talk about the 'national target mastitis figure' of 40 quarter cases per 100 cows per year, but how many farms achieve this and why does it seem that are so many herds significantly over this target?

National statistics show that cell counts are continuing to rise, as are yields per cow, but given that each new case of mastitis is estimated to cost £180 and around £200 for each affected cow due to direct and indirect costs, any herd with an excessive number of cases will be losing significant amounts of money.

Reviewing your mastitis treatments from time to time and examining the type of mastitis that affects your herd is important.

Clearing the udder of bacteria, not simply removing clots from the milk, is the 'gold standard' when it comes to mastitis therapy. Cobactan MC has been shown in trials to deliver high cure rates, and as it is a broad spectrum antibiotic is effective against the most common bacteria that cause mastitis on UK farms.

Where mastitis cases keep recurring, or if mastitis in the first 100 days post-calving is common, selecting a licensed combination approach means you hit the infection hard and minimise the chance of it coming back and affecting the rest of the lactation. Cobactan MC and Cobactan 2.5% injectable are licensed to be used together and studies have shown that the combination of the tube in the udder and the antibiotic being directly injected into the animal is highly effective.

Please contact anyone at the practice to discuss reviewing your mastitis therapy.

INTERCEPT

The meeting at The Millstones last week has prompted some of you to decide to use this synchronization technique on individual 'problem' cows. It seems to be a good idea for those cows that never show a heat – even for the bull. There seem to be more and more of such 'shy' cows around.

The Intercept regime for breeding dairy cows without the need for specific heat detection is

- Day 0 – Receptal 2.5 ml (Given by farmer)
- Day 7 – Prostaglandin (Given by vet at routine visit)
- Day 9 - Receptal 2.5 ml (Given by farmer 54-56 hours after the prostaglandin or at AI if heat occurs sooner.)
- Day 10 AI (72 hours after the prostaglandin or at observed heat if sooner.)

You can't use this regime in first breeding heifers.