South Wales Farm Vets Ty Newydd Groes Faen CF72 8NE Tel; 01443 223751

Our Team



Mary Walters



Rhian Matthews



Morgan Richards



Tom Searle



Russell Fuller



Living And Working In Your Community

November 2020

Hello and welcome to the November newsletter. The maize harvest has seemed to go quite well weather wise, hope your yields have been good.

We find ourselves in the middle of another lockdown. As for us, it is unlikely to have a great effect on you, but it seems like a good time to remind ourselves of all the precautions that we are trying to take on farm and in the office to reduce the risk all around. In the office, we are split into two teams – so that if one went down with covid, there would still be someone to look after you all. We are all in full PPE in the office to try to reduce the transmission if one of us is infected – enough to put you in a bad mood by 10am! We all have the masks and visors, gloves and waterproofs in our cars, which we are quite happy to wear. Generally, working with you involves working outdoors or in a chilly shed and we are trying to maintain a 2m gap – this can be very difficult to remember but none of us will be offended by a reminder. If you prefer us to put on the masks etc, just ask – it is not a problem. We are continuing on with all the normal work – just herd/flock health planning is postponed during the lockdown period, everything else is continuing on as 'normal'!

With the clocks going back we are now into the winter and later in the newsletter we focus on some winter jobs. Laura is talking about liverfluke in sheep and it's timely treatment. Also time to think about housing, pneumonia – vaccines etc.

Hopefully this firebreak lockdown will have the desired effect. Stay safe and look after yourselves.

Mary

Liver Fuke & Triclabendazole resistance.

Understanding the fluke lifecycle is important in understanding the best way to diagnose fluke and target reliable treatment protocols whilst aiming to avoid the development of resistance.

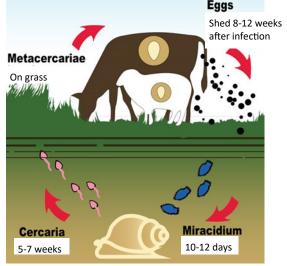
Resistance develops gradually through repeated use of the same product. Initially resistance remains undetected as enough fluke are killed that the treatment appears effective. However as successive treatments allow increasing numbers of fluke to survive, the effects of the treatment failure become apparent.

Triclabendazole (TCBZ) is the most widely used flukicide because of its activity against immature fluke. This has led to overuse and the development of resistance in many countries including the UK.

Before assuming that there is resistance, there are a couple of things to consider where there has been apparent treatment failure.

• Where there is a very heavy burden on pasture, animals can become re-infected very soon after treatment.

• TCBZ is metabolised in the liver, therefore if there is any concurrent liver disease, fluke related or otherwise, there will be a reduced efficacy



• Apparent treatment failure can be due to incorrect dosing technique or where dosing equipment is inaccurately calibrated



Sian Fuller



Rachel Davies



Laura Grey



Sian Lloyd



Helen Dando

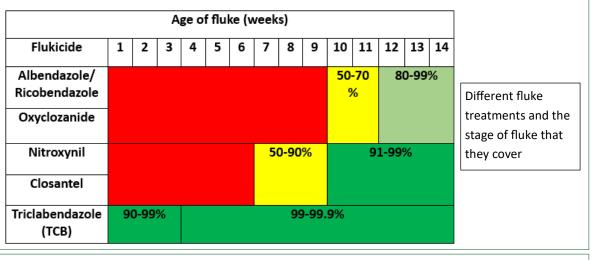


Tracey Huntley

In order to try and prevent the development of resistance on farm it is prudent to rotate products. Selecting the appropriate product at the right time of year is key. Triclabendazole (eg Fasinex, Endofluke etc) should be used in late summer or autumn when targeting immature fluke. Closantel (eg Flukiver) and nitroxinyl (eg Trodax) should be selected in the winter months when targeting adult or late immature fluke. Fluke stop developing on the pasture when the average day/night temperature drops below 10°C.

To test for resistance we can carry out what is known as a reduction test. This usually involves selecting 10 individuals and testing them before & after treatment. This can seem labour intensive but the results are invaluable.

If you would like more information or to discuss treatment strategies just give the office a buzz.



Border Disease (Hairy Shakers)

Most people are aware of BVD in cattle and its effect on fertility, abortions and youngstock diseases. Border Disease is caused by a virus closely related to BVD, with similar problems and method of survival as the BVD virus but is primarily a disease of sheep.

Situation	Outcome
Non-Pregnant sheep in- fected with virus	Ewe develops immunity. Generally has minimal clinical signs.
Pregnant sheep infected with Border disease virus	Ewe develops immunity but most likely aborts/resorbs ie returns empty at scanning.
	Ewe develops immunity. If foetus survives it is likely to have nervous system changes and skin changes (ie Hairy Shakers). Importantly it will continue to secrete the virus its entire life (Persistently Infected - PI). Spreading the disease throughout the flock.

Table 1: Border Disease outline

Bringing Border Disease into a naïve flock at tupping can lead to significantly reduced scanning/pregnancy rates. Additionally stillbirths can be a problem and a significant proportion of lambs born live may be affected.

There is currently no treatment or vaccine for the disease. Infected lambs that reach full gestation are often born weak and frequently die before weaning.

Prevention is better than cure!

The main risk factor for introduction of Border Disease to a flock is buying in infected sheep, however insecure farm boundaries and shared machinery are also risk factors.

To reduce the risk of buying the disease in:

- Aim for a closed flock breeding your own replacements
- Buy from Border Disease free farms
- Isolate for a minimum of 3 weeks and blood test a proportion to ensure it is not present

Unfortunately there is no available vaccine. In farms where the disease is present allowing the Hairy Shakers to run with the non-pregnant ewe lambs/yearlings can help provide some immunity ahead of tupping, however they must be removed at least 4 weeks before mating.