



## IBR

IBR is tested three times a year in the bulk milk screening. It is an excellent tool for monitoring for the presence of the disease or to monitor vaccination progress. IBR is caused by a herpes virus. While clinical disease symptoms like elevated temperatures, runny noses and coughing can occur when naïve animals become infected. IBR



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Munster Bovine

when established can often be present without causing obvious disease, particularly in adult animals. Teagasc research has demonstrated that herds with positive readings for IBR, suffered a 200 Litre annual loss in milk production compared to uninfected or well vaccinated herds.

IBR vaccination is extremely effective at controlling IBR and even in eradicating the disease from the herd over time. Seek veterinary advice on the most appropriate vaccination protocol for your herd. Start young with your replacement heifer calves and keep them vaccinated with the rest of the herd. Calves can get the live vaccine into the muscle from 3 months of age. Spring born calves are old enough to get their first intramuscular IBR vaccine in July.

MUNSTER BOVINE					
Herd No. C1150683 Supplier No. 547167					
Test Carried Out	Jun 22	Aug 22	Nov 22	Apr 23	Notes
BVD	0.05	-	-	0.05	Less than 0.2: Very low level of infection. Herd likely naive.
Neospora	-	14.34	22.44	18.08	10 - 20: Presence of carrier animals in the herd possible. Check veterinary advice before culling or testing individual animals.
Stomach Worms	0.87	1.01	1.15	0.96	0.8 - 1.0: Significant levels of antibodies detected. Significant worm burden likely.
Liver Fluke	141.82	115.91	119.50	111.37	Greater than 100: High levels of infection in the herd.
Mycoplasma	0.00	-	-	-	
Q Fever	-	0.40	-	-	
Salmonella Unvaccinated	258.52	44.04	-	-	
IBR Unvaccinated	234.03	181.07	-	244.09	Greater than 10: High levels of antibodies detected. Herd likely infected and virus actively circulating.
Lepto Unvaccinated	0.00	0.01	-	0.00	0.00 - 0.1: Low level of exposure. Mixture of positive and negative cases in the herd.

## Parasites and dosing

While the dry hot weather can have implications for animals with respect to heat stress and grass availability, prolonged dry spells will mean, in general, reduced parasite burdens, meaning there should be less requirement for worm dosing. Always monitor for clinical signs of parasites like loose dung and reduced thrive for gut parasites and coughing for lung worm.

## Summer parasites in young stock

If you are suspicious of gut parasites like stomach worms or coccidiosis, it is always worth submitting dung samples for faecal egg testing to back up your 'gut instinct', pardon the pun. It will also allow target dosing for the right parasite, for example coccidiosis instead of stomach worms. In the absence of clinical signs, regular dung sampling to confirm a low burden is well worth while. Avoiding a dose will help with slowing anthelmintic resistance and is more cost effective than dosing just in case. Lung worm in calves and young stock requires constant monitoring. If coughing starts, particularly exercise induced coughing, the most likely culprit is lung worm infection. This requires immediate treatment to avoid sick calves and secondary viral or bacterial pneumonia. Discuss with your vet regarding dosing decisions and treatment options.

## Summer parasites in Cows

Lung worm infection in cows is an issue that has definitely been on the increase in the last number of years. The less summer dosing we do in dairy cows the better. Firstly we are confined to one drug (eprinomectin), that has no milk withdrawal and can be used during lactation. Repeated use will lead to the inevitable development of resistance. Secondly, unnecessary treatments will affect cow immunity which may lead to increased infection in the future.

Rain leads to lungworm larvae being dispersed from dung paths onto the grass, cows can become infected from ingesting these larvae and depending on cow immunity, clinical signs (coughing) will appear 2 to 3 weeks later. Be aware of this timeline and watch for clinical signs. Given the importance of preserving the effectiveness of the eprinomectin and all dosing products, it is sensible to do diagnostics to confirm lungworm as the problem. The use of lung washing (Bronchoalveolar lavage or BAL) by your vet is the best diagnostic procedure to confirm lungworm infection.

Bulk milk screening results are a useful indicator of exposure to stomach worms. A high bulk tank reading indicates that cows have been exposed to infection and their immune system has responded. Whether they have a high worm burden depends on the level of exposure and the immunity of the cows. Milk production, body condition score, dung consistency needs to be assessed to decide if a worm dose is justified or not. Dung sampling/testing can be conducted but is of limited value in mature cows. In the absence of lungworm, selective dosing using an injectable eprinomectin is a reasonable approach, as blanket dosing is being avoided and the animals that most require treatment, like thin cows, loose cows and young cows are being treated.

## Pregnancy Diagnosis

As mentioned previously, an early pregnancy diagnosis (ultrasound scan or milk test) is worth considering this month. Cows gone more than 30 days since their last serve can be confirmed in calf. Depending on results, cows that were assumed in calf and are not, or are losing the pregnancy can be treated and given a final serve. Remember if the bull is running, cows may be in calf but too early to detect. Avoid any prostaglandin treatment in this scenario.

