

## Holly Tree Festive Opening Hours

We will of course continue to provide an emergency service right through the festive period, but the offices at Holly Tree/Whaley Bridge will be closed as detailed below.

### Holly Tree Office

December 24th .....	Open 8am to 3pm
Christmas Day .....	Closed
Boxing Day .....	Closed
December 27th (Bank Holiday) .....	Closed
December 28th (Bank Holiday) .....	Closed
December 29th .....	Open as usual (8am-5.30pm)
December 30th .....	Open as usual
New Years Eve .....	Open 8am to 3pm
New Years Day .....	Closed
January 2nd .....	Closed
Monday 3rd January (Bank Holiday) .....	Closed
Tuesday 4th January .....	Back to normal hours

## Bird Flu – Avian Influenza Housing Order

From the 29th of November, APHA have imposed a UK-wide poultry housing order in response to the increasing number of cases of Avian Influenza being detected around the country. Under the order, anyone with birds - regardless of numbers - is legally obliged to house their birds indoors, or to take appropriate actions to separate them from wild birds. The restrictions will be reviewed regularly, but we have no indication of how long they will be in place.

### Steps which should be taken by all poultry keepers are:

- House or net all poultry and captive birds to separate from wild birds
- Cleanse and disinfect all clothing, footwear, equipment, and vehicles before and after contact with birds.
- Reduce the movement of people and equipment to and from areas where birds are kept
- Keep disinfectant at the correct concentration at all farm and poultry housing entry and exit points
- Make sure all feed and water cannot be accessed by wild birds

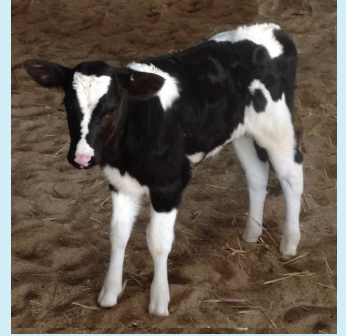
Whilst we understand that housing birds can be frustrating and often difficult, it is vital to help prevent the spread of avian influenza. All bird keeps with more than 50 birds are legally required to register their birds with APHA, and those with less than 50 are encouraged to register. This allows APHA to keep you updated with disease threats such as influenza cases in your area.

If you find any dead wild birds (wildfowl, gulls, birds of prey etc.), please call the dedicated APHA wild bird helpline on 03459 335577 (select option 7). They will arrange collection of the bird from where you found it. If you suspect Avian Influenza in your own birds, please contact APHA on 03000 200301. There are many symptoms associated with Avian Influenza, with one or any combination of the symptoms possible. For information on how to spot it, visit <https://www.gov.uk/guidance/avian-influenza-bird-flu>



## Post-mortem evening with Ben Strugnell – 16th December 2021

We will be holding a post-mortem evening with expert vet Ben Strugnell, from Farm Post Mortems Ltd. (based in County Durham) on 16th December. Ben is known nation-wide for his enthusiasm and knowledge when it comes to post-mortems, offering training to vets and farmers on how to make the most of a PM. Ben will be coming to demonstrate the process of post-mortem examination and to discuss the conditions that can be identified by a PM.



Look out for an invitation arriving soon with details of how to book your place. Please be aware that the evening will involve dead animals so we would advise only those over 16 attend.

## COVID safety on farm

As you will all be aware cases remain high in the UK, which along with the appearance of a new variant, has led to the re-introduction of masks in retail settings and public transport. We continue to work as we have been, providing all our usual services.

If you or anyone else on the farm has symptoms or tests positive, please contact the practice to let us know. If the visit is unavoidable, we will come up with a plan to reduce the risk to our team. Equally, if a call is routine and could be delayed, we would happily re-arrange it for a time to suit you.

We continue to take every precaution to avoid infection of our team, to ensure we can continue to offer our full level of service and of course protect all our clients that we visit. Thank you in advance for all your help.

## Medicines Orders

As we approach our busiest spell of the year, can we please ask that you ring ahead to order medicines rather than turning up at the office wherever possible.

We are legally required to ensure all prescriptions that leave the practice are checked by a vet and whilst we can do this remotely, as we get busier it may take slightly longer to get hold of a vet while on farm.

If you order ahead, the products are more likely to be ready when you arrive, meaning you avoid having to wait for a vet to be contacted. Thank you in advance for your cooperation.

## IBR: Infectious Bovine Rhinotracheitis

IBR, Infectious Bovine Rhinotracheitis, is a highly contagious and infectious disease which is caused by the virus Bovine herpes virus 1.

IBR is characterised by infectious respiratory disease and inflammation of the upper respiratory tract. In addition to respiratory disease, the virus can cause conjunctivitis, abortions, encephalitis and generalised systemic infections.

IBR can affect cattle of all ages and is able to spread quickly within a group by inhalation of the virus, direct contact and sexual transmission (less common). The most common form of the disease is the respiratory form, but it also has a reproductive form.

After the initial infection, much like a cold sore, the virus is never fully removed. The virus is transported along nerve cells and becomes latent (hidden) in nerve tissue, where it remains during the lifetime of the animal. At times of stress the virus can begin to multiply and be re-excreted, generally from the nose and eyes, despite appearing clinically normal. Each IBR infected animal is a lifelong potential shedder of the virus and poses a huge risk to the rest of the herd.

IBR is endemic in the UK, and it's thought around 40% of cattle have been exposed to the virus, though that figure is likely to be much higher in cattle-dense areas.

### Direct transmission occurs through contact with:

- Acutely infected animals
- Latently infected animals in which reactivation of the virus takes place
- Purchase of infected animals is often the main source of new infections.

## Clinical signs

The primary clinical signs of IBR are respiratory signs and can vary from mild cases (can be confused with other causes of pneumonia) to severe cases, occasionally resulting in death.

In mild cases, signs may present as conjunctivitis, occasional coughing and poor milk yields. More severe signs include the development a fever (41 – 42°C), loss of appetite and thick discoloured ocular and nasal discharge.

Severely affected animals are very depressed, stand with their head lowered and are slow to rise. Eyelids may appear swollen and the nose ulcerated (reddened). There is increased respiratory effort due to damage and pus in the larynx and trachea. Halitosis (foul breath) and excess salivation may be noticed.

During an outbreak, the morbidity rate (proportion of animals affected) may be 100% but the mortality (death) rate is generally less than 2%. Death is caused by severe damage, tissue breakdown and secondary bacterial infection of the trachea, with accompanying inhalation pneumonia.

IBR is also known to enhance the pathogenicity (ability to cause disease) of the bacteria *Moraxella bovis* (pink eye) and severe infectious corneal lesions can develop in calves.

## Clinical signs associated with IBR

- Fever
- Depression
- Loss of appetite
- Reddening of mucous membranes
- Ulceration/reddening of the upper airway
- Nasal discharge
- Conjunctivitis (runny eyes)
- Drop in milk production
- Abortion
- Infectious pustular vulvovaginitis – swelling and pustules form on the lining of the vulva in females
- Infectious pustular balanoposthitis – Swollen prepuce, yellow/green discharge may be seen in bulls.
- Reduced conception rates can also be seen due to circulating IBR and the accompanying transient pyrexia (raised body temperature)

## Diagnosis

IBR can be diagnosed by blood testing (to look for antibodies) or by PCR (to look for virus).

Antibodies can also be detected in milk and bulk milk antibody levels can be a useful means of determining the IBR status of a dairy herd. However, a negative bulk milk result does not necessarily indicate that a herd is IBR-free as up to 20% of the milking herd can be latently infected with IBR before the bulk milk result will become positive; therefore, blood testing is essential to confirm IBR-free status of a herd.

## Treatment

There is no specific treatment for IBR. Treatment is focused on supportive therapy with anti-inflammatory drugs given to treat the high fever and respiratory tract inflammation. Antibiotics may be given to manage secondary bacterial infections. Nutritional support should be given through periods of inappetence. Preventative vaccination of the remaining herd may aid in minimising disease spread.



Necropsy findings of severe tracheitis in a beef steer that had died from IBR.

## Prevention and Control

Control of IBR is based on 4 important aspects:

1. Selective culling – the levels of circulating virus can be reduced with the introduction of a vaccination programme and progressive culling of animals which are identified as a potential source of the virus.
2. Biosecurity – Avoid introducing infected animals into the herd. Quarantine all new animals until proven negative via testing. Ensure fences and boundaries are secure to limit external sources of infection.
3. Vaccination – There are several IBR vaccines available. Marker vaccines allow vaccinated animals to be distinguished from naturally infected animals using a blood or bulk milk test. Annual vaccination of all animals in the herd is a useful part of IBR management. Speak to your vet about which vaccine would be most appropriate for your herd.
4. Regular monitoring – this will vary depending on the nature and risk status of your herd. Speak to your vet for more information.

## FARM OFFICES Lower Withington

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## Whaley Bridge Farm Branch

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