

Separating out a 'red' lame group will reduce infection spread.

TECHNICAL

Recent studies provide tips and encouragement to reduce lameness

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Lameness is still a significant sheep health and welfare issue in flocks throughout the UK, with the impact on individual sheep health and overall flock productivity often underestimated.

As a prey species, sheep hide pain. If they are clearly displaying lameness, their pain will be significant and affecting their ability to perform. Every lame sheep needs attention quickly – both to limit the length of time they are in pain and to limit the spread of infection to other sheep.

A lame ewe will lie more and graze less, significantly impacting milk production and, therefore, the growth rates of her lambs. Every

shepherd knows the lambs of a lame ewe are never the first off the farm, and usually they are the ones still hanging around at the turn of the year.

Infection

Lame sheep are a significant source of infection to previously sound sheep in the same management group. Therefore, the consequence of any delay in treatment is that more sheep go lame. It is for these reasons that we simply cannot afford to wait until sheep go lame to treat them, and we must do whatever we can to prevent lameness occurring in the first place. One way of preventing lameness is to use the industry-recognised five point plan.

A 2021 Nottingham University study interviewed 15 sheep farmers, predominately from the English Midlands about their perception of the five point plan. Together they managed approximately 11,000 sheep, with an average lameness rate of 15%. Only 60% had an awareness of the five point plan.

- **Treat.** Antibiotic injections and topical antibiotic spray were commonly used, with 46% of the farmers claiming they caught and treated within three days. Unfortunately, 66% were still trimming feet (despite evidence this delays healing).
- **Cull.** The commercial farmers were good at culling repeatedly lame sheep. Predictably this was used less often in pedigree flocks.
- **Avoid.** Use of clean handling areas and regular moving of troughs were recognised as useful strategies.

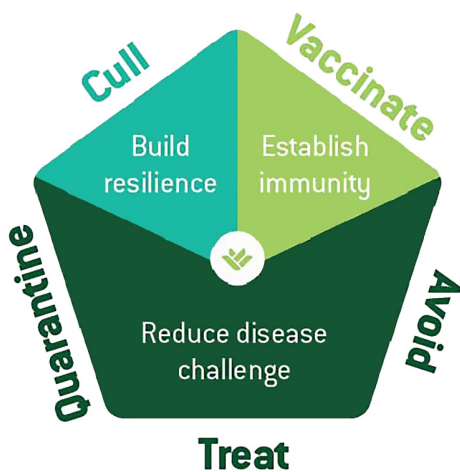
- **Vaccinate.** Only 27% vaccinated their flock against footrot.
- **Quarantine.** Only 46% quarantined for the recommended four weeks and very few either footbathed or vaccinated incoming stock. The main reason given was lack of available facilities.

In a separate project this year, Flock Health led on a series of on-farm discussion groups in Wales for more than 70 farmers. Here the results were more encouraging as examples of how farmers were using the elements of the five point plan to prevent the spread of disease and protect the flock by vaccination.

Top tips

These were the top tips and strengths identified from the discussion groups:

- Involving the vet in getting a good diagnosis allows for appropriate and effective treatment.
- Farmer attitude/tolerance makes a difference. Within the groups, those who could not stand seeing lame sheep had much lower levels in their flocks and would not hesitate to quickly catch lame sheep for early treatment.
- Long wet autumn grass and housing in the run up to lambing are high-risk times for the spread of lameness.
- Don't trim feet (those who used to trim said they would not go back to doing so).



The five point plan for lameness.

- Footbaths only work for lambs lame with scald or for disinfection of feet after ewes are gathered. Footbaths are not a suitable treatment for clinically lame ewes.
- You need to be rigorous with culling of sheep with misshapen feet and those that have been treated more than twice. This requires good identification and records so they can be transported off farm when the cull price is high.
- Vaccination works. Farmers in the study who vaccinated against footrot were vocal in pointing out its benefit, with preventative action being vastly better value than waiting until lameness levels have risen.

The study also found areas where there was room for improvement. Most shepherds involved said they found it difficult to treat every lame sheep within three days, unless levels of lameness were low enough that it only involved catching a handful of sheep.

Quarantine

Quarantine of new sheep, or those sheep returning from common grazing, was also a weak area. This was despite it being recognised as a big risk for bringing in new strains of footrot or CODD.

Options when lameness levels are high

Between weaning and tupping, there is great benefit to working closely with your vet to apply all aspects of the five point plan as rigorously as possible.

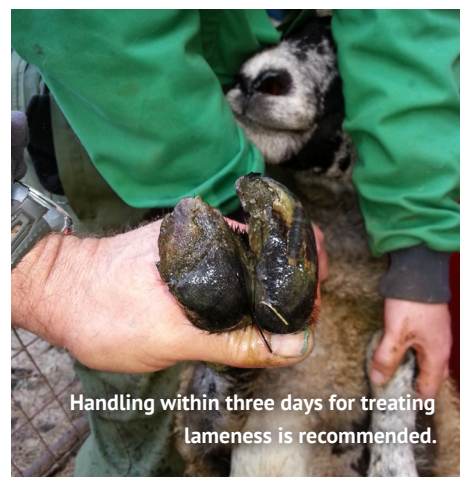
One method is segregation via a traffic light system. Ideally pull all the lame ewes out of the main flock to create a red 'crock' flock. The green (sound) remaining flock needs to be checked closely to immediately identify any lame ewes so they are quickly removed.

Once ewes in the red flock have been effectively treated, they can move to a holding orange flock until they are definitely cleared as completely sound and lesion-free before return to the green flock. Careful records are necessary to ensure ewes that have been treated twice or more are culled.

It was also discussed that rejecting purchased sheep that are lame at the point of sale, on arrival home or while in quarantine, presents an awkward dilemma, with many shepherds being too embarrassed to send sheep back despite the big risk to the home flock.

Both groups reflected on how an increase in the number of lame sheep had a significant negative effect on shepherd mental health. The two studies make it clear action on lameness is a good investment of time, effort and resources.

The five point plan was developed by Clements and Stoye (2014) and is now recognised as industry best practice.



Handling within three days for treating lameness is recommended.

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