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APRIL 2009 NEWSLETTER

Announcement

“Waterloo Wellington 4th Annual Beef Tour”

On April 15th starts at 11:00 with lunch at 12:00. After lunch they will be touring 3 more barns. Meet at Maynard Brubacher’s farm 7709 Wellington Rd 45 (just east of Glen Allen on 3rd Line). Any questions please call Randy Martin 519-669-1967 or 519-589-6800.

BOVINE

A New Tool in Staph Mastitis Control- PCR?

Staphylococcus Aureus is one of the major contagious pathogens which can be found at the teat end. The cow to cow transmission occurs via milkers’ hands, multi-use wash cloths, milking equipment, quarter treatment procedures and flies. Infection happens during milking when milk droplets impact the teat end forcing the bacteria into the teat canal. Therefore, the spread of Staph can be reduced with udder hygiene and post milking teat dipping. The infected mammary gland is the main source of infection for uninfected udders since the infection lasts from days to years since Staph is well adapted to inhabiting the mammary gland. The consequences of the infection are milk production losses of up to 15-20% per cow, as well as, bulk milk SCC increases which negatively impact milk quality and possibly leads to producer penalties. Antibiotic treatment during lactation is unrewarding with some improvement in clinical signs but low cure rate levels. Dry cow therapy is a must since it offers better cure rates.

Control is possible at milking by wearing latex-like gloves, fore stripping milk, washing teat end with sanitizing solution, pre-dip, dry teats with single cow use towel and use a post-teat dip. Regular preventative milking equipment maintenance is critical. But, to truly limit new staph infections the producer/veterinarian must properly identify infected cows. These cow can then be milked last or be culled to reduce contact with uninfected udders. Current identification is with bacterial culture. This requires 48 hours to complete and approximately 40% of samples provide no growth. This can be due to low or dead bacteria concentrations in the sample, bacteria not growing on the culture media used or the presence of bacterial growth inhibiting substances in the sample.

DHI has recently made available to their current customers a Polymerase Chain Reaction (PCR) test called **Staph ID**. The test uses raw milk and takes 3-4 hours to complete. A PCR test to identify Staph cows could be a useful tool for you and your herd veterinarian as part of your milk quality program. This would allow for rapid antibiotic selection for therapy and has the potential to provide bacterial diagnosis for up to half of the current no growth bacterial culture samples. The increase in Staph cow identification would serve to aid in management decisions whether they stay in the herd or are culled.

EQUINE

You have been waiting anxiously all year for this moment... a new FOAL! He's finally here, now what? First off, don't forget about the mare. Make sure she is resting quietly after the foaling. **The placenta (afterbirth) should be passed within 3 hours.** The mare can get very sick from the retained placenta and even die so if it's not out by 3 hours, CALL THE VET! Early disease detection in both the newborn foal and postpartum mare can be life saving. This is why it is particularly important to have the mare and foal examined within the first 24 hours post-partum. It could save your foals life.

Rule of Three:

- 1) Foal is standing in 1 hour
- 2) Foal is nursing in 2 hours (call the veterinarian immediately if the foal is too weak to stand and nurse)
- 3) Placenta passed by 3 hours

Meconium is the foal's first manure. This should be passed by 12 to 24 hours after birth. Meconium is black and tarry feces, the manure that follows should be tan and soft. If your foal is having difficulties passing manure or is acting colicky, call the clinic immediately. An enema given shortly after birth is a good preventative for meconium impaction. Colostrum (mare's first milk) is rich in substances that encourage meconium passage and a foal that does not nurse adequately will often have difficulties passing meconium. Also remember to dip or spray your foal's umbilical stump with a dilute iodine solution. The umbilicus is a common way for bacteria to get into the foals body. Only handle the stump with very clean hands or not at all. This needs to be done twice daily for 2-3 days until the stump is dry.

Nursing: This could make or break a foal. The foal should ingest 1 to 2 pints of good quality colostrum within the first 24 hours of birth. As discussed in the last newsletter, colostrum is the only way the foal receives protective antibodies to help ward off illness such as septicemia. Colostrum is rich in antibodies which are mostly absorbed by 6-12 hours after birth. The main antibody is IgG and healthy foals need to have a concentration of 800mg/dl in their bloodstream. This can be measured by a simple blood test called a **SNAP test** at 12-18 hours after delivery. Foals that do not have optimal levels of IgG are considered to be at risk of 'Failure of Passive Transfer' (FPT). FPT foals are at a serious risk of sometimes fatal bacterial and viral diseases in the first few months of life. Your veterinarian may recommend a plasma transfer or other treatments if this occurs. Remember to monitor your foal closely the first few weeks of life. Any signs of lethargy, weakness, decreased nursing or a distended udder on the mare warrants a call to the vet.

This month we are offering a 15% discount on Foal Kits for the foals from April 10th to May 10th. Foal kits should be given shortly after birth. The kit contains a tetanus antitoxin vaccine (not the same as the tetanus toxoid vaccine), Vitamin E/Selenium injection and an antibiotic injection. **Panacur dewormer is still 15% off until May 10th.** Please also check out www.foalcare.com. This is an excellent website dedicated to foal management.