

Farm Newsletter - April 2010

NEW SHEEP WORMER

Zolvix

This is a new wormer and comes as an oral solution for sheep. It is effective against gastro intestinal nematode infections and associated diseases in sheep including lambs, hoggets, breeding rams and ewes. It can be used in pregnant and lactating ewes.

Zolvix is effective against strains of parasites resistant to white (pro-benzimidazoles), yellow (levamisole), clear (macrocytic lactone) drenches and morantel.

It is a low volume drench and to ensure complete swallowing it should be given on the back of the tongue using an appropriate drench gun. Dosing is easy to remember – a 70 kilo ewe gets 7mls. A 30 kilo lamb gets 3mls.

It has a shelf life of 3 years and must be used within 12 months of opening. You cannot use it in lambs under 10 kilos or two weeks of age and you cannot use it in lactating sheep producing milk for human consumption.

Note: The following two practices increase the risk of development of resistance

1. Too frequent and repeated use of anthelmintics from the same class, over an extended period of time.
2. Under dosage, which is usually due to underestimation of body weight, misadministration of the product or lack of calibration of the dosage device.

We are very happy to process samples of

faeces to check faecal egg counts to assess the need for, the effectiveness of and the possible resistance to a particular anthelmintic. We are also very happy to give advice about a suitable worming programme for your flock.

Teaching a grandmother to suck eggs? - How to administer drenches:-

1. WITHHOLD FOOD for 12 – 24 hrs before treatment with white – BZ, or AV drenches.
2. Weigh the biggest sheep in the group to determine the correct dose.
3. Calibrate the drench gun by squirting the dose into a 10 ml syringe. Is it giving the correct dose?
4. Restrain the sheep properly so they swallow the WHOLE dose.
5. Place hand under head and TILT slightly to the side. Slot nozzle in the gap between molar and incisor teeth and over the BACK of the tongue - if wormer is just put into the mouth it will escape down the oesophageal groove and BY-PASS the rumen.

Q FEVER

Information to reduce risk of zoonotic infection.

Q fever is a zoonosis caused by *Coxiella burnetii* – an intracellular parasite. Human cases of Q fever have increased in the Netherlands from about 20 in 2007 to over 2,000 in 2009 – mainly associated with milking goats and sheep.

Infection of ruminants can occur at any age and is usually clinically unapparent. The organism is present in high concentration in the placenta and foetal fluids and is also seen in the faeces and urine. It is also present in the milk of infected cattle, sheep and goats.

In humans infection is by primarily by inhalation and the organism is highly infectious – you only need a whiff!

The infection in humans is commonly asymptomatic but can result in acute (sudden onset) or chronic (long term) disease. Acute disease is characterised by fever, malaise, headache, and sometimes pneumonia, hepatitis and meningoencephalitis. Endocarditis, hepatitis and manifestations of chronic disease.

Adopt good hygienic practices and be very careful when handling aborted foetuses, fluids and the associated dam if she is still discharging fluids. Consider the use of masks, goggles/visors.

LIVER FLUKE CASES RISING

There has been a sharp rise in liver condemnations this winter due to fluke infestation. Mild winters and wet summers have enabled the parasite to thrive. The complete life cycle takes 17 weeks.

1. Eggs pass to pasture via dung
2. Eggs hatch into water borne larvae, which infect snails.
3. Larvae develop into young fluke before leaving the snail whilst still in the snail.
4. Young fluke are eaten by livestock grazing moist or marshy areas and wetlands.

Recent wet summers have increased snail infection from August to October. Milder winters allow more snails to survive with greater shedding of young fluke in May and June leading to earlier infection than seen in the past.

Bottle jaw is occasionally seen but you are more likely to experience loss of productivity, reduced growth rates and reduced fertility.

We can screen the flock or herd with blood tests, bulk milk and faecal sampling. You can ask the abattoir for liver condemnation levels.

Many of you now treat routinely with flukicides.

Assume all stock bought onto the farm are infected and treat for potential infection.

MASTITIS TARGETS

We are coming to the end of the housing period we hope! (Many of you had turned out two weeks ago last year!) While you are sitting about wondering what to do at this time of year how about reviewing your mastitis figures!

	Target	Interference
Mastitis rate (cases per 100 cows per year)	30	40
Percentage of herd affected	20	25
Recurrence rate*	10%	20%
Milking cow tubes per cow per year	1.4	2.5
Milking cow tubes per case	4.5	6.0
Percentage dry cow mastitis	1.0	2.5

*Recurrence rate is the percentage of mastitis cases that require a repeat course of treatment.