

nantwich farm vets



Crewe Road End
Nantwich
Cheshire
CW5 5SF

24hr phone line: 01270 610349



January 2019

HAPPY NEW YEAR!

Dates for your diary

March 2019 Dairyland Foot Trimming Course
(dates TBC)
Contact Steve or the office to book a place.

BVD Stamp it Out update

We now have 100 farms signed up to the BVD Stamp It Out scheme and delivery has begun. To date 'check' testing has been completed on 19 farms - if you haven't done so already please book in your free vet visit. This will include blood sampling 10 bulling heifers (9-18 months old, unvaccinated) so that we can ascertain your herd BVD status. We are also offering free bulk milk BVD PCRs to all herds signed up. If you haven't signed up so far don't worry! We will be running more meetings in Autumn 2019.

And just like that another year is over and 2019 begins! We enjoyed celebrating with many of you at our Christmas drinks last month. We hope you enjoyed the rest of the festive period, and wish you all a productive year ahead.



Welcome to our new vet, Lewis Hodgson!



Lewis qualified from Nottingham University in 2014. He kicked off his vet career in New Zealand, working with some of the country's top producing extensive grazing dairy units. Back in the UK he has worked in more mixed farm animal practice – with beef, sheep, alpacas and goats, as well as dairy. He has a particular interest in using data analysis to further herd performance from a disease and fertility point of view. He will be a great addition to the farm team, so make sure you look out for him and say hello!



Start 2019 on the right foot

Steve Crowe discusses a targeted approach to lameness in the herd

It is widely accepted that farmers often underestimate the true extent of lameness in their herd, and few appreciate just how significant a financial burden tolerating lameness can be. According to the AHDB, the average cost of an episode of lameness (including cost of treatment, reduced yield, reduced fertility and shortened productive life) is between £180 and £300. **On average**, more than half the cows in some herds experience some kind of lameness in a 12 month period, so the cost of lameness can soon add up. The biggest problem is that these costs often go unnoticed, and we just assume that everyone has lame cows and we just need to live with it.

Aside from public perception and the significant financial impact, welfare should motivate us to do more to reduce the number of lame cows, which is ultimately an animal experiencing a painful condition which affects their gait. Mobility scoring is a great way to monitor the incidence of lameness in your herd, but what do you do with the information regular scoring gives you? (if you are scoring at all!)

Lameness can broadly be divided into *infectious* (can pass from one animal to another) and *non-infectious* causes. The primary causes of lameness in cattle are digital dermatitis, white line disease and sole ulcers/bruising, and to tackle lameness on an individual farm we must first assess what the main issue is. This is where hoof trimming records (whether

external or on-farm) are needed. If the majority of your lame cows have digital dermatitis, we should look at the foot bathing protocol and claw cleanliness. If the main lesion is sole bruising and ulcers, we have to ask “are cows standing for too long, or is cubicle comfort not as good as it could be?”

Tackling a lameness problem without first having these records is like trying to solve a mastitis outbreak without having access to milk records: it can be done, but record keeping makes the job a lot easier and means you can target the problem more accurately!

First we must recognise lameness is a problem we can solve

The same can be said for keeping mobility scores. Looking over your records for the previous 12-24 months might show up some patterns. If lameness gets worse during the summer/autumn months, is heat stress a problem in your herd? If your cows’ mobility deteriorates over winter, are there other weaknesses, such as ineffective footbathing?

No one can dispute that reducing the amount of lameness in your herd is the best thing for your cows, your conscience, public perception of our industry as well as your milk cheque, but first we must

recognise it’s a problem we can solve.

The earlier we diagnose a lame cow and initiate treatment (which is dependent on the cause), the earlier we can get her back to her full potential. Table 1 shows a study that the University of Nottingham carried out. It shows that just trimming a cow correctly will improve around ¼ of cows within 35 days, but trimming, as well as blocking and administering a NSAID (a pain killer) will double your success rate.

That’s why we provide regular training courses to all members of the farm team, whatever their experience or ability, to improve identification of lame cows, how to carry out effective footbathing, and correct trimming and blocking of cows’ feet. External, professional foot trimmers provide a vital role in the regular, therapeutic trimming of all cows within the herd at key points of her reproductive cycle, but just relying on an external trimmer to treat cows that go acutely lame isn’t good enough anymore; each farm should have at least one member of staff capable of providing the prompt (within 24 hours of being identified) and correct treatment required to alleviate the pain these animals are suffering which caused them to go lame in the first place.

If you’d like more advice regarding lameness in your herd just get in touch! We are running another four day course in early March next year, but this is already filling up - contact Steve for more information.

Treatment group	% cows sound at 35d (score 0)	% cows not lame at 35d (score 0 or 1)
Therapeutic trim	24.4% (11/45)	68.8% (31/45)
Therapeutic trim + block	35.9% (14/39)	71.8% (28/39)
Therapeutic trim + NSAID	28.6% (12/42)	76.2% (32/42)
Therapeutic trim + block + NSAID	56.1% (23/41)	85.3% (35/41)

Table 1: The cure rates of different treatments applied to cows with claw horn lesions, 35 days post-treatment¹

¹HJ Thomas et al, "Evaluation of treatments for claw horn lesions in dairy cows in a randomized controlled trial" Journal of Dairy Science, Volume 98, Issue 7, 4477 - 4486

Antibiotic Review

Peter Duncalfe explains Antibiotic Usage Reports and responsible use of antibiotics on farm



Antibiotic reviews have been part of the annual herd health plan requirements for farm assurance for over a year now. Many of you will have seen an Antibiotic Usage Report for your farm, along with having a discussion with your vet about total antibiotic use, critically important antibiotics (CIAs), selective dry cow therapy and the like. It gives us a good opportunity to look at how antibiotics that we prescribe are being used (and potentially misused) on our farms, can raise areas that might benefit from further investigation, and point to opportunities for improvements in management, environment or preventative measures against disease. We all share responsibility in ensuring that antibiotics are used appropriately, the catchphrase being “as little as possible, but as much as necessary.” This means doing all we can to reduce the need for treatment with antibiotics, but ensuring that when we do need them we use them responsibly. We still see too many sick cows that have just had “a jab of Betamox (or the like) a week ago, and haven’t got better.”

AS LITTLE AS POSSIBLE

The main way we monitor total antibiotic use on our reports is by mg/PCU (population correction unit). This relates milligrams of antibiotic used to the number (or total kg) of animals you have had on the farm over the whole year, and farms can be compared, though some management factors (ie home heifer rearing vs flying herd) make a big difference to total use. The target established by RUMA is <21mg/PCU by 2020.

Figure 1 shows the range of total use across 90 of our herds, with nearly 75% under the RUMA target – but if that’s you, don’t think you don’t have areas to improve on!

We all share responsibility in ensuring that antibiotics are used appropriately...“as little as possible, but as much as necessary.”

Reducing antibiotic use on your farm has multiple benefits:

- Lower treatment costs (so long as disease is prevented in other ways!)
- Fewer animals under milk-withdrawal (and less chance of antibiotic failure)
- Reduced risk of developing antibiotic resistance
- Improved ability to meet milk-buyer requirements

Taking steps to reduce antibiotic use is where the relevant aspects of your herd health plan come in. More than just a tick-box exercise, health plans are an opportunity to

review your approach to different areas of management, assess the disease risks, and take a proactive approach to minimising infections – be it in relation to calf pneumonia, scours, mastitis, lameness, infectious diseases like Johnes, BVD, IBR and so on. This means good biosecurity, hygiene, nutrition and reducing stress. The use of vaccines, where available, are a key preventative tool to reduce the incidence or severity of disease and the need to treat infections with antibiotics.

Our antibiotic reports can’t categorise injectable antibiotics by their reason for use (except for those specifically for calf pneumonia), but looking at the variety and quantity of **injectables** used can help identify whether specific treatment protocols are being followed. For example, if a farmer has used nine different antibiotics (including CIAs) over the course of the year, it’s likely that some of those have not been according to a specific protocol included in the herd health plan (see Figure 2), though some drugs may have been specifically administered by the vet.

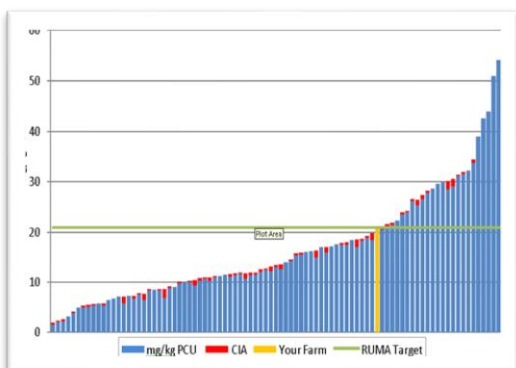


Figure 1: total antibiotic use between NFV farms

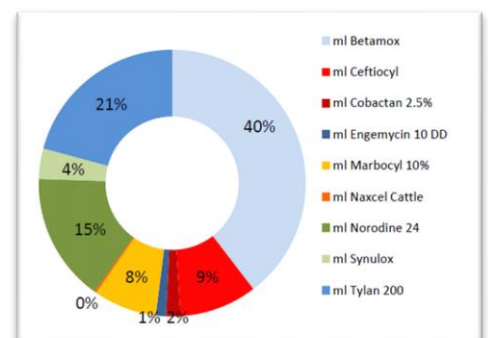


Figure 2: injectable antibiotics by cow doses

Intramammary tube purchases can provide a general indication of number of cases of mastitis over the year based on the average number of tubes used per treatment. It is at this point that it is worth noting that the reports analyse what has been purchased over the year, not what has necessarily been used, so areas highlighted are to raise discussion between vet and farmer, rather than identifying a definite problem.

Dry cow tube vs teat sealant purchases can give an indication of proportion of cows having selective dry cow therapy – something that has been pushed in the last few years as an area for reducing preventative antibiotic use. This has not been without its issues, though where it has been engaged with properly it has led to necessary improvements in drying off technique, transition management and dry/fresh cow accommodation.

Youngstock antibiotics are quantified in 100kg doses, which can provide a quick approximation of the number of calves you might have treated for pneumonia over the year, and may indicate whether improvements in management, housing or a vaccination protocol may be of benefit for your calf rearing.

Looking at total antibiotic use by route (*Figure 3*) shows the areas most antibiotic is being used, including CIAs (in red). One significant area antibiotic use can be reduced is in using antibiotic powder (Lincocin or Tylan) in footbaths, and in calf

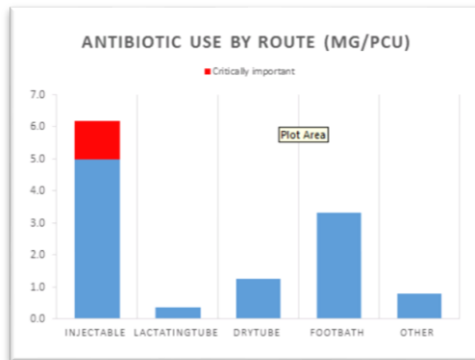


Figure 3: total antibiotic use by route

Chloromed). These aren't licensed for routine long-term treatment/prevention, and other preventative measures should be put in place to reduce the need for them.

Integral to responsible use is using the correct antibiotic at the correct dose for the correct duration and following the correct withdrawals.

AS MUCH AS NECESSARY

With all the above said, antibiotics are still a vital part of the armoury for fighting disease and maintaining animal welfare on farm. But we have an obligation to safeguard their use, and ensure they are used responsibly. Integral to that responsible use is using the correct antibiotic at the correct dose for the correct duration and following the correct withdrawals. One practical aid is to have a medicines reference table (*Figure 4*) laminated and stuck up on your medicine cupboard to refer to – with information for the antibiotics you would use as part of your treatment protocols.

Recording every instance of antibiotic treatment (date, drug, dose, disease and doser) enables you to monitor what is being used, for what problem, and by whom, and provides a retrospective idea of efficacy of treatment as well as frequency of particular disease conditions, and any repeat/chronic cases that might warrant a different sort of intervention.

Amy Cox has run several medicine courses this year, and these have been great for training farm staff on responsible antibiotic use, as well as reducing the risk of antibiotic failures. The training includes the first half of the Milksure course that some milk buyers require of producers after any bulk tank failure. Get in touch if this course would be helpful for one (or more) of your farm team.

Drug Name	Indications	Dosage and Administration	Withdrawal Periods
INJECTABLE ANTIBIOTICS			
BETAMOX	Good broad spectrum antibiotic – suitable as first line treatment for most conditions e.g. pneumonia, metritis, foot infections, mild cases of mastitis (not E. Coli)	1ml/20kg IM 33ml for 3-5d	Milk: 24h Meat: 18d
NOROKINE	E. Coli mastitis, scour. Do not use for repeat cases of mastitis, plus or summer mastitis.	1ml/16kg IM or IV 40ml for 3-5d 4ml for a 100kg calf	Milk: 40h Meat: 12d
SYNULOX	Navel/joint-ill, scour.	1ml/20kg IM 33ml for 3-5d 3ml for a 100kg calf	Milk: 60h Meat: 42d
TYLAN	Foul in the foot, joint swelling, mastitis/high SCC (do not use for E. Coli), pneumonia.	1ml/25kg IM for 3d 25ml for 4d	Milk: 100h Meat: 28d
ANTI-INFLAMMATORIES			
METACAM	Anti-inflammatory, pain relief, reduces rectal temperature	1ml/40kg SC or IV once only 2.5ml for 100kg calf	Milk: 120h Meat: 15d
SPECIFIC CALF ANTIBIOTICS			
DRAXIN	Pneumonia	1ml/40kg SC once 2.5ml for 100kg calf	Milk: N/A Meat: 22d
INTRAMAMMARIES			
TETRA DELTA	Mastitis	1 tube treatment. Can repeat after 24 or 48h.	Milk: 100h Meat: 7d
UBROLEXIN	Mastitis	1 tube daily for 2d.	Milk: 5d Meat: 10d
DRY COW TUBES			
UBRO RED	Short-action tube (-28d)	1 tube per quarter	Milk: 28d + 94h Meat: 28d
CEPRAVIN	Long-action tube (54d)	1 tube per quarter	Milk: 54d + 96h Meat: 21d

Figure 4: an example medicines reference table

Vets Mobile Numbers

Dave Shaw	07836 335185	Peter Duncalfe	07717 780604	Jake Lawson	07891 843573
Rob George	07773 384450	Laura Donovan	07800 647608	Amy Cox	07966 833870
John Manson	07813 690860	Steven Crowe	07891 843694	Sarah Williamson	07812 173942
John Yarwood	07814 791109	Mike Wilkinson	07866 257014	Joe Mitchell	07773 342345
Stuart Russell	07770 448179				

Vet Tech Services

Laura Tomlinson 07889794981

@NantwichFarmVet