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**MARCH 2011**

**FARM NEWSLETTER**

## **SHEEP**

### **MEETING**

Wednesday 23<sup>rd</sup> March 2011  
7.30 for 8.00pm  
The Horse & Groom, Milcombe,  
Nr Banbury, Oxon, OX15 4RS  
Subject:  
**PARASITE CONTROL**

### **COCCIDIOSIS**

Coccidiosis is a gut parasite which infects young animals and with lambing well underway cases will be seen. Signs of Coccidiosis in lambs (and calves) are: poor doing, scours (with blood if severe) and dullness.

Fortunately cocci can be easily treated by dosing with **Baycox** but the timing of dosing is crucial. Dosing too early will mean the lambs haven't eaten enough cocci and been challenged. However dosing too late will mean clinical signs are present and therefore financial losses. Hence the lambs must be dosed after they have been challenged but BEFORE the onset of clinical signs.

To help get this vital timing of dosing correct, a faecal sample should be taken to look for rising levels of cocci – currently Bayer are heavily subsidising a test for this which costs only £10 per sample (or £45 for a batch of five). The submission forms and pots can be collected from the Practice and we would recommend that you start sampling from 4 weeks old in most cases (peak cases are expected at 4-6 weeks) by putting 2-3 lambs' faeces into one pot with a minimum of five pots. Make sure you sample healthy as well as scouring lambs. Finally don't forget that good hygiene and management will reduce the challenge from cocci and are still very important.

### **VACCINES**

For the early lambers amongst you, now is the time to think about vaccinating with **Heptavac P** (this prevents Clostridia and Pasteurella). Lambs are protected by the mother's colostrum if the mother is vaccinated but this only lasts for 4 weeks for Pasteurella and 12 weeks for the Clostridia. Therefore we recommend vaccinating from 3 weeks of age and then a second dose four to six weeks after the first to keep them well protected from these common killers.

Another disease to consider vaccinating against is ORF. The signs of Orf are lesions around the lambs' mouths which are very painful and prevent suckling so reduce growth rates. The Orf can also spread to the ewes' udders.

Generally speaking, Orf resolves itself in a few weeks but if it becomes secondarily infected with bacteria the lambs can die. Lambs should be vaccinated after birth and then checked 1 week later in a few to be sure a scab is present (showing that the vaccine has worked). This vaccine is the only treatment for Orf as it is a virus but if the lesions get infected then antibiotics can be used.

N.B:

Do NOT vaccinate against Orf if you do not have it. Remember Orf can infect you, so wear gloves when treating infected sheep!!

## **CATTLE**

### **CALVING**

With the calving season well upon us, make sure you give us an early phone call if you have any difficulties. The less intervention with the natural process the better the outcome for the calf and cow -both in terms of the immediate parturition process and for health of the dam post-partum, with reduced incidences of retained foetal membranes and infections, etc.

### **METRICURE**

Infections of the uterus immediately after parturition in cows are common and with the annual peak in calvings we are seeing lots of cases. The risk is increased in cows if the level of human intervention rises at calving but also with metabolic disorders such as milk fever or stress.

There are 2 forms of infection in the uterus - the first is called

Metritis and is seen in the first 2 weeks after calving. The cow will have a foul smelling red discharge and will be off colour and sick. These cases are best treated with intramuscular antibiotics for which **Ceporex** and **Tylan** are very good. In addition **Finadyne** or **Metacam** are often needed and sometimes the cows benefit greatly from being 'Aggers pumped' with fluids, along with intra-uterine pessaries.

The second type of infection occurs 2-3 weeks after calving and is called Endometritis. This is more commonly known as "Whites" and generally presents without any signs of sickness in the cow. Around 20-40% of cows will get this. Treating Whites allows the cow to start cycling earlier than she would otherwise and improves conception rates. Treatment consists of an intrauterine washout of **Metricure** which is finally back on the market, as well as a dose of Prostaglandin, e.g. **Enzaprost** to start the cow cycling.

To prevent and detect Whites, maintain good hygiene at calving and aim for a good feed transition period over calving with minimal weight loss. If the cow has twins, a difficult calving, retained cleansing or any post-calving disease such as milk fever/mastitis we would recommend getting her checked by the vet 21-30 days after calving so that she can be treated early on in case she is infected.

## HUSKVAC

Once again, a reminder to consider Husk prevention before turnout:- lungworm remains a constant threat year on year. Lungworm is also

now becoming evident in older animals, whereas previously it used to be a young stock problem due to the increased use in wormers.

The most reliable way to ensure immunity is with the **Huskvac** vaccine as wormers can prevent disease without building up immunity. A consequent spell of mild wet weather can result in dramatic increases in lungworm that can be harmful to stock with little or no immunity. If you are using wormers make sure you do NOT use it until two weeks after the 2<sup>nd</sup> dose of the vaccine.

Huskvac is given as 2 doses - 6 and 2 weeks before turnout in the spring. Ring the Surgery to order your Huskvac.

## EYE INFECTIONS

We have seen several cases of Silage Eye recently. The two other main causes of eye problems are IBR and New Forest Eye. These can be told apart in several ways. First, the timing of the condition is relevant as Silage Eye occurs whilst being fed silage whereas New Forest Eye tends to occur over the summer months as flies spread it.

The signs seen in all of them are painful shut eyes which are runny. New Forest Eye and Silage Eye will also cause a cloudiness/pussiness of the eye and bulging, whilst New Forest Eye alone tends to cause the eye to ulcer (so that the surface is broken). IBR cases will also mostly tend to have respiratory signs as well, such as coughing.

The best treatment for New Forest Eye and Silage Eye is

to inject 1ml of **Pen and Strep** sub-conjunctivally (under the eyelid) along with an additional 0.5ml of steroid if the infection is caused by Silage Eye. However, if you wish to treat the condition first and it has been diagnosed before, you can apply a tube of **LA Orbenin** to both eyes. Be sure to call us if it doesn't clear up in a couple of days as permanent blindness can result!

To reduce levels of Silage Eye at this time of year, use good quality silage although obviously this will be very difficult to correct now. On a more practical note, reducing competition at the feeding face will reduce the amount of physical trauma caused by the silage to the eyes and so the levels of Silage Eye seen.