### FLY STRIKE - BE PROACTIVE

The adage that 'the best defence is a good offence' holds true when looking at your blowfly prevention programme. Fly strike is best approached from docking onwards using a proactive attitude, within which product choice and application play crucial roles. By getting in early with treatment you are mitigating the economic impact of waiting until active flystrike appears. Even a mild case of flystrike can lead to up to 5kg liveweight loss in as little as 6 days and it can take over a month for an affected animal to recover this lost LWt. This growth effect and the reduction of fertility associated with flystrike is said to cost the sheep industry millions of dollars each year.

Ideally, the prevention plan you put in place will take into consideration things like time until shearing, chemical class previously used for lice control and regional knowledge about seasonal weather forecasts/patterns and the relative blowfly challenge.

When it comes to chemicals, insect growth regulators (IGRs) are the most common chemical family used for flystrike prevention, mainly due to their persistence. The two categories of IGRs are:

- *Triazine-pyrimidine derivatives* this category is sufficient for fly control only and actives include cyromazine (*Cyrazin*) and dicyclanil (*Clik*)
- Benzoyl Phenyl Urea (BPU) compounds suitable for fly & lice control which includes the actives diflubenzuron and triflumuron

These chemicals are common choices for those proactively approaching the upcoming season; however, should there be a need to treat strike it is important to look for products that have two actives, one of the above for ongoing strike control and the secondary ensuring rapid knockdown of maggots. For example, *Cyrazin® K.O* which contains the IGR cyromazine in combination with ivermectin or *Cyrex* which combines cyromazine with spinosad. Incidentally, Cyrazin K.O is now also registered for lice control.

When assessing the comparative protection periods of different products (usually stated as "up to" X weeks) it is important to remember that the actual length of protection against fly strike will be determined by factors such as effectiveness of application, fly pressure, environment and other influences. To make sure this period is as long as promised by the manufacturer keep to the label instructions including dilution rate, application rate per animal (minimum 2lt per animal) and time off shears.

#### **Top Tips**

- Be proactive, act before there is a problem
- Follow the product label guidelines
- Use the correct equipment and product for the job
- Remember the most expensive flystrike product is the one not used properly so check dilution and application rates and if in doubt run a handful of animals through first and then check them for full saturation through to skin level.



If you have any concerns or questions regarding your flystrike treatment please feel free to contact us at the clinic to discuss your options.





## **Kennel Cough Reminder**

Dog trialling season is upon us again & we thought it would be timely to remind those of you who will be taking your dogs to places where there are large numbers of other dogs

that a vaccination booster would be a very good idea. Kennel cough in particular is very contagious & a few years ago we saw at least two top dogs that (probably) picked up kennel cough at a trial & became seriously ill.

Don't let that happen this year; book us in to give all your dogs a booster before they go away to compete.





Jayland Partnership were the winners of the Weber barbeque after purchasing Prolaject B12



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Welcome to the new decade and no doubt another decade of great change. The appalling bush fires in Australia have focused the world's attention on climate change and as farmers you can expect to remain under the firm gaze of the wider public and numerous government agencies, whether you deserve that scrutiny or not. Along with increased attention on the climate we are also under increasing scrutiny when it comes to antibiotic use. Despite New Zealand ranking as the 3<sup>rd</sup> lowest user of antibiotics in agriculture globally (and 50% of that use is in pig & poultry farming) we continue to find ourselves squeezed and audited. That isn't going to change and in this newsletter you will find an article about the changes that will be taking place from the 1<sup>st</sup> of June this year. On a slightly more encouraging note, the Dry Cow Therapy regulations that were going to come in this year have been shelved (for now). Moves to reduce the overall use of DCT are for now "aspirational" rather than compulsory. So, if you are a keen proponent of whole herd DCT despite having a low bulk count, you still can. However the trend towards reduced use is inevitable and the industry is pushing for lower use where possible. From a practical point of

view, for this season anyway, you will find we haven't changed anything. Your DCT consultation form is enclosed with this newsletter. As always please fill this in and return it to us <u>before</u> you come in asking for your DCT. We're trying to make life as easy for you as we can; please return the favour.

While we're welcoming change, as you are no doubt aware by now, we have two new faces at the reception desk. Leilani Hohaia-Gray started just before Xmas and has rapidly become a vital member of our team at the front desk, while Michelle McLeod starts early February. I have asked both of them to introduce themselves.

We say goodbye to a wonderful young vet this month. Erika started here as a new graduate in January 2016 and quickly established herself as a vet to reckon with. Erika has become very popular with both our farm and companion animal clients and we will all be very sorry to see her go. However the call of the South has been too strong for this Mainlander and she begins a new chapter in her veterinary career in Alexandra in March. We wish her every success and happiness in her new life down south and she leaves with our blessing. Go well Erika and good luck from us all.

Facial Eczema will be front and centre for the next few months. We will continue our weekly spore counts as in previous years. Please remember these counts only provide general trends. Spore counts between farms and even between paddocks on the same farm can be notoriously inconsistent so we're really just providing a weekly trend indicating the risk. If you want to know what is happening on your farm you can really only know by taking pasture samples from your farm. Remember also that zinc only becomes protective when given at full rates. Low rates in the water simply get cows used to the taste so that they will (hopefully) drink it when you're putting zinc in at full rates.

Hi, my name is Leilani. I was born and raised in Melbourne and in 2014 made the move to Manaia to stay with my Nan after losing my Koko (grandfather). I have been here ever since! Six years and counting. I completed the final years of my

**FEBRUARY 2020** 



schooling at Opunake High School and have been in the workforce since finishing my education. I previously worked for Taranaki Veterinary Centre, at all clinics, over the past year, so while I have some experience in the industry – I am still learning. I look forward to learning more and meeting you all along the way.

Hi, my name is
Michelle.
Having done my
apprenticeship with a
vet clinic when I left
school I feel as though
life has done a tumble
turn and I am back with
a whole lot of life
experience.



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Teresa Carr BVSc

Adrian Clark BVSc

Lindsay Lash BVSc

Leon Christensen BVSc

Erika Pieper BVSc

Michaela Abbott BVSc

**Office** 

Michelle Mcleod

Leilani Hohaia-Gray

Jill Watson CVN/RAT

Joan Hughes

Helen Snook

I am married with three boys. We bought our own farm (after sharemilking way too many cows) and are slowly converting from dairy to a Hereford and Speckle Park Stud....oh and retirement!

#### CHANGES TO YOUR RVM PRESCRIPTION COMING THIS JUNE

We have been hearing all of this for the last 3-4 years from both the veterinary council and DairyNZ - Both us as vets and yourselves as farmers have to limit the use of **critically important antibiotics used in human medicine.** 

They have been known as "red light" antibiotics for a few years now because that's how the Vet Association labelled them to get us thinking along the lines that the World Health Organisation wanted us to. Officially they are "critically important antibiotics" or CIA's - Antibiotics critical to human medicine.

The antibiotics which are being cracked down on that you will notice are:

- 3<sup>rd</sup> & 4<sup>th</sup> generation cephalosporins such as Excede LA and Kelacef,
- Macrolides such as **Tylan** and **Tylofen**
- Oleandomycin which is present in **Mastalone**

There are also "Orange Light Antibiotics", which should be used with care and consideration. Most dry cow antibiotics and many of your lactating intramammary antibiotics fall into this category.

We started the process by removing Excede LA from your scripts a few seasons ago but resisted removing the others while encouraging you to use them less and more judiciously. We did warn you that this situation would change and now it has. **From 1<sup>st</sup> June** this year we will have to remove Kelacef, Tylan, Tylofen and Mastalone from your scripts. Those drugs can only be used if it can be shown that nothing else works and that requires sampling and antibiotic resistance testing. If we can prove you need it then at best we can give you a 4-month prescription for it. In reality this is likely to only apply to Mastalone, where we know we have a few clients where Mastalone is the drug of choice for some mastitis cases. For Kelacef, the only real reason we use it is for the convenience of a non-milk withhold and unfortunately convenience is no longer an acceptable reason. The same applies to Tylan and Tylofen - While they have been useful for multiple quarter mastitis cases there are other injectable antibiotics available such as Penethaject and Mamyzin which work just as well in the majority of cases. So as far as the powers that be are concerned, there is no real justification for us to continue to use these drugs. So, with regret, we are obliged to remove them from your scripts from 1<sup>st</sup> of June.

Antimicrobial Resistance is a real issue and we are all obliged to use antibiotics with care. Right now you still have an annual authority, which puts you in a privileged position in terms of access to drugs that the general public doesn't have. Please use that privilege wisely.

Along with all these changes we are also required, from this year, to hold a review/consult with you about your RVM requirements for the coming season. This will only apply to dairy farmers for now since dairy is identified as a high user of antibiotics in New Zealand (after pigs & poultry, but that's another story altogether). Dry stock farmers use very few antibiotics so for now your RVM authorities will roll over on 1st June as they have in previous years.

For our dairy clients this will mean a face to face consult about your drug use and a stocktake of what you have on farm. The aim is to see how we can alter your antibiotic use to get the best results and extend the efficacy of them on your farm. We are trying to make this transition as easy as possible so watch this space for how and when this will take place.

I hate change as much as you do so believe me when I say we don't want to be your drugs police any more than you want us sticking our noses in, but we have been given no choice.

Rest assured, we'll try and make it as smooth and stress free as possible for everyone concerned while meeting our legal requirements under the ACVM Act and our Professional Code of Conduct.

# Get the Minda app for Scanning



For about five years now some of you have been getting us to bring our little yellow handheld devices to record aged pregnancy testing data. We then brought these back to the clinic and synchronised with Minda so you could download the information at home.

The new **Minda app for smartphones** has a pregnancy testing section in it which continuously synchronises live with Minda as we go. We used the app with several farmers last year and found it to work very well. We are unsure how much longer our "Trimbles" will be supported so we encourage you to please use the new app.



#### Lame Cows and Antibiotics - Give pain relief a go

It's very tempting, I know, when you see a lame cow to simply "give her a jab" of penicillin & move on. If it happens to be Footrot then you'll be spot on. Footrot though is pretty easy to spot, namely sudden lameness & obvious swelling around or between the toes. Generally, if you lift the foot it looks like someone has taken a breadknife & cut swollen tissue between the toes. In that case a course of penicillin is certainly justified. With most other cases of lameness, especially early on, use of antibiotics can be delayed or may not be needed at all. A day or two of rest close to the shed, trimming of the hoof & so on is often all that's needed.

However, some of you (and you know who you are) throw antibiotics at every lame cow that walks past. When they come right of course you credit the antibiotic but in reality, many of them would have come right with rest or proper hoof trimming & didn't need any antibiotic at all. With the on-going scrutiny on overuse of antibiotics it's time you re-thought your reflex use of antibiotics on every lame cow.

If you feel the need to give the cow something then how about instead of reaching for a bottle of penicillin, you reach for a bottle of anti-inflammatory? Treat the pain, give her a spell & unless there is an obvious infection present, give the antibiotics a rest.

Recent field studies showed a clear correlation between the use of pain relief (anti-inflammatories) & an earlier return to the herd for cows with lameness that didn't require antibiotics.

# **Help with your Culling Decisions**

We are coming to the time of year when herd test and pregnancy test results drive your culling decisions. Our inhouse milk culturing service can help you with those decisions.

Your next herd test is an opportunity to look for your *Staph. aureus* infected cows. *Staph. aureus* infections are particularly unwelcome for two reasons. They have a poor cure rate, even with Dry Cow Therapy (DCT) and they are contagious, spreading from cow to cow through the milking plant. Even after treatment, *Staph. aureus* cows are likely to remain subclinically infected and to pass that infection on to other 'clean' cows in your herd. It is a good idea to track them down and cull them, or manage them to minimise the chances of them passing on the infection.

They are often not the highest SCC cows, the 'millionaires'. More often they have been 250,000 – 500,000 for some time and continued to be high SCC despite previous DCT. These lowgrade, chronic, infections have fewer bugs to grow for us so best results will come from samples brought in the same day as they are taken. Freezing kills off some of the bugs too.

What can go wrong?

- Some *Staph* infections don't shed bugs into the milk every day. If the sample is taken on a non shedding day, the result will be a false negative.
- · Poor sampling technique dirty, contaminated samples which grow everything that was on your hands or the cow's udder. Gloves and teat wipes are essential. Ask for sampling instructions when you collect your sample pottles.

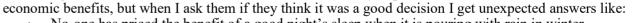
Incubator space in our lab is limited. We are looking at ways to increase it without spending too much money but, in the meantime, **please don't bring more than 20 samples at a time without prior arrangement**. Pottles and sampling instructions are available free at the clinic. We charge \$15 plus GST per sample. Results for samples brought into the clinic *before 11 am* Monday to Thursday will be available the following day. Friday samples will be sent to our commercial lab in Palmerston North.

#### **Cow Shelters Discussion Day**

Why would you spend money on building a cow shelter?

The Stratford Demonstration Farm has done a study to investigate the economic benefits with their shelter.

In Inglewood we have quite a few farms with shelters of different designs and it is fascinating to talk to these farmers about them. Of course, they hope there are



- No-one has priced the benefit of a good night's sleep when it is pouring with rain in winter.
- I get very little pugging now
- · I started to enjoy farming again
- The difficult decision is not "when should I put them inside, it is when should I let them out."

With cow shelters there are costs as well as the benefits. One of the main ongoing costs is the bedding, which needs to be kept as dry and clean as possible for the health and wellbeing of the cows. The last two years we have been learning how to reduce the cost of bedding and increase the comfort of the cows by aerating the bedding material. We are finding that we can sometimes get more than 3 years without having to remove any material at all! Interested? We are planning a day where we will visit a farm with 500 cows that is using their cow shelter to a new limit with amazing results. We will have a skype presentation from an expert from Kentucky, who visited Inglewood two weeks ago and looked at what we were doing and have a question and answer time for all your difficult questions and an opportunity to share your experience.

The date of the seminar is 13<sup>th</sup> February. Don't change your bedding till you have been to this seminar!

Book a place at the seminar by contacting Neil Chesterton at chesterton@xtra.co.nz

