



Clinic & Farm Supplies
 Railway Street, Eltham
 Ph . (06) 764 8196
www.elthamvetservice.co.nz
Trading Depot
 Hollard Engineering,
 Victoria Street, Kaponga
 Ph. (06) 764 6686
J Larkin 0274 482 585

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How about those All Blacks? I was scratching around trying to think of things to write for this mid-winter newsletter and the good old AB's helped out tremendously by losing the 1st test of the season against France. I must say I enjoyed the game even though we lost. However the disturbing lack of intelligence in NZ rugby continues to frustrate me and it isn't getting any better. I was at my son's game a week or so ago - he plays for the New Plymouth Boys High U15 B team. I mentioned to the coach that I thought one of the wingers was quite useful and he said "yep, he's quick but watch this" and he called out to him during a break in play "hey Johnny (not real name) call for the ball!" to which he replied "what, now?" Unfortunately as kids get bigger and stronger, the smart ones who might become fine rugby players later in life tend to drop out while the Ma'a Nonus and Sione Lauakis of this world spend their youth running over the top of opponents so never have to use their brains until they reach the top. By which time, sadly, it is too late!

Welcome to new clients who have moved into our area. By now we should have visited you and introduced ourselves. If we haven't, please feel free to pop into the clinic and say giddyay. You'll find us a friendly lot so don't be afraid to call in.

Things dominating conversations at present include swine flu (no one here has caught it yet although Andrew has had pneumonia, so that's pretty impressive), the weather, payout (obviously) and abortions. Unfortunately after many years of relative quiet, Neospora has reared its head again on 5 or 6 of our farms. Some clients have had as many as 40 cows abort; most of them too early even to milk through. The frustrating thing is, these abortion storms seem to arrive out of the blue, hit a certain area, cause devastation to those few farms affected and then go away again for a number of years. While we know the role that dogs and other carnivores have in the Neospora life cycle, we still know very little that is useful in helping us to deal with an outbreak. Polly and Teresa have dealt with all of our outbreaks this winter and they have put together an article for this newsletter outlining what we know about this disease.

I hope that most of you will be able to take some sort of break before spring even with the payout drop and cashflow issues ahead. A chance to recharge the batteries, even just for a few days, always helps. With things quiet here at present most people are either already on holiday or planning one in the next month, or are off to a conference somewhere. It's always good to be able to let off a bit of steam as many of those who attended our recent golf day will attest. Certainly Jill and Lisa seemed to enjoy themselves as photos in this newsletter will show. We also had a visit from a group of Stuart Road farmers recently on a kind of end-of-season pub/business crawl. It was great to spend an hour or so having a chat, a drink and a laugh at the clinic. Karen Joblin and friends put a lot of effort into making it a great day and we enjoyed being part of it. Thanks for putting us on your itinerary!

Finally this July our office manager Joan Hughes celebrates 20 years' service at the vet clinic. Dave Higham employed a lot of people while he was the boss at Eltham but I don't think he ever made a better appointment than Joan. Congratulations Joan; many thanks for all you do and for being there for us all. Hopefully we can squeeze another few years out of you yet!



Frank congratulates Stan Megaw on winning the enormous toolkit full of every imaginable tool in our recent Merial Ancare promotion

Veterinarians

Alistair McDougall BVSc - CEO
 Giles Gilling BVSc BSc MRCVS
 Andrew Weir BVSc
 Jim Robins BVSc, BSc, DipPharm
 Polly Otterson BVSc, MSc, MRCVS
 Andy Aitken BVM&S, MRCVS
 Teresa Carr BVSc
 Adrian Clark BVSc
 Linley Gilling BVSc
 Lindsay Lash BVSc

Office

Joan Hughes John Larkin BBS
 Nina Bloemen Lisa Goldsworthy
 Jill Watson Frank Suter

Prescriptions on their Way

Most of you should have received your annual prescriptions for the coming season by now. As usual if you want to discuss changes to those you should feel free to give me a call. If you haven't received one please give us a call. If you're an existing client who has moved recently it is likely we have a new prescription in place on the computer for you but are awaiting your new address & herd size details before sending it out so please get in touch.

By the way, those of you with sharp eyes may have noticed a rather obvious error (yes, I admit it; it was me) on your prescription. While the heading may say for the 2008/09 season, it is of course for the 09/10 season. Too late to do anything on your copy now, but rest assured the mistake has been rectified so those prescriptions are valid. *Sorry!*

NEOSPORA

We have had a number of herds in our area this year with slips due to Neospora. Neospora is the most common cause of abortions in dairy cows in New Zealand.

We know that in the first year of exposure, the slips result from Neospora being eaten by the cows in their feed. This contamination has come from dogs or other infected carnivores spreading oocytes on pasture via their faeces. In the first year there is a high slip rate, sometimes up to 30% of the herd. This slip rate usually declines in following years. In some herds that get Neospora there will be no slips after 4-5 years. In other herds slips continue at low levels, around 6%-10% every year. Cows that become infected are infected for life and they either slip or give birth to an infected calf. These cows and their daughters are responsible for the slips that occur in the years following the first outbreak.

Many of you may have read about recent studies on Neospora in farming magazines. More information is coming out with regard to Neospora all the time. Control options revolve around risk management. There is no one right thing to do, just things which reduce risk to a greater or lesser extent.

It is recommended that any cow that slips from Neospora is culled. If she is very special you could hold her over so long as she is always mated to beefy semen or the bull. She will have 4-5 times higher chance of slipping again than a Neospora negative cow. The new information out about Neospora indicates two ways Neospora may be eradicated from a herd.

- The first is to test all keeper calves when they are born. If a calf is positive it can be bobbied (or kept, but not to breed replacements). The mother of this calf will also be positive for Neospora so she is identified and in following years is bred to a beef bull so no keepers are kept from her. To eradicate Neospora in this way it will be necessary to test and cull calves and identify their mothers for at least 4 years.
- The second option is to test all the cows and heifers in late pregnancy and tag the positive cows so you don't keep calves from them in future. Testing costs \$18-\$20 per blood test.

Neither of these options has been widely tested so it is delving into the unknown a bit.

Example of testing options using a herd size of 200 cows:

1. To test calves for 4+ years at a cost of \$20 x 50 keeper calves = \$1000/year. Over 5 years this would be \$5000.
2. To test whole herd in late pregnancy \$20 x 200 = \$4000 plus vet cost of about \$1000. The advantage of this option is that Neospora cows are identified in the first year, so eradication of the disease may be quicker.

Cost of slips/year at \$700 (difference between in calf cow and cull) x 8 cows/year (in a Neospora infected herd 6% of the herd slip/year; normal slip levels are 2%/year) = \$5600/year. Over 5 years \$28,000.

It appears that both testing methods are very cost effective if you continue to have low levels of slips.

To discuss any of this information contact Polly or Teresa at the clinic.

Inductions Reminder

The Induction Code of Practice has been in place for a number of seasons now so you should all have a reasonable grasp of your responsibilities under the code if you plan to induce cows this season.

To summarise, farmer responsibilities include:

- Sufficient feed available to feed animals well
- Magnesium supplementation in place well before cows are induced
- All cows are tagged and recorded
- Trace element status is appropriate
- You have a management plan in place for these cows after induction
- Cow criteria are followed

Criteria include:

- Stage of pregnancy. No more than 12 weeks from due calving date and no closer than 6 weeks from that date
- Aged between 3 and 8 years old
- Good state of health - cows with scouring, facial eczema, lameness or mastitis cannot be induced
- Body condition score no less than 4.5 and preferably around 5

If you have no recorded calving dates for cows presented and they are clearly going to calve within 6 weeks or are showing signs of bagging up, we will not induce them. Please don't present cows for induction at the end of September when you have four weeks left to go; by definition they will not fit the criteria stated.

Ideally you should have a clear idea which cows you will need to induce and planning to induce them should start now. Because of a longer mating period last season you may need to do inductions in batches to fit them all into the above criteria. That will require planning for feed requirements, magnesium and how you will manage them after they have calved.

Talk to us now about when to induce your cows this season.

VACCINATIONS OVERDUE

All Lepto vaccinations should now be complete - calves, herd & heifers! Have your heifers been vaccinated while out grazing???



Please give us a call immediately to book in vaccinations for animals not yet vaccinated.

Muckboots
back by popular
demand



Choose **Muckboots** OR
A **Windstopper Jersey**
with selected Merial Ancare products



They can still do that??

ROTAVEC CORONA - Vaccination Time Again

Calf scours will be costly today, and may affect productivity in the future.

Plan for a solution that helps ensure peace of mind now and optimal returns tomorrow.

Outbreaks of infectious scours seem to be more prevalent these days and are an ever present threat to any dairy or beef farm raising calves. Bigger herds, more calves reared and more intensive rearing systems with calves kept in high-density housing are all factors in this increase.

Rotavirus, found on about 70% of farms, is consistently the biggest cause each season. However infections are commonly of mixed origin, often a combination of rotavirus with other pathogens including *Cryptosporidia* and coronavirus virus shed in the faeces of healthy animals, especially at times of high stress such as at calving. This makes newborn calves especially at risk. Outbreaks often occur at the same time as calving peaks.

Infected animals shed vast amounts of virus, contaminating the environment and infecting healthy calves. Scours can cause high mortality, and is costly and highly stressful to all involved.

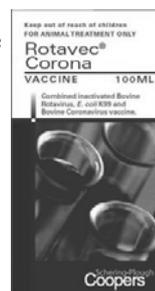
Treatment with electrolytes and labour intensive husbandry is time consuming, expensive, stressful, and sometimes unsuccessful. Even if you do save sick calves, those that recover may never perform as well as non-affected animals. Long-term consequences of neonatal diarrhoea can include calves not reaching the target liveweights that are important to ensure subsequent productivity. Failure to reach target liveweights at 15 and 22 months can result in reduced fertility and reduced 1st lactation in dairy heifers. Less than optimal productivity can mean reduced income.

Because calf scours will affect virtually every calf rearing unit at some time it makes economic sense to have a simple and effective risk management plan.

Vaccination is the economic solution that helps ensure peace of mind today, and optimal productivity in the future. A single 2ml dose of Rotavec Corona to the pregnant cow massively boosts protective antibody levels in colostrum, which are then passed on to the newborn calf either by suckling or by being fed colostrum. It is recommended the whole herd is vaccinated 3 weeks before planned-start-of-calving as this timing maximises the coverage of all cows calving in the first 9 weeks.

Good colostrum feeding is critical to get the best value from vaccination. Calves must get 2 - 3.5 litres of first day colostrum within 6 - 12 hours of birth while colostrum antibodies are at their highest. They then need 2.5 - 3 litres of stored or fresh colostrum daily during the first high risk 2-3 weeks, longer if possible, to provide the vital localised protection at gut level.

As with many animal health issues, vaccination is just one part of the picture, and must be supported by good hygiene and sound management practices. This is especially so in intensive calf rearing facilities. Talk to us about setting up a programme that will ensure the best protection for your calves during those crucial early weeks.



Overfat Cows and Ketosis

Primary ketosis is a disease which affects cows which loose too much weight in early lactation.

Holdovers are particularly at risk because they tend to be both high BW and overfat so they break down lots of body fat to fuel good early production. Unfortunately body fat does not break down perfectly and it makes by products called 'ketone bodies'. In high levels these ketone bodies depress appetite. So your lovely, shiny, fat holdover starts off milking with a hiss and a roar but after a month or so she goes off her feed, her milk drops dramatically and she turns to skin and bone. Does this sound familiar to you?

The best prevention is to dose any overfat cows with a Rumensin bloat bullet a couple of weeks before they are due to calve. The Rumensin changes the population of bugs in the rumen and reduces the risk of ketosis by over 90%. At \$16.50 a bullet it's a very good investment.



Special Formula - no longer special

Some of you will already have found this out, but an old favourite for mastitis treatment, Special Formula is no longer available, having been discontinued about 6 months ago. Those of you who have had it on your annual prescription will find it has been replaced for the new season with Mastalone, Lincocin Forte or Ubro Yellow, which are the closest to it in formulation. If you wish to try something else please feel free to give me a call at the clinic.

3rd Party Access Request

With all the Fencepost stuff now having moved onto the Fonterra.com website, granting us 3rd party access to your Milk Production and Quality records is even easier. When dealing with any major mastitis issue, ready access to your production and somatic cell count records is invaluable in helping us get a handle on what's going on. So far we have about 30 clients who have granted us access for the coming season. All you have to do is go to ['My Profile/Manage Access/Invite Individuals'](#) to grant us access. We are an existing Fencepost user so you just type in our username, 'prolapse', in the user ID field, then click 'find user' to validate our ID and complete the process. *Thanks*

Interesting Quotes overheard recently

"I went down on myself".

Leo Crowley in earnest conversation with Darryl Hughes at clinic.

"I am a dog-wanking virgin"

Polly announces during discussion on artificial insemination of dogs.

"Shawn tried to come through the window and broke the bed".

Teresa describes the state her husband was in after our recent golf day.

"Yes I know, I can't get it up" Al blurts during a scholarship interview at Massey when explaining to a female vet student why our website isn't currently online.

Research continues to support Teat sealant as a solution to heifer mastitis

Recent work by the Animal Health Centre's Dr Chris Compton and Scott McDougall supports the case for increased use of teat sealants in the heifer replacements of New Zealand dairy herds. Their work as part of the Cognosco research and development group based in Morrinsville has shown that heifers which would otherwise develop mastitis over the calving period can be profitably treated with a teat sealant one month before planned start of calving compared with those left unprotected. This follows on from the formative field trial work led by Dr Katrina Roberts (nee Parker) which first looked at the effect of using teat sealant in maiden heifers to good effect in 2003/ 2004.



Research looks at the high cost of heifer mastitis

A nationwide study currently underway has shown that costs due to this common problem average a total of \$197 for every first case in the season, and \$2,020 for the average 340 cow dairy herd in New Zealand. In the last 10-20 years both in New Zealand and internationally, there has been increased awareness that mastitis in dairy heifers was common, but there was little information on why that was so, or what the costs of this disease were. The pattern of disease (almost all clinical cases occur within 7 days of calving) and the bacteria isolated from milk of cases (almost always bacteria from the environment, such as *Strep uberis*) are different to adult cows, meaning a fresh look at mastitis in this age group was needed. Research over the last 5 years by veterinarians at Animal Health Centre Morrinsville and scientists at DairyNZ, funded by DairyNZ and Sustainable Farming Fund (Ministry of Agriculture), has helped understand this common and frustrating problem, given some practical methods farmers can use to control it, and now for the first time, an accurate estimate of its economic costs and benefits of prevention.

In the 2008-2009 season, a survey involving 40 herds divided among 4 dairying regions of New Zealand - Waikato, Taranaki, Canterbury and Otago, has sought to better define the costs of this disease and to provide farmers with cost-benefit budgets for different control options. Data was collected on the number of cases on each farm, costs due to extra time involved in managing and treating these heifers and purchasing additional replacements because of culls and deaths following cases, and losses due to discarded milk and lost production in the current and following season. These were based on a \$5.50/kg MS payout, \$750 difference between cull and replacement heifer, and \$17.50 per hour labour cost. The calculated cost of treatment (\$51) was only about 1/4 of the total cost because of 'hidden' losses and costs. Surprisingly, each case of heifer mastitis required on average a total of only approximately 1 minute/milking or 12 minutes/case to manage for the duration the animal was having milk withheld from supply, meaning the labour costs per case were low (\$3). However, most farmers will know that frustration and worry over mastitis can't easily be defined by a dollar value. Therefore an average total cost per case of heifer mastitis of around \$200 was estimated based on prices that were considered reasonable at the time (cost of discarded milk will have dropped since this study). This included cost of unexpected/early culls, treatment, discarded milk and labour.

Key points for controlling mastitis in heifers' using Teatseal 1 month before calving

- Teatseal in all 4 quarters 1 month prior to PSC reduces mastitis by 70%
- The only other control approach that can be advocated without reservation is twice daily removal of heifers after calving from calving mob, with immediate milking, which reduced clinical mastitis by 45%

Even for the average NZ farm which would typically have a clinical mastitis incidence of approximately 13.8%, with a \$5/kg MS payout there was still a positive return on investment by using Teatseal one month before calving starts. The benefit increases as the incidence of mastitis on the farm and the milk payout increase.

Use of Teatseal to prevent mastitis in maiden heifers has been working well in the Waikato now for a couple of seasons with uptake increasing each year as people see that it works and tell their friends and neighbours. It's not a fun job (but from all accounts not quite as bad as people think it will be) and the recent further payout drop won't have helped the cost-benefit scenario, but if you believe that your incidence of heifer mastitis is a problem it is well worth considering. If you think this may be useful in your situation give us a call and we'll talk you through it.



Lisa discusses the merits of our new Elanco rep, Aaron, with Rachel Renn from Provet and Chris Collier from Pfizer at our recent golf day. Rachel checks to see if she's right. Chris just looks confused!



Russell Joblin tells Trent Guthrie that he has seen Al in the shower

