



Summer News

The Westpoint Central region would like to thank you all for working with us during another busy lambing and calving season!

Daventry

It's been a busy winter and spring period for the practice at Daventry – but we are pleased to report that we are fully staffed and are tackling the season head on.

Back in September, we welcomed Niamh Foley to the practice having worked previously at our Ashbourne branch. Niamh has come to reside in Northamptonshire to be close to her partner. She is particularly interested in beef cattle and is our trained TB Advisory Service consultant. Niamh recently completed her export panels which will increase our capacity to fulfil export requests. In her spare time, she likes to keep active and is a big Munster rugby fan.

Jessica made her return to work in February after maternity leave with her son, Austin. She is now back working Mondays, Tuesdays and Thursdays. Jessica and her husband, Hugh recently completed a mammoth canoe marathon from Devizes to Westminster, paddling 125 miles non-stop raising almost £4000 for Pancreatic Cancer UK. Thank you to those who donated. There is still time to donate if you wish to do so through this link:

www.justgiving.com/fundraising/jessica-bird4

We are delighted to announce that Alex gave birth to a baby girl called Erin in April who weighed in at 9lbs 3oz. Both mother and baby are doing well. We'd like to extend a big thank you to Adriana, Alba and Cath who are still holding the fort.

There have been a number of TB breakdowns in the area recently and with this in mind, trying to protect your herd and farm from TB has never been so important. The TB Advisory Service has been established in order to assist farmers. Herds in the high risk and edge areas are eligible for a free on-farm visit or over the phone advice with a trained advisor. Please call the office if you would like more information.

We hope that you are having successful lambing and calving periods and that your stock are enjoying having some sunshine on their backs!

Daventry Upcoming Events

In anticipation of the likely requirement of the Red Tractor assurance scheme for farmers to obtain evidence of training in administering medications, two over-subscribed meetings were held at the Daventry office in February and we will be running the next meeting on 14th May which is already fully booked. There will be further dates released for more

medicines administration courses in June.

Please do not hesitate to contact the office if you have any particular areas of interest that you would like us to host a meeting on.

Leighton Buzzard

We have welcomed two new team members, Margarida Ferrador, (Maggie), and Christos Kartsalkas. For those of you haven't met Maggie she is from Portugal, and has a particular interest in surgery and internal medicine. In her time off Maggie enjoys taking her dogs down to the beach for the day! Christos, who has recently joined us from Greece, has a keen interest in nutrition and in dairy work. In his free time Christos can be found shooting hoops or taking in the latest movie.

Ashbourne

Recently, we have welcomed a new member to our team: Brian is our dedicated TB tester, testing 6 days a week. Brian is a vet from South Africa and those of you who haven't yet met him, no doubt you will in the near future. We hope you will welcome him to the Ashbourne team with open arms - he will certainly be a huge help in managing tests and getting everyone booked in!

Ashbourne Upcoming Events

On the evening of Thursday 27th June we are holding a 'Mastering Medicines' course aimed at those who want to comply with the new Red Tractor assurance standards. An invite will be going out shortly with details, including how to book a place. This meeting is open to all!

This year is Ashbourne's 10th anniversary, and to celebrate we are hosting a party for our clients and families on Saturday 6th July. There will be drinks and food. Look forward to your invites heading out soon!

Next month we are also looking to hold an on-farm meeting for our sheep clients about life after weaning. Keep an eye out for more information to follow!

Summer Show Season

Through the show season we will be at the following shows providing vet care and we will have a stand at some of them. Please come find us for a chat and a cup of tea.

- Ashover Show – Wednesday 14th August
- Blakesley Show – Saturday 3rd August
- Ashbourne Show – Saturday 17th August
- Bucks County Show – Thursday 29th August
- UK Dairy Day, Telford – Wednesday 11th September

Have a great summer!

5 Steps to a Successful Unpacking Season

by Ami Sawran BVSc MRCVS

Unpacking, though exciting, can be a little tiring, and seems to come around quickly each year, so in this article, I hope to relay some gentle reminders and helpful tips to ensure that things run as smoothly as possible for all alpaca and llama owners gearing up for the season.

1. Getting Kitted Out

Something that can be genuinely life-saving is having a birthing kit prepared, to be grabbed at a moment's notice. In that kit, you may have medicines ranging from vitamins, to pain relief/anti-inflammatory, to antibiotic. Your vet may not be able to dispense these medications 'as and when' without a visit (as they must certify your animals 'under their care'), so it pays to ensure you have had a consultation with your vet, so you may keep medicines on the premises for when you need them most.

As for what else should feature in the kit, consider small lambing ropes, a lambing snare (protected wire to help safely align the head), disinfectant, clean water, scissors, towels, a clamp for a bleeding umbilicus, an oesophageal feeding tube (such as for lambs), long-armed gloves, iodine for naval dipping, lots of lubricant (lube bottles with a long spout are most useful), a headtorch, your vet's telephone number and some plastic sheeting (in case of a uterine prolapse, you can keep it clean on the sheet until a vet arrives). If you are unsure how to safely use ropes and a snare, ask for a demonstration from you vet beforehand.



2. Consider Plasma Banking

Though we hope that all cria will be born fighting fit, and that the hembra will have enough good quality colostrum for them, it sometimes transpires that the cria does not get enough colostrum, or the colostrum is not of sufficient quality to convey vital antibodies to diseases. In this case, a cria may have failure of passive transfer (FPT) of immunity. FPT cria are best treated with an intravenous infusion of plasma that has been spun down from the blood of vaccinated, healthy, usually male alpacas on your farm. Plasma is also indicated for premature cria after a difficult birth, for those with congenital defects such as cleft palate, and in cases of mismothering. Ask your vet if they can provide this service prior to unpacking, to allow you to stockpile an adequate supply of frozen plasma, which can be stored for up to 2 years.

3. The Back-up Plan

If plasma banking is not available to you, there are still ways you can supplement cria if they are not feeding appropriately. Cria must consume 10-20% of their bodyweight in the first 24 hours of life (over two hourly feeds), with a golden window for absorption of vital antibodies in the first 8 hours. Keep track of the cria's weight from the day of birth onwards. If it appears the cria is not getting this from the hembra (sometimes indicated by vocalising, increased attempts to feed, or not swallowing during nursing), then you may need to bottle, or even tube feed an alternative. Goats colostrum and milk is the most common alternative, though if you are sourcing this from a farm, please ensure that it is from a Johne's disease free

source. Again, if you are unsure how to safely tube feed, as for a demonstration ahead of time.

4. When To Call A Vet

Though many camelid owners are very experienced with unpacking, it's worth knowing when veterinary intervention is required. As we expect most unpacking to occur between 10am and 2pm, anything outside that time is worth investigating. Keep in mind once the hembra is actively labouring, some progress should be made every 15 minutes; and cria should be delivered within 45 minutes. If, for example, only one leg is visible for more than 15 minutes, this warrants gentle investigation with a well-lubricated, gloved hand. Check whether the other leg is simply tucked up against the pelvis and holding up the process – can this be carefully brought round, guarding the delicate walls of the uterus from the foot? Is the head within reach? Labour cannot progress without the head being in position; upright and between the feet. Shoulder lock is the most common cause of cria becoming stuck, which can require gentle rotation of the cria. If you do not feel able to correct the cria's position, this may need to be done under epidural by your vet. If you are unsure of whether you have a back or front foot, remember that the first two joints of the foot bend the same way on the forelimbs (making a 'U' shape), and opposite ways on hindlimbs (making a 'Z' shape). If you have a cria coming backwards (back legs, or rump first), it may be sensible to speak with your vet, as backwards delivery is more difficult and can compromise the cria's breathing. If you are sure that labour is occurring but the hembra isn't open normally, she may have a uterine torsion, which requires veterinary intervention. If you feel that everything is now in the correct position, back away and allow the hembra to progress naturally – pulling on a cria can cause damage to the uterus and vaginal tissues, or bring about a prolapse. If ever in doubt, speak with your vet, who will be able to guide you – the camelid reproductive tract is fragile, so it is better to err on the side of caution always.

5. The Aftermath

After the cria is delivered, check membranes and mucus are cleared from the nose. Do not be tempted to 'swing' the cria or hang it over a gate – this compresses the lungs. Place the cria so it is lying on its sternum (breast bone) and rub the sides of the chest with a towel to stimulate breathing. Cleanly and carefully check for any damage (tears or bruising) to the vaginal tissue – this may require veterinary examination, or the administration of antibiotics and pain relief. If you do note damage and excess bleeding, applying pressure with clean, damp gauze can help before your vet arrives. Check also for a rare twin. Don't be tempted to pull on the placenta just yet – this should be passed in its entirety within 6 hours of birth. If this has not happened, or you have checked it and it is not entire (it is essentially a sack that envelopes the whole cria, so shouldn't have jagged pieces missing), then you may need your vet to check the hembra and potentially administer medicines to help her pass the remnants.

Preparation, as always, is key to the smooth running of the unpacking season, but in the event that you are unsure about how to handle unpacking, from labour to lifelong care, don't hesitate to contact your veterinarian to put a bespoke birthing and health plan in place.

Westpoint provide a plasma generation service. If you would like to discuss this further, or find out if your location is eligible, please call your local Westpoint practice.



What does IBR look like on my farm?

by Tony O'Loughlin BVSc MRCVS

Infectious Bovine Rhinotracheitis – IBR – is a herpes virus that can cause respiratory disease in cattle of all ages or reproductive disease in breeding females. It is caused by Bovine Herpes Virus 1 – BHV 1 – and has a worldwide distribution. Initially the virus was recognised as causing severe upper respiratory tract disease in cattle – classically these would have presented with a severe mucopurulent discharge from the nose and eyes – lots of thick pus! The animals had a very high temperature and they would have shown coughing, increased breathing and generally off colour and inappetent. The disease would have spread rapidly on a farm and mortality could be very high.

Today we tend to see a more subtle disease pattern. There can be a background cough with slight nasal and ocular discharge. We then start to see the more subtle signs of an effect on production – lower milk yield and reduced fertility. These production effects can be missed and represent a “drag” on farm performance.

IBR is spread by carrier animals. Any animal that becomes infected will become a latent carrier – as humans do with the herpes simplex virus that causes cold sores. These latently infected animals have no clinical signs but can start to re-excrete at any time following a period of stress or an immune challenge. These latently infected animals are the source of infection in the herd. For an IBR free herd these animals are the greatest danger.

IBR can be controlled and avoided. The first step is to establish your IBR status with your vet – this can be done via blood samples or a bulk tank sample. We look for antibodies proving exposure to IBR virus. If antibodies are present, and there are no vaccinated animals present, then the animals have been exposed to IBR and will have latent carriers present.



IBR Negative

If you are fortunate enough to be IBR negative, then you must take steps to protect that status – negative also means the herd is susceptible to infection. **Biosecurity is key here.** As discussed above the biggest risk to your herd is from purchasing latent carriers – unless you sample incoming animals you won't know their health status. You should do a biosecurity risk assessment with your vet as part of your herd health control. This will include assessing risks from neighbouring cattle, farm visitors etc. You may choose vaccination as one control option if your risk assessment of infection is high.

Or you can choose to buy from an IBR Accredited herd. There are CHeCS accreditation schemes for the common infectious diseases of cattle. Cattle herds can be accredited free from IBR, BVD, Leptospirosis, Johnes, Neospora and TB. The schemes for each disease run separately so you can choose what suits you.

IBR Positive

If you are IBR positive, then your aim is to limit the effects of the infection in the herd – reduce the clinical signs – and to prevent the development of latent carriers. You can choose to sample all the individuals in the herd and to cull the positive animals. This can be expensive and may not be economically viable.

Vaccination will limit disease transmission between animals, helping to protect uninfected animals. It will also prevent the development of latency thus slowing spread within a herd. Carried out correctly, vaccination should also reduce the intensity and duration of clinical signs.

Using a live marker vaccine means surveillance testing can continue to be carried out after vaccination, as vaccinated animals can be distinguished apart from animals exposed to wild type IBR.

Summary

Every cattle farm – dairy or beef – should know their IBR status as the effects of the disease can be subtle and production limiting. The principles of infectious disease control then apply...

- Know your health status for the important diseases
- Assess your biosecurity to keep disease out and to limit disease spread
- Implement prevention and/or control measures
- Work with your vet.

Contact your local Westpoint practice for more information on IBR control and eradication in your dairy or beef herd and the benefits of developing a bespoke herd health plan.



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Tackling Lameness in Sheep with the Five-Point Plan

by Emily Francis BVM&s MRCVS BSc

Tackling lameness in sheep has become a real priority in recent times and much research has been undertaken to determine the most effective ways to control and prevent it. The Farm Animal Welfare Council have set a target to reduce the number of sheep treated, per flock per year, to 2% by 2021. There is also a huge emphasis on reducing antibiotic use on farm; and as lameness treatment is a significant contributor, farmers are being encouraged to tackle their lameness issues head on.

The five-point plan was developed by combining previous research with real on farm experience. The five points work together and have 3 ultimate goals: build resilience, establish immunity and reduce the disease challenge.

Where to Start?

Firstly, the best way to assess whether any changes you undertake are making a difference, is to know what your starting lameness prevalence is. The number of animals treated over a particular time period is an easy one to monitor but requires strict recording of all the animals treated day to day. Secondly, it is vitally important to correctly identify the cause of the lameness on your farm, as treatment and prevention methods may vary. Footrot causes approximately 80% of lameness and is therefore the focus of the five-point plan. However, it may be that contagious ovine digital dermatitis (CODD), a combination of both footrot and CODD or other non-infectious causes may be causing the issues. Some tips on correct identification include:

- Footrot has a characteristic foul smell. Lesions start as a reddening in between the digits (scald) before an underrunning of the horn is seen. CODD does not produce this characteristic smell, and the hoof wall tends to be lost from the outer coronary band.
- Use published guides from organisations such as AHDB Beef and Lamb Better Returns to make more accurate decisions.

The points of the plan should be discussed with your vet to aid the implementation of changes that best suit your farm and type of lameness.

Putting the Five-Point Plan Into Action

1. Culling repeatedly affected animals works to prevent chronically lame individuals from spreading the bacteria and acting as reservoirs of infection to other animals. Sheep that have been treated for footrot more than twice in one season should be culled before the next. However, this requires significant commitment, as she may be a particularly good breeding ewe. Some things to consider when culling:

- Culling hard in the first two years of the five-point plan should result in a lower lameness prevalence over the following years so the culling rate for lameness should decrease again with time.
- If there is no current culling policy for lame animals then using a higher cut off e.g. three treatments in a season may still help.
- This approach relies on good recording and so tagging repeat offenders and marking the leg they are lame on at each treatment should be undertaken.

2. The quarantine of incoming animals is particularly important, as purchased stock act as a source of many diseases including

CODD and new strains of footrot. Ideally all animals are bought in from farms with low lameness levels and quarantined for at least 4 weeks. In this time, all cases of lameness are treated and new cases monitored so that all animals are sound before mixing with the main flock. One option is to run new animals through a footbath before turning them onto your isolation pasture.



3. Treating clinical cases early has been shown to dramatically reduce lameness levels. This is because there is not only a greater chance of curing an animal but because it also reduces the time that lame animal acts as a reservoir of infection.

- Footrot is caused by the bacteria so antibiotics are appropriate.
- Lame animals should be treated within 3 days of identification.
- Animals with early footrot (scald) should have all four feet sprayed with oxytetracycline spray (blue) more severe cases with underrun horn should be treated with a long acting injectable oxytetracycline. Most long acting preparations only last 2-3 days and so re-treatment after the appropriate time is fundamental to successful treatment.
- Ensure animals are dosed for the correct weight.
- **Preventative and therapeutic foot trimming should not be undertaken** as it has been shown to delay recovery.
- Isolate repeat cases to prevent spread to young lambs in particular. The use of "lame pen/field" closer to the farm aids treatment and monitoring of lame sheep.

4. Avoid the spread of infection by thinking about when and how you handle the flock:

- Footbathing is a very useful tool in treating a scald outbreak in lambs and for disinfecting the feet of incoming animals. It does not treat footrot so all clinically lame animals should be separated and not run through the bath with the others.
- Can your handling system be moved to clean underfoot areas each time? Is it thoroughly cleaned and disinfected between uses?
- Lime can be used in holding pens or around troughs to reduce bacterial load in areas of high traffic.

5. Vaccinating animals not only raises an individual's immunity to footrot but results in a whole flock immunity due to the dramatic decrease in the number of animals spreading infection. The commercially available vaccine (Footvax: MSD Animal Health) is a subcutaneous injection, given as a two-dose primary course and then boosted before perceived risk periods occur. Its use should be discussed with your vet to determine the best vaccination programme for your farm and optimum results from the vaccine are seen when other points in the plan are used in conjunction.

The flexibility of this plan means that not all of the points need to be worked on at once, but used to identify those that are easier short-term goals or that need immediate attention. Commitment is needed to reduce lameness using the five-point plan however, with persistence, this approach can result in significant improvements in your flock.

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