

Bluetongue Update

The situation regarding Bluetongue is constantly evolving and no doubt the response will need to adapt. Here are some facts to help you decide whether vaccination would be suitable for you.

We are expecting the midge season to start from any time now until middle of April, right through into late summer. The temperature is required to be 12-15°C to allow the virus to complete a vital part of its lifecycle and for the midge to transmit the fully developed virus. Microclimates have been found in farms and midges have survived over winter which has explained why the virus has been able to survive these low temperatures. It is inevitable that fresh midges from mainland Europe will also be carried over on strong winds, but the extent of this is unknown at present. We are aware the UK now has a reservoir population of infected livestock so any midges coming across will be able to spread the virus, they do not have to come over carrying the virus themselves.



The main effects seen from Bluetongue (BTV-3) infection include:

- Poor fertility: conception rate on affected farms was quoted to be reduced anywhere between 0-20%
- Increased early embryonic death: again from experience this has been 0-20% on affected farms
- Abortion rates: 0-6% seen
- Stillbirths rates: 0-2% seen
- Neurological issues in calves: The theory behind this manifestation is that a dam acquires infection at the end of the first trimester - beginning of second trimester. This coincides with the development of the foetal nervous system. Most lesions tend to be complete or partial absence of the brain or hindbrain.
- Vertical transmission: transmission from cow-calf is possible and even some calves can be born with the virus present in their system.

The strategies available to you are:

- Vaccinate as an insurance policy as fertility is an integral KPI for block calving herds and suckler units
- Wait for signs and then vaccinate: this time is quite likely to fall well within the service or early pregnancy period. Transmission of virus has been reported between animals via the needles used for vaccination so we would advise regular needle changes and even then, the risk is not fully eliminated.

If most farms do not adopt vaccination, spread will cumulatively increase over the next 3-5 years.

For help with decision making around vaccination, the Ruminant Health and Welfare website is a useful resource <https://ruminanthw.org.uk/bluetongue-virus/>

National Johne's Management Plan - Phase III

The National Johne's Management Plan (NJMP) begins phase III this year. Previously, phase I and II sought to control and reduce the incidence of Johne's disease. Phase III will focus on regular vet and farmer dialogue to identify on farm risk areas, and implement tailored control strategies. As before, this will be backed up by annual certification.

In Phase III, there are several key changes:

- **The targeted 30 cow screen (the previous minimum testing allowed) will no longer be an acceptable option to use to screen the herd for Johne's.** Instead as a minimum, a 60 cow random screen should be carried out.
- All herds must generate an Average Test Value (ATV) - this can be taken from milk recording data or your 60 cow screen
- **The ATV target will be 5.5**
- The amount of farms achieving this ATV will be tracked over time on a national herd level

The Average Test Value (ATV) is the mean of the herd's individual Johne's milk test results at any given time. Over time it will change with the number of animals infected in the herd, and the severity of their infection. For example, a herd with a higher number of Johne's cows, and cows with high Johne's results, would have a higher Average Test Value (ATV). To give some context, in 2020, the median ATV of a random pick of 200 herds across the UK was 9.23. A herd with a low level of Johne's (such as 5% cows red and amber) could have an ATV of 5.4.

The changes begin on the 31st March 2025, but any NJMP reviews undertaken between 31st March 2024 and 30th March 2025 will remain valid for one year (even if only the 30 cow screen was done).

COCCIDIOSIS IN LAMBS

Coccidiosis is a disease seen in lambs and can cause major losses with heavy infestations. The infection in sheep is caused by two pathogenic strains - *Eimeria ovinoidalis* and *Eimeria crandallis* however there are many other harmless coccidia which can infect sheep. Lambs approaching 3-4 weeks of age may be at risk of infection. Coccidia are microscopic protozoal parasites and are species specific, meaning there is no cross infection between cattle, sheep or other host animals.

Clinical signs can be seen in lambs that are housed or at pasture and include the following:

- Diarrhoea – dark and blood stained
- Lambs appear tucked up and depressed
- Poor weight gain and possible weight loss – effects can be long term due to gut damage
- Tenesmus – straining to pass faeces (possibly leading to rectal prolapse)
- Dehydration and death if severe

The pathogenic coccidia cause disease when infective oocysts are ingested by the lambs. These oocysts are likely to have been shed by adult ewes or older lambs which act as infected carrier animals. Unlike worms and fluke, oocysts can survive in housed conditions and can also be resistant to drying out, freezing, heat and many disinfectants. They are more prevalent and cause high levels of challenge in poorer sanitary conditions e.g. wet muddy areas such as around creep feeders, highly stocked sheds and in paddocks close to the shed where many young animals pass through.

The coccidial oocysts infect and multiply in the lining of the intestine, causing damage to the gut and resulting in the clinical signs seen. Infection can also be immunosuppressive, meaning other concurrent diseases may become more severe. Grazed animals may have a high worm burden alongside cocci.

Diagnosis is based on clinical signs, known risk from farm history and examining faeces from animals. We can do this faecal analysis in-house using our Ovacyte machine and can get same day results, however speciation for the pathogenic coccidia is a referred test and results can take up to 8 days. A high oocyst count does not always mean pathogenic infection however a discussion with one of our vets will help to ascertain what is happening within your flock. Disease occurs when the challenge is high before immunity has been established. Lambs need to be exposed to allow immunity to develop without succumbing to disease. The time from ingestion to disease is 3 weeks and therefore during this time (the pre-patent period) treatment may need to be administered to susceptible lambs.



Treatment:

Treatment with toltrazuril (Tolracol, KRKA) can be used either as a preventative or curative product. However, treatment can be problematic, and the timing is crucial – please discuss with a vet to work out the optimum time for administration on your farm. Repeated administration may be required if the burden is high or the age spread of the lambs is wide. An alternative product diclazuril is available however this has no residual activity. Lambs that are treated with antiprotozoals shed fewer oocysts and have improved growth rates.

Decoquinate is also available as an in-feed antiprotozoal medication which can be added to commercial creep feeds with a veterinary prescription. Having a diagnosis of pathogenic coccidia within your flock will allow a plan to be put in place for the following season and will ensure optimal flock health and welfare.

It is important to note that maintaining good hygiene at all times will help reduce the burden of infection – this includes the areas around water and feed troughs, within the shed and areas where animals will be gathered. Disinfectants such as Progeine Coxicur or Killcox Extra are available for use when disinfection is required.

There is funding available through the Animal Health and Welfare Pathway to investigate and help reduce endemic diseases. If you would like more information please do not hesitate to contact the Farm Office on 01889567200 or visit:

<https://www.gov.uk/guidance/farmers-how-to-apply-for-funding-to-improve-animal-health-and-welfare>



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