

Page 1: Welcome to the Farm Animal Practice

Page 2: Pig vaccination - who, with what and when?

Page 3: Colostrum - are they getting enough?

Page 4: Reducing the resistance of Triclabendazole - a liver fluke treatment, Bluetongue



Welcome to the Farm Animal Practice

This year's mild and wet (and occasionally flood-level wet) autumn brought its own unique challenges, be it getting the harvest in-between downpours, fending off the slug attacks on crops or just trying to navigate the roads on some days!

As ever, people seemed to work their way round the problems that the season threw at them and we were pleased that none of the vets got washed away in a flood, though myself and a car full of students did have to don our wellies and push a van out of a flooded road on one day; we all felt very virtuous and well prepared with our wellies and waterproofs to hand (even though I did discover the hole in my wellies at that point)!



Through the Autumn we have been kept busy with ongoing TBAS (TB advisory service) and AH&WP (animal health and welfare pathway)

visits, as well as the usual upturn in TB testing at housing and of course a bit of Christmas - related socialising; it was good to see so many of you at our Christmas evening fundraiser. This raised £210 which was matched by Langford vets, totalling £420 for Dementia UK - thank you.

As we look forward through the winter months and the busier spring months ahead we are pleased that our new vet Liz has joined the team (see staff update), I'm sure some of you will have met her by now. We are also arranging our 2024 client events, in particular our practical lambing/unpacking day (also see later in the newsletter!), and so hope to see a number of you at those at least in the coming months.

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Opening Hours: Mon - Fri 8.30am - 5pm

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Pig vaccination – who, with what and when?!

There are an overwhelming variety of diseases that can be vaccinated for in the pig world. We hope to demystify pig vaccines so you can make the right choice for your pigs. Most vaccines are designed for the commercial pig industry which are subject to different health pressures than pet and smallholder pigs.



Vaccine is available which is a combined vaccine with erysipelas and leptospirosis (another cause of infertility and piglet loss). This is also injected into the muscle and has an initial course of 2 doses 4 weeks apart prior to service, then can be boosted annually (with just an erysipelas booster at 6 months).

Other diseases that can be covered by vaccination include clostridial disease, piglet pneumonia (mycoplasma), circovirus, porcine reproductive & respiratory disease and e. coli. Many of these diseases are challenges for the commercial pig industry, and we would advise smallholder vaccination to these diseases on a case-by-case basis or in response to disease outbreak.



Erysipelas

Erysipelas is an environmental bacterium which can be carried around by rodents, wild birds and other mammals. It can also survive in soil for up to 6 months or more. Pigs are particularly susceptible to the disease compared to other species, and it can cause mild to severe disease which could lead to death.

Classic signs of the disease can be red “diamond” shaped lesions on the skin and sickness. The bacteria often travel in the blood stream and can set up infection in the heart valves so they do not close as they should and in the joints causing arthritis.

Treatment can be implemented and if the case is mild and treated early enough some pigs can make a full recovery.

Prevention of even mild cases is always beneficial for pig welfare – a good vaccine is available for pigs. The vaccine is administered into the muscle (the neck is the best location), the initial course is 2 doses 4 weeks apart, then it needs to be boosted every 6 months as the duration of immunity is shorter than other vaccines.

Parvovirus

You may have heard of parvovirus causing severe diarrhoea in dogs, but the pig strain of the virus causes infertility and death of piglets in the sows. This is a disease you should protect your pigs against if you are planning to breed from them. The virus only affects the embryos in the uterus and does not cause any clinical disease for the sows thankfully.

As always, do remember to quarantine any new pigs coming onto your premises for 4 weeks and monitor for any signs of disease before allowing them to join your group. We are always happy to help you vaccinate your pigs. Having access to smaller pens and space to control your pigs will make it easier and safer to vaccinate them.

Staff Update



A huge welcome to our new vet Liz, who graduated from Bristol in 2021 and is very much looking forward to returning to the area to join the Farm Animal Practice. Since qualifying, she has spent 2 years working in farm practice with a diverse client base across Wiltshire and Hampshire, as well as some teaching within the RVC farm rotation. Outside of work, she enjoys walking her two rescue dogs, Remi and Bruno, and is a novice gardener.

Colostrum - are they getting enough?

Cattle, sheep, goats and camelids all rely on passage of immunoglobulins through the first feeds after birth for immunity to the bugs they will come across in the first weeks of life. This is known as "passive transfer". The immunoglobulin created by the dam and passed to the offspring will be relevant for their surroundings; whatever viruses or bacteria may be present in the environment of the farm they are in.



Failure of passive transfer can lead to a higher incidence of neonatal disease in young animals; for example scour and pneumonia, and in worst cases septicaemia which could lead to death.

It is useful to have a protocol in place to ensure all newborns receive enough colostrum. An easy way to remember the essentials is to follow the '5 Qs':

- **Quantity:** A newborn needs to consume 10% of its bodyweight within 4-6 hours of birth; this equates to 4L of colostrum for a 40kg calf, 700ml for a 7kg cria, etc. This should be followed a further 5% in the 6-12 hours after birth. A calf needs to be suckling continuously for 20 minutes to achieve this. If you are unsure that they have drunk enough, provide extra fresh, frozen or powdered colostrum using a bottle or stomach tube.

- **Quality:** Only feed good quality colostrum, containing at least 50g/l of IgG. This can be measured in fresh colostrum using a colostrometer or a BRIX refractometer (BRIX readings should be >22). Poor quality colostrum should be disposed of and not fed or frozen. Powdered colostrum is a good alternative if no fresh is available, but the quality can vary greatly by brand - check which brand you are using with a vet, as it may be worth switching to an alternative product. Goat and alpaca specific powdered colostrum isn't available, but products suitable for sheep and cattle can be used.

- **Quickly:** Colostrum should be given as soon as possible after birth, ideally within 2 hours, so that

the animal is protected from infection. The gut can absorb the large molecules in colostrum for a short period after birth, but this soon starts to close. The best absorption is within the first 6 hours of life, with very little absorbed by 24 hours. The antibodies in colostrum fed after this time will still provide some local protection within the gut, but will not be absorbed into the animal's blood stream. The quality of the colostrum produced by the cow also decreases over time after birth.

- **sQueaky clean:** Ensure all equipment used to feed colostrum is cleaned after each use. Wash items using warm soapy water, but not hot water as this can cause proteins in the colostrum to stick to the inside of feeding tubes, etc. allowing bacteria to grow. Ensure colostrum is collected hygienically, whether feeding it immediately or freezing it - it is full of nutrients for the calf, which is also a great food source for bacteria... at room temperature, the number of bacteria in colostrum will double every 20 minutes! Fresh colostrum should be used within an hour, frozen colostrum can be kept for up to 12 months; defrost it in warm water to bring it up to 35-40°C, and never use boiling water or a microwave! Spare colostrum should be labelled with the dam ID, quality and date of collection before freezing. Raw colostrum from several dams should not be pooled as this is a risk for spreading Johne's disease.

- **Quantify:** Make sure your animals are receiving enough antibodies by measuring the quality of the colostrum as described above, but we can also assess the immune status of the animals. This is done by collecting a blood sample between 24 hours & 7 days. We can do this testing quickly and easily in house - either by testing for total proteins, which gives a good approximation, or **we can test more accurately using our new IgG antibody analyser which is available for calves, crias and foals.**

Good colostrum management is essential in getting the right start for any animal and protecting the future of your herd or flock - which is why it is known as 'liquid gold'! Recent research has even shown that good levels of passive transfer in dairy calves can significantly improve their first lactation yield, and that the benefits continue to improve with increasing levels of antibodies, ie. it is worth ensuring that each animal receives as much colostrum as possible, and not just the minimum amount. Please speak to one of the vets about colostrum monitoring or to develop a colostrum protocol for your animals.

Reducing the resistance of Triclabendazole - a liver fluke treatment

Triclabendazole is the only flukicide which treats the immature stage of liver fluke which has led to development of resistance due to its widespread use. There are steps that we can take to try and tackle this issue by using alternative flukicides when they are appropriate.

Cattle are typically affected with chronic liver fluke in comparison to sheep who are more likely to suffer acute or subacute liver fluke which is much more severe and can be fatal. This means that the immature stage of liver fluke generally doesn't cause issues in cattle so they can be treated a bit later once the fluke has matured.



Therefore, it is recommended that cattle are treated with alternative flukicides such as Closantel or Nitroxinil, which kill the mature stages of liver fluke, 8 weeks post-housing. By using these flukicides instead, this will reduce the use of Triclabendazole reserving its use for sheep in autumn/early winter when the migrating immature stage of liver fluke can cause severe disease. Other flukicides such as Closantel, Oxcyclosanide or Nitroxinil should also be used if you are treating sheep again in spring or pre-lambing because at this stage only the mature fluke are present so there is no need to use Triclabendazole.

Summary of when to use which flukicide:

- Treat sheep with Triclabendazole in autumn/early winter
- Treat sheep with Closantel, Oxcyclosanide or Nitroxinil in spring/pre-lambing
- Treat cattle with Closantel, Oxcyclosanide or Nitroxinil 8 weeks post-housing

Bluetongue

Ongoing outbreaks of Bluetongue in northern Europe and a number of isolated cases in the UK mean all livestock keepers should be aware of the clinical signs associated with this disease. Blue Tongue virus (BTV) is a notifiable viral disease that can affect cattle, sheep, camelids, goats and deer.

This disease is spread by biting midges and originally was only found in warmer climates especially across Europe. However, in recent times, these midges have been blown over the English Channel and several cases of BTV have been found in the UK in recent months.

It is important to note that transmission is not typically seen from direct contact with infected animals. Sheep are more likely to show more obvious clinical signs, however all species will present with ulcers in mouth and nose, discharge from eyes, drooling from mouth, swelling of lips, neck, head and coronary band. Other less specific signs maybe lethargy, redness of mouth, eyes, nose and skin above hoof, difficulty breathing, nasal discharge, fever and abortion.



Calves can be infected whilst within the womb and can be born small, weak, deformed or blind and can die within a few days of birth. The main prevention in the UK includes surveillance and culling of known cases. A BTV vaccination is available (covering the serotypes 1,2, 4 and 8) but this does not cover serotype 3 which is one of the strains active in Europe currently.

If you have any concerns or queries about the disease or prevention, please contact the practice from a discussion with one of our vets.

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