

entary forage, especially straw, can help reduce risk by slowing gut transit times and allowing more time for magnesium absorption. Fertiliser policy and plant species should also be considered. (Picture courtesy of XLVets)

Cattle with staggers will be apprehensive, twitchy, stiff or uncoordinated. Seizures and convulsive 'paddling' will follow (often precipitated by noise or stress), and death can very quickly result. Cows - beef or dairy - at the peak of lactation are most at risk. In an affected herd, some cows may show classic clinical signs while others suffer from a subclinical syndrome which leads to nervousness and, in dry cows, a greater risk of milk fever at calving.

Magnesium is not stored in the body, so a constant dietary supply is needed. Pastures (and silages) vary widely in their magnesium content and availability - clovers, buttercups and nettles contain more magnesium than grasses, and perennial grasses contain more than Italian ryegrasses. Potassium and ammonia fertilisers reduce plants' absorption of magnesium, and lush, low-fibre pasture passes through the gut quickly, reducing the time available for magnesium absorption. Reduced energy intake can reduce magnesium uptake further - suckler cows grazing inadequate pastures, particularly during bad weather, are especially at risk.

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A Staggering Thought

Grass staggers, or hypomagnesaemia (low blood magnesium), is usually associated with spring grazing, but we often see several cases in the late autumn, too, so don't forget it at this time of year.



Diagnosis of hypomagnesaemia is made on clinical signs, history and response to treatment. It is a true emergency, and immediate veterinary attention is required. Treatment involves giving magnesium under the skin, calcium in the vein (about 80% of animals with grass staggers also have low blood calcium) and sometimes a sedative to control the seizures. These measures are only temporary, and relapses are common, so it's important to offer concentrates or a supplemented diet afterwards. A note of caution - animals can sometimes become aggressive for a few hours or even days after treatment, so take care!

Most lactating cows at pasture will have their magnesium requirements satisfied by 2.5g/kgDM total magnesium in the diet. Excess dietary magnesium is excreted in the urine, and toxicity isn't a problem. Magnesium can be supplemented during high-risk periods by the following methods:

 Supplement concentrates with magnesium oxide. However, staggers often occurs when concentrates aren't being fed in the first place!

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Thursday 8th December 2016

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Staggers is a true veterinary emergency. A bottle of magnesium is an essential part of treatment, but remember never to give magnesium directly into the vein - you may well end up killing the patient!

- Use intra-ruminal boluses to give a constant slow release of magnesium. These are reliable, but tend to last only four weeks or so.
- Feed high-magnesium cobs to give 60g magnesium oxide/cow/day.
- Medicate water troughs with soluble magnesium salts. It's important to treat all water sources, or cows may avoid the supplemented troughs and drink elsewhere.
- Dust pastures with finely-ground magnesium oxide (50g/cow/day) every 10-14 days. This works best with strip grazing and daily dusting. The same amount of magnesium can also be sprinkled on, or mixed into, silage if cattle are buffer-fed.
- Mineral licks containing magnesium are commonly used, but aren't ideal. Magnesium salts are unpalatable and a good number of animals often avoid the licks, or don't use them enough for them to be effective.

As always, do ask us if you'd like to know more about hypomagnesaemia or its treatment and prevention.



NOVEMBER 2016

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Jennie Lomas BVSc MRCVS

ORF-Contagious pustular dermatitis



Orf, otherwise known as contagious pustular dermatitis, is a disease of sheep and goats caused by a parapox virus. Orf is most commonly seen around the mouth, udder and coronary band around the feet, but can also affect the genitals. Scabs appear, which may become extensive and develop into proliferative wart-like lesions. In severe cases, lesions can occur inside the mouth, and then extend down the throat.

Carry on nursing!

A recent Australian study has confirmed that high-quality nursing care improves outcomes for downer cows.

The percentage of cows recovering after one week, the percentage of cows that ever recovered and the degree of secondary damage were all very strongly associated with the level of nursing care provided. Downer cows must be looked after well, and this includes providing adequate water (at least 30-40L per day) and palatable, nutritious food within easy reach (making sure it isn't stolen by other cows!), shelter from draughts, rain, cold or excessive heat, frequent turning, frequent short lifting sessions, massage, support from straw bales etc, comfortable dry bedding, good ventilation, pain relief/anti-inflammatories and any other necessary medication, and frequent checks/visits. Keeping downer cows happy, comfortable and pain-free really is important, and attention to detail will pay off.



A downer cow. She'll be more likely to recover if she has a good nurse!

The disease primarily affects animals under 1 year old, in two peaks; the first in spring, shortly after lambing and again in 3-4 month old lambs. Older animals can also become affected, and this can happen at any time of the year. Characteristically the infection establishes where the skin or mucous membrane has been traumatised. such as teats damaged by hungry lambs or skin punctured by thistles. The lesions can become secondarily infected with bacteria which can prolong the course of the disease.

Orf lesion in a lamb, with typical crusty scabs around the corner of the mouth.

Outbreaks of orf usually last for 6–8 weeks or so. Survival of infection between outbreaks is assumed to be in the form of scabs containing the virus. However, while infectivity is retained for a number of years in dry scabs (for example, those that fall off in dry buildings), infectivity in wet material is rapidly lost. In addition, persistently infected carriers which show no clinical signs of the

disease are thought to be a source of infection to susceptible animals.

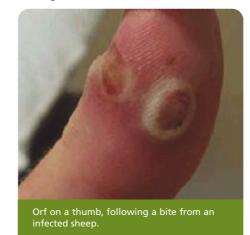
Diagnosis is based on clinical signs, with confirmation by electron microscopy or a lab test which looks for the DNA of the parapox virus. Using a broad-spectrum antibiotic injection, combined with antibiotic spray on the areas of infection, is thought to shorten the course of the disease by limiting secondary bacterial infections, although it has no effect on the orf virus itself.

Reducing predisposing factors such as thistly grazing, or wet ground which can damage the skin, will help prevent the disease. In flocks with severe Orf outbreaks, vaccination could be an option.

Don't forget that orf is transmissible to humans, and great care should be taken when handling infected animals or materials or objects they have been in contact with.

Vaccination

Scabivax Forte (MSD Animal Health) is a live vaccine designed to reduce the clinical signs of orf. Immunity develops within 4–8 weeks of vaccination, and is protective for at least 12 months. As Scabivax Forte is a live vaccine, care must be taken to apply the vaccine only to the intended vaccination site and not to contaminate other sites, such as the mouth, feet, or any superficial wounds. Again, the virus is transmissible to man and is capable of causing a skin infection.



The recommended method of injection is by skin scarification behind the elbow, to prevent infection of the udder and transmission to lambs. THE VACCINE SHOULD NOT BE USED ON FARMS OR IN FLOCKS WHERE ORF IS NOT A PROBLEM. A confirmed diagnosis of the virus is recommended before using the vaccine.



The datasheet recommends the vaccine be given to ewes 7-8 weeks before lambing, but it is important not to give it less than 7 weeks before lambing, as it takes up to 7 weeks for the infected scabs to drop off into the environment. Thus, for the 7 weeks after vaccination, vaccinated animals should not be allowed access to lambing pens or pasture where ewes and their lambs will subsequently be grazed, or to come into contact with unvaccinated sheep.

Vaccination of ewes before lambing will not provide protective immunity to the lambs via the colostrum. Therefore if orf is a problem in the lamb flock as well, the

lambs should also be vaccinated. They may be vaccinated at any time from birth, into the axilla (armpit).

Once Scabivax Forte has been used in a flock, it is likely that it will then be needed every year, as the virus is able to persist for long periods - often many years - in the environment.

For more details on orf, or if you would like to discuss vaccinating your flock or order your vaccine, please contact us at the clinic.

November/December 2016

Module 1

Medicines

Wednesday 23rd November 2016

Module 2

First aid basic techniques including analgesia for disbudding/castration Wednesday 30th November 2016

Module 3

Heifer Rearing Wednesday 7th December 2016

Module 4

Advanced Lameness

Wednesday 14th December 2016

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Herdsman Certificate

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