



FARMER LED, FARMER DRIVEN

STIRLINGSHIRE

Treating Lameness in Sheep
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Treating Lameness in Sheep

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Lameness is a major welfare concern amongst almost sheep flocks. It is difficult to eradicate but can be controlled.

It is difficult to get good accurate figures of the exact prevalence of lameness within the UK sheep flocks but one AHDB study put the financial cost of lame sheep between £4-6/ewe/year.

The obvious financial losses are through reduced performance i.e., Daily Live Weight Gain, lower lamb birth weights, poor colostrum etc. along with treatment costs and culling costs.

The Farm Animal Welfare Council recommend that lameness within a flocks should be less than 5 % incidence.



Most lameness is caused by a bacterial infection of which are found on 97% of all sheep farms. The most common causes of lameness are: Scald, Footrot and CODD.

Scald: This causes red areas between the cleets and a foul smell. It is a Superficial infection and treated with antibiotic spray, there is no need to trim.

Footrot: This is extremely painful, and animals may be non-weight bearing lame. Infection starts between the claws and usually spreads to horn tissue. There can be a foul smell, whole hoof capsule may shed. Chronic infection can lead to grossly misshapen and overgrown hooves.

Contagious Ovine Digital Dermatitis (CODD): Presents as red ulcerating lesion that starts at the coronary band. The lesions migrate towards the toe causing under running of the hoof. Severe cases can show concurrent cellulitis and swelling extending up the leg.

Scald and Footrot are caused by a bacteria called *Dichelobacter nodosus*.

CODD is caused by the *Treponema* species. Usually, Footrot bugs are also involved in CODD and warm moist conditions most likely to result in spread. Footrot bacteria can survive on pasture for 14 days. Transmission from sheep to sheep is most likely in wet soiled areas such as handling systems, gateways, feeders, and around feed buckets and so on.

The 5 Point Plan

The five-point management plan provides a clear strategy to control lameness on farm and is recommended where footrot, scald, and/or CODD, have been diagnosed as the cause of lameness.

By implementing all five points in the plan together, farmers can tackle the disease from all angles and give their flock the best chance of avoiding lameness problems.

1. Quarantine: Minimise the risk of bringing in external bacteria and disease on to your farm. Any purchased or returning stock isolated for 3-4 weeks in an isolation pen or field. Ideally footbath on 3 separate occasions. If a lameness issue does arise, can either treat accordingly or return them from where they came. Prevent the spread of bugs into your flock.

2. Culling: There is a genetic element to susceptibility to scald and footrot. Lameness ewes spread disease and you want to cull sheep that have repeated lameness.

Chronically infected or misshapen feet will be spreading bacteria. Advice is not to breed from rams that have had cases of scald or footrot. Recommendation is if two treatments in one season = cull.

★ Recommendation: identify and record when a lame sheep is treated

3. Treatment: Lameness should be treated within 3 days of you noticing there being a problem. Catching and treating lame sheep earlier helps to stop the spread of infection or the infection becoming worse.

4. Avoid: It is unlikely that you will be able to ever eradicate lameness from a flock, but good practice and careful management can have a significant impact on its prevalence.

Improve under foot conditions where possible and minimise build-up of bacteria by rotating stock. After foot bathing ideally move to clean grazing (no sheep for 2 weeks). Remove lame or treated animals from mob. Move feed buckets and feeders regularly. Hands, gloves, hoof knives can become covered in the bacteria causing lameness and part of the reason why trimming feet is not recommended.

Speak to your vet or advisor about best treatment.

5. Vaccinate: This will establish immunity and there is a licensed vaccine available, which can be used to treat and prevent footrot.



Treatment Options

Topical foot sprays: For example, Oxytet blue spray. These sprays help to kill any bacteria on the surface of the foot which helps to reduce the spread. It is important when treating a lame sheep that you apply blue spray to all 4 feet even if they look normal because they will be carrying increased numbers of the bacteria. Make sure foot is clean of any muck before applying. Once applied you should allow it to dry for a few seconds. Used to treat scald alone but can be used with injectable medication for other conditions.

Injectable antibiotics: Most commonly use long-acting IM Oxytet (Alamycin LA) for foot rot or Amoxicillin for CODD first time. Should clear up 70-90% of cases. However, some sheep will require a second injection (3 days later). It is important with injectable antibiotics not to underdose and make sure they are administered properly.

There are other longer acting antibiotics such as Draxxin or Micotil which are licensed for footrot, however you should discuss with your vet what is most suitable for your circumstance.

Footbaths: Can be very useful and successful if it is done properly. They are useful in treating and preventing scald but shouldn't be used to treat footrot or CODD as its very irritative/painful to the open lesions. Unless these are antibiotic footbaths licensed for treatment of CODD or foot rot. This should also be discussed with your vet.



Make sure there is as little mud/muck on the sheep's feet before going through the footbath to allow better contact of the foot with the product.

One of the ways to do this is to have a pre-wash footbath with only water that the sheep walk through before going through the footbath with the product in it.

Selecting the product that suits your system is also important for example:

- 10% Zinc sulphate requires the sheep to stand in the product for 30 mins.
- 3% formalin requires the sheep to just walk through the bath but they need to stand for at least 20 mins after to allow the product to dry on.

Treatment Options

It is important that the correct concentration of the product is used for it to be effective and that the process is repeated as often is required to control the problem. This could be from once weekly foot bathing to a few times in a year. **Unless they are used properly – foot bathing is probably not worth it.**

Vaccination: Footvax – licensed for the treatment and prevention of foot rot.

Two different vaccine protocols and the protocol can be adapted to suit the degree of lameness on the farm;

Preventative course: 2 doses 4-6 weeks apart however if after an initial single dose, the level of lameness decreases significantly, then the second dose at 6 weeks is not required. Preventative doses are usually given a month before the expected high-risk periods. Depending on the level of disease booster vaccinations can vary from every 4-5 months if a high challenge or every 6 months or once a year if cases really low or where there is clear risk period each year.

Treatment course: A single injection can be administered along with antibiotic treatment control an outbreak.

It is always best to seek advice from your vet if you have sheep foot health concerns

Footvax cannot be used in sheep that have been treated with moxidectin at any point in their life.

- Do not use 4 week pre- or post-lambing.
- Do not use within 6-8 weeks of shearing
- Can cause lumps post injection; therefore, sheep destined for showing or selling should not be vaccinated.

Foot trimming: Trimming is only required if the hoof is very overgrown, and this is affecting mobility. Sheep that are being treated for foot rot or CODD should not have their hoofs trimmed.

Trimming sheep's feet that are already suffering from disease increases the risk of spreading disease as well as delaying healing of the affected foot.

Foot pairers/clippers should be disinfected between sheep to also reduce the risk of spreading disease.

These treatments need to be used along with the other control measures of the 5-point plan: Treatment with antibiotic/vaccination/foot bathing alone will not solve the problem.





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