



Tysul Vets Newsletter

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Selective Dry Cow Therapy in Dairy Cows

(By Danielle Carroll, BVSc, MRCVS)

Traditionally, dairy cows have been treated with just antibiotic tubes at drying off. Over recent years, a 'belt and braces' approach to dry cow therapy has become common, with cows being treated with antibiotic dry cow tubes then having teat sealant applied. The aim of this combination therapy, is to clear up existing infection in the udder and to create a barrier at the teat end to prevent any new infections from being picked up whilst the cow is dry.

We are all coming under increasing pressure to reduce the use of antibiotics. One way of doing this and being pro-active in your farming methods (as well as saving yourselves a bit of money) is by taking a targeted approach and using 'selective dry cow therapy' on individually chosen cows rather than blanket treating the whole herd.

With selective dry cow therapy only certain cows which have shown a need for antibiotics receive dry cow tubes and then teat sealant. The rest of the herd, which do not show a need for antibiotics can just have teat sealant applied.

Selective dry cow therapy will not be appropriate for all herds. **To be suitable a herd must:**

- Milk record monthly and have access to individual cow somatic cell count data
- Have a rolling bulk tank somatic cell count of less than 200,000
- Be confident in the correct application of teat sealants

Within suitable herds, you can then use your cell count data and mastitis records to decide which cows need antibiotic therapy and which cows don't. The criteria for a cow to receive just a teat sealant is listed below but we recommend that you contact the surgery to discuss your herd specifically before implementing selective dry cow therapy. A dairy cow should not require antibiotic dry cow tubes if she is shown to have:

- No clinical cases of mastitis in her lactation
- A low individual cell count (<150,000) for at least the last 3 milk recordings but ideally the whole lactation

These cows can be dried off with just teat sealant. Cows with elevated cell counts and cases of clinical mastitis during their lactation should continue to receive dry cow tubes and teat sealant.



When using selective dry cow therapy, it is important to remember that, in applying just a teat sealant you are creating a barrier to the environment and protecting the udder from new infections. However, if there is infection present in

the udder or you introduce bacteria as you apply the teat sealant, you can leave infection trapped in there. The cow will only have her natural defences to fight this potential infection and the sealant will prevent debris from the infection being drained from the teat which could leave you with a very sick cow.



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For this reason we suggest that you observe the following recommendations when practicing selective dry cow therapy:

- Look at your records and carefully select cows
- Perform a California Milk Test on the day of drying off
- Apply teat sealant with meticulous hygiene (dry off in a clean parlour after milking, cows and their udders must be clean and dry, wear gloves, disinfect teat and teat ends with wipes or surgical spirit and cotton wool, use one tube of teat sealant for each quarter)
- Closely monitor cows for mastitis for 2 weeks after drying off

Many farmers are already taking a selective approach to their dry cow therapy and are achieving good results. With restrictions on antibiotic usage just around the corner, we are likely to see a time when the prophylactic use of these drugs (i.e. giving them just in case they are needed) is banned. Why not get ahead of the game and begin using selective dry therapy before you become forced to? It will be better for you herd, help in the reduction of antimicrobial resistance and cut the cost of drying off.



If you are interested in the use of selective dry cow therapy please contact the surgery or speak to one of the vets whilst we are on farm. We are always happy to go through your cell count records with you to discuss selective dry cow therapy and any other trends, patterns or problems you may be having. You pay for these records so you should get as much use as possible out of them!

BVD SCREENING.

(By Liz Harries, BVSc, MRCVS)

In an attempt to create a better picture of the national BVD situation, Farming Connect are currently subsidising BVD screening of youngstock for farmers. In addition to helping on a national scale, this will be of great help to you as individual farmers to allow you and your vet to gain a better idea of the status of your herd.

The requirements are as follows:

1. It is necessary that you are a member of **Farming Connect**. This is free to do so and only requires registration over the phone. The contact number to do so is: **01970 636565**.

2. Only those who **do not currently** screen/vaccinate youngstock against BVD are eligible.
3. **EIGHT** homebred animals between 9 and 18 months needed to blood sample.

Please do not hesitate to get in touch if you are interested.

Ovine Johne's Disease

(By Sarah Mosley, BVSc, MRCVS)

As in cattle, this is a disease of the small intestines caused by the bacterium *Mycobacterium avium paratuberculosis*. It is a chronic wasting disease in sheep and unlike cattle, it does not tend to cause severe diarrhoea. It is endemic in the UK sheep population, where ewe mortality rate can be as high as 5-10% in an infected flock. Currently it is a greatly under-diagnosed disease. Sheep become infected in the first three months of life via faecal-oral spread, but lambs can also be infected in the uterus if the ewe is heavily diseased.



The clinical signs of poor body and coat condition typically are not seen in sheep until they are 3-4 years old, hence making it a difficult disease to control. In the end stages of the disease, sheep become too weak to stand and may have oedema below the jaw, this condition is often compounded by concurrent parasitism, especially liver fluke. **On farm diagnosis is difficult**, if it is suspected, **blood samples from a batch of sheep can be taken for ELISA testing**, however **this only picks up 60% of clinically infected sheep**. Control measures and ways to manage the disease are by trying to identify which sheep are infected, hygiene at lambing, lambing in different groups depending on risk, selecting replacements from the low risk group, and culling clinical cases.

There is a vaccine available and incorporating this has been shown to offer the best long term prospects for managing Johne's in a flock. The vaccine, is not fully protective but it greatly reduces the shedding of the bacterium in faeces, which can survive in the environment for months, hence reducing the spread of disease within the herd.

If you would like any more information on Ovine Johne's, please register your interest with the practice as we have the potential to arrange a farmer meeting with a UK veterinary specialist in the disease.