

November 2016

Fortunately it has been relatively quiet on the sick front for both cattle and sheep although we are seeing the age old problems:

In sheep: Scab seems to be the biggest issue at the moment. People who have never had it before are complaining of itchy sheep and are worried as their neighbours have treated everything for sheep scab. **What would we recommend?**

1) Bring us a couple of sheep to the surgery and let us make sure we are dealing with scab and not lice.

2) Try to improve your fencing between you and your dirty neighbours!!!

- Double fencing is the ideal and in the long run can be the cheapest option.

3) Is there any point in doing a preventative treatment if you have not got it?

I would probably say no if injecting. Why?

- Dectomax and ivermectin doesn't have any persistence to talk about.
- Cydectin 2% has a good 60 day persistence but increases the risk of wormer resistance on your farm.
- Sheep dip have a 30 day persistence and also treat against lice. This historically was always the time we use to dip under the compulsory schemes. However it is stressful if you have only just put the tup in.
- Sheep showers: Fine for flies but useless for eradicating scab.

4) Don't buy it in!! Quarantine dose your sheep.

5) Talk to your neighbours and try to treat all at the same time.

Lameness: Footrot is currently not too bad as the ground is relatively dry. If you historically suffer from bad cases later in the year this is the time to strike.

1. Separate out the lame sheep: notch their ears, treat with long acting oxytetracycline and vaccinate.
2. Vaccinate the remainder with footvax and repeat 4 weeks later.
3. Foot dip as often as humanely possible.
4. 3 strikes and cull that sheep.
5. Don't buy in!!!

In the cattle:

Pneumonia is rearing its ugly head again.

The changeable temperature is not helping the cattle.

1. Make sure the sheds have good ventilation, the younger animals are down stream of the older ones, but ideally separated.
2. Minimise humidity in the shed by regular littering, making sure drainage is good and pipes are not leaking.
3. Vaccinate prior to housing. Don't do a stressful procedure at housing ie dehorning nor weaning.
4. Make sure colostrum is of good quality and adequate. In a recent survey throughout Wales more than 40% of calves had in sufficient colostrum, it is no wonder that more than 25% of our calves have pneumonia.

Thin ewes, what is the cause?

- At the moment checking ewe body condition score (BCS) and considering the impact that disease may be having on it is an important part of flock health planning.
- For ewes below BCS 3 it is possible for them to increase body condition by a whole score in 8 weeks. This is conditional on them being provided with the best quality grass at a minimum height of 4cm.
- One of the main reasons for them not achieving this weight gain under such conditions may be disease.
- Grazing lean ewes on good grass and assessing their response to improved nutrition is a useful first screening test to assess likely disease risk.

Another key question to consider is: Are the thin ewes an individual, small group or large group problem?

The principal diagnoses are as follows:

Individual Problems: Cancer, arthritis, heart problems, scrapie, chronic pneumonia, CLA.

Small group problems: Poor teeth (esp back teeth), Johne's disease, OPA, Maedi Visna, PGE

Large group problems: Inadequate nutrition, liver fluke, sheep scab, foot rot and CODD

Some of these conditions are best assessed through accurate history taking and clinical observation on farm however, for many conditions post mortem would be the best way to reach a diagnosis.

We would suggest that submitting representative thin ewes that are not fit for sale for euthanasia and post mortem may be the most effective way of reaching a diagnosis across the range of possible differentials.