**Mycotoxin Management**

Mycotoxins are toxins produced by moulds on feed which were first identified in the 1960s. There are many toxins which are produced on different crops and significant risk occurs when crops are ensiled in poor climatic conditions.

Mycotoxins have a varying impact of differing severity on cow productivity. Key areas which can be affected include: embryo loss, cystic cows, low milk productivity and scour.

Although mycotoxins can affect the key areas outlined above, we must always remember there are many other fundamental areas of infectious disease control and nutritional management which can cause the above.

There are a few important areas to consider in reducing mycotoxin risk during the harvesting and ensiling period. These include:

- appropriate application of fungicides
- appropriate pest control (weeds and insects can alter a plant’s surface and increase risk of damage)
- rotate crops and harvest crops at the appropriate times
- minimise clamp heating
- ensure good compaction at silaging - keep rolling!
- have good face management when feeding out and take at least 6 inches off the face daily
- remove mouldy shoulders and dispose

Mycotoxin binders are available if there is a perceived problem but all other causes surrounding your herd productivity/health should be investigated first and all measures should be taken before, during and after harvest to help minimise risk.

There are tests available to analyse forage for mycotoxin presence which we can help arrange. Please contact your local branch.

**Diary Dates**

**AI Course - 21st September**—4 day course. Includes the theory surrounding AI and three days on practical sessions. Ring the practice to register your interest.

**On Farm Meeting**—Mycotoxin risk assessment and management — more details and invitations to follow.

**Seasonal Calving Discussion Group** planned for mid September details to follow.

**Offers/Promotions**

Don't forget about our dual discounts on Enzovax and Toxovax, plus a free gun if you order 100 doses or more.

Don't forget bulk deals!—We can often secure discounts on large quantities of drenches or vaccines. Speak to Veronica or Jules for more information.

**Sudden Death in Calves**

There is a recently reported condition which involves sudden death in young calves linked to feeding.

The condition occurs in pre-weaned artificially reared calves – the deaths occur just before they are fed or during feed. They often collapse and die rapidly. It would appear that the condition occurs with acute heart failure but the reason behind this is still unknown. The condition normally resolves if milk is fed ad-lib rather than once or twice daily.

If you have experienced this condition on your farm, we would be keen to hear from you as veterinary investigation centres are looking to help identify what is at the root of this apparent heart failure.

**What if no lesions are found in a TB reactor?**

It is understandable that the disclosure of a reactor at TB testing is devastating, and, on occasion, when no visible lesions are found, nor mycobacteria cultured, it is followed by a sense of frustration. However, a recent study (which was actually assessing the protective effect of BCG vaccine in calves) has yielded some sobering information on the importance of removing reactors.

In this trial, 40 reactor cows from farms in England and Wales were not slaughtered, but kept in a shed in 10 pens with a total of 60 twelve month old non infected cattle (some having been given BCG vaccine as baby calves, others not).

After a year, all the cattle were slaughtered: 92% of the cows had confirmed TB, 6 of the young cattle had developed TB lesions (10%), with a further 2 proving positive on culture.

Unfortunately, there were not enough animals to demonstrate a statistically significant benefit in vaccinating. However this trial should reassure that if a reactor is disclosed at a TB test, there is a very high probability that even if nothing is found at slaughter, it is very likely to be incubating TB and exhibit lesions or be culture positive within a year. It also demonstrates the need to remove it from the herd because of the risk of spread to other cattle during housing.
Are these diseases actually that common?

Information is lacking on how prevalent these diseases are in commercial flocks because of their nature. Unfortunately we don’t often have the opportunity to investigate occasional ewe deaths by post mortem (PME) and thin ewes are commonly culled from flocks without being tested. However, the evidence out there suggests these diseases are common.

In a recent study funded by EBLEX (now AHDB) of cull ewes at abattoir, Johne’s was found in 6% of ewes, OPA in 6% and CLA in 1% of ewes. The Premium Sheep and Goat Health scheme run by the SAC have seen an increase in the number of MV infected pedigree flocks over the years, but when they recently started to promote testing in commercial flocks a worrying 20% of the 31 flocks tested had MV positive sheep.

How can I find out which diseases are in my flock?

Routine post mortem examination of fallen stock is the best way to detect OPA, MV and CLA losses, but blood sampling a selected group of thinner ewes is a good way to screen for MV. There is a blood test for CLA but it is better able to identify infected flocks than infected individuals. Unfortunately there is no blood test for OPA so it is harder to diagnose early cases in living sheep, but it is possible to see the abnormal lung tissue on an ultrasound scan and is usually obvious at PME.

Johne’s disease can be harder to diagnose and sometimes requires a combination of tests.

Can these diseases be controlled?

The most important element of control is to know which diseases are in your flock. Once you know you will be alert to new cases and remove them promptly before they spread infection more widely. For OPA this is the only practical control strategy available at the moment. If MV is detected you need to assess what economic impact the disease is having on your flock. In a closed flock you can eradicate the disease by blood testing and culling positive sheep. Control over Johne’s disease can be achieved by vaccinating future replacements as lambs but this strategy is clearly more effective in a self-replacing flock. It is possible to import a vaccine against CLA, under special licence, if it is causing problems.

Look out for your invitation to an upcoming meeting where we will discuss diagnosis and control strategies in more depth.

Take stock of ewe and ram losses this summer

There are certain diseases that could be present in any flock which can cause loss of condition, poor performance and deaths in ewes and rams. A few losses here and there don’t often register when they are spread out over a period of time.

The annual ewe losses in a flock should be no more than 2-3%. Do you know how many ewes you have lost in the last year? Do you know the reason for the losses, especially if it exceeds this number?

Ewe and ram deaths may be relatively low but do you find yourself culling more than expected because they are not maintaining their condition? Are you culling a higher proportion of younger ewes than expected? We have covered common causes of poor condition such as chronic fluke and haemonchus worms in previous articles - have you ruled these conditions out? If so it is time to look for the underlying reason.

Which diseases are important?

The main diseases likely to cause problems are Johne’s disease, OPA (Jaagsiekte), Maedi Visna (MV) and Contagious lymphadenitis (CLA). Scrapie can cause similar problems but is uncommon these days, however it should be considered where scratching and abnormal behaviour are seen in a scab free flock.

Johne’s disease causes chronic weight loss and poor performance with no other clinical signs. OPA causes weight loss and respiratory disease. Sometimes you will see a watery discharge from the nose particularly when feeding from troughs, but often sheep will die acutely from a secondary bacterial pneumonia and the underlying disease is overlooked.

Maedi Visna causes weight loss, respiratory disease and mastitis and less commonly nervous signs and arthritis. Like OPA sheep can die suddenly from a secondary bacterial pneumonia.

All these typically affect ewes from around 2 years old.

CLA often causes visible facial abscesses but can also cause internal abscesses that may lead to unexplained loss of condition.

Out of Hours Medicine Collections

We understand that medicines are sometimes needed outside normal office hours and at a location convenient for our clients. The cost of maintaining this is large and increasing and therefore from 1st September there will be a £5.50 charge for dispensing of medicines “out of hours”.

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