

Looking back to last year, we had a very interesting discussion group meeting at W&P Ives in Herriard on profitable heifer rearing. The meeting was kindly sponsored by AHDB Dairy and their speaker Andy Dobbs gave us a very interesting, whistle stop tour on cost effective heifer rearing programmes and where profits can be made and lost. The average cost of rearing dairy heifers was quoted at £1800 but the range was £1000-3000 and while 70% of heifers will start paying back into the herd by their 2<sup>nd</sup> lactation some



took 6 years to start paying back! Do you know how much your heifer rearing costs you and when do your heifers start bring money back into your pocket? The topic of calf losses was also touched upon and a total of 32% of heifers do not survive beyond their 2<sup>nd</sup> lactation which is a very

large loss of revenue. Calf losses now have to be included in all herd health plans so this should be an easy figure to calculate for all herds.

We also looked at heifer calf weights and using a simple set up with weigh scales we held a competition with prizes for guess the weight of the calf – the results were often 20-30 kg out! This highlighted the value of being able to accurately weigh heifer calves to monitor growth rates either using scales or a weigh band (a good weigh band should be within a kilo of actual weight). Also to ensure they are up to weight at the critical times eg weaning, serving and pre-calving. Heifers should be 55% of mature weight at service and 87% of mature height (as measured by the average weight and height of a 3<sup>rd</sup> lactation cow in the main herd) and 90% of mature weight and 96% of mature height at 4-6 weeks pre-calving for 2 year calving heifers. Thanks to all involved. *Sally*

#### Leptospirosis—The New Zealand Approach (Amy)

New Zealand has one of the highest rates of leptospirosis in the world. Leptospirosis is a bacterial disease which can affect many species of animals as well as humans.

It's easier to catch than you might think. Often, the contaminated animal you catch it off doesn't show any signs of having it. Transmission of the bacteria occurs when infected animal urine, or water contaminated with urine, gets in your eyes, nose, mouth or through cracks in your skin.

For dairy farmers it is usually by way of infected cattle urine through cuts in the skin, assisting in animal birth, or handling membranes, kidneys or bladders. Infected pigs are also a common source of infection for humans because of the exposure to urine. Contact with urine from infected rats, mice and hedgehogs is also a common source of infection, e.g. handling calf feed contaminated by rat urine.

You may ask why should we be concerned? It is New Zealand after all, not us, who has the problem. In that case perhaps we should ask ourselves why this might be the case? Maybe it has something to do with many more people being exposed in NZ? 7% of the NZ population work directly in agriculture compared with less than 1% in the UK, on top of that I am sure a far greater number in NZ also come into contact with livestock than they do in the UK. If that is the case it means you as farmers are in just as much risk! 50 people a year in the UK have diagnosed leptospirosis and the actual number is likely to be far, far higher. Most of those people will be farmers like yourselves, vets and abattoir workers. So what are the symptoms? It may just feel like a bad case of flu, with headaches and fever, which is why many cases are not diagnosed. Some people become seriously ill and need hospital intensive care and it can cause death. The disease might progress to kidney failure, liver failure or meningitis, requiring hospitalisation. Pregnant women who catch leptospirosis can miscarry. Symptoms are often prolonged and recurrent because the physical damage to the kidney and liver may remain after the infection has cleared. Leptospirosis can be very costly as people may be unable to work for months, or even unable to fulfil the physical requirements of running a farm.

In New Zealand most farms use a program called Leptosure to minimise the risk of anyone on farm contracting leptospirosis. On the program farmers will vaccinate their stock and also assess the other risks and put measures in place to minimise these. These include things like making sure staff are informed of the risks and know why it is important not to eat/drink/smoke in the parlour, wear the correct protective clothing, have good rodent control, fence off waterways and look at the risk from other species.

Many employers use Leptosure in NZ to cover themselves for health and safety law. In the UK, COSHH also requires employers to assess the risks to health from work activities which involve a hazardous substance (eg a micro-organism) and prevent or adequately control exposure. We would strongly encourage you to have a plan in place on your farms, similar to Leptosure, both to protect yourselves and your staff from this disease and to ensure you are meeting the legal requirements.



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### Vaginal prolapses in Ewes

Vaginal prolapses occur in the last month of pregnancy and on average they affect 1% of ewes in the UK flock but prevalence can range from 0 to 15%. Much of the information available on vaginal prolapses is anecdotal. There are various predisposing factors: litter size, lack of exercise, bulky poorly balanced diet, lameness (leads to ewe spending more time lying down) and body condition. Breed of sheep has also been implicated – less common in Mules, compared with Scottish Blackface or Texels. Treatment involves an epidural anaesthetic to stop the ewe pushing as the prolapse is replaced and to prevent recurrence immediately after replacement. A harness is the recommended method to prevent recurrence in the run up to lambing, or sutures may be placed in the vulva. A broad spectrum antibiotic should be given along with an anti-inflammatory. Extra attention should be given to ewes which have prolapsed pre-lambing, to ensure they are identified quickly when lambing commences.

### Johne's control Part 1 (Ben)

As I was looking at a cows with Johnes disease the other day I thought I would write something for the newsletter to coincide with the launch of the BCVA (British cattle vet association) scheme for vets to become accredited Johnes advisers. This is to ensure that during the national 'Action Johnes' campaign, all farmers have access to consistent messages around Johnes. Over the next couple of months I will talk about the disease itself and then the 6 key steps to controlling Johnes on your farms, but first just a quick recap on why we should be doing something about it.

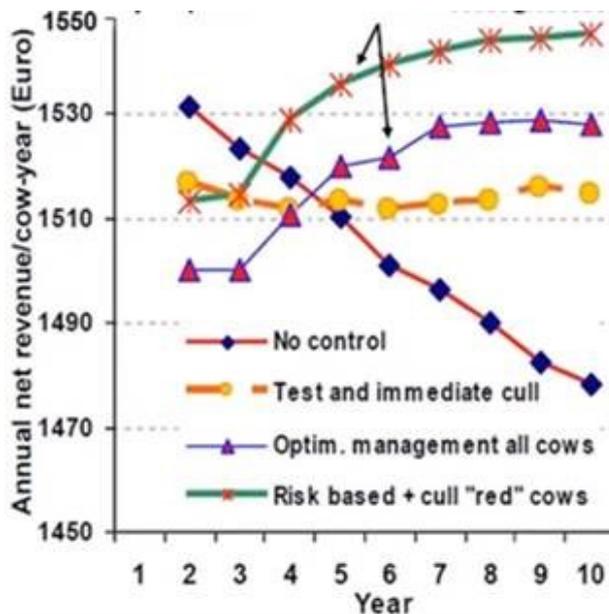
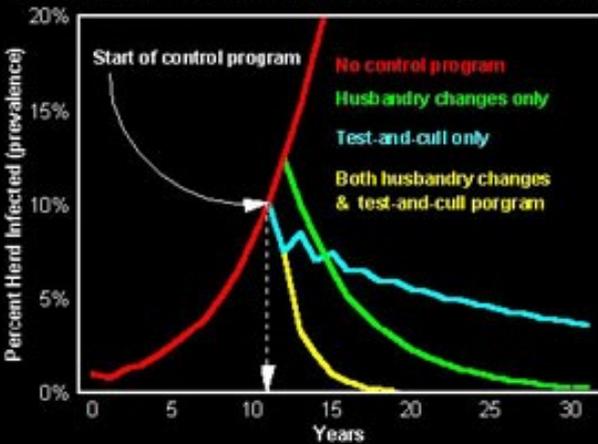
Firstly there is a cost associated with Johnes. Many of you will be familiar with the thin, scouring cow that has to be culled due to what we call a 'clinical' case of Johnes. This means the bacteria in her gut has damaged the gut wall so severely that she is losing protein in her faeces, losing weight and reducing her production. These cows need to be culled as involuntary culls and in the meantime have been poor producers and achieve lower cull values.

It isn't just the obvious cows that cost you money. In the early stages of disease in affected animals there are subtle impacts, which often go unnoticed. These include reduced production of around 10%, increased fertility problems and greater likelihood (11%) of culling (even before the obvious thin cow stage).

Next is the proven cost benefit of dealing with a Johnes problem in the herd over the long term. Now, Johnes is a difficult disease to control as any steps must be taken over a long time. It takes a lot of time and commitment and sometimes capital cost to sort it out so it is important that there is a benefit to all this. It is important that you realise that the net benefit in the short term (first 2-3 years) is reduced but over a 10 year period there is a significant change in net revenue per cow. In the graph shown here this equated to around 70€/cow/year. For a 200 cow herd this equates to around €14,000. The majority of these savings come from improved yield and reduced culling.

Finally and who knows how important this will become is the perceived risk to human health and the importance for the industry to be seen to be tackling this disease. Johnes disease in cattle has been linked to a similar, chronic gut disease in humans and many in our industry predict that it is vital to be able to demonstrate a reducing prevalence of the cattle disease in the UK herd. I can't tell if this is going to become a vital aspect of promoting British milk but we cannot afford to be left behind by some of our European counterparts who have been tackling the disease harder and for longer.

Computer simulation of different Johnes control programs



Graph showing cost benefit of Johnes control (€ net revenue/cow/year) depending on control method