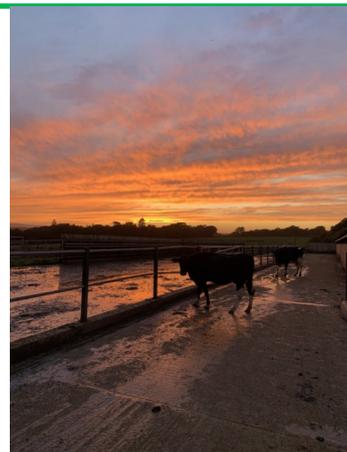


Another newsletter and another Prime Minister. Who would have thought we would see 3 different PM's since the last newsletter came out. And while Mr Sunak is shuffling his cabinet we are pleased to say that we are back to full capacity with some new members to the team who will be introducing themselves in this letter.

Even though this is the autumn newsletter and the leaves have started to fall it is still really warm and that combined with wet conditions make for ideal circumstances for parasites and other baddies. In fact this year turned out to be an extremely good year for acorns. Unfortunately, this means that we are seeing many deaths and illness due to acorn poisoning. Its starting to calm down but it is still worth watching out for it.

And do not get complaisant with regards to worm burdens, do continue to do worm egg counts as we are still seeing very high burdens occurring.

Believe it or not but there are only 60 days left till Christmas (and even less by the time you read this) so that leaves me to wish you all a good autumn and start to winter, a lovely Christmas and we will meet again in 2023!



PLEASE CAN WE INTRODUCE OUR 3 NEW VETS AND OUR NEW ATT



Libby Keoghane



Lilly Griffiths



Andy Wood



Sam Nicholls

Libby Keoghane

Libby graduated from the RVC this year and moved from the Petersfield area, where she grew up, to join us at Cliffe. She enjoys exploring the new area, going paddle boarding and swimming in the sea as much as possible.

Lilly Griffiths

Lilly grew up in Hampshire and graduated from the University of Bristol in 2020. She has since then been working in a large animal practice in West Wales and has now made the move back to the south-east again. She is always out and about with her black lab Skye, who you are sure to be meeting too.

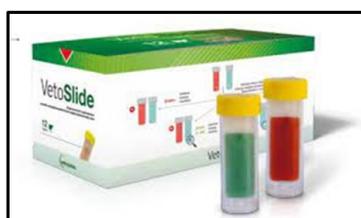
Andy Wood

Andy went to school in Lewes and qualified as a vet in 2000 from the Royal Veterinary College. He initially worked in a mixed practice in Gloucestershire before returning to work in Uckfield. The move to Cliffe will enable him to solely focus on farm animal practice.

Sam Nicholls

Sam is from a pedigree Charolais Farming family in Devon. She moved to Sussex in May to help out on her boyfriend's farm with a flock of 300 Texel mule sheep. In her spare time she enjoys riding her horses, walking the dogs on the downs and trying to train a very naughty Collie pup. Sam will be joining Catherine in our ATT team.

TO TREAT OR NOT TO TREAT? THAT IS THE QUESTION



For the last four or five years we have been actively challenging you to reduce your usage of antibiotics at drying off. The use of individual cow cell count data, clinical mastitis data and identification of other risk factors has enabled a transition from blanket antibiotic dry cow therapy, to drying off well under 50% of cows with antibiotics on most farms - a process known as Selective Dry Cow Therapy or SDCT. (to be continued over leaf)

Continued from page 1



As we strive to reduce your reliance on antibiotics further, other areas of antibiotic usage need to be challenged. These include clinical mastitis, lameness, and youngstock disease primarily pneumonia and scours.

Bacteria that cause clinical mastitis can broadly be classified as either Gram negative or Gram positive. Gram positive bacteria include *Strep. uberis*, *Staph. aureus*, *Corynebacterium bovis*, and coagulase negative staphylococci. Gram negative (coliform) bacteria include *E. coli* and *Klebsiella*, but more than 80% of coliform mastitis is caused by *E. coli*.

The severity of *E. coli* mastitis is highly variable and is usually determined by “cow factors” such as age and immunity. The cause of clinical signs associated with coliform mastitis (hard udder, milk changes, systemic illness) relates to toxins that are released when the bacteria are destroyed by the cows immune system. So often the clinical signs of hard udder occur when the bacteria has already been eliminated.

A cow with a “slow” immune system allows greater proliferation of *E. coli* before it is brought back under control, and therefore clinical signs in these cows may be worse. In severe cases the bacteria can spread into the blood and cause a life-threatening bacteraemia. These “toxic cows” are thankfully quite rare and most mild and moderate cases of *E. coli* will often self-resolve or require just anti inflammatory medications and fluids to fix, and not antibiotics.

Gram positive (usually *Strep. Uberis*) infections will often require antibiotic therapy, so knowing whether you have a Gram negative or a Gram positive infection can be very useful to aid treatment decisions in these cases.

We have started using a product called **Vetoslide** on a few dairies. This is an on-farm, cow-side testing kit, like a Delvo-Test, that will give you a result after 8-24hrs in an incubator. The cost of the test will usually be covered by a reduction in antibiotic tubes used and a shorter milk withdrawal. It enables you to accurately identify whether a cow has a Gram positive, or a Gram negative infection, and therefore help decide whether you can avoid an antibiotic treatment in mild and moderate cases of *E. coli* mastitis.

If rapid on-farm culture is something that interests you, please speak to your vet for further information.



QUARTERLY DISEASE REPORT- June-September 2022

Cattle-

Selenium deficiency and copper deficiency was diagnosed in a pure-bred Sussex herd which was experiencing ongoing New Forest Eye issues and increased antibiotic usage. Selenium and Copper are both essential for correct immune function and therefore deficiencies can lead to unusual presentations of disease as in this case.



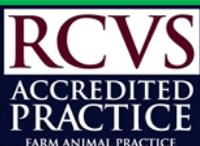
Schistosomus reflexus (SR) was identified on a Holstein X Friesian calf born following a caesarean section. SR is a fatal congenital disorder primarily seen in ruminants and consists of spinal inversion, exposure of the internal organs, fused limbs and other less common features such as scoliosis, cleft sternum and exposure of the thoracic organs. Although most cases appear as isolated cases there have been reports of multiple outbreaks with an autosomal recessive mode of inheritance suggested by some authors meaning that both parents must have copies of the defective gene.

A multi drug resistant **Escherichia coli (E.coli)** species was isolated from an abscess affecting a Charolais cow post-caesarean section 3 weeks earlier. The cow had developed a swelling immediately post-operatively which was associated with a suture reaction but had failed to response to several antibiotic classes. Approximately 20L of foul-smelling abscess fluid was drained from the wound along with 3kg of dried puss. The abscess cavity extended from the left flank underneath the abdomen and over to the right flank. Culture results revealed the *E.coli* species isolated was resistant to all currently used antibiotics except enrofloxacin (Baytril 10%; Bayer) including several other HP-CIA drugs such as Cobactan and Naxcel.

Sheep-

Coccidiosis was the cause of scour in a group of 200 6-8-week-old lambs in June. Lambs were found to be poorly thriven with poor coats and variable scour. In house testing revealed a coccidial egg count of 36,000epg with no gastro-intestinal worms present.

Psoroptes cuniculi was the suspected cause of multiple crusting and scaling lesions over the eyes and ears of 2 sheep on one smallholding. Animals had a partial response to short acting ivermectin injections but relapse often followed within 14 days. The group were treated with a long acting injection as it was thought re-infection was occurring as the group could not be moved to new pasture following treatment with a short acting injection.



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ACHIEVING A TIGHT CALVING PATTERN

Many of our dairy clients have autumn calving herds and they will now be focusing on getting the herd back in calf again as well as serving their homebred replacement heifers.

90% of cows should show heat by 50 DIM and then cycle every 21 days thereafter. The problem is detecting these heats which can be very brief and during anti-social hours!

Each year often 25% of cows (Target less than 10%) are treated for “not seen bulling” at the routine vet visits during the breeding season. This suggests that there is still room for improvement in heat detection rates and recent developments in the technology of sensor collars/eartags seem to be achieving just that!

Some local herds used them in 2021 and we know that others will be trying them this coming breeding season.

I have been impressed with their accuracy in detecting genuine heats including silent heats, as well as providing useful information on the optimum time for service. Targeted selection of cows for veterinary treatment is also improved so that only genuine anoestrous cows and suspect cystic cows are presented. This often means that fewer NSB cows are treated, fewer PD negative cows are treated at PD sessions, less hormone medicines are used, all of which should result in a reduction in vet & med costs.

This is no magic bullet and certainly a holistic approach is required.

Other factors need to be under control including: nutrition, infectious disease, mineral deficiencies and herd lameness, but I do believe that the current new generation of heat detection sensors are a significant development for dairy farmers and their vets.

NB: We have no business associations with any of the providers of the above devices



AUTUMN PARASITE CONTROL IN CATTLE – TOP TIPS!

The grazing season this year has been challenging with a prolonged drought causing problems with grass availability and this has impacted on our ability to produce winter forage and provide good quality summer grazing. Many of you will have been supplementing hay/haylage left over from last year to preserve cow body condition score over the breeding period and provide adequate nutrition in early pregnancy- this may be a case of lessons learnt from the summer of 2020 where cow condition and fertility were heavily impacted due to a lack of good quality forage and grazing.

One benefit of the dry summer has been the reduced parasite challenge experienced by youngstock as the combination of UV light exposure and high temperatures has caused desiccation of worm larvae on pasture, thereby reducing their infectivity. Gastro-intestinal worms causing diarrhoea in sheep have been few and far between, the same may be considered true for cattle although the recent wet weather has caused a flurry of high worm egg count results.

Another parasite which is heavily influenced by climatic condition is *Fasciola hepatica* (Liver Fluke) and with the dry summer the population of Mud Snails (intermediate host of *F.hepatica*) is likely to be greatly reduced therefore the fluke challenge heading into this autumn period is expected to be low. Blanket treating groups of cattle this autumn/winter may be inappropriate, if TB testing over the same period this is an ideal opportunity to blood test youngstock to assess for exposure over the grazing season.

Control of fluke in cattle can be impractical with combination products often not providing optimum timings for addressing worm and fluke burdens simultaneously (explained in table below). Many of the combination products target mature flukes meaning that an animals need to be left for 7-12 weeks with a worm burden before treatment to remove the worm and fluke burden simultaneously. Equally, other products contain an immature flukicide but do not target hibernating worms which can be responsible for type 2 Ostertagiosis in yearling cattle. This is seen in late winter/early spring and can lead to high mortality. We always recommend splitting treatments to avoid this problem and is something any of our vets are happy to talk about!

Product	Active Ingredient (Fluke)	Active Ingredient (Worms)	Timings for Fluke	Timings for Worms	Comments
Closamectin	Closantel	Ivermectin	7-weeks post housing	At housing	Using at housing means older fluke will be missed.
Bimectin Plus/ Ivomec Super	Chlorsulon	Ivermectin	12-weeks post housing	At housing	Using at housing means older fluke will be missed.
Combinex	Triclabendazole	Levamisole	2 weeks post-housing	At housing	Levamisole does not target inhibited larvae.

CONTROLLING LAMENESS IN SHEEP FLOCKS

Lameness in sheep is a serious problem on some farms and it not only has welfare implications but can cause significant production losses, so there is both a physical and financial impact.

The most common causes of lameness are listed below:

CODD: (Contagious Ovine Digital Dermatitis), caused by *Treponema* species of bacteria, ulcers begin at the coronary band and then horn becomes under-run from top to bottom, sometimes falling off completely)

Foot rot: caused by the bacteria *Dichelobacter nodosus*, present on 97% of farms

Scald: early foot rot, caused by *Dichelobacter nodosus*.

Toe granuloma: common on farms where foot rot and CODD are present

Toe abscess: occurs when hoof wall punctured/white line separation leads to abscess forming in the foot

Shelly hoof: cause unknown but possibly due to wet or uneven ground and/or nutritional imbalances

To control lameness on the farm not only do you have to maximise foot health and build resilience but you also have to limit the burden of infection to enable sheep to avoid infection and put the sheep in the best place to fight infection by establishing immunity through the right nutrition and vaccination.

Using the 5 Point Plan to help to control lameness in your flock:

<https://ahdb.org.uk/knowledge-library/lameness-in-sheep-the-five-point-plan>

Cull - repeatedly infected sheep or those unresponsive to treatment. This will build resilience in the flock.

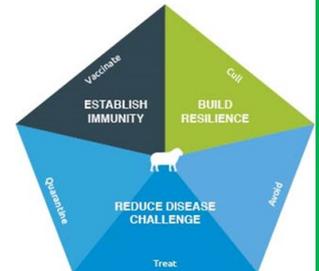
Quarantine - bought in sheep should be quarantined for 28 days, foot bathed every 5 days in either 3% formalin or 10% zinc sulphate.

Treat - treat as soon as lameness is seen and the cause identified. Disease spreads quickly.

Avoid - for example improve under foot conditions in high traffic areas. Lime these high traffic areas. Clean handling systems after use. Grazing management, breeding and housing management.

Vaccinate - Talk to your vet about if and when to vaccinate. Timing usually coincides with high risk periods.

Controlling lameness on your farm will improve productivity. Unfortunately, there is not one answer for all farms, that would be too simple! Lameness control strategies should be tailored to individual farms. Please get in touch with your vet if you would like to discuss how the 5 Point Plan could be used on your farm to help control lameness.



JOKE OF THE MONTH

Why do cows have hooves?

.....

Because the Lactose



ALPACA HUSBANDRY

Alpacas are natively from South America, a vastly different climate and landscape to that of the UK. This means we need to adapt our husbandry to suit their daily needs.

One such need is vitamin D supplementation, particularly over the winter, to make up for the lack of UV and sunshine hours in the UK. A lack of vitamin D can lead to Rickets, which can present as lameness, hunched backs, reduced appetites and eventually weight loss. Vitamin D supplementation may need to start as early as October.

In an alpaca's diet, concentrates should be kept to a minimum with most of their nutrition coming from grass/forage (hay). The only animals that should require concentrates would be growing, pregnant or lactating animals.

Another common problem we see in alpacas is high gastrointestinal parasite burdens (worms). We can often see that alpacas, particularly males, form 'poo piles'. The highest concentration of worm eggs will be in the grass around these piles. This means any alpaca that grazes around these piles is at highest risk of having a high worm burden, these are often the alpacas at the bottom of the hierarchy. Regular poo picking 3 times a week can help prevent parasite burdens building. Unlike sheep and cattle, alpacas do not build any immunity or tolerance to parasites. Furthermore, often a normal faecal consistency does not mean that they are free from worms, this means an alpaca with diarrhoea is quite a large problem.

Annual shearing can help prevent heat stress and fly strike throughout the summer but is also a great time to have a health check of the alpacas. With the removal of the thick fleece, we can better see what Body Condition Score the alpacas are in. It also gives us the opportunity to check the skin for ectoparasites.

Vaccination against clostridial diseases is something all alpacas should be having. All adults should be done every 6-12 months. Crias born to fully vaccinated dams should have their primary vaccination course at 3 months of age.