



WELCOME TO farm news 2019



MARCH 2016



The importance of vaccination against IBR - whether you have the disease already or not!

Rose Jackson BVSc DBR MRCVS

We think we know the acute signs of IBR (infectious bovine rhinotracheitis) in adult cattle: runny eyes and noses, high temperatures, abortions, sudden milk drop etc.



However, signs can be much more subtle than this with ongoing, insidious production losses. One study on a closed dairy herd of 129 pedigree Holsteins in North Yorkshire looked at the effect of an IBR outbreak on milk production over a 2 year period. This herd had previously been deemed IBR (and BVD) free based on quarterly bulk milk testing and annual young stock blood testing. Three abortions occurred during one weekend, and subsequent investigation by individual blood sampling of the herd showed that 72% of the cows had become positive to IBR, even though the bulk milk test had been negative within the previous 3 months. Importantly, there were no further abortions or other clinical signs in any of the cattle. Ongoing monitoring of yield in these positive cows compared to the previous year's performance, though, and compared to negative cows, showed that these cows gave 2.6kg less milk per cow per day which is equivalent to around 1000kg/cow/year!

For various reasons, this herd did not vaccinate for IBR straightaway, which is why it was possible to look at production losses for 12 months after infection. This case study is a very important lesson in how being free of a disease such as IBR can leave a herd very vulnerable to infection. Unless you are involved in exporting stock or selling bulls to stud, it is highly advisable to vaccinate for IBR. In herds that are IBR-free, it will hopefully prevent infection when

used alongside biosecurity measures; and in herds that are already IBR infected, vaccination will reduce shedding and reduce the impact of clinical signs on milk production. All IBR vaccines for adults are now marker vaccines, making it still possible to monitor for the disease - so there are no excuses not to vaccinate! We recommend the use of a single injection of modified live vaccine every 6 months, but it is best to speak to one of the vets to discuss a suitable protocol for your farm.



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Please note that telephone calls are recorded for quality and monitoring purposes.

Leptospirosis - a recap

Chantal Bryant BVM&S BSc MRCVS Spring is in the air and it is that time of year again when everyone is getting ready for turnout. Many of you will be giving your animals a leptospirosis booster, so we thought it was a good time for a refresher.



Approximately 75% of UK cattle are, or have been, infected with *Leptospira*. There are many different strains of the bacteria, the most important in UK cattle being *L. hardjo*, for which they are the maintenance host. After infection, animals can carry the bacteria in their kidneys for months, sometimes years, excreting leptospires in their urine and acting as a reservoir of infection for other cattle.

How do animals become infected?

Infection arises from infected urine or products of abortion. Spring and summer are the highest risk periods, as cattle are out at pasture. Moist spring grass is a favourable environment for the survival of leptospires outside the host, but they are sensitive to drying, acidic conditions, direct sunlight and extremes of temperature.

Congratulations Rose!



We're delighted to announce the arrival of a new Scarsdale baby - Rose Jackson safely delivered Charles Rufus on January 19th. Mum and baby, plus dad and big brother Robin, are all doing well. Well done Rose, and welcome Charlie!

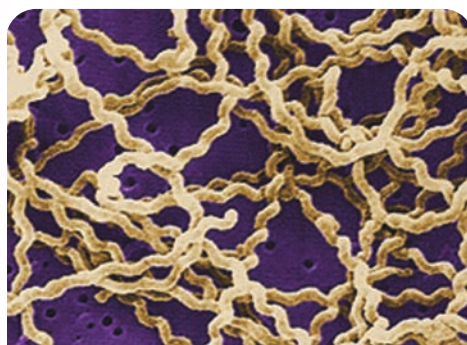
The following factors increase the risk of herds becoming infected:

- Buying in infected stock.
- Co-grazing with sheep, which can carry and excrete *L. hardjo*.
- Drinking from natural watercourses, which may be contaminated upstream.
- From bulls - *L. hardjo* can colonise and persist in the genital tract of infected bulls, as well as cows.

What are the signs of infection?

While there may be no signs at all, a sudden milk drop often occurs 2-7 days after infection in lactating cattle. The udder becomes soft and flabby and may have blood-tinged milk. Abortions can occur up to 12 weeks after infection and the initial illness, and leptospirosis may also cause stillbirths or weak calves and chronic infertility. Sometimes there can be an abortion storm with large numbers of animals being affected. Occasionally severe acute disease causing fever, haemolytic anaemia, jaundice, meningitis and death occurs, especially in young stock infected with other types of leptospirosis.

It is also worth remembering that leptospirosis can be transmitted to humans, and causes a severe flu-like illness. This occurs following contact with infected urine or abortion material, so take great care if you suspect a problem on your farm and contact your doctor if you're concerned you've been infected. Since not all doctors have diseases transmitted from animals at the top of their diagnosis list, specifically mention leptospirosis and make sure that they know you are a farmer.



Scanning electron micrograph of leptospirosis bacteria. Their spiral form can be clearly seen. Photo courtesy of the European Centre for Disease Prevention and Control (ECDC).

Diagnosis

Leptospirosis can be readily diagnosed by regular bulk milk screening of dairy herds and blood testing in beef herds. Diagnosis can also be made from the placenta and foetus from abortions. Urine can be used to identify infected animals.

If you do not yet know the status of your herd, we would strongly recommend finding out, to enable a suitable plan to be put in place to protect your herd.

Control

This requires a combination of strategies to reduce the risk of infection coming onto the farm, strategic antibiotic treatment for infected animals or during quarantine for bought-in animals, and protection of the herd by vaccination.

Fencing off any rivers or streams that are not required as a water source is advisable. In a herd with no evidence of previous infection, all replacements should be isolated for at least 3-4 weeks and then tested for evidence of infection or exposure, and/or treated with streptomycin antibiotic on two occasions 10-14 days apart before entry into the herd. See your routine vet for advice on this and on the best policy for your herd in terms of monitoring, prevention and treatment.

If leptospirosis is diagnosed, or your herd is at high risk of infection, then vaccination provides good control of the disease. A vaccination programme involves a primary course of two injections 4-6 weeks apart for all breeding females and bulls. Annual boosters need to be given every spring as this is the peak time for transmission of the disease. Vaccination should prevent urine shedding following exposure and will help protect against milk drop and abortion. During an outbreak animals can also be treated with antibiotic to help reduce spread through the herd - streptomycin into the muscle will help reduce shedding and clear the bacteria, but again, do speak to your vet first.

Realistically, eradication of leptospirosis from the UK is unlikely due to the high percentage of herds affected. A combination of good biosecurity and vaccination is the best control method.

If you have any questions relating to leptospirosis, and how best to proceed on your farm, please contact us at the surgery.

QUIZ NIGHT

SCARSDALE VETERINARY CENTRE

When: Thursday 21st April
7.30pm start

Where: Pride Veterinary Centre

Cost: £7.00 per person
(maximum of 4 in a team)

Ticket price includes a pie supper!

To book your ticket,
please ask in
Reception or
call the Markeaton
Lane practice on
01332 294929

ScarsdaleVets Pets, Poultry, Equine All proceeds from The evening will be donated to **R.A.B.I.** Supporting Farming Families