LAMENESS

CALWETON FARM
Flock Health

Recent figures show the GB sheep industry loses £24 million annually through lameness. With the average flock experiencing a lameness level around 10%, and a cost of £10-15 per ewe (due to lost performance, and treatment costs), this can add up to £15,000 for a 1,000 ewe flock. Lameness incidence in the flock should be less than 5%, with 2% preferred.

The vast majority of lameness in sheep is INFECTIOUS (mainly scald and footrot), therefore one lame sheep will infect many more. By treating individuals promptly, you will have to treat a lot less sheep.

Foot-trimming

Surprisingly, recent studies have shown that *at best*, foot-trimming does no harm.

Routine trimming is associated with an increased prevalence of footrot, so move towards **routine inspection,** rather than **routine trimming.** Trimming is NOT appropriate for infected feet, as it disrupts the repair process and delays healing. Once infection has been cleared, the horn will tend to remodel into a normal shape without the 'help' of trimming.

The Five Point Plan

This proven control plan provides a sustainable, practical approach to lameness. The principles are:

1. **Cull**. Repeatedly lame sheep are the main source of infection. In addition, sheep with misshapen or chronically diseased feet should be targeted. Use cull tags or EID to identify problem sheep, and build a flock which is more resilient to infection.
2. **Avoid** spreading infection during gathering and handling; in fields and housing. Apply hydrated lime around handling and high-traffic areas at pasture. Reduce the accumulation of infection around mineral buckets or troughs by moving them regularly.
3. **Treat clinical cases rapidly** to reduce spread of disease.
    a. Inspect the foot for any stones etc.
    b. Treat. Treatment depends on cause; in most cases inject with long acting oxytetracline e.g. Alamycin LA (1ml per 10kg – care not to under-dose) +/- spray with antibiotic spray. Treatment should be repeated after 3 days if necessary. Spraying the leg of treated sheep assists re-inspection and is a visual indicator that the animal has been treated. Having a 'red' treatment group and an 'amber' recovery group is a good idea – see later section.
    c. Don't trim
    d. Mark – to facilitate re-inspection 3 days later, and repeat treatment if needed
    e. Mark as cull if repeat offender

4. **Quarantine.** Avoid bringing in new infections: make a quarantine plan and stick to it. Inspect all new stock for signs of foot lesions, as these can be visible before sheep become lame. Consider footbathing on arrival and treat clinical cases quickly and thoroughly. Keep newcomers segregated for a minimum of 28 days and treat any problems that arise before they join the rest of the flock
5. **Vaccinate.** Identify high-risk periods and vaccinate biannually (*Footvax*) at these times. This measure is not always necessary – consider if lameness incidence exceeds 5%.

Google "ahdb sheep lameness five point plan" for more information

Traffic Light System

As most causes of lameness are infectious, it can be highly effective to have Treatment (lame, red) and Quarantine (recovery, amber) groups.

- Lame sheep under treatment go into the Red group
- Re-inspect after 7 days:
  - If still lame, re-treat, remain in Red group
  - If recovered, move to Amber group for 3 weeks. Formalin footbath (2-3%) can be used as a PREVENTIVE measure on entering this group – hardstanding must be available for this to be effective
- After 3 weeks in Amber group, re-inspect on concrete.
  - Lame: move back to Red group, with treatment as necessary
  - Sound: move back to main flock (Green group)

Lastly, remember it is important to **keep records** of lameness treatments – this enables you to estimate the incidence in your flock, and makes it easier to cull repeat offenders.