



DAMORY LODGE EDWARD STREET BLANDFORD FORUM DORSET DT11 7QT
TEL : 01258 452 626 FAX : 01258 453 548 www.damoryvets.co.uk

In this issue: Antibiotic Usage; Sheep Vaccines Reminder; Cattle Abortion Investigations; Pain Management

Antibiotic Usage on Farms

The farming industry – and veterinary profession in particular - is coming under more pressure to monitor and justify the use of antibiotics on farms. Major concerns exist within human medicine that there are a growing number of resistant bacteria causing severe human illnesses (especially such bacteria as Salmonella, Campylobacter and E.coli) which are not responding to antibiotic therapy. A number of these “drug resistant” bacteria are being linked to farming practice and the misuse of certain families of antibiotics on farm. We know that the Dairy companies are going to want to show that their producers are adopting a controlled and effective drug policy on their units.

The main concerns involve the use of:

- **Third and fourth generation cephalosporins** - Cobactan LC tubes, Cobactan 2.5% injection, Excenel, Cefenil and Naxcel.
- **Fluoroquinolones** - Baytril 10%, Baytril Max, Marbocyl 10% and Forcyl.

The main reasons for resistance developing include;

1. **Incorrect volume** of drug being administered.
2. **Poor storage** of the product, hence reducing its effectiveness.
3. **Overuse**, i.e. treating all in contact animals when this is not warranted.
4. **Feeding of antibiotic milk to calves** from cows that are under treatment. This will expose the bacterial flora in a calf's gut to sub-optimal drug levels hence allowing resistance to develop.



Future Practice Policy

What we will be looking at are treatment alternatives on your farms, to reduce the usage of those drug groups mentioned above. We have been guilty in wanting to use the newest products available due to their superior effects and higher efficacy. I think that we will have to review this, and where possible, we will need to adopt a different treatment approach without increasing the risk of disease on your unit. This may involve sampling and sensitivity testing to ensure that the drugs we are using are suitable for the bacteria causing the disease.

The new policy will also determine the types of antibiotics that we will be willing to hand out and we will probably want to discuss alternative treatments; some examples are given over the page:

Alternative Antibiotic Treatments

- Cobactan LC tubes could be replaced with **Mastiplan LC** tubes - both have a similar type of antibiotic but the latter contains a higher steroid content which has been shown to be useful in helping with inflammation in the udder.
- Cobactan 2.5% injection is used specifically for E. coli mastitis, but this could be substituted with **Norodine 24**.
- Excenel and Cefenil are predominantly used for lameness or cases of metritis, but we could use a similar antibiotic called **Ceporex** which also has a nil milk withhold. In lameness cases we would also recommend the use of **Norobrittin**, which is very effective in cases of foul and has a 24 hour milk withhold.
- Alternatives to Baytril and Marbocyl 10%, when used for calf scours, could be replaced with **Tribriksen 48%** but this would depend on bacterial identification and sensitivity testing.
- Marbocyl 10%, when used for E. coli mastitis, could be replaced with **Norodine 24**. I realise that there is a much larger dose involved but it is ultimately cheaper and still effective. In some of these environmental mastitis cases it has been shown that an injection of an anti-inflammatory product will have a much more beneficial effect than the use of an antibiotic alone.



In Summary

1. We will be looking at the farm usage of certain antibiotic products, with particular attention to the groups mentioned above.
2. We will be looking to maximise the herd health on your units, as a healthy herd will have reduced disease levels and reduced use of antibiotics. Prevention is better than cure.
3. We will be advocating sampling and sensitivity testing, as well as monitoring the response to the use of antibiotics on your farm.
4. We will not prohibit the use of those drugs mentioned above. If it is deemed that they are the best ones for the disease present, then we will have no hesitation in prescribing them. However, we would like to ensure that those responsible for injecting them know how to administer and store them properly.

Enzovax and Toxovax Reminder

It's nearly that time of year again... if you have previously had either Enzootic abortion or Toxoplasmosis diagnosed in your sheep flock, then you are strongly advised to vaccinate against these diseases. These 2 diseases account for nearly 75% of all abortions diagnosed. Vaccinations should be given in the non-pregnant period, from 4 months before tupping. Enzovax can be given up to 4 weeks before, and Toxovax can be given up to 3 weeks



before the rams go in. They may be administered at the same time, but in separate sites and not mixed. Initially, the whole flock should be vaccinated. Enzovax is known to protect for at least 3 years, and Toxovax for at least 2 years – so in subsequent years vaccinations will not be required for the whole flock. Don't forget to vaccinate any replacements.

Please contact us at the practice to discuss vaccination and order your doses for this year.

Current prices per dose:

Enzovax £2.11 + VAT

Toxovax £4.31 + VAT

Cattle Abortion Investigations

We would like to remind our clients that ALL abortions and premature calvings should be reported to the Animal and Plant Health Agency (APHA) as soon as they are identified (within 24 hours). The phone number for the office in Exeter is 01392 266373. This is a legal obligation. The cow should be isolated and the foetus and placenta retained. The APHA will then decide, based on the circumstances, whether a Brucellosis enquiry is necessary.

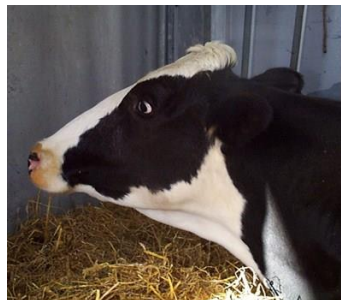
If a Brucellosis investigation is required, then a reference number will be given and one of us (with our 'Official Veterinarian' hat on) will come out on a DEFRA-funded visit to take samples.

Whether or not the Brucellosis testing is authorised, then we would still advise investigating abortions privately. We can normally expect maybe 2% of a breeding herd to abort in a year due to various causes. However, if the rate exceeds this, or multiple abortions occur in a short period of time, then this should not be accepted. There are several important infectious causes – including Neospora, IBR, BVD, Leptospirosis and Salmonella. The gold standard would be to submit the fresh fetus and placenta to a laboratory for investigation. If this is not possible, then we can take appropriate samples from the aborted material and the dam.

Pain Management in Livestock

Signs of pain:

- Isolated from rest of group
- Reduced appetite
- Grinding teeth
- Dullness, inactivity
- Restlessness
- Increased respiratory rate
- Vocalisation
- Painful expression
- Lameness



The presence of pain is a welfare issue. We recognise the 5 freedoms (produced by the Farm Animal Welfare Council) that all livestock are entitled to: 1. Freedom from hunger and thirst; 2. Freedom to express normal behaviour; 3. Freedom from discomfort; 4. Freedom from fear or distress; 5. **Freedom from pain, injury or disease.**

Pain will result in reduced performance and therefore reduced income to the farm. We should aim to prevent disease or injury (and subsequent pain) from occurring through good stock management. When pain does occur, it is important to recognise the signs quickly and provide suitable treatment. This will involve treatment of the underlying cause of the pain, as well as treatment for the pain itself.

Our most useful class of drugs for pain management are the Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). We frequently use the following NSAIDs in farm animals: **Metacam** (meloxicam); **Ketofen** (ketoprofen); and **Finadyne / Allevinix** (flunixin).

Examples of situations where we would recommend the use of an NSAID are mastitis, lameness, surgical conditions, difficult calvings and lambings, pneumonia, joint ill, gut pain... and the list goes on! Please contact us for advice on pain management.