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NOVEMBER 2008 NEWSLETTER



Big Bug Day VI is Coming

OPIC Swine Health Advisory Board



Join us December 3rd in Stratford to learn more about:

The newest research on ways to keep PRRSV out
Scott Dee, University of Minnesota

Practical, hands-on information on air filtration
Darwin Reicks, Swine Vet Center, St. Peter, Minnesota

Practical application of science and production data to reduce the cost of PRRSV
Steve Dritz, Kansas State University

Producer updates on successes in PRRSV intervention and elimination in Ontario

Progress on new OSHAB PRRS projects and PRRS Survivor Awards

Plan to attend December 3, 2008 at the Arden Park Hotel in Stratford.
Free registration for producers. Program 10 AM to 3 PM, registration at 9:30 AM.
Register with Linda Dillon, Clinton OMAFRA Resource Centre
Tel: 519-482-3333 Fax: 519-482-5031 Email: linda.dillon@ontario.ca
Pre-registration required by Tuesday, November 25, 2008

SWINE

As of this month we have finally settled into a new pricing program for Enterisol vaccine. This product is an oral vaccine given to pigs over 14 days of age. Enterisol prevents acute and chronic ileitis. Historically we targeted the nursery stage as the time to vaccinate and use water medicator delivery. There can be no antibiotics in water or feed when vaccinating with Enterisol. Over the last few months we have had many smaller farms orally dose piglets over 14 days of age. Both approaches work and the ability to dose piglets in the crate expands the use of Enterisol. Combine these features with better pricing and we expect to see another good prevention tool used more commonly.

Note: you must have an un-medicated creep feed if you dose piglets. We have also found some good dosing guns. For more information please call the clinic.

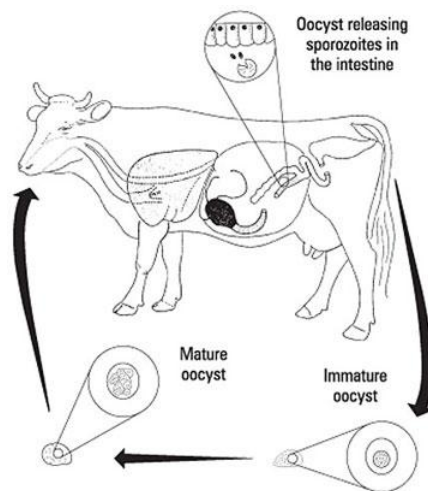
Cold weather is just around the corner and viruses like it cold. PRRS is still the single biggest disease challenge we face in the swine industry. Prompt diagnosis of a PRRS outbreak is extremely important if we wish to use Pulmotil in our exposure program. Sows off feed, abortions, increased stillborns and early farrowings are the first signs you see in a sow herd PRRS break. If you suspect a break call A.S.A.P. (as soon as possible) so we can diagnose the problem and put in place an intervention program.

DAIRY

Coccidiosis is a common parasitic protozoan disease of cattle, particularly weaned calves. Bovine coccidiosis is seen most frequently in calves that are three weeks to six months of age. Calves become infected when placed on pastures or lots contaminated by older cattle or other infected calves. Mature cattle may become infected when they are brought in from pastures and crowded into feedlots or barns.

At least nine species of coccidia occur in cattle, but only two, *Eimeria zuernii* and *Eimeria bovis*, cause severe clinical disease.

Coccidiosis occurs mainly in calves that are three weeks to six months of age and is usually accompanied by diarrhea varying in severity from watery manure to one containing blood. Animals affected with coccidiosis often strain due to irritation of the lower bowel and rectum. Blood may appear in the manure after the second or third day of diarrhea. Dehydration, weight loss, depression, loss of appetite and occasionally death may also be observed.



Infections that fail to produce signs of disease may nevertheless affect the growth and health of an animal by impairing intestinal function and feed conversion. Calves with only a light infection usually show no signs of disease, but shed oocysts in manure, so the oocysts accumulate in pastures, yards, barns or on the hair coats so that severe coccidiosis may develop when new calves are placed in these areas.

Cattle that recover from coccidiosis usually become immune to later infections, but they may continue to pass oocysts in the manure, thereby providing a source of infection for susceptible calves.

The most common signs of the disease are profuse diarrhea that may contain blood, dehydration, weight loss and death in severe cases. Unfortunately, these signs are not specific to coccidiosis. Loss of appetite occurs during clinical coccidiosis in calves regardless of the *Eimeria* spp. involved. In severe cases, feed intake can be reduced as much as 60 per cent during peak infection and can remain low subsequently.

Diagnosis is made from a combination of herd history, clinical signs, physical examination of the animal and microscopic examination of manure taken from the rectum. Diarrhea usually precedes heavy oocyst discharge by one or two days but may continue after oocyst discharge has returned to low levels.

Good management practices are important when establishing parasite control programs. The primary concern in coccidiosis outbreaks is the potential to spread the disease to other susceptible animals in the herd.

- Prevent drinking water and feed from becoming contaminated with manure.
- Keep pens dry and supplied with ample dry bedding.
- Use pastures that are well drained.
- Raise watering troughs above the ground.
- Keep grazing to a minimum on grasses along the edges of ponds and streams.

- Prevent overgrazing. Animals forced to graze down to the roots of plants may eat large numbers of parasites.
- Heavily parasitized animals should be isolated from the rest of the herd and treated.

There are several anticoccidial drugs available that may be used. Outbreaks of coccidiosis in calves and feeder cattle may be handled by mass medication added to either the feed or water. Inclusion of preventatives are also recommended in feedlot starter rations and heifer grower rations.

EQUINE

Parasitic Management for the Fall

With the leaves changing colors, it signals that time of year for horse owners to think about their parasite control program. The basic guideline to follow is that once the first frost occurs, the final yearly deworming can be administered.

Basically, you want to continue with the rotational deworming program that you have been utilizing throughout the year. You should be attempting to rotate through the various families of dewormers that are available. Keep in mind that you must look at the active ingredient in the product, not just the product's name. For example, the ivermectin and moxidectin dewormers are in the same family of dewormers. Therefore to properly provide a rotational deworming program, it is important to rotate through the various families.

Another aspect to consider is whether the horses have been out on pasture during the summer and fall. If that is the case, it is important to consider deworming the horses with the intent to treat them against tapeworms. The tapeworm larvae are found on blades of grass and they are picked up on pasture while the horses are grazing.

Once the horses begin to spend more time inside due to the inclement weather, we also experience a rise in the incidence of lice. Lice is transmitted by direct animal to animal contact which is why we see an increased incidence in the winter when the horses are stabled next to one another. The horse is generally very itchy, restless, irritable, anemic, the haircoat will be quite rough, and often the horse will lose weight. This condition is diagnosed through either seeing lice on the animal or finding the nits (louse eggs found on the end of the hairs). The best location on the horse to identify the lice is on the head, face, ears, neck, back and the base of the tail. Once lice have been diagnosed, it is advisable to purchase a topical insecticide that will target lice and apply the powder on the horse's topline. Be careful not to accidentally get the powder near the horse's eyes or ears.