nantwich farm vets



March 2018

Crewe Road End Nantwich Cheshire CW5 5SF

24hr phone line: 01270 610349



Dates for your diary

21st March 11.15am-2pm	Medicines course including MilkSure Nantwich Equine Centre contact office to book
End of May	Dairyland Foottrimming Course Places first come first served contact office to book

Introduction to the "Red Shelf"

You may have noticed in the practice dispensary we now have a 'red shelf' for critically important antibiotics. These antibiotics are only recommended for use when testing has been undertaken to show that there are no other treatments that will work against that bacteria.

Antibiotics play a vital role in both animals and people. As there are only a limited number of antibiotic classes available and as a range of antibiotics is required to treat the many different species of animals that face particular disease threats, some classes of antibiotics are used in both people and animals. Based on the need to use and preserve these medically important antibiotics, we shouldn't be routinely using them in animals.

Some veterinary practices have stopped stocking these critically important antibiotics altogether but we would prefer to discuss your options and work out a solution that works for you. Please see the list below and talk to a vet about a potential alternative.

Red shelf	Cefimam Dry Cow	v Ceftiocyl tril	Naxcel	Cobactan MC
	Baytril Max		Marbocyl	Cobactan injection

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Treating claw horn lameness

This month we discuss treating lameness and how we can improve cure rates for noninfectious lameness e.g. Sole ulcers, bruising and white line disease.

The benefits of early identification of lame cows is well documented and on farms where we routinely mobility score; often the farms with the lowest proportion of lame cows are the ones who promptly treat a cow as soon as she goes lame. However, it is important to consider whether our treatment is achieving optimal results.

A published study by the University of Nottingham (Thomas et al, 2015) was designed to address some of the unanswered questions regarding which treatment is most beneficial when it comes to curing lameness, and is the most comprehensive and robust trial to date. Cows on five commercial dairy farms were mobility scored fortnightly and those that had two consecutive "sound or non-lame" scores - 0 or 1 on the AHDB Dairy 0-3 Scale - followed by a "lame" score (2 or 3) were recruited for the trial. Cows with active digital dermatitis, severe hock lesions, a recent lameness treatment (120 days for same

foot, 90 days for other foot) or treatment with an antiinflammatory in the previous 14 days were excluded, as were cows with lesions in both claws of the affected leg. Therefore, the study focused purely on cows with claw horn lesions affecting one claw of a single lame hindleg. Enrolled cows were randomly subjected to one of four treatment groups:

- 1. Therapeutic trim only
- 2. Therapeutic trim plus application of block
- 3. Therapeutic trim plus antiinflammatory (ketoprofen for three days)

4. Therapeutic trim plus block plus three days of anti-inflammatory

Cows were re-examined at 35 days post-treatment and evaluated for lameness (blocks were removed prior to scoring if still present) with treatment outcomes being defined as a sound cow (score 0) or nonlame cow (score 0 or 1).

The cure rates for the different treatment groups are shown in Table 1 with treatment with a therapeutic trim, block and antiinflammatory (NSAID) having significantly higher cure rates in comparison to therapeutic trim only when the outcome assessed was a sound cow (score 0).

Table 1. The cure rates of different treatments applied to cows with claw horn lesions, 35 days post-treatment (Thomas et al, 2015)

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)

One of the reasons for the combined effect of treatment with both a block and NSAID in comparison to each treatment individually was hypothesised as being due to the NSAID having a direct effect on the inflamed corium in the hoof, thus increasing its chance of healing. With the addition of a block providing rest, this gives the corium the greatest chance of recovery and producing new healthy horn.

While prevention of lameness cases must still remain the focus, it is unlikely lameness will be eliminated and the treatment of the individual lame cow will remain necessary. Early identification is critical if the effect of lameness on productivity is to be minimised; however, so too is effective treatment.

Despite the common use of blocks, little scientific data exists evaluating how a block should be applied. However, two important concepts are the block must be positioned on the foot at the correct angle (Figure 2), so it is at a 90° angle or less to the metatarsal bone when viewed from the hock, and the block must be appropriately sized for the cow. Remember when applying blocks they must be at the correct angle (90° or less to the leg) to ensure rest of the affected claw. (A) = incorrect and (B) = correct. The cow in (A) was still bearing weight on the diseased claw – the gauge indicates where the block should be. If the block extends past the weight-bearing surface of the heel then this soft area of horn will be protected as the cow walks. If the block is short then more pressure will be placed on this area and the risk of blockinduced lameness due to haemorrhage and sole fractures (heel ulcers) increased.



Poor placement can result in weight being transferred to the outer wall of the diseased hoof. The area of greatest wear is the inside wall of the toe thus, positioning the block at an angle of less than 90° ensures that as the block wears it is still able to prevent weight bearing by the affected claw. Selecting the correct size of block is important and, in the majority of cases, more harm can be done by using a block that is too short rather than too long (Figure 3).



Figure 3. Length of block is important. It needs to protect the soft horn of the heel as a cow walks. A = incorrect and B = correct.

Lameness is painful and surveys have shown dairy farmers and cattle vets recognise it as such. Despite this, there is an apparent lack of pain killers used when it comes to treating lameness, despite its increasing use in other areas such as clinical mastitis and disbudding.

Although many unanswered questions still remain, research shows even when cows are

identified at an early stage of lameness they benefit from not only block application, but the addition of pain relief too.

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Vets Mobile Numbers

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Steven Crowe	07891843694
Liz Wynne	07767447281
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Lungworm still causing problems in dairy and beef herds

Lungworm infections in cattle are now so unpredictable that pre-turnout vaccination of youngstock prior to their first grazing season is becoming increasingly important.

Lungworm infection is one of most common cause of respiratory disease seen in grazing youngstock and also accounts for a significant number of deaths in adult dairy cattle and suckler cows.

Coughing is usually the main signs exhibited by cattle suffering from lungworm and weight loss although in some cases we do see sudden deaths.

We know that warmer, wetter summer and autumn weather will increase the larval challenge on contaminated pastures. In addition, milder autumns allow farmers to keep cattle out for longer and beyond the time when long-acting wormers persist for. It all adds up to the fact that most farms are no longer able to predict the level of exposure cattle will have to the lungworm parasite, which means a vaccination strategy is a good option. You will get your money's worth as one primary vaccine course will usually protect the animal not just for its second grazing season, but for life.

Bovilis Huskvac induces a very good immune response in the cattle. Crucially though, it does not prevent all worms from pasture infections from completing their life cycle. This allows for the development of natural immunity, which often fails to occur where there is an over-reliance on long acting wormers.

Huskvac is made from irradiated lungworm larvae that are incapable of causing disease and it should be given orally to calves from eight weeks of age prior to turnout. Two doses are given at an interval of four weeks and, to allow high levels of immunity to develop, vaccinated calves should not be turned out until two weeks after their second dose.