ISSUE 93 Spring 2026

Livestock NEWS

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ACHIEVING EXCELLENCE IN HEALTH AND PRODUCTIVITY

Staff News

Congratulations to Annie & Graeme on the birth of their 2nd daughter Rhona Frances Hutchison.

Congratulations to Chris and wife Helen on the birth of their baby boy.

Vaccinations in Sheep

By Shona Mouncey

There are many diseases in sheep which can be vaccinated against. Whilst vaccines are only one of the many tools we can use, they can help to prevent or reduce the impact of infections in your flock and prevention is always better than cure.

The two most common causes of abortion in sheep are Enzootic abortion and Toxoplasmosis. Between them they are responsible for 75% of diagnosed abortions and can be prevented through vaccination. Enzootic abortion is a bacterial infection which is spread by carrier sheep which have been infected before, so buying in stock is a major risk factor.

Toxoplasmosis is parasite which is spread through infected cat faeces. If you have abortions at lambing time and a diagnosis is confirmed, vaccination pre-tupping next season will help to reduce the impact of disease. These vaccines are a single dose and must be given at least a month before the tups go in to be effective.

Orf is a viral disease that mainly affects young lambs. It causes painful, scabby sores around and in the lamb's mouth which can reduce growth rates as suckling will be painful. It can also cause mastitis in ewes when suckling lambs transfer the virus to the udder of the ewe. Once Orf is present in a flock, it is very hard to get rid of as the virus survives well in

environment. Vaccination with Scabiguard can be administered to pregnant ewes 7-8 weeks before lambing and then to lambs in the first few days of life using a scratch applicator in the lamb's armpit. The vaccine should only be used in flocks which have a confirmed diagnosis.

All the above diseases are zoonotic and can spread to humans. Therefore, preventing them can also help reduce the risk to your family and staff.
Prevention of Clostridial disease is important in both ewes and lambs as it often presents as sudden death. Infection is caused by a group of bacteria and diseases include Tetanus, Black Disease and pulpy kidney. The spores which cause disease can survive for years in soil and so the only practical way to prevent infection is vaccination, which needs 2 initial doses (4-6 weeks apart) followed by an annual pre-lambing booster. Lambs can be vaccinated from 3 weeks old once maternal antibodies from colostrum have worn off but remember the second dose of vaccine is needed for it to be effective!
Pasteurella pneumonia is also included in some clostridial vaccinations which is a major challenge for growing lambs. It can either be vaccinated against in combination with clostridial vaccination, or by itself.

The lameness 5-point plan includes vaccination to increase immunity within your flock. Footrot and scald are caused by the same bacteria, and it can be vaccinated against. Vaccination should be carried out ahead of high-risk periods to help reduce the level of disease. When this vaccine will be most effective is farm dependant so timing should be tailored to your own farm and the time of year you see the most cases of lameness.
Some of these diseases can be treated using antibiotics in the face of an outbreak but as we all work to reduce our antibiotic use, vaccination should be considered where possible to minimise the impact of these diseases on the health and productivity of your flock.

Images Ahdb

Sheep Lameness: Best practice for maximizing returns

As we head into spring and are starting to get lambs on the ground and growing, temperatures rise and we enter a risk period for infectious sheep lameness. The major causes of infectious lameness in sheep can be divided into three: Interdigital dermatitis (Scald), Footrot and Contagious Ovine Digital Dermatitis (CODD).

By Jacob Whitaker

Interdigital dermatitis (Scald)

Scald is commonly seen in densely stocked lambs aged 4-10 weeks; it can cause pronounced lameness and rapidly affect a large proportion of the group. Scald causes a sudden and significant check in growth rate of lambs and results in an extended interval to market if left untreated for a week or more. Therefore, to maximize efficiency, profitability and welfare, the rapid and correct treatment of scald is key.

Best practice for treatment is individually turning over affected animals and spraying with oxytetracycline spray, then repeating again in two days any lambs which haven't responded to the first treatment. Although this labour intensive when dealing with large numbers, it should yield the best response. Moving lambs to dry pasture can also help but often not possible. The other option for large numbers of affected lambs is the use of footbaths, commonly 5% formalin and more recently 10% zinc sulphate and sodium lauryl sulphate. This can be challenging the first few times through but should get easier, lambs need to get contact time at the correct concentration and the bath not to get too contaminated but generally acceptable results can be achieved this way. Finally, one other part of reducing scald in lambs is to have reduced number of ewes with footrot as it is the same bacteria which causes both, by reducing footrot you can reduce scald.

Footrot

Footrot is caused by the same bacteria as scald and is responsible for 90% of foot lameness in the UK. It causes significant losses in production due to poorer weight gain and reduced reproductive performance. In Australia footrot is considered the single most important sheep production limiting disease, so controlling it is key for profitability. In other countries, where the climate allows, eradication schemes have been successful but conditions in the UK are not conducive to this approach.

The best practice for the treatment of individual sheep with footrot is intramuscular injection of long acting oxytetracycline, removal of debris in the interdigital space and topical oxytetracyline spray. Affected animals should be treated in the first 3 days of the onset of lameness to reduce the spread to other sheep. Pain relief in the form of Metacam should be given in cases of significant lameness although this is off license.

There is a vaccine for footrot which has been shown to be effective, it requires one dose and can be repeated in 4-6 weeks if there are still significant levels of footrot in the flock, and this should reduce prevalence of the disease.
Avoid affected sheep going through a footbath as this will slow
Also avoid routine trimming of sheep's feet. Trimming only has a role in correcting excessively misshapen hooves and removing loose horn in conditions such as shelly hoof.

Contagious Ovine Digital Dermatitis (CODD)
If your farm isn't affected by CODD the most important part is to not introduce it, all bought in animal should be closely examined and history gathered from the farm they are coming from, animals should be isolated for at least a month and monitored for signs.
If CODD is present treatment of individual animals is much the same as for footrot, and best practice is intramuscular administration of long acting oxytetracycline and topical oxytetracycline spray. An NSAID, such as Metacam, should also be given to reduce pain for the individual. Research has shown two injections of amoxicillin two days apart to be effective in treating CODD and some vets would recommend using a macrolide such as Draxxin or Zactran due to their prolonged action.

Culling chronic cases will help with all infectious causes of lameness too as these animals shed bacteria into the environment which may infect others.

Colostrum Management at Lambing

By Catherine Davies

While dystocia and metabolic disorders often draw attention during lambing season, inadequate colostrum intake remains one of the most common causes of neonatal illness and mortality. Every lamb is born immunologically naïve. This is because antibodies do not cross the sheep placenta and lambs rely entirely on colostrum to acquire passive immunity. When colostrum management fails, we see increased cases of watery mouth (E. coli septicemia), joint ill, navel infections, pneumonia, and higher overall mortality rates. Many of these cases can be traced back to insufficient colostrum intake in the first few hours of life.

Understanding Passive Transfer of colostrum The lamb's intestine is capable of absorbing large antibody molecules from the colostrum immediately after birth. However, this ability declines rapidly. From a clinical perspective, the first 6 hours are critical, and by 24 hours, antibody absorption is essentially closed. This is why we emphasise structured colostrum protocols on farm particularly in prolific flocks.

3 Q's; Quality, Quantity, Quickness

Quality

Colostrum quality is influenced primarily by ewe nutrition, body condition, health status, and vaccination history. From a flock health planning perspective:

- Ewes should be on a balanced late-gestation ration with adequate energy and protein
- Target body condition score at lambing is 3.0–3.5.
- Clostridial and Pasteurella vaccination boosters should be administered at the correct pre-lambing interval to maximise the antibody concentration in colostrum.
- Thin, overweight, or metabolically compromised ewes often produce poorer quality colostrum.

Freezing surplus colostrum from mature, healthy ewes (clearly labelled and stored hygienically) is a valuable risk-management strategy. Colostrum quality can be measured by using a Brix refractometer and should be above 22% IgG for lambs.

Quantity & Quickly

Underfeeding colostrum is a common issue, especially in twin and triplet lambs. It is recommended:

- 50 ml per kg bodyweight within the first 2 hours of life
- 200 ml per kg bodyweight within the first 24 hours

In practice, this means an average 4 kg lamb requires around 200 ml quickly after birth and approximately 800 ml in total over the first day. Delay is the enemy of passive transfer. The longer colostrum intake is postponed, the lower the antibody absorption. Close observation is essential. We frequently see lambs assumed to be suckling when they have not consumed adequate volumes. Weak lambs, lambs from difficult births, and multiples should be proactively checked and assisted. Stomach tubing, when performed correctly, is a safe and effective intervention for compromised lambs.

Managing High-Risk Situations

We advise heightened vigilance for colostrum management in:

- Triplet-bearing ewes
- Ewes recovering from pregnancy toxaemia or hypocalcaemia
- Prolonged or assisted lambings
- Very young or older ewes
- Cold, wet environmental conditions

These scenarios significantly increase the likelihood of inadequate intake and hypothermia.

Alternatives to ewe colostrum:

- Colostrum from another ewe
- Cow’s colostrum
- Artificial colostrum (should be used as a last option)

Hygiene and Disease Prevention

Bacterial contamination of colostrum or feeding equipment interferes with antibody absorption and increases infection risk. Clean lambing pens, iodine treatment of navels, and strict hygiene of bottles and stomach tubes are essential components of neonatal disease control. Where flock health issues persist, laboratory testing of lamb blood proteins can help assess passive transfer success at a group level and guide management adjustments.

Farms with structured colostrum protocols consistently show:

- Lower lamb mortality
- Reduced antibiotic usage
- Fewer cases of watery mouth and joint ill
- Improved growth rates

Colostrum management is not simply a lambing task—it is a cornerstone of flock health planning. If you would like to review your colostrum protocols, vaccination timing, or pre lambing nutrition strategy, please contact the practice. A proactive veterinary approach before lambing begins is far more effective than treating preventable disease afterwards.

Email Invoicing

Over the coming months, we will be transitioning to sending all invoices and statements by email. You may be asked to confirm your email address to support this change.

If you would prefer not to receive invoices by email, please let us know and we will continue to send paper copies.

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