



## Dairy: Using Fertility to Drive Health and Profit

Fertility governs transition, and that governs everything else. Well transitioned cows stay healthy and produce milk. We spend a lot of time discussing individual aspects of management, but ultimately the success of the transition period comes down to fertility – the cow that gets back in calf quickly will maintain her body condition, calve easily and fly into her next lactation. This means that your regular vet fertility routines are a very powerful tool to drive forward the health and profitability of the herd.

### Getting the Most from your routine fertility visits;

Reducing a cow's calving interval will save between £2.00 and £3.00 per day\*. If 100 cows calve at 425 days there is a potential saving to be made of £12,000 - £18,000 per annum, which jumps up to £25,000+ if you take into account industry figures for cost of unnecessary culling. To realise this saving, these points should be addressed:

1. Present early PDs (35+ days). The sooner we detect empty cows, the sooner we can treat and serve.

2. Consider the frequency of your routine fertility visits. Infrequent visits incur a larger cost for each untreated empty cow, and the larger the herd the greater the cumulative cost of this.
3. Use service dates in conjunction with PD data to allow accurate drying off.

Many herds are already doing all of the above. If this includes you, then think about the following:

4. It is challenging to squeeze much improvement out of conception rates, but submission is entirely within our control. 100% submission before 100 DIM is a realistic target to avoid unnecessary losses from empty days. Early interventions and synch (synchronisation) programmes are the route to achieve this.
5. Critically assess your synch protocols - injection technique and timing are very influential over pregnancy rate. Work with us to adjust protocols and implement effectively

## TB — Gamma Interferon Testing

Gamma interferon blood testing is being used locally by DEFRA as a part of the wider national TB control strategy. This is being instigated by DEFRA and they are now gamma blood testing a number of herds that are chronic breakdown herds on TB skin testing. This is in addition to blood testing of new TB breakdown herds

that occur in areas two years after the culling of badgers has taken place.

The gamma blood test is more sensitive than the usual skin testing, which means it picks up more actual cows that have been exposed to TB than the skin test. In Dorset it has meant that between

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*A well organised fertility routine will directly influence cow health and production*

6. Consider rechecking PD positive cows at 60-100 days. The financial loss incurred by drying off an empty cow will pay for the time required to do this.

These interventions have little or no effect on your overheads, so the benefit is all in marginal litres. The fertile cow is a healthy cow, the healthy cow is a profitable cow.

*\*Reference -NADIS*

**Pete Siviter**



5-10% of cows in breakdown herds have been taken as positive after gamma blood testing. This seems a very large amount of animals but the intention is that clearing out TB exposed cattle that are not reacting to the usual skin test, in conjunction with removing the wildlife vectors, is the most effective way to get herds back to TB free status.

## Responsible use of Medicines

Safeguarding residue-free milk is not rocket science. Despite most dairy farmers being well aware of what is required in regarding withdrawal periods etc. there are still 3 bulk tank residue failures a day across the country. As testing technologies become cheaper and improve, this number is likely to increase. Currently failures occur when inhibitory substances are detected in the milk (i.e. substances that stop organisms growing e.g. antibiotics or disinfectants), however this does not include all veterinary medicines.

Experience would suggest that many farmers are prepared to take risks when using veterinary medicines and when applying withdrawal periods. To help the future security of the dairy industry, it is this behaviour that needs to change. We also need to be aware that at the 'payment test' a different type of test is utilised by the Veterinary Medicines Directorate, and this will certainly detect all antibiotics and other residues, therefore no medicine is undetectable. This includes all wormer/fluke treatment not intended for use in animals producing milk for human consumption, all classes of antibiotics, including Tylan/Pharmasin, and any anti-inflammatories e.g. Finadyne Allevinix and Metacam.

Further, with the international trade of milk products, what is a permitted level for the UK milk pool, is not identical to abroad. It is likely milk buyers' may alter medicine withdrawal requirements as a result of this in the future.

Of maximum importance are the Highest Priority **Critically Important Antibiotics** which encompass Cevaxel, Naxcel, Marbocyl and Forcyl injectables as well as Cefimam lactating cow and dry cow therapies. The reason for these being of such importance is that their use is critical in human medicine. Some milk contracts do not allow them at all, and in others there is requirement to prove via culture and sensitivity that one of these antibiotics is actually needed prior to use.



Synergy has been reducing the use of these medicines over the last 5 years, with over a 82% reduction since 2012. In 2017 109 farms didn't use any of these medicines at all, and 82 did.

Breaking it down further,

- ⇒ 1.18% of all dairy cows treated by Synergy had an injectable zero milk withhold antibiotic,
- ⇒ 4.54% of all dairy cows treated by Synergy used Cefimam Lactating tubes,
- ⇒ and 4.47% used Cefimam Dry Cow tubes.

As always, if there is an absolute need to use a specific product for the health and welfare of the animal, these products may well be indicated, but given over half of the farms treated by Synergy used none of these medicines in 2017, it is worth questioning whether their use is absolutely necessary, or more for reason of convenience, or presumed better action.

For more information, have a look at the milksure website, [www.milksure.co.uk](http://www.milksure.co.uk) and keep an eye out for training courses within Synergy. Some milk buyers are requesting all supplying farms attend a Milksure training course, and for other buyers, it is a requirement for those that have had a bulk tank failure. Currently Red Tractor are recommending all farms attend a medicines usage course, but again, this may well become compulsory in future.

Alasdair Moffett



## Use of Burdizzos for castration by farmers

If you are considering the use of burdizzos for castration on your farm please ensure you know how to use them legally and with animal welfare considerations in mind. Remember castration of any bovine over 2 months of age (or ram over 3 months) must only be carried out by a veterinary surgeon, using

appropriate anaesthetic and pain relief.

We would like to remind any owner or keeper of farm animals that they should be aware of the regulations relating to those animals, which can be found in the DEFRA codes of welfare or via the Gov. UK website.

If you would like to discuss this with any of our vets please do give the practice a call – we can advise you on the most suitable methods of castration for your situation.

Paula Hunt



## Vet Tech Update

Since I reported last summer a lot has happen within our Vet Tech department.



Our longest serving member **Roy Gray** has retired. Roy began work for Wilkins & Partners, which then became Kingfisher Vets, and then latterly Synergy Farm Health. A total service of around 40 years! We thank Roy hugely for all his dedication, loyalty and hard work over all those years.

**Colin Hayden**, whom some of you already know, has re-joined us after spending 11 years trimming as an independent trimmer; excellent news for Synergy and our clients. Colin brings a wealth of experience back into our team.

Welcome also to **Andrew Cooke** who has also joined us from a dairy/sheep farming background, adding some useful skills and knowledge to our diverse team of Vet Techs.

**Deen Taylor** who was with us for 10 months decided to return back 'up North'. We were a little short handed for a while – thanks to all our clients for their patience during this time of reorganisation.

## TLC for the Lame Cow

We all know in the ideal world that early detection and prompt treatment are key to successful lame cow management. But what about the severely lame or persistently lame cow? As professional hoof trimmers we often trim and treat some very nasty lesions, doing what we can legally before referring to a vet if necessary for further treatment under local anaesthetic. That's all very well but what happens then?

Usually the patient is expected to return to a normal routine, walking and competing for food and water, travelling sometimes long distances 2/3 times a day back and forth to the milking parlour. Is this giving the cow best chance of recovery? Or is this best practice regarding welfare?

Some farmers provide facilities for a lame cow group, close to the parlour, with everything necessary for the cow to carry out her normal expected duties of producing milk, whilst restricting the amount of walking and standing times - thus achieving adequate REST for recovery. I know if I was hobbling around I would welcome food & water close by with plenty of rest!!!

One client has taken it a step further by having a lame cow group which he manages on a temporary once a day milking regime. Stuart Bacon, of Honeydown Farm, says "It's like a transition group, a short term solution from going lame to returning back to the herd. You may lose a little milk initially but with the cow recovering so much quicker you

should certainly reap the benefits further down the line. Cows seem to return to normal

production providing they were treated and trimmed promptly." Stuart believes the recovery time is three times quicker using this regime.

In summary then I think that, along with prompt remedial trimming and treatment, we should be giving more thought to how we expect these lame cows to recover quickly if we don't allow them some rest and recuperation.



**Dave Frecknall**



## Redwater Vaccine

We now have the 2018 batch of Redwater vaccine available in the practice. If you have had any clinical signs of Redwater in your herd in the last year then please get in touch with your vet to discuss the use of

the Redwater vaccine. It is a course of two doses given before exposure to the Redwater bug (Babesia – a protozoa carried by ticks) and has proved extremely effective on those farms that have used it.



### Meet the Team—Kate Downton

Kate has worked in reception at Synergy since 2009 after previously working at Southfield Vets. Kate was involved in the development of the reception team at Synergy and is now Lead Receptionist responsible for the team and its service to our

clients. All our receptionists have an overview of the whole practice but different regional responsibilities and Kate is our 'go to' person for all queries regarding clients on the East side of the practice. When not at work Kate enjoys running and keeping fit as well as baking/cooking for her expanding family! Two Staffies also take up lots of Kates time!!

# News from our Rounds

South

**Ben Barber**



What a month to be working outside! Judging from my weekend on call (Beast from the East, round 1) it seems bitterly cold weather has the uncanny knack of bringing on calvings and lambings in a bundle - on the bright side it did give me a good excuse to commandeer the Defender. Let's hope we can all return to a bit of normality.

For many the nasty weather also brought on a surge of disease, an increase in clinical mastitis being a common one for dairies. We are all probably a bit guilty of focusing on ways we treat mastitis. Which tube? How long? Do I need to inject? Inevitably though, looking at the underlying reasons for the problem happening in the first place becomes the most cost effective way of reducing it. In the dairy industry we are blessed with the amount of data available to us to guide our decisions and monitoring both SCC and clinical cases regularly is a good exercise. With the majority of dairies, mastitis will follow a pattern. Cubicle shed? Dry cows? In the parlour? At grass? Understanding that pattern will often be the first step in focusing efforts, providing the most benefit from the actions implemented.

North

**Charlotte Mouland**



The old saying for March "in like a lion, out like a lamb" left us all hoping for a warmer, drier end of the month to help the grass get growing. However, spring still feels a way off and it's a challenging time for all farmers, particularly our outdoor spring lambing flocks. Remember to record all lamb and ewe mortalities this year and where possible identify a cause of death. If the reason is not apparently obvious, post mortem examinations can be valuable to identify trends in your flock. We will be running the lamb loss survey again later this year, so will be hoping to receive completed surveys back from both returning flocks and new entrants.

The same applies for our suckler herds; the key performance indicator (KPI) particularly talked about is number of calves weaned per 100 cows put to the bull per year. The target set for this is >94%. Having high barren rates or high calf mortality will affect this figure and ultimately lower the profitability of the system. Keeping accurate records and reviewing these with your vet at your annual health plan visit will allow us to address areas of concern and hopefully work to improve KPIs and ultimately profitability. Unfortunately we cannot control the weather, but we can control lots of other things and taking a step back periodically to review performance can help make decisions about areas best to spend time and money.

East

**Mark Burnell**



Lambing has been underway for a while with some folks hitting the worst of all weekends for turning out lambs as the snow fell AGAIN!

We have managed to get to all the emergency calls one way or another but I quite enjoyed the ewe that travelled to me for her delivery in my driveway - it reminded me of student days in Wales when we had a huge queue of Land Rovers first thing in the mornings with ewes in various states of trouble, joy for an enthusiastic youngster!

I attended a 'mystery' lambing the other week with one dead lamb found from potentially one of four ewes.... none of which seemed to have given birth to anything yet. It did raise the interesting question of 'how quickly does a ewe's cervix close after lambing'? Not something we regularly check! In the end we plumed for a ewe that was straining and had a little dilation and delivered two lovely live lambs by caesarian section....but I'm still not sure where that dead one came from!

I have recently been doing my OV (Official Veterinarian) re accreditation for Statutory Surveillance - which means I can continue to test for Anthrax, Brucellosis and Sheep Scab (we have to do this every few years now). Much as it seemed a pain at first it was actually quite interesting and a good reminder of how we can get complacent when we don't often see a disease and so don't look for it. Don't forget that it is a LEGAL REQUIREMENT to report any abortions in cows (calving earlier than 271 days since service, live or dead) and any sudden deaths in cattle that can't be explained before a post mortem.

Peter Siviter and Tom Clarke have been busy delivering the Milk Sure training which is all about good antibiotic use and aiming to reduce bulk tank failures (did you know that the UK has the worst record in the EU?). As well as this we have the Responsible Use of Medicines course which is relevant to all livestock farmers. I would thoroughly recommend either one of these to anyone administering medicines to livestock - so far everyone seems to have found them really worthwhile.

## EVENTS

**2 Day Foot Trimming**  
17th & 18th April

**DIY AI**  
24th -26th April

**Coming Soon**

Mobility Scoring Course  
25th May

Visit our website for further details or email [courses@synergyfarmhealth.com](mailto:courses@synergyfarmhealth.com)

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