

On farm Toolkit

SHEEP – observe in situ and locomotion score

Checked Y/N

Number seen

Number lame

Estimated prevalence

DIAGNOSIS – examine at least 10 sheep – new and old cases. Turn over and diagnose lesions.

Checked Y/N

Number examined

Details, severity

FACILITIES – How easy is it to catch lame sheep?
Are there isolation facilities for lame sheep?

Checked Y/N

Handling areas, Entry/exits, Ground surface

Footbaths – cleanliness, hardstanding

TREATMENT – How quickly are they treated?
What treatments – dose, product, frequency?

Checked Y/N

RECORDS – format, quality, identification of sheep?

Checked Y/N

RISK FACTORS

Checked Y/N

Breeding policy, culling policy?

Quarantine, vaccination, use of foot trimming?





Vet Visit Toolkit



Stop Look Listen Coach

‘Stop, Look, Listen’ are essential - take time to look around, speak with the farmer and understand the current ‘What, Why & How’ for this flock.

Significant evidence supports the importance of the timely & effective treatment of clinical cases.

However, preventing cases occurring in the first place is the ultimate aim.

Coaching around all areas of the **Five Point Plan** gives structure & ensures careful application of **Plan Prevent Protect** principles.

Plan ahead

- Get a diagnosis
- Do a farm-specific risk assessment
- Use the Five Point Plan

Prevent disease

- Avoid the spread of disease
- Avoid buying in CODD or new strain of footrot with effective quarantine
- Remove risk from clinical cases by treating quickly & culling when necessary

Protect the flock

- Breed in lameness-resilience
- Cull out persistently lame sheep
- Vaccinate against footrot



Five Point Plan

- **Treat individuals quickly and effectively**

Effective treatment of clinical footrot or CODD is with an injectable antibiotic, ideally given within 3 days of first appearing lame. In adults, scald is almost always early footrot and also requires injectable treatment. Oxytetracycline effective for footrot but often CODD requires amoxicillin (2 doses 48 hours apart) or a macrolide (if isolation & good biosecurity are not feasible).



- **Cull out persistent offenders**

Once a sheep has been treated for lameness twice, they should be culled if they become lame again. Keep good records of these sheep (it can be useful to put a cable tie through their ear tag at each treatment) and do not keep her daughters.

- **Quarantine bought-in sheep**

Never bring a lame sheep into the flock. Effective quarantine means not mixing new sheep in with the flock for at least 3 weeks. Where possible, examine every foot to ensure no infection is introduced to the flock. Consider footbathing when in quarantine.

- **Vaccinate to protect against footrot**

The footrot vaccine contains all the UK strains of footrot & can be very useful as one of the tools against lameness, particularly against footrot with evidence of some indirect effect on CODD risk. Great care must be taken when using – sheep must be clean and dry and injected subcutaneously with a quarter-inch needle. Ideally use within 3 months in advance of expected outbreak. Best results are gained when the vaccine is used consistently over a long time period rather than when it is started reactively following an outbreak.

- **Avoid spread of infection**

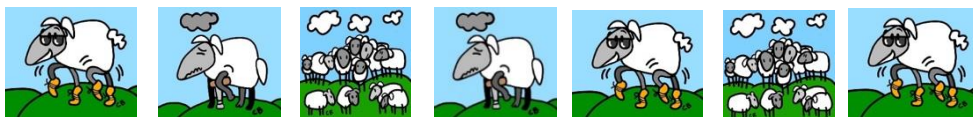
Consider gateways, around troughs & all areas of high sheep traffic – particularly whenever sheep are gathered. It can be helpful to spread lime and always remove lame sheep from the group whenever possible. Footbathing (according to the manufacturer's instructions & followed by clean dry standing) may be helpful after gathering (though little evidence). Note that it is rarely cost-effective or helpful to gather lame sheep just to footbath as this may increase spread of infection.



Approach to vet visit

1. Appraise the situation
 - consider Sheep, Diagnosis, Facilities, Records.
2. Assess flock specific risk factors – management policies for breeding, culling, quarantine, vaccination.
3. Establish barriers & motivators for change.
4. Set realistic targets & manage expectations.
5. Monitor ongoing progress & set a time for review.

Approach to lameness visit adapted from Witt & Green 2018



Suggestions for getting on farm & undertaking vet visit -

- Incorporate into TB visit or within legal prescribing visit.
- Encourage farmers to access Animal Health & Welfare Pathway or Sustainable Farming Schemes to fund flock health reviews.
- Have a practice 'Lameness Amnesty' or a 'HealthyFeet week'.
- Train receptionists to book in Healthy Feet vet visits.
- Encourage farmer peer support by sharing photos & top tips via WhatsApp groups.

With acknowledgements to FAI Farms for the development of the Five Point Plan.

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To access further resources go to bit.ly/healthyfeethappysheep

