

# WINGHAM & VALLEY VETS

Newsletter

January 2018

Volume 9

## ***Happy New Year to all our wonderful clients!***

### *Vibriosis could be the causes of low pregnancy rates*

A local farmer recently had a mob of heifers with very low pregnancy rates – 11 out of 13 heifers were not pregnant after a 5-month joining period. This is an extremely low pregnancy rate that was completely outside the norm for this herd. The herd bull had been used in previous years and achieved good pregnancy rates. We recommended two things – firstly, semen testing to check the fertility of the herd bull and secondly, that a handful of heifers as well as the bull be tested for Vibriosis. The heifers returned positive tests for Vibriosis, which explained the poor conception rates. Vibriosis is also known as Bovine Venereal Campylobacteriosis or BVC and is one of the most important sexually transmitted diseases of cattle in Australia. It is caused by the bacterium *Campylobacter fetus* and is a major cause of infertility and abortion. Vibriosis is widespread in NSW, resulting in major economic losses for producers. It is spread by infected bulls when they mate unvaccinated cows and heifers and conversely, the bulls become infected by serving infected cows or heifers. Bulls will often be infected for a long time without showing any signs of illness and they do not develop immunity to Vibriosis easily. **Bulls are the main source of infection, and Vibriosis is most commonly introduced to a clean herd by an infected bull.** When introduced to an unvaccinated herd, the disease spreads rapidly and conception rates can drop to around 40%. As immunity develops, the disease rate drops, but reinfection often occurs because immunity wanes about a year after the initial infection. Conception rates in these chronically infected herds are usually between 65% and 75%, with replacement heifers typically the most severely affected. **Gross profit margins can be reduced by as much as 65% in the first year of infection in beef herds.**

### *How does Vibriosis cause infertility?*

Infertility normally occurs from infection in the uterus, which can prevent the implantation of a fertilised egg or result in the loss of the developing embryo. When this happens, the animal usually returns to oestrus, but often with prolonged and irregular cycles.



By this time, immunity against the disease has normally developed, and re-mating can result in pregnancy. When the joining period is restricted, there may be insufficient time for re-joining, with females remaining empty. Occasionally it results in permanent infertility.

### *When you should suspect Vibriosis in your herd:*

- after joining ends, large numbers of females return to oestrus
- poor conception rates at pregnancy testing
- poor calving rate
- abortions at around 6 months of pregnancy.
- spread-out calving pattern

### *Cases of the Month*

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Theileria  
Ear Infections  
Septic pyothorax (dog)  
Septicemic Foals  
Infertility investigations  
Vibriosis  
Canine parvovirus

*Three day sickness season is just around the corner. We still have BEF (three day sickness) vaccine in stock – we highly recommend getting bulls and valuable stock vaccinated ASAP.*

### *Run Dates*

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Krambach: every  
Tuesday

Comboyne: second  
Thursday of every month  
Thurs 8<sup>th</sup> February  
Thurs 8<sup>th</sup> March

Oxley Island: fourth  
Thursday of every month  
Thurs 22<sup>nd</sup> February  
Thurs 22<sup>nd</sup> March

Cooperook, Lansdowne  
& Hannam Vale: third  
Thursday of every month  
Thurs 15<sup>th</sup> February  
Thurs 15<sup>th</sup> March

To book a job, please call  
by 5pm the day before a  
run.

Emergencies will be  
accommodated.

Subsidised travel fees.

**6557 0000**

## In the spotlight: Parvovirus



Deadly parvovirus is common in the Manning Valley. It is essential your dog has an up to date C3 vaccination to prevent parvovirus, distemper and canine hepatitis.

While cases of viral hepatitis and distemper are rare in dogs, we commonly see outbreaks of parvovirus which is a severe, life-threatening disease of the gastrointestinal tract. We have only seen parvovirus in dogs that have not been fully vaccinated with a C3 vaccine. Young dogs and puppies are especially at risk; however, we have seen an outbreak in a group of older dogs who were not up to date with vaccination. Luckily, the C3 vaccine is extremely effective against parvovirus and as such, we have never seen a case of parvo in a vaccinated dog.

Signs of parvovirus include extreme lethargy, inappetence, vomiting and profuse watery and bloody diarrhea. The virus also suppresses the bone marrow, resulting in very low white blood cell counts and reducing the dog's ability to fight off the infection. Usually parvovirus is diagnosed based on the clinical signs, vaccination history and a quick in-house test that detects the virus in the dog's faeces. Unfortunately, a new strain has emerged that tends to be more virulent and does not always show up on a standard parvo test. The mainstay of treatment for parvovirus is hospitalisation for intensive fluid therapy to keep the dog hydrated, and drugs to stop the vomiting. Unfortunately, some dogs with parvovirus will still die, despite treatment – because the disease is viral, antibiotics will not help. **With parvo, it is truly a case of prevention being much better than a cure, since vaccination is a highly effective preventative and sadly recovery from the virus is not always guaranteed.** We offer a highly effective three-yearly C3 vaccination for adult dogs that have had their course of puppy vaccinations. If you have any concerns about your dog's vaccination status and are worried they may not be protected, please contact us on 65570000.

It can be difficult to pick up that your herd is infected with Vibriosis, because there are usually no obvious symptoms of infection in affected cattle. That is why the disease often remains undiagnosed in herds resulting in major production losses.

### *How do I test for Vibriosis if I suspect a problem?*

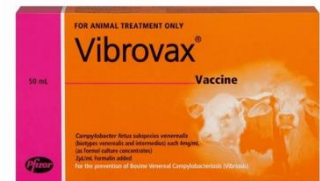
We test for vibriosis by sampling the vaginal mucous of a selection of cows or heifers within the herd. This is then submitted to a laboratory. Aborted fetuses can also be submitted for testing. Bulls can be tested, but this is less reliable than testing the females.

### *Controlling vibriosis*

Vibriosis is best controlled by vaccination, which renders animals highly resistant to infection. Vaccination involves two injections, 4–6 weeks apart in the first year, and a single dose of vaccine each year. Prevention is the cheapest and most effective way of controlling vibriosis. Vaccinating bulls annually against the disease is the best way to maintain a vibriosis-free herd. Vaccinations should be given 4 weeks before joining. Vaccination of all bulls at bull testing is the cornerstone of an appropriate Vibriosis prevention plan. The other major component is strict bull biosecurity – we recommend obtaining your bulls from highly reputable breeders with a full vaccination history.

### *How to eradicate Vibriosis from your herd:*

Luckily, eradication from infected herds can usually be achieved in a cost-effective manner and given the potential for major economic losses, it is certainly worth testing for Vibrio if you suspect a problem. **Most infected bulls and cows will be cleared of vibriosis after vaccination.** There are several options for eradication, but the most comprehensive program involves the vaccination of all breeding animals, including bulls, cows, and heifers. Two doses of vaccine are given 4 weeks apart. Antibiotic treatment of infected bulls at the time of the second vaccination is recommended because vaccination may not be curative in all cases. The following year, bulls and replacement heifers are vaccinated. From the third year, bulls are vaccinated annually. In many instances vaccinating and treating only the bulls can break the transmission cycle, with the disease gradually dying out in the herd. One survey showed that although there was a dramatic improvement in the reproductive performance of the infected herds after vaccination, production parameters were inferior to those of a non-infected control herd. For this reason, preventive vaccination of bulls should be adopted as a routine management practice in all herds where natural breeding is practised.



## Snake Bite First Aid for Pets

Snake bites are quite common in this area in the warmer months, particularly on rural properties. Terrier breeds such as Jack Russell Terriers tend to be overrepresented as they have a natural urge to chase and attack snakes. If you find your dog either playing with a snake or near a dead snake, keep them as quiet and still as possible (ideally immobile as the more they exercise the faster the venom spreads) and bring them straight to the vet. **Do not wait for them to show symptoms as to do so is potentially risking their life.** If they are not showing obvious symptoms, we can perform some simple tests to determine whether they have been envenomated or not. There is probably not a lot of point to pressure bandaging like in humans. This is because dogs usually have multiple bites to the head, chest and legs and due to their fur coat, it is uncommon to identify a bite site. The sooner a dog or cat is treated, the greater their chance of survival. Signs of envenomation include: weakness, twitching, collapse, difficulty breathing, vomiting, pupil dilation and blood in the urine. Some dogs can go into respiratory arrest (stop breathing) on their way to the vet, especially if they are bitten by a brown snake. **IF YOUR DOG STOPS BREATHING IT DOES NOT MEAN THERE IS NO HOPE OF SAVING THEM.** Dogs can be kept alive by mouth to nose resuscitation and in many instances, if their owner does this, they will keep them alive long enough to receive antivenin. Mouth to nose resuscitation involves holding the dog's mouth closed with your hand and placing your mouth over the dog's nose and nostrils to deliver breaths (similar to resuscitation in human infants). The aim is to deliver enough oxygen to keep the brain alive, until antivenin can reverse the effects of the venom and allow the dog to breathe on its own again.



## Equine Wound Care & First Aid

With a powerful flight response, very long legs and thin skin, horses are prone to injury. Almost every horse will have at least one wound in their lifetime, so it is important that horse owners know basic first aid and how to provide ongoing wound care.

Basic first aid and assessment for an equine wound:

1. Offer a feed bucket to distract and relax the horse. Always have a second person present to assist with holding the horse while you safely assess the wound. If the horse is too painful to walk, do not move them. If they can walk, move them to somewhere clean, dry and with good lighting.
2. If the wound is bleeding, apply even and direct pressure using a sterile absorbent bandage such as gauze swabs (don't use cotton wool, the fibres stick to the wound bed). If the bandage becomes saturated with blood, do not remove the gauze, just place fresh gauze on top to avoid disturbing any blood clots.
3. Once bleeding is controlled, try to safely assess the location, depth and severity of the wound and call your vet. Horse wounds can be extremely deceptive in that very large and extensive wounds can often heal well without causing chronic problems or lameness, whereas some very small seemingly minor wounds (especially puncture wounds) can result in career-ending or life-threatening infections if they are not treated quickly and appropriately.
4. Gentle cold hosing of the wound can help reduce swelling, stop minor bleeding and clean the wound of contaminated material. Don't use high pressure as this can force contaminants deeper.

## Horse First Aid Kit



All horse owners should have a basic first aid box including:

- Disposable rubber gloves
- Sterile Gauze swabs
- Melanin® wound dressing (various sizes)
- Cotton Wool rolls
- Combine® Dressing or Velband®
- Vetrax®
- Elastoplast®
- Scissors
- Digital thermometer

**You must seek veterinary advice if you discover any of the following:**

- Profuse bleeding that is not stopped by simple compression
- The entire thickness of the skin has been broken
- If the wound is anywhere near a joint or a tendon
- Wound edges that gape apart or if there is a skin flap present
- Contamination of the wound with dirt or foreign bodies
- The horse is very lame, especially if the wound appears to be small
- If structures deep to the skin such as muscle, bone or tendon can be seen

Avoid placing any topical treatments onto the wounds without consulting your veterinarian first. Many topical treatments used from time to time by horse owners can chemically burn the wound bed and significantly delay wound healing.

*After any equine wound, tetanus prevention is extremely important since as a species, horses are particularly prone to contracting tetanus.*



**It is important to be aware that there is a 6 hour 'golden period' during which it is appropriate for a vet to attempt a primary closure on a wound or skin flap (i.e. suture the wound closed). Once more than 6 hours has elapsed since the injury, it is generally not advisable to attempt to suture the wound as they will usually break down and the sutures come apart because the tissue has become too devitalised. This is even more likely if the wound is on a leg where the blood supply to the skin is poorer than on the head or body. Wounds greater than 6 hours old generally need to be managed as an open wound with regular bandage changes so it is advisable to seek veterinary advice early.**

*Staff Training Updates*

Our wonderful trainer and behavioural nurse Donna is currently undertaking a "fear free" education course, aiming to further develop our protocols and practices in the hospital that minimize stress and anxiety for dogs and cats. The aim of the course is to teach techniques that can be used by vets and nurses to reduce fear, anxiety and stress in their patients, and allow anxious pets to develop a better relationship with both their owner and their veterinarian. A certified Fear Free Animal Trainer will:

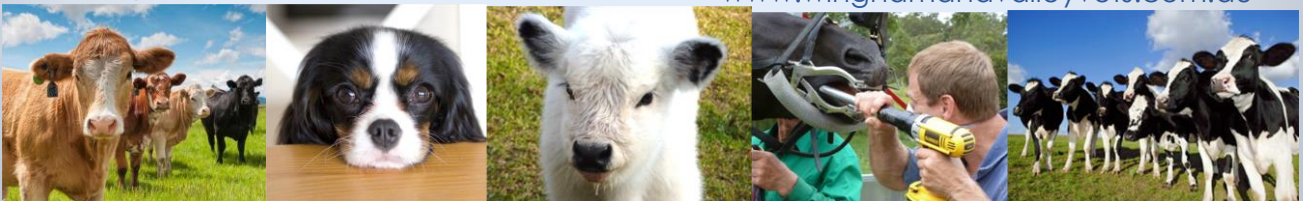
- reduce or remove anxiety triggers that can cause pets to become fearful at home, in transport and at the veterinary hospital
- help owners deliver calm and comfortable pets to the veterinary hospital
- enhance the quality of care that our behavior staff can offer
- develop procedures that make it easier to handle and treat fearful pets
- improve the safety of owners and the veterinary team when handling fearful pets

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**24 HOUR EMERGENCY SERVICE – 6557 0000**