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## MARCH 2021 NEWSLETTER

### LEPTOSPIROSIS – THE WHAT, WHY & HOW TO CONTROL

Leptospirosis causes **many different clinical signs**, which all have significant health, welfare and economic implications. It is also **transmissible to humans** and is capable of causing very severe and life-threatening disease in people. For all these reasons, it is imperative that leptospirosis is carefully controlled.

- **‘Flabby Bag’**. The udder becomes soft and flabby, and milk production drops off dramatically for 5-6 days. If milk drop occurs before peak lactation then the peak will never be achieved.
- **Abortion** can occur 3-12 weeks after infection, with most abortions happening in the last 3 months of pregnancy. There is a marked seasonal incidence in late summer. Infection can also produce premature or weakly calves.
- **Infertility or subfertility** results from leptospires localising in the uterus, causing inflammation, which leads to early death of the embryo. The cow is seen returning to service at regular or irregular intervals.

*Leptospira Hardjo* localises in the **kidneys**. The greatest route of infection is via contaminated urine, with the **main period of transmission during grazing, peaking from June to October**. Excretion reduces when cattle are housed and fed silage, possibly due to increased urine acidity. This is why we usually recommend that vaccination against leptospirosis is done pre-turnout.

*Leptospira Hardjo* is also a **zoonotic disease**, which means humans can be infected, leading to severe disease including possible kidney failure. **Dairy farmers handling and milking cows are particularly at risk** of coming into contact with infected urine in the parlour.

Herds where cattle are bought in, cattle co-graze with sheep, bulls rather than AI are used, or cattle have access to shared watercourses, are all at increased risk of *Leptospira hardjo* infection. It is estimated that 60% of dairy herds are infected with leptospirosis, and it is **equally common in suckler herds**. Leptospires can stay in the kidneys of infected cattle for a long period of time and these cattle will shed leptospires either intermittently or continuously for days or even years. These cattle provide an important reservoir of infection within the herd. Biosecurity measures can help reduce the risk of exposure to infection, however it would be very difficult to completely eradicate bovine leptospirosis in the UK because of the high percentage of infected herds. Practically, vaccination provides the most reliable way of protecting the herd.

Vaccination with **Spirovac** has been shown to not only prevent infection and bacterial shedding in naive animals, but it also reduces shedding in carrier state animals (unlike alternatives) and so is our preferred vaccine of choice. It also provides a more complete immune response (“cell mediated”) for 12 months instead of 5 months, which prevents infection of the kidneys. **Order your vaccine now to ensure livestock is protected before the “at risk” period of turnout and summer grazing!**



## PLANNING FOR TURNOUT

**Energy:** Grass will be low in sugar; monitor body condition closely and supplement if required. Mineral licks may also help, but beware of attracting wildlife. Measuring of sward height and density is also helpful to allow more effective pasture rotation – consider a **plate meter!**

**Fencing:** Check this is intact to prevent possible contact and disease transmission from any neighbouring stock. An outbreak of IBR, BVD or Lepto is much more costly than some new fencing. Ideally there should be a 3-metre gap between fields, with no shared water sources.

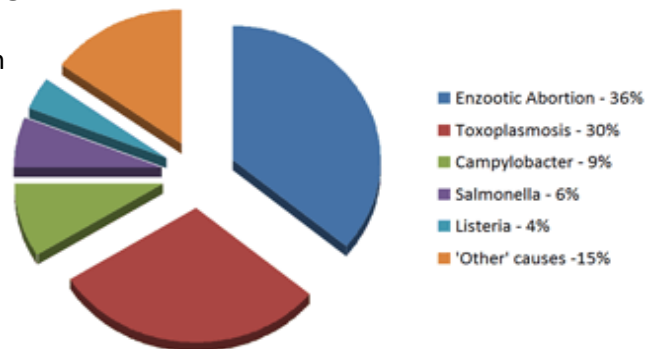
**Vaccination:** Leptospirosis (discussed above) and Clostridial vaccination should ideally be given in spring. Breeding animals at risk of contact with BVD should be vaccinated prior to mating to prevent the production of a persistently infected calf. In all cases, naive animals will require a 2<sup>nd</sup> dose 4-6wks later, so forward planning is essential to avoid unnecessary movement and handling of stock once out.

**Parasite control:** Lungworm is perhaps the most important consideration at turnout, with animals in their first grazing season being at greatest risk. As wormer resistance continues to increase, vaccination with **Huskvac** is the best option, with **two doses required four weeks apart, with the second at least two weeks before turnout**. Both lung and gut worm management relies on allowing animals to encounter the parasites and develop immunity, without being overwhelmed by high burdens. Consideration of pasture rotation and use of clean/dirty pastures throughout early summer is therefore essential. Remember faecal worm egg counts can be performed in-house at the practice to allow a clearer picture of parasite burdens on your farm. Don't forget a stringent **fly and tick control policy**. The main products have 8 weeks persistency so re-application throughout spring/summer is important.



## SHEEP ABORTION

Abortion rates greater than 2% of your flock are suggestive of an infectious cause and needs investigating. Contact us if you are worried about the rate of abortion in your flock. **Post mortem testing of lambs and placenta** is most useful. If you have not vaccinated, we can also **blood test** a number of ewes to see if your flock has been exposed to any of the common infectious causes. A **subsidised flock check** is available to do this.



The pie-chart demonstrates the usual rates of each abortive agent. It is crucial to try and reach a diagnosis as each disease has a very different mode of transmission and entry into the flock. A proper diagnosis allows specific strategies, including **vaccination**, to be put in place ahead of next year. This is especially important as some of these infectious diseases can cause abortion “storms” in the following year, where up to 20% of the flock can abort.

**Remember to record lamb deaths.** A simple table, breaking down deaths by age (0-24hrs, 24hrs-1 week, and 1 week- 1 month) is very useful, especially if broken down further into causes, e.g. scour, joint ill etc. Put this up somewhere that you are **always passing** and **tick as you go**. This provides excellent information at the end of lambing; you may find you have a specific problem that can be resolved for next year.



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