



Lameness: What Is It Costing Your Flock?

- Lean ewes
- Poorer conception rates
- Less live lambs born
- Poor colostrum & milk production/quality
- Poorer lamb growth rates – increased feed costs

Poor lambing percentage

It is estimated that 10% of the UK's sheep flock are lame at any given time. This has been associated with a cost of £14/ breeding sheep i.e. **a breeding flock of 200 with an average amount of lameness (10%) could potentially lose £2800/ year.** The target lameness prevalence considered achievable is 2% meaning many farms have good scope for improvement, with associated savings. Lameness has serious welfare implications and is thought to account for two thirds of total antibiotic use in the sheep industry. Reducing sheep lameness will; increase your flocks productivity, improve your flocks animal welfare and reduce your farms total antibiotic use, all benefiting your bottom line!

Why Do Sheep Go Lamé?

- **FOOTROT/SCALD**
- **CODD**
- **PHYSICAL LESIONS:** White line disease, toe granulomas, Foot abscesses etc.

Infectious Causes + Main Cause of Lameness

How Do We Prevent Infectious Lameness?

Most outbreaks of lameness in sheep are caused by bacterial infections; scald (interdigital dermatitis) and footrot are caused by *Dichelobacter nodosus* which can spread rapidly in the UK's temperate climate and are the most common causes of UK lameness. Contagious Ovine Digital Dermatitis (CODD) is associated with *Treponeme* bacteria which **enter flocks on infected sheep** but many CODD lesions also contain footrot bacteria. There is a lot we can do to effectively prevent infectious causes of lameness in sheep, and this starts by following "The Five Point Plan" a highly successful strategy that has been developed to apply to any farm and proven to consistently reduce lameness, all our vets are happy to discuss how best to implement it on your farm.



1. **AVOID** spread of infection
2. **TREAT** individuals QUICKLY and EFFECTIVELY
3. **QUARANTINE** bought in sheep (and TUPS!)
4. **CULL** out persistent offenders
5. **VACCINATE** to protect against footrot: FOOTVAX

EVERY lame sheep should be treated as a primary source of infection. Sheep tend to walk through gateways etc. in lines. There is a high chance of healthy sheep contacting grass lame sheep have walked on resulting in rapid spread of infection. Observe sheep regularly from a distance to identify lame individuals and remove them from the healthy flock for prompt treatment, do not return until definitely recovered – a designated 'crock field' is an effective way to manage these individuals.



FOOTVAX is a vaccine to aid in prevention of footrot and reduction of footrot lesions which has been shown to significantly reduce lameness prevalence, it comes in 20 and 50 dose bottles which cost approx. £1.31- £1.45 per dose (larger dose bottles being cheaper). It is recommended to be used pre-tupping however timings/usage can be discussed with the vets to get the best option for your farm.



Scald & footrot go hand in hand and remain the most common cause of sheep lameness in the UK. Footrot lesions start with separation of the hoof from the underlying soft tissues beginning between the toes/around the sole and has a characteristic foul odour.



CODD: Contagious Ovine Digital Dermatitis, HIGHLY INFECTIOUS, causes severe lameness in high percentage of ewes. Results in separation of hoof from underlying soft tissues. Starts at the top of the hoof and rapidly progresses to complete loss of the whole hoof wall leaving the infected soft tissues completely exposed – ONCE ENTERS A FLOCK VERY HARD TO CONTROL & TREAT AND REMOVE; PREVENT BY KEEPING A CLOSED FLOCK OR QUARANTINING ALL NEW ARRIVALS FROM ENTRY ONTO FLOCK PASTURE FOR 2 WEEKS + FOOTBATHING

****Tetra Delta Discontinued****

Zoetis the manufacturer have informed us that they are unable to make Tetra delta anymore. It will not be back. We will try and import the alternative Gamaret for as long as possible. However, the Veterinary Medicines Directorate may stop this at some point. Please discuss your lactating cow mastitis treatment with one of the farm vets if this situation impacts you.



Bovine Respiratory Disease (BRD)

BRD (aka calf pneumonia) development mainly depends on 3 factors; calf environment, infection pressure (amount of virus or bacteria around the calf) and calf immunity. BRD outbreaks occur when there is a problem with one or more of these factors.

Ideally we want to have all three of these factors controlled within the herd to minimise the risk of an outbreak. In reality, some of them are easier to influence than others.

There are number of improvements that can be made to the environment without necessarily building a new calf shed!

- Adequate ventilation- focus on inlet and outlet area and location, testing your system with smoke bombs
- Reduce relative humidity – use enough quality bedding material (20kg/ head/ week straw on solid concrete) to keep the floor and bedding dry. Drainage should be provided via a 1:20 slope
- Ensure the shed is not over-stocked- suggested space requirements are 1.1m²/ head up to 4 weeks and 1.8m²/ head to 12 weeks old
- Avoid draughts- calves in draughts will use up more energy trying to stay warm

Infection pressure can be reduced by ensuring there are no adult animals in the same airspace. Adults are often a source of virus for younger animals. It is recommended to batch calves together in age groups, in a single airspace.

If there is no virus or bacteria on the farm then obviously there will be no BRD outbreak, however conversely a calf might be relatively resistant to challenging provided its immune levels, nutrition and environment are spot on.

Calf immunity is something easily influenced and doesn't require capital expenditure building or improving housing. Starting off with colostrum it is essential the calf is watched sucking its mother in the suckler herd (a calf takes 30 minutes to drink 2 litres of milk) or stomach tubed with 10% of its bodyweight in the first 6 hours in the dairy herd. Beyond this stage ensuring adequate nutrition in dairy calf and that the dam has plenty of milk in the suckler herd will keep the calves immunity levels high. Finally, we can influence the calves' immunity levels further by vaccination. Vaccination will boost the levels of antibody to pathogens that the calf might be likely to encounter on your farm. This means that if the calf comes across the pathogen, it will either not succumb to disease or have a milder form of the disease than it would have if it had not been vaccinated. There are several different respiratory vaccines available. Please contact MBM Vets if you would like to discuss which one would be most appropriate for your farm.



CALF PEUNOMIA

Infectious Bovine Rhinotracheitis (IBR)

IBR is an acute contagious respiratory disease of cattle that causes significant morbidity and mortality particularly in the beef industry. Infection can happen at any age and occurs by inhalation of virus by close contact between animals. Infected animals develop a number of symptoms including a temperature, runny nose and watering eyes. This discharge is clear at first but becomes muco-purulent as the disease progresses. The animal also has an increased respiratory rate and effort, becoming noticeably unwell and loses condition. In bad outbreaks death can occur. Infected animals that recover are infected for life. The virus can hide in the trigeminal ganglia of infected cows and be undetectable. Recrudescence and shedding occurs during times of stress. This allows IBR to continue to circulate within a herd. Traditionally MBM Vets used Tracherine to vaccinate beef stores and finishers as they came onto farm. However, this vaccine is no longer available, and we are now moving to Bovilis IBR Marker Live.

This can be used as an Intranasal or intramuscular treatment in animals over 3 months old. Intranasal vaccination will give the quickest immunity in response to an outbreak or in cases where an outbreak might be likely i.e. stores coming onto farm from multiple sources via a market. In the dairy herd an initial vaccine can be given with the Marker Live followed by another 6 months later. After this an interval of up to 12 months can be used. Some herds seem to manage with annual boosting, however some need to revaccinate earlier than the full 12 months as signs of IBR start emerging in the herd again.



INTRANASAL VACCINE

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