



DAIRY TALK

PROVIDING VET CARE 24/7

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animal health & vet services



Thank you for your support throughout 2015. We wish you all a safe and Merry Christmas, and all the best for the New Year.

The Anexa FVC Team



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Antibiotic resistance – Why the Fuss?

By Tennielle Ellingham, Veterinarian

Antibiotic resistance commonly called antimicrobial resistance (AMR) has been known for many decades. So why now is this issue so topical? Recent reports from global experts have shown we are heading towards a post-antibiotic era, and that it is a crisis in human medicine.

“A post-antibiotic era means, in effect, an end to modern medicine as we know it. Things as common as strep throat or a child’s scratched knee could once again kill” says Dr Margaret Chan, Director-General of the World Health Organisation. This stark reality has led to the spot light being put on the use of antibiotics in animals because of the potential for resistant bacteria (or resistance genes) reaching humans via food, the environment or direct contact.

Use of antibiotics can potentially lead to resistance, as bacteria already resistant survive, or bacteria mutate to become resistant. What is not well known is how much risk the use of antibiotics in animals poses to humans. The risk of the level of resistance will vary between bacteria, for example how likely they are to develop resistance and how likely they may be to infect humans or pass on resistance genes, the drugs used (some veterinary drugs are not used in human medicine and vice-versa) and how likely it is that resistance is passed onto a human. However, potential development of AMR starts right on farm, each and every time an antibiotic is used.

An example is the farm worker who gives a penicillin tube to a chronic staph mastitis cow, and gets milk containing bacteria not killed by penicillin on his overalls. He then goes home, hugs his daughter and she picks up some of the resistant bacteria from his clothes, which colonises in her nose. The next day at day-care, she sneezes over her friends, and they too pick up some of the resistant bacteria. Meanwhile the dog had a good sniff, lick and roll on his boss’s overalls last night, so he too has been exposed. While this exposure in itself doesn’t make anyone sick, it does allow the resistant bacteria to spread the resistant genes into a non-resistant bacterial population.

Minimising the risk of developing AMR on farm in a practical and simple manner is a focus for Anexa FVC. As a vet business, we need to understand the risks to our farming clients with regards to the antibiotics used on farm. There is no hiding from this issue, but by being fully informed and focussing on the bigger picture, a lot can be done to minimise the development of AMR on farm.

To reduce the risk of antibiotic resistance on your farm focus on prevention of disease:

- ✓ Use herd testing data for selective treatments of dry cow therapy,
- ✓ Work with your Veterinarian at the RVM consults (previously known as PAR consults) to develop effective treatment plans
- ✓ Only use antibiotics where bacterial infections are present
- ✓ Make treatment decisions based on cultures and sensitivity



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High Somatic Cell Count Cows – Make the Right Call

By Hamish Clare, Veterinarian

Dealing with high somatic cell count (HSCC) cows can be complicated and frustrating.

Blanket antibiotic treatment of HSCC cows is discouraged as there will be some cows that do not have an active bacterial infection (40% or more often grow no bacteria) and other cows where the chances of successfully clearing the infection may be very poor.

Milk cultures can help by identifying bacteria present in the affected quarters. This allows us to make a much more informed and cost effective decision about what to do with these cows, and also gives us a picture of the herd's overall mastitis dynamics.

At Anexa FVC, we have developed a **Members Only offer** to enable you to make the right call when **taking action with HSCC cows**. Milk cultures carried out at the Anexa FVC Morrinsville laboratory are discounted, when you submit ten or more samples. With the members offer you will also receive a mastitis report with recommendations for the cows sampled at a reduced price.

Interested in this Member only offer? Drop into your local clinic to up a free milk sampling pack and information sheet.

Please note that our lab will be closed over Christmas and New Year so samples need to be before the 16th of December if results are required this year. The lab opens again on the 5th of January.



Why do anything about HSCC cows?

1. Identify cows with chronic *Staph aureus* infections

Staph aureus is a common cause of subclinical and clinical mastitis. It is a contagious bacteria with infected cows being the main source of infection. This usually occurs during milking via infected milk on liners and milker's hands. *Staph aureus* infections can be difficult to cure with average cure rates in clinical cases being around 30% compared to 80% for a Strep infection. *Staph aureus* bacteria can be shed only intermittently in milk, meaning that in a subclinical case there is about a 70% chance of growing the bacteria from a single sample. We recommend taking 20 or more milk samples to get an indication of whether *Staph aureus* infection is a problem in your herd.

2. Preparing the herd for once a day (OAD) milking

When the herd is transitioned onto OAD, BTSCC is likely to double in the short term and then run 20-30% higher than prior to going OAD. Infected cows can escalate in SCC dramatically and clinical cases can occur. If the herd has averaged <100,000 BTSCC prior to transitioning to OAD, then this is unlikely to be a major issue because there are fewer infected cows in the herd. But if your BTSCC is 180,000 or higher you should take action with your HSCC cows, and you will need to be much more aware of how you manage the transition to OAD.

3. Pursuing incentives offered by some dairy companies for low SCC milk

Taking action against HSCC cows earlier in the season gives you more options. Being proactive now may help to maintain a low BTSCC through mid and late lactation as production drops and BTSCCs rise.

Do you know who your HSCC or problem cows are?

- A cow with a SCC over 150,000 can be regarded as an "infected cow" and is more likely to have a bacterial infection than a cow with a lower SCC.
- You may not think this is very high but if you were looking at a cow that has a SCC of 200,000, at a quarter level she could potentially have 3 quarters with a SCC of 40,000 (this is very possible as we have some herds with average BTSCCs of 40,000!) and one infected quarter with a SCC of up to 700,000!
- About 50% of cows infected with *Staph aureus* can have SCCs less than 500,000. Therefore, it is not just the millionaires we need to be considering.
- Individual cow SCCs fluctuate over time. Identification of HSCC cows is easy if you have a recent herd test. Use your last herd test data to select and draft out 20-30 cows (at least 20 samples recommended) with the highest SCCs. RMT these cows to identify those cows which still have HSCCs and which quarters are affected. Sample those quarters positive on the RMT.
- If you do not have herd test information your options are:
- Whole herd RMT

OR

- RMT any cows that have had clinical mastitis earlier in the season

AND

- Older cows (6+yo)

AND

- Any other cows you may be suspicious of.

OR

- We can also test individual milk samples for SCC in our Morrinsville lab.

If you are unsure about the selection process or aren't confident in collecting uncontaminated milk samples we can assist.

For more information talk to your vet or drop into your local clinic to pick up an information sheet and sampling pack.



Facial Eczema

Supplied by Anexa FVC Ngatea

Facial eczema is a cause of major production losses in dairy herds. Although the offending fungus is present all year round it is only a problem when moisture, high ground temperatures and humidity all occur together. Under these conditions the fungus grows rapidly and spores are produced containing the toxin Sporidesmin. As the weather warms up we need to start thinking about facial eczema prevention.

PREVENTION IS KEY!

Here are some key strategies:

1. Grazing

- ✓ Spore counting and then selectively grazing safe paddocks
- ✓ Avoid hard grazing of paddocks as the toxin is concentrated at the bottom of the sward
- ✓ No topping of grass as this allows build-up of leaf litter
- ✓ Provide alternative feeds (maize, silage, brassica crops, hay) during high risk times.

We will be providing spore count information throughout the facial eczema season from monitor farms in your area. We can also do spore counts on pasture samples from your own farm.

2. Zinc Compounds

Zinc forms a stable complex with sporidesmin preventing damage to the liver. It is fairly effective but for the best protection should be started 2-3 weeks before the spore counts start to rise (December to January).

Zinc can be given via:

- ✓ Drenching with Zinc oxide
- ✓ Zinc sulphate trough treatment
- ✓ Slow release Zinc boluses (Time capsule and Face guard)

3. Pasture spraying

Pasture spraying kills the fungus preventing spore production. If done properly this can last up to 6 weeks but it is advisable to spore check after 4 weeks.

Sporidesmin damages the liver and prevents removal of chlorophyll break down products from the body. This ultimately causes photosensitisation or 'sunburn' when exposed to sunlight. This is usually seen 10 days after exposure to spores. The first thing you may notice is a drop in milk production and affected cows may seek shade, have swollen legs or brisket, fat ears, red skin or burnt teats.

Body condition score (BCS)

You may have noted in the November 2015 Inside Dairy an article entitled "Body condition score a trait worth measuring". Anexa FVC veterinarian Katrina Roberts visits Johnston Livestock on St Hwy 27 monthly to condition score the herd and provide a comprehensive report.

As noted in the Inside Dairy article, Shane and Lynda (Contract Milkers for the farm) use the information to split the mob, preferentially feed lighter cows, decide when to put specific cows on OAD and, later in lactation, select a dry off date based on BCS combined with due calving date.

Katrina, Shane and the farm owners find the information provides essential data to drive action, and Shane is committed to keeping it up. "It's a no brainer for us! We don't want to lose cow condition to have to put it back on again. The monthly scoring helps us with our feed decisions, which are just as important in a low payout; if not more."

Anexa FVC has 10 vets Dairy NZ Certified as Body Condition Score Assessors. If you are interested in the benefits of condition scoring, please discuss with your vet - starting regular scoring over the summer is critical to making decisions at the right time for next season.



Have you had a drench plan discussion with your vet?

Anexa Vets have recently had specific training in creating Drench Plans suited to each individual farm. Please discuss with your vet if you are interested in having a plan developed.



Interested in getting your statement and newsletter via email?

We will be offering emailed statements and newsletters as an option in 2016. We hope that you will support this service, as it will allow you to receive your statement earlier and allow us to reduce the environmental impact of the printing each month. Information regarding how to sign up for this service will be sent out in January 2016.



Have you used Short Gestation Length (SGL) semen?

Early Scanning allows you to identify those cows pregnant to SGL, so you can calve them separately to cows pregnant to normal semen. This will ensure you prevent accidentally mixing SGL calves with replacement calves. Remember the SGL calvings will overlap with replacement calvings so knowing which cows to separate is important.



Have you booked in your Herd Pregnancy Scanning?

Please contact your clinic or vet to book in your pregnancy scanning.

Fit 4 Farming National Cycle Tour - coming to a rural road near you

In Autumn 2016, a core 'peloton' of 20 farmers and sponsors will be riding the country from Ngatea in the North to Bluff in the deep south to raise awareness about the importance of keeping fit on the farm. These folks are as passionate as we are about doing something to improve the health of rural communities.

The Tour makes five stops along the way so you can join in the Farmstrong Challenge in your region – Waikato, Taranaki, Manawatu, Ashburton and Invercargill. At each stop there will be a range of activity options from a 5 kilometre walk, run and ride for the young, beginners and first-timers up to longer runs and rides for the more adventurous exercisers.

So whether you're a sharemilker or a shepherd, a farmer or a farm hand, put the tour in your calendar; get on your bike, don some trainers and help us get the rural community moving.

For more info go online to: <http://farmstrong.co.nz/cyclechallengenz/>



Christmas Clinic Hours

All Clinics will be closed on the Christmas and New Year public holidays.

Friday 25th December – Monday 27th December

Friday 1st December – Monday 4th January

Our afterhours service is available during this time.



Farewell to Ross Harris

Running a vet practice requires a special type of person – compassionate, driven, and great with people as well as being focused on delivering excellent service for its customers. These are the traits of FVC Veterinary Service retiring boss, Ross Harris. After 15 years heading the 5 FVC clinics, Ross has retired in late November. Ross leaves after successfully supporting the merging of the FVC clinics with neighbouring practice, Anexa Animal Health. The Anexa FVC clinics continue to focus on employing excellent staff, providing competitive prices and taking the very best of care of the animals in our community. Ross Harris says he retires with no regrets, many good memories and a business looking forward to a new chapter in its future. All the best Ross, it's been fantastic working with you.



Farewell to Jude Tisdall

Jude arrived in Morrinsville to begin her veterinary career over 30 years ago. Working predominantly with dairy farmers for the first six years, she changed direction in 1990 to focus on small animal medicine and surgery. Jude has always been keen to try the latest techniques and ideas and as a consequence her patients got the most up to date treatment. Jude has a special interest in animal dentistry and has enjoyed developing this aspect of the business. The care, compassion and thoroughness that Jude showed towards her patients was valued by her clients and gave her an excellent reputation. Now it's time for the next chapter in Jude's life, and she is retiring in December. We wish her all the very best and sincerely thank her for her time and exceptional care she has provided to the Morrinsville animals whom she has been their vet.

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