



Sheep Newsletter March 2015

Spring is on the way, although it seems like it will be in like a lion based on our current weather! It will hopefully warm up soon.

This year's parasite control plan

Unfortunately we are now seeing more cases of resistance to Moxidectin (Cydectin). This is bad news as this is our only persistent acting anthelmintic. It's persistence of action is why many farms need to use it. This is because 'safe' or 'clean' grazing is limited on many farms.

The parasite control plan for your farm is completely unique and those of you that have active flock health plans will have discussed this in some detail. However it needs reassessing each year as the risks and diseases change.

Consider the following when planning your worm control:

Ewes at turnout.

- Do you have 'Safe' 'Clean' grazing available? I.e. **NOT grazed AT ALL by sheep last year or RESEEDED PASTURE.**
- If ewes and lambs can be turned out onto **safe pasture**, then a **short acting** wormer can be used at turnout i.e. ivermectin (Noromectin etc), monepantel (Zolvix) or levamisole (Levacur). **N.b not a white drench.**
- If this is not possible and the pasture is not safe, i.e. grazed last year by

sheep, then a **persistent** (Moxidectin) wormer is required.

- Ewes in good body condition with a good protein intake are less likely to need worming.

We know that the majority of sheep farmers have limited access to safe grazing and so have to use a persistent wormer. Therefore to ensure that we can continue to use it we must follow some rules based upon SCOPS principles (see www.scops.org.uk).

- Target young ewes, ewes in poor condition and twins/triplet bearing ewes.
- Leave fit single bearing ewes untreated.
- Save any 'safe' pasture for triples and leaner twins.
- Treat for the heaviest ewe in the flock.
- Check your worming gun is accurate.
- Worm at turnout to counter the effects of the periparturient 'spring' rise in egg output from the ewes.

There is ongoing research to accurately predict when this occurs as it is known to be related to peak lactation AND protein intake – it maybe that worming the ewes is more effective at 2-4 weeks post lambing.

However, we know how difficult it is to handle ewes and lambs at this time and so treating at turnout is the most realistic time, unless further research becomes available. In the next newsletter we'll discuss a parasite plan for lambs.

We're aiming to ensure that some worms are NOT exposed to a wormer and hence keep the population of worms on the pasture and in the ewes a mixture of resistant and susceptible worms.

Problems occurring in this year's lambing so far..

'Bad eyes', 'blind ewes', 'pink eye', 'runny eyes'. We've had a number of reports of these symptoms mainly in housed ewes.



It is usually a condition called Ovine Infectious Kerato Conjunctivitis (OIKC) and is a highly contagious condition which can affect up to 20-40% of the flock in severe cases. The causative organisms are bacterial, initially Mycoplasma or Chlamydia species. Secondary bacterial involvement from other bugs is common.

It's obviously painful and irritating and in severe cases the ewes are blind. This can increase the chances of twin lamb disease if they fail to feed properly. The disease starts by the appearance of watery eyes, which are half closed. As it progresses the eyes become cloudy and the skin around them inflamed and 'pink' and a greeny/yellow discharge is present.

As they start to heal, the skin around them will dry up and the eyes become fully open. Healing can take 5-7 days following treatment.

Lambs at foot can become infected but they tend to actually deal with it a lot better. ***N.b to check for entropion (in turned eyelids) and correct this first.***

Treatment:

- 1ml/10kg Alamyacin LA in the muscle plus opticloxx eye ointment to improve comfort and treat secondary infections.

Fortunately most cases respond very well to this treatment. If the eye is still watery in 3-4 days a second injection can be administered.

Glucose supply!!

Unfortunately there has been a manufacturing issue with the production of 40% Glucose injection and hence it is not available (always occurs at the worst possible time!). The majority of you will use this for intraperitoneal injections in lambs that are suffering from hypothermia.

We have sourced dextrose monohydrate powder and provided a recipe with this to make up into a 20% solution. This is for intraperitoneal injection (into the abdomen) for lambs ONLY. Please speak to us at the practice to obtain it with instructions.

Minimising lamb losses at lambing time.

Lamb first aid

At lambing time we have to be able to maximise lamb survival. The challenge from environmental bacteria such as E.coli is much higher indoors than outdoors. Two main routes for disease entry into the lamb are:

1. **NAVEL** – this must be treated with STRONG 10% Iodine within 15 mins after lambing or ASAP.

The effects of navel ill are not only a swollen navel and sick lamb, but joint ill and liver abscesses which may not occur until 2-3 weeks/even months after lambing.

2. **Orally** – as soon as the lamb sucks the fleece/straw and eventually the teat, any dirt/faecal contamination will be ingested and cause diseases such as 'watery mouth', 'scours', 'rattle belly'.

E.Coli is the main bacterial pathogen. If the lamb has had enough quality colostrum (200ml/kg within the first 24 hours), it will

have a better chance of neutralising the E.Coli infection. **However** where challenge is high, i.e. dirty bedding, fleece, dirty hands then this infection will occur and cause rapid death due to dehydration and septicaemia if untreated.

Treatments:

Joint ill – A long high dose course of antibiotics is required for up to 7 days. Only cases caught very early will respond well.

Amoxyphen, penicillin or pen and strep will be the most effective antibiotics to use. Also, pain relief will take down the swelling and pain and encourage the lamb to keep feeding. Finadyne (0.2ml) into muscle or metacam (0.2ml) under skin can be used (n.b. off license use).

Watery Mouth/Scour/rattle belly- Rapid detection is essential in the success of treating this disease. At the first signs of detection of a wet cold mouth or watery diarrhoea, treat as follows.

- Leave with ewe but place under heat lamp.
- Inject the lamb with 0.5ml Amoxyphen LA.
- Tube or bottle feed with 50ml of warmed Rehydrion rehydration solution.
- **Drench orally with Spectam Scour halt.**
- Repeat the fluid therapy twice over the next 8 hours.
- Tube with **milk** (50ml) if not seen sucking, within 12 hours after start of treatment.

A response will be seen in 24 hours, with the lambs' mouth drying up and the lamb looking brighter. Lambs may not survive if septicaemia has occurred as a secondary problem.

Hypothermic lambs – less than 39°C body temp. The plan for treatment with these lambs depends upon whether they are comatose or weak but able to hold up their head and swallow and their age. **On detection – decide on their condition?**

If head up and able to swallow: tube or bottle feed with colostrum – 50-100ml.

If comatose and no reflex: Inject intraperitoneal (into the abdomen) with a 20% glucose solution. 1 inch across and 1 inch down from the navel. Direct the 1 inch needle towards the tail. Please speak to us if unsure about this procedure. Once improving after injection, then tube with colostrum.

✓ THEN PLACE IN WARMING BOX

If the lamb is LESS than 6 hours old it can be warmed up first as it should have brown fat glucose reserves ready to use.

If it is over 6 hours old it must be given intra peritoneal glucose first to replenish blood glucose before the demand occurs on warming up – failure to do this will result in a hypoglycaemic coma and rapid death.

Don't forget! Barren Ewe Check

This runs until the 31st March. MSD will pay for the lab fees for blood testing up to 8 barren ewes to look for Toxoplasmosis antibodies in unvaccinated flocks. If you have a barren rate above 2% you are eligible, please phone for details.