

# The Use of Preventative Medicine to Maximise Flock Health and Performance



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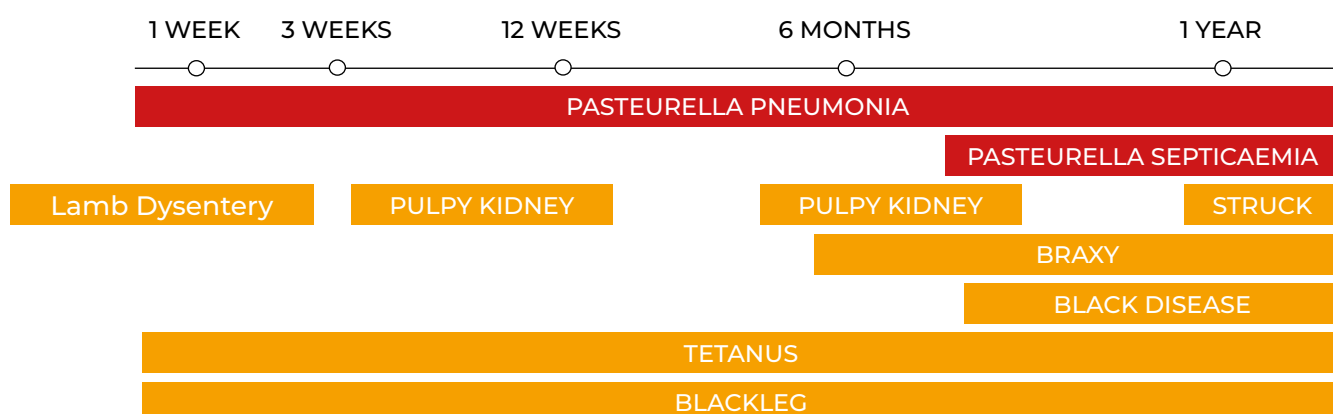
With time becoming more limited on many farms preventative medicine plays a key role in maintaining flock health.

Vaccination programmes ensure the flock is covered against key diseases, whilst giving flock owners peace of mind that they have taken the necessary precautions to avoid unnecessary losses. While careful planning of dosing regimes allows effective treatment choices need to be made based on results.

## CLOSTRIDIAL VACCINES

Clostridial Vaccines provide protection against diseases such as lamb dysentery, tetanus, pulpy kidney, blackleg, braxy, black disease and struck. With the clostridial diseases, often the first signs of a problem is sudden death so there is no opportunity or time to treat or prevent disease at this stage. Clostridial bacteria can live in the soil for years with stress or other factors causing sudden outbreaks on farms where no history of disease was present.

Therefore it is essential to get ahead of the game when it comes to these killer diseases with a thorough and robust vaccination programme in place, protecting your lambs from birth through to sale. The primary course of clostridial vaccination consists of two shots 4-6 weeks apart, followed by annual boosters thereafter. Ewes should be vaccinated 4-6 weeks pre lambing to allow time for antibody levels in colostrum to rise. It is essential to ensure ewes are in adequate body condition and on a good plane of nutrition with adequate protein levels during this last trimester of pregnancy in order to maximise the benefit of the vaccine. If ewes are receiving inadequate levels of protein, or losing protein through concurrent disease such as liver fluke they will be unable to produce sufficient quantity or quality colostrum to provide the required



Age at which clostridial diseases and pneumonia are most likely to affect lambs




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levels of antibodies to their lambs for immunity. Once ewes have received the correct vaccination pre lambing lambs can then be vaccinated at 3-4 weeks of age with a booster shot 4-6 weeks later. This allows lambs to develop their own immunity once maternal antibodies have started to wane, giving full protection (lasting 12 months) following the second vaccine before stressful events such as weaning or the mid season worm challenge. Giving only one shot is a waste of time and money as it won't provide lasting immunity.

### PNEUMONIA VACCINES

Pneumonia outbreaks can occur at any stage in lambs and has been shown to be the second biggest cause of death in lambs under 6 months. During severe outbreaks of pneumonia up to 10% of lambs can die with others stunted and never fully recovering. Vaccination against pasturella pneumonia can be given using combined clostridial and pneumonia vaccines for convenience with immunity achieved again by two shots of vaccine 4-6 weeks apart.

### ABORTION VACCINES

Abortion outbreaks can cause devastating losses with increased stress on both the farmer and the flock in the run up to lambing. The two most common causes of abortion are toxoplasmosis and enzootic abortion, both of which can be vaccinated against effectively.

Ewes should be vaccinated prior to tupping with one shot of each vaccine providing sufficient cover for most ewes breeding life. My opinion would be that all flocks should implement some level of abortion vaccine programme, while it may be an expensive outlay to vaccinate whole flocks against

both toxo and enzo it will prove to be money well spent if disease enters the flock. Another option is to consult with your vet and take blood samples to see levels of exposure in the different age groups in your flock allowing a targeted vaccination protocol to be implemented. Otherwise begin vaccinating the replacements each year and within a few years the whole flock will be covered.

### FOOTROT VACCINES

Lameness is another significant cause of economic loss on sheep farms throughout Ireland, to treat lameness first the cause must be identified. It may simply be scald or a more significant outbreak of footrot or CODD. Once the cause has been identified a treatment plan can be implemented, this involves:

- Recognising lame sheep and clearly marking them segregating lame sheep from the flock understanding the disease involved treating appropriately either with foot bathing or prescribed antibiotics from your vet
- Culling chronically affected ewes
- Vaccinating where footrot is the consistent cause of lameness

Footrot vaccine can be given to reduce the clinical incidence of lameness due to footrot in the flock, two vaccines should be given 6 weeks apart with boosters given before periods of significant challenge such as housing.

### FAECAL SAMPLES AND DOSING STRATEGIES

With worm resistance levels to dosing products constantly on the rise it is essential all farmers ensure their treatment plans are working for

them, this can be achieved by carrying out routine pre and post dosing faecal samples. Pooled samples should be taken from at risk groups and treatment options discussed with your vet based on results and previous treatment history on the farm. Blanket treatments without taking samples should be avoided as this is likely to further increase resistance. Post treatment samples should be used to check that the treatment used has been effective, giving peace of mind that the product has worked and resistance is not an issue. If pre dosing samples indicate treatment is necessary not all animals should be treated, this will allow a susceptible population of worms to be maintained on the farm and slow the development of resistant strains. E.g. avoid dosing ewes when dosing lambs and if samples show ewes need to be dosed only treat thin or dirty ewes leaving clean healthy ewes untreated.



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