

# May 2023

Monthly report on livestock disease trends as informally reported by veterinarians belonging to the Ruminant Veterinary Association of South Africa (RuVASA), a group of the South African Veterinary Association

Previous disease reports can be accessed on the RuVASA website ([www.ruvasa.co.za](http://www.ruvasa.co.za))

These reports include data from individual practices

Click on Disease Reports

Click on the required dates of Disease Reports

**The following practices and laboratories (143) submitted reports during May 2023:**

## **Mpumalanga (14)**

Bethal – Dr. Hardus Pieters  
Delmas – Drs. Van der Merwe and Nolte  
Ermelo – Dr. Ben Potgieter  
Grootvlei – Dr. Neels van Wyk  
Hendrina – Dr. Anja Steinberg  
Lydenburg – Dr. Marietjie Malan  
Lydenburg – Drs. Trümpelmann and Steyn  
Malalane – Drs. Van Sittert and Van Sittert  
Middelburg – Dr. Neil Fourie  
Nelspruit – Dr. André Beytel  
Piet Retief – Drs. Niebuhr and Weber  
Standerton – Dr. Kobie Kroon  
Standerton – Dr. Schalk van der Merwe  
Volksrust – Dr. Johan Blaauw

## **Gauteng (11)**

Afrivet Training Services – Dr. Danie Odendaal  
Bapsfontein – Drs. Engelbrecht and Olivier

Bronkhorstspuit – Drs. De Bruin, De Bruin and Labuschagne

Hammanskraal – Dr. Hentie Engelbrecht

Krugerdsorp (Veeartsnetwerk) – Dr. Danie Odendaal

Magaliesburg – Dr. Ryan Jeffery

Muldersdrift – Drs. Speedy and Enslin

Nigel – Dr. Henry Labuschagne

Nigel – Dr. Cindy van der Westhuizen

Onderstepoort Veterinary Academic Hospital – Proff. Holm and Leask and Drs. Fitte, Grobler, Hentzen, Koepfel, Magadu, Magagula, Marufu, Mokoetele, O’Dell, Tagwirreyi, Tshuma, Van den Hurk and Van der Leek

Vanderbylpark – Dr. Kobus Kok

### **Limpopo (7)**

Bela-Bela – (Warmbaths) – Dr. Nele Sabbe

Bela-Bela – Drs. Du Toit, Bester, Herbst and Liebenberg

Hoedspruit - Dr. Llana van Wyk

Mokopane (Potgietersburg) – Dr. Henk Visser

Polokwane (Pietersburg) – Drs. Watson, Viljoen, Jansen van Vuuren, Van Rooyen, Snyman and Cremona

Tzaneen – ZZ2 Farm practice – Dr. Danie Odendaal

Vaalwater – Dr. Hampie van Staden

### **North West (12)**

Beestekraal - Dr. Alwyn Venter

Bloemhof – Dr. Cizelle Naudé

Brits – Dr. Boshoff and Coertze

Brits – Dr. Gerhardus Scheepers

Christiana – Dr. Pieter Nel

Klerksdorp - Drs. Van den Berg, Van den Berg, Van der Walt and Greyling

Lichtenburg – Dr. Nelmarie-Krüger-Rall

Potchefstroom – Dr. Maartin Jordaan

Rustenburg – Drs. Grobler, Sparks, Stoffberg and Otterman

Schweizer-Reneke – Dr. Pieter Venter

Stella - Dr. Magdaleen Vosser

Vryburg – Dr. Marnus de Jager

### **Free State (26)**

Bethlehem – Dr. J. C. du Plessis

Bloemfontein – Dr. Stephan Wessels

Bothaville – Dr. Gerrie Kemp

Bothaville – Dr. Tom Meyer

Bultfontein – Dr. Santjie Pieterse

Clocolan – Drs. Wasserman, Kleynhans and Boshoff

Dewetsdorp – Dr. Marike Badenhorst  
Excelsior – Dr. Dédé Nel  
Ficksburg – Dr. Woody Kotzé  
Frankfort – Drs. Lessing, Cilliers and Janse van Rensburg  
Harrismith – Dr. Wim Slabber  
Hoopstad – Dr. Kobus Pretorius  
Hoopstad – Dr. Cassie van der Walt  
Koppies – Dr. Kobus Bester  
Kroonstad – Drs. Daffue, Eksteen, Van Zyl and Van der Walt  
Memel – Drs. Nixon and Nixon  
Oranjeville - Dr. D’Wall Hauptfleisch  
Parys – Drs. Wessels and Wessels  
Reitz – Dr. Murray Smith  
Senekal – Dr. Jan Blignaut  
Smithfield – Dr. Nienke van Hasselt  
Viljoenskroon – Dr. Johan Kahts  
Vrede – Dr. Daleen Roos  
Warden – Dr. Paul Reynolds  
Wesselsbron – Dr. Johan Jacobs  
Winburg – Drs. Albertyn and Albertyn

#### **KwaZulu-Natal (11)**

Bergville -Dr. Jubie Müller  
Camperdown – Dr. Anthony van Tonder  
Dundee- Drs. Marais and Fynn  
Estcourt – Drs. Turner, Tedder, Taylor, Tratschler, Van Rooyen and Alwar  
Howick (Ixopo) – Dr. Savannah Stutchbury  
Kokstad – Drs. Clowes, Lees, Malan, Koekemoer, Cronje and Kilian  
Mooi River – Drs. Fowler and Graver  
Mtubatuba – Dr. Trevor Viljoen  
Pongola – Dr. Heinz Kohrs  
Underberg – Dr. Tod Collins  
Vryheid - Drs. Theron and Theron

#### **Eastern Cape (17)**

Adelaide – Dr. Steve Cockroft  
Alexandria – Dr. Charlene Boy  
Alexandria – Dr. Johan Olivier  
Aliwal North – Dr. Freddie Strauss  
Bathurst – Dr. Jane Pistorius  
Barkly East – Dr. Caitlin Holyoake  
Elliot - Drs. Clowes, Lees, Malan, Koekemoer, Cronje and Kilian

Graaff- Reinet - Dr. Roland Larson  
Graaff-Reinet – Drs. Hobson, Strydom and Hennesy  
Humansdorp – Drs. Van Niekerk, Jansen van Vuuren and Davis  
Middelburg – Dr. Hoggie Viljoen  
Port Alfred – Dr. Leon de Bruyn  
Queenstown – Dr. Clara Blaeser  
Queenstown – Drs. Du Preez, Klopper, Deklerk, Wentzel and Webster  
Steynsburg – Dr. Johan van Rooyen  
Stutterheim – Dr. Dave Waterman  
Uitenhage – Drs. Mulder and Krüger

**Western Cape (23)**

Beaufort West – Dr. Andri Oosthuizen  
Caledon – Drs. Louw and Viljoen  
Caledon – Drs. Small, Greyling and Viljoen  
Darling – Drs. Van der Merwe, Adam, Jenkins and Lord  
George – Drs. Strydom, Truter and Pettifer  
George – Dr. Riaan Putter  
Heidelberg – Dr. Albert van Zyl  
Malmesbury – Dr. Otto Kriek  
Malmesbury – Drs. Heyns and Zolner  
Malmesbury – Dr. Andries Lesch  
Moorreesburg – Dr. Suenette Kotzé  
Oudtshoorn – Dr. Glen Carlisle  
Oudtshoorn -Dr. Adriaan Olivier  
Paarl – Dr. Carla van der Merwe  
Piketberg – Dr. André van der Merwe  
Plettenberg Bay – Dr. André Reitz  
Riversdale – Drs. Du Plessis, Taylor and De Bruyn  
Stellenbosch – Dr. Alfred Kidd  
Swellendam – Drs. Malan and Fourie  
Swellendam – Drs. De Wet, Smit and Venter  
Vredenburg – Dr. Izak Rust  
Wellington – Dr. Van Zyl and Louw  
Worcester – Drs. De Wet and Rabe

**Northern Cape (8)**

Calvinia – Dr. Bertus Nel  
Colesberg – Drs. Rous and Rous  
De Aar – Dr. Donald Anderson  
Kathu – Dr. Jan Vorster  
Kimberley – Drs. Smith and Van der Merwe

Kimberley – State Vet Group (Douglas, Kimberley, Kuruman, Mothibistad, Prieska)  
Postmasburg – Dr. Boeta van der Merwe  
Upington – Drs. Vorster, Visser and Oosthuizen

**Feedlots (2)**

Dr. Eben Du Preez  
Drs. Morris, Morris and Barnard

**Biosecurity consultant (1)**

Bloemfontein - Dr. Theo Kotzé

**Laboratory reports (11)**

Dr. Adriaan Olivier – South African Ostrich Business Chamber  
Dr. Marijke Henton - Vetdiagnostix, Johannesburg  
Dr. Rick Last -Vetdiagnostix, South Africa  
Dr. Annelize Jonker, Veterinary Tropical Disease Bacterial Laboratory, University of Pretoria  
Dr. Liza du Plessis – Pathcare, Pretoria  
Dr. Annelie Cloete – Elsenburg, Stellenbosch  
Dr. Bennie Grobler - University of Stellenbosch, Dept. of Animal Science  
Dr. Mark Chimes – Dairy Standards, George  
Dr. Clara Blaeser, Queenstown Provincial Laboratory  
Prof. Emily Mitchell – Wildlife, University of Pretoria  
Me. Amanda McKenzie – Vryburg Veterinary Laboratory

**Key message:**

**Stop Foot and Mouth Disease and Bovine Brucellosis outbreaks!!**

**Stop illegal movement of cattle!!!!!!**

**For the latest update on Foot and Mouth Disease visit:**

[UPDATE REPORT | FOOT AND MOUTH DISEASE OUTBREAK | 31 May 2023 – NAHF](#)

## **Compartmentalization**

Compartmentalization is a concept developed by the **World Organization for Animal Health (OIE)** to enable international trade to continue in the event of a notifiable disease outbreak.

Compartmentalization is separation by common management and

biosecurity measurements while regionalization or zones are based on geography.

When supply is disrupted by trade barriers such as disease, the ability to meet demand becomes challenging. Keeping trade open through strategies such as Regionalization/Zones and Compartmentalization enables primary poultry breeders to provide notifiable disease assurances and maintain continuous supply of breeding stock required to help feed a growing global population.

### **An example in Poultry farming**

## **Aviagen Leads the Way in Compartmentalization**

As a result of excellent biosecurity standards, Aviagen has achieved compartment status for its facilities in the UK, US, Brazil, India, Colombia and Turkey. This means in the event of a disease outbreak, chicks and eggs can be exported from approved locations to countries that recognize compartmentalization.

Compartmentalization is a concept developed by the World Organization for Animal Health (OIE) to enable international trade to continue in the event of a notifiable disease outbreak. Compartmentalization is separation by common management and biosecurity measurements while regionalization or zones are based on geography. Both have strictly controlled biosecurity and are important for international trade purposes.

Aviagen's facilities have been independently assessed and accredited by the Department for the Environment, Food and Rural Affairs (DEFRA) in the UK, the United States Department of Agriculture (USDA) in the US, the Ministry of Agriculture, Livestock and Supply (MAPA) in Brazil, The Turkish Ministry of Agriculture and Forestry in Turkey, Central Indian Government and State Government of Tamil Nadu in India and the Colombian Agricultural and Livestock Institute (ICA) in Colombia.

### **Identification of every bovine (LITS or ICAR approved ID tag)**

<https://www.icar.org/>

The International Committee for Animal Recording (ICAR) is an International Non-Governmental Organization (INGO) which was formed on March 9th, 1951, in Rome. Presently it is composed of 128 Members from 57 countries. ICAR strives to be the leading global provider of Guidelines, Standards and Certification for animal identification, animal recording and animal evaluation. ICAR wants to improve the profitability and sustainability of farm animal production by:

Establishing and maintaining guidelines and standards for best practice in all aspects of animal identification and recording.

Certifying equipment, and processes used in animal identification, recording and genetic evaluations.

Stimulating and leading continuous improvement, innovation, research, knowledge development and knowledge exchange.

Providing services essential to achieving international collaboration in key aspects of animal recording and animal breeding.

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## CHAPTER 4.4.

### ZONING AND COMPARTMENTALISATION

#### Article 4.4.1.

##### Introduction

The purpose of this chapter is to provide recommendations on the principles of zoning and compartmentalisation to

Member Countries wishing to establish and maintain different subpopulations with specific health status within their

territory. These principles should be applied in accordance with the relevant chapters of the Terrestrial Code. This

chapter also outlines a process by which trading partners may recognise such subpopulations.

**Establishing and maintaining a disease-free status throughout the country should be the final goal for Member**

**Countries. However, given the difficulty of achieving this goal, there may be benefits to a Member Country in**

**establishing and maintaining a subpopulation with a specific health status within its territory for the purposes of**

**international trade or disease prevention or control. Subpopulations may be separated by natural or artificial**

**geographical barriers or by the application of appropriate biosecurity management.**

**While zoning applies to an animal subpopulation defined primarily on a geographical basis, compartmentalisation**

**applies to an animal subpopulation defined primarily by management and husbandry practices related to biosecurity. In**

practice, spatial considerations and appropriate management, including biosecurity plans, play important roles in the

application of both concepts.

Zoning may encourage the more efficient use of resources within certain parts of a country.

Compartmentalisation may

allow the functional separation of a subpopulation from other domestic or wild animals through biosecurity, which would

not be achieved through geographical separation. In a country where a disease is endemic, establishment of free

zones may assist in the progressive control and eradication of the disease. To facilitate disease control and the

continuation of trade following a disease outbreak in a previously free country or zone, zoning may allow a Member

Country to limit the extension of the disease to a defined restricted area, while preserving the status of the remaining

territory. For the same reasons, the use of compartmentalisation may allow a Member Country to take advantage of

epidemiological links among subpopulations or common practices relating to biosecurity, despite diverse geographical

locations.

A Member Country may thus have more than one zone or compartment within its territory.

Article 4.4.2.

General considerations

The Veterinary Services of a Member Country that is establishing a zone or compartment within its territory should

clearly define the subpopulation in accordance with the recommendations in the relevant chapters of the Terrestrial

Code, including those on surveillance, on animal identification and animal traceability and on official control

programmes.



The procedures used to establish and maintain the specific animal health status of a zone or compartment depend on

the epidemiology of the disease, including the presence and role of vectors and susceptible wildlife and environmental

factors, on the animal production systems as well as on the application of biosecurity and sanitary measures, including

movement control.

Biosecurity and surveillance are essential components of zoning and compartmentalisation, and should be developed

through **active cooperation between industry and Veterinary Services.**

The Veterinary Services, including laboratories, should be established and should operate in accordance with

Chapters 3.2. and 3.3., to provide confidence in the integrity of the zone or compartment. **The final authority over the**

**zone or compartment, for the purposes of domestic and international trade, lies with the Veterinary Authority.** The

Veterinary Authority should conduct an assessment of the resources needed and available to establish and maintain a

zone or compartment. These include the human and financial resources and the technical capability of the Veterinary

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#### **Chapter 4.4.- Zoning and compartmentalisation**

Services and of the relevant industry and production system (especially in the case of a compartment), including for

surveillance, diagnosis and, when appropriate, vaccination, treatment and protection against vectors.

In the context of **maintaining the animal health status** of a population or subpopulation of a country, zone or

compartment, **importations** into the country as well as **movements** of animals and their **products**, and **fomites**, into the

zones or compartments should be the subject of appropriate **sanitary measures and biosecurity.**

The Veterinary Services should provide **movement certification**, when necessary, and carry out documented periodic

**inspections of facilities, biosecurity, records and surveillance** procedures. **Veterinary Services should conduct or audit**

**surveillance, reporting, laboratory diagnostic examinations and, when relevant, vaccination.**

The production sector's responsibilities include, in consultation with the Veterinary Services if appropriate, the

**application of biosecurity, documenting and recording movements of commodities and personnel, managing quality**

**assurance schemes, documenting the implementation of corrective actions, conducting surveillance, rapid reporting**

**and maintenance of records in a readily accessible form.**

Article 4.4.3.

Principles for defining and establishing a zone or compartment

The following principles apply when Member Countries define a zone or a compartment.

1) The **extent of a zone** and its geographical limits should be established by the Veterinary Authority on the basis of

natural, artificial or legal boundaries, and made public through official channels.

2) The **factors defining a compartment** should be established by the Veterinary Authority on the basis of relevant

criteria such as management and husbandry practices related to biosecurity, and communicated to the relevant

operators through official channels.

3) Animals and herds or flocks belonging to subpopulations of zones or compartments should be recognisable as

such through a clear epidemiological separation from other animals and all factors presenting a risk. The measures

taken to ensure the **identification of the subpopulation** and to establish and maintain its health status through a

biosecurity plan should be documented in detail. These measures should be appropriate to the particular

circumstances, and depend on the epidemiology of the disease, environmental factors, the health status of animals

in adjacent areas, applicable biosecurity (including movement controls, use of natural, artificial or legal boundaries,

spatial separation of animals, control of fomites, and commercial management and husbandry practices), and

surveillance.

4) Relevant commodities within the zone or compartment should be identified in such a way that their **movements are**

**traceable.** Depending on the system of production, identification may be done at the herd or flock or individual

animal level. Relevant movements of commodities into and out of the zone or compartment should be well

documented and controlled. The **existence of an animal identification system is a prerequisite to assess the**

**integrity of the zone or compartment.**

5) For a compartment, the **biosecurity plan** should describe the partnership between the relevant industry and the

Veterinary Authority, and their respective responsibilities. It should also describe the **standard operating**

**procedures to provide clear evidence that the surveillance conducted, the animal identification and traceability**

**system, and the management and husbandry practices are adequate** to meet the definition of the compartment. In

addition to information on controls of movements of relevant commodities, the plan should include herd or flock

**production records, feed, water and bedding sources, surveillance results, birth and death records, visitor logbook,**

morbidity and mortality history and investigations, medications, vaccinations, documentation of training of relevant

personnel and any other criteria necessary for evaluation of risk management. The information required may vary

in accordance with the species and diseases under consideration. The biosecurity plan should also describe how

the measures will be audited to ensure that the risks are being managed and regularly reassessed, and the

measures adjusted accordingly.

Articles 4.4.4. to 4.4.7. describe different types of zones that can be established by Member Countries. However, other

types of zones may be established for the purposes of disease control or trade.

Article 4.4.4.

#### Free zone

A free zone is one in which the absence of a specific infection or infestation in an animal population has been

demonstrated in accordance with the relevant requirements of the Terrestrial Code.

#### Chapter 4.4.- Zoning and compartmentalisation

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In conjunction with Articles 4.4.2. and 4.4.3., and depending on the prevailing epidemiological situation, the attainment

or maintenance of free status may require past or ongoing specific surveillance and vector surveillance, as well as

appropriate biosecurity and sanitary measures, within the zone and at its borders. The surveillance should be

conducted in accordance with Chapter 1.4. and the relevant chapters of the Terrestrial Code.

The free status can apply to one or more susceptible animal species populations, domestic or wild.

So long as an ongoing surveillance demonstrates there is no occurrence of the specific infection or infestation, and

principles determined for its definition and establishment are respected, the zone maintains its free status.

Article 4.4.5.

#### **Infected zone**

An infected zone is one either in which an infection or infestation has been confirmed, or that is defined as such in the

relevant chapters of the Terrestrial Code.

An infected zone in which an infection or infestation has been confirmed may be:

1) a zone of a country where the infection or infestation is present and has not yet been eradicated, while other zones

of the country may be free; or

2) a zone of a previously free country or zone, in which the infection or infestation has been introduced or

reintroduced, while the rest of the country or zone remains unaffected.

To gain free status in an infected zone, or regain free status following an outbreak in a previously free zone, Member

Countries should follow the recommendations in the relevant chapters of the Terrestrial Code.

Article 4.4.6.

#### **Protection zone**

A protection zone may be established to preserve the animal health status of an animal population in a free country or

a free zone by preventing the introduction of a pathogenic agent of a specific infection or infestation from neighbouring

countries or zones of different animal health status.

A protection zone may be established as a temporary measure in response to an increased risk of disease. In such

case, it may be maintained up to 24 months.

The protection zone can be established within or outside a free zone or within a free country. Based on the results of a

risk assessment, more than one protection zone may be established.

Biosecurity and sanitary measures should be implemented in the protection zone on the basis of the animal

management systems, the epidemiology of the disease under consideration and the epidemiological situation

prevailing in the neighbouring infected countries or zones.

In addition to the general considerations in Article 4.4.2. and the principles in Article 4.4.3., these measures should

include intensified movement control, animal identification and animal traceability to ensure that animals in the

protection zone are clearly distinguishable from other populations. Vaccination of susceptible animals in accordance

with Chapter 4.18. may also be applied.

Increased surveillance, in accordance with Chapter 1.4. and the relevant disease-specific chapter, should be

implemented in the protection zone and the rest of the country or zone, including surveillance of wildlife and vectors as

relevant.

If the animal health status of an established protection zone changes owing to the occurrence of a case, the animal

health status of the rest of the country or zone is not affected, provided the measures in place prevent the spread of

disease and allow the subsequent establishment of a containment zone in accordance with the criteria in Article 4.4.7.

Unless otherwise specified in the relevant disease-specific chapters of the Terrestrial Code, if the animal health status

of an established protection zone changes because of vaccination, the animal health status of the rest of the country or

zone is not affected.

#### **Chapter 4.4.- Zoning and compartmentalisation**

Regarding diseases for which the OIE grants official recognition of animal health status:

– a protection zone is considered as effectively established when the conditions described in this article and in the

relevant disease-specific chapters have been applied and documented evidence has been submitted to and

accepted by the OIE;

– if a Member wishes to make the protection zone permanent, the process for official recognition by the OIE should

be followed in accordance with Chapter 1.6. and the relevant disease-specific chapters.

Article 4.4.7.

**Containment zone**

1) In the event of outbreaks in a country or zone previously free from a disease, a containment zone, which includes

all epidemiologically linked outbreaks, may be established to minimise the impact on the rest of the country or zone.

2) A containment zone is an infected zone that should be managed in such a way that commodities for international

trade can be shown to have originated from either inside or outside the containment zone.

3) Establishment of a containment zone should be based on a rapid response, prepared in a contingency plan, that

includes:

– appropriate control of movement of animals and other commodities upon declaration of suspicion of the

specified disease;

– epidemiological investigation (trace-back, trace-forward) after confirmation of infection or infestation,

demonstrating that the outbreaks are epidemiologically related and all are contained within the defined

**boundaries of the containment zone;**

**– a stamping-out policy or another effective emergency control strategy aimed at eradicating the disease;**

**– animal identification of the susceptible population within the containment zone, enabling its recognition as**

**belonging to the containment zone;**

**– increased passive and targeted surveillance in accordance with Chapter 1.4. in the rest of the country or zone,**

**demonstrating no occurrence of infection or infestation;**

**– biosecurity and sanitary measures, including ongoing surveillance and control of the movement of animals,**

**other commodities and fomites within and from the containment zone, consistent with the listed disease-specific chapter, when there is one, to prevent spread of the infection or infestation from the containment zone to the rest of the country or zone.**

**4) A containment zone is considered to be effectively established when the following is demonstrated, unless**

**otherwise specified in the disease-specific chapter:**

**EITHER**

**a) there have been no new cases in the containment zone within a minimum of two incubation periods from the**

**disposal of the last detected case;**

**OR**

**b) it comprises an inner zone where cases may continue to occur and an outer zone where no outbreaks have**

**occurred for at least two incubation periods after the control measures above have been put in place and**

**which separates the inner zone from the rest of the country or zone.**

**5) The free status of the areas outside the containment zone is suspended pending the effective establishment of the**



containment zone. Once the containment zone has been established, the areas outside the containment zone

regain free status.

6) The free status of the containment zone should be regained in accordance with the relevant listed disease-specific

chapters or, if there are none, with Article 1.4.6.

7) In the event of an occurrence of a case of the infection or infestation for which the containment zone was

established, either in the containment zone described in point 4(a) or in the outer zone where no outbreaks had

occurred as described in point 4(b), the rest of the country or zone loses its free status.

Article 4.4.8.

Bilateral recognition of country or zone status by trading countries

While the OIE has procedures for official recognition of status for a number of infections (refer to Chapter 1.6.), for other

infections or infestations, countries may recognise each other's status through a bilateral process. Trading partners

should exchange information allowing the recognition of different subpopulations within their respective territories. This

#### Chapter 4.4.- Zoning and compartmentalisation

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recognition process is best implemented through establishing parameters and gaining agreement on the necessary

measures prior to outbreaks of disease.

The Veterinary Services of an exporting country should be able to explain to the Veterinary Services of an importing

country the basis for claiming a specific animal health status for a given zone or compartment under consideration.

The exporting country should be able to demonstrate, through detailed documentation provided to the importing

country, that it has implemented the recommendations in the Terrestrial Code for establishing and maintaining such a

zone or compartment.

In accordance with Chapter 5.3., an importing country should recognise the existence of this zone or compartment

when the appropriate measures recommended in the Terrestrial Code are applied and the Veterinary Authority of the

exporting country is able to demonstrate that this is the case.

NB: FIRST ADOPTED IN 1998; MOST RECENT UPDATE ADOPTED IN 2021.

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Chapter 4.4.- Zoning and compartmentalisation

Movement control

Identification of clinical disease signs

Isolation of diseased animals

**Demand a vendor's declaration when animals are bought**

**Quarantine animals that are bought for 28 days**

Strictly follow your herd management programme that is regularly updated in consultation with your veterinarian

The ultimate goal is to form a disease free (Brucellosis, Foot and mouth disease, Trichomonas) compartment of your farm

See what the pig farmers have achieved regarding African Swine Fever

<https://www.woah.org/app/uploads/2021/10/asf-compartmentalisationguidelines-en.pdf>

## **Livestock Identification and Traceability System for South Africa**

The government, in collaboration with the industry, has been in the process of developing a livestock identification and traceability system for the past few years. It encompasses the entire industry, from emerging to commercial producers, and aims to:

- Improve livestock disease control programs.

- To reduce the disruption of livestock marketing following disease outbreaks.
- Meet sanitary requirements of high-value export markets.
- Improve the competitiveness of the livestock sector.
- Increase equity for all players in the value chain.
- Improve confidence in South African livestock products.
- Accelerate access to accurate information to solve livestock theft cases.
- Improve the quality of livestock data.
- Improve the quality and reliability of genetic selection programs.

**The aim is to phase in the system in stages:**

- Phase 1 – registration of commercial producers (producers with a VAT number).
- Phase 2 – registration of all livestock owners per province.
- Phase 3 – registration of all other role players in the value chain.

Only commercial livestock producers will be allowed to register on the system for the first three weeks, after which the system will open to livestock owners and small farmers. It will take producers approximately 5 to 8 minutes to register, and the system can handle up to 4,500 registrations at a time.


- 1. Proof of address as the system will work on a FICA basis.**
- 2. Company registration, trust registration, or ID document.**
- 3. Brand Registration Certificate.**
- 4. GPS coordinates of the farm.**
- 5. Registration number of property with a land surveyor.**
- 6. Your vet's information if you use one**
- 7. Average number of animals on the farm - all sexes and ages**

**Get these documents ready, so that if registration opens, you have these documents in hand!**

# FOOT AND MOUTH

## DISEASE

In the whole country, farmers, livestock owners, members of industry and others are encouraged not to move cloven hoofed animals without proper knowledge of the status of the farm of origin. If there is any suspicion of FMD or linkage to any property, members of the public must contact the State Veterinary Services in

  
\_\_\_\_\_  
**Director Animal Health**  
Date: 2023-03-28

### Foot and Mouth Disease Emergency Plan

Health management actions to be taken if a case of foot and mouth disease is suspected on your farm. This Emergency Plan must be discussed with your herd veterinarian and adapted for the situation on your farm.

### Foot and Mouth Disease Emergency Plan.

Health management actions to be taken if a case of foot and mouth disease is suspected on your farm. This Emergency Plan must be discussed with your herd veterinarian and adapted for the situation on your farm.

| Phases  | Description   | Timeline | Outcome   |
|---------|---|----------|---|
| Phase 1 | Trained herdsman observes suspicious signs of FMD during structured | Day 1    | Animal/s must be brought to closest handling facility within that camp. |

|         |  |                |   |
|---------|--|----------------|---|
|         | daily observation  |                |   |
| Phase 2 | Trained herdsman examines affected animal/s and send findings and photos to the manager and veterinarian   | Day 1          | Two possible outcomes based on the results of the observation and subsequent examination:<br>The absence of lesions consistent with FMD – the herd will be monitored daily.<br>A possible case of FMD is confirmed based on the visible lesions and the State veterinarian must immediately be informed to collect samples for laboratory confirmation  |
| Phase 3 | If a possible case of FMD is suspected during examination of the herd, the animal must be isolated (quarantined) and other herds on the farm or adjacent farms must be moved at least 1km away from this isolated herd.                              | Day 2 to 7     | Can take 1 day or more to get a veterinarian to take the samples and then also up to 1 week before the results of the tests are available.  |
| Phase 4 | If a possible case of FMD is confirmed by laboratory results this herd must now be managed over the long term (plan for up to a maximum of 3 months) in such a way that the disease is not transmitted to other herds on the same or adjacent farms. | < than 30 days | Two possible outcomes based on the laboratory confirmation tests:<br>Tests are negative and the isolated herd is closely monitored for another 3 weeks until the quarantine is lifted.<br>Tests are positive confirming the case of FMD and the herd is kept as an isolated herd on a longer term basis – the follow up action (vaccination to slaughter or direct slaughter after recovery from the disease under a red cross permit at the closest approved abattoir) |

## Procedures

### Phase 1

#### Observation of signs of disease consistent with Foot and Mouth (FMD) disease by the herdsman.

In case where a herdsman observes signs of disease that is consistent with a suspected case of FMD he must report it immediately to the manager.

The manager must identify the location of the herds and other herds in the vicinity on a map for further fast reaction (e.g. moving other herds away from the possible infected herd) if needed.

The herdsman stays with the animal/s and gets it to the closest handling facility for examination.

### Phase 2.

#### Examination of suspected FMD case after observation of typical signs of disease.

The herdsman then proceeds to examine the feet and the inside of the mouth of the affected animal as per training.

If there are any lesions, the herdsman must take photos and a video to send to the manager.

If the herdsman can't manage the taking of the photos and/or don't have a cell phone with a camera, he must be assisted by a manager.

The manager that arrives must stop at a place well away of the kraal, wear an overall and gumboots and must not physically handle the animal/s but just observe the examination by the herdsman and take photos that must be send to the consulting veterinarian with the history of the case and the number of animals affected.

**If lesions are found during the examination that is consisted with the lesions caused by FMD, the herd must be handled as a positive FMD herd.**

The affected animal/s must stay separated from the herd until feedback by the consulting veterinarian.

The herdsman must not handle other healthy animals in this herd after examination of the affected animal/s

Depending on the findings of the examination, the consulting veterinarian will give advice on further actions to be taken.

If the lesions observed are not consistent with FMD, the herd will be managed as normal with increased focus on daily observation and reporting.

If the lesions are consistent with FMD, all precautions described will be taken as this herd is now treated as positive for FMD until the results from laboratory testing are available.

The person that came to assist must then go back to the vehicle and before getting into the vehicle pour disinfectant in a bucket with water at the right dilution (or use a 5-liter container with already made-up disinfectant). Disinfect hands and take the boots and overall off and put normal clothes on. Wash (scrub with a hard brush to remove dung and dirt) and disinfect the boots, put the overall in a bucket and wet it with disinfectant, and then wash and disinfect hands and arms. This person can then go straight home and shower. Overalls can be washed as usual.

**The herdsman, that examined the affected cattle can wash and disinfect his boots (not at or in the watering trough) before leaving the camp to go to his house.**

The outside of rubber boots can be washed (scrubbed) and disinfected again at home and overall can be put in a bucket with diluted disinfectant for 1 hour before washing it.

**Although the carrier state of the FMD disease virus is not transferrable to other people, it is advisable that the herdsman must not come into close contact with any other person that also works with animals on the same or other farms.**

### **Phase 3.**

**After informing the state veterinarian to come and take samples for laboratory testing for FMD.**

The state veterinarian/technician must immediately be contacted (the contact numbers must be ready and available in order for the manager to call immediately).

Ensure that the state veterinarian/technician come to collect the samples within a maximum period of 2 days after reporting the possible case.

Manager to follow up on the results of the laboratory tests on a daily basis – it can be expected that the test results will be available in a maximum period of 5 days.

Herds within 1 km from the possible affected herd on the farm and adjacent farms must be moved away to be at least 1km away from the herd that is now isolated (quarantined).

Only the herdsman that examined the animals initially, will tend to and handle animals in the herd and follow the procedure as described above when leaving the herd every day.

The first function of the herdsman will be to check the fences of the camp in which the cattle are to ensure that no cattle can get out of this camp and that all gates leading to or through this camp are locked.

The herdsman must also assess the grazing and give feedback to the manager regarding the grazing days left in this camp for future planning during Phase 4.

#### **Phase 4.**

##### **Manage the herd that test positive on the laboratory confirmation tests.**

If a possible case of FMD is confirmed by laboratory results, this herd must now be managed over the long term (plan for up to maximum 3 months) in such a way that the disease is not transmitted to other herds on the same or adjacent farms.

The herd is kept as an isolated herd and the management during the next 3-4 weeks is of utmost importance because that will be the period when most animals in the same herd will be infected and then they will also recover when immunity develop. The highest risk of transmission is when the animals start showing signs of FMD until they recover 2-3 weeks later.

The follow up action will be determined and directed by the State veterinarian (vaccination to slaughter or direct slaughter after recovery from the disease under a Red Cross permit at the closest approved abattoir).

**Compiled by Dr. Danie Odendaal**

**STOP ILLEGAL MOVEMENT OF CATTLE!!!!!!!!!!!!!!**

**The reason for the foot and mouth outbreaks in South Africa all had to do with the illegal movement of cattle out of the FMD controlled zones in Limpopo.**

Owners of motor vehicles are legally bound to have number plates on their vehicles, similarly all cattle have to be branded with a registered mark to prove ownership and in future cattle will be identified with a ICAR approved RFID ear tag.

## SAFEGUARD YOUR HERDS TO AVOID THE SPREAD OF FOOT AND MOUTH DISEASE

- Abide by all veterinary movement restrictions.
- Know the health status of the animals you are investing in.
- Only buy animals that originate from known and proven sources.
- Insist on a veterinary health declaration before animals are brought onto the farm.
- If in doubt, request a health attestation from the seller's veterinarian.
- Keep the new arrivals to your farm separate from your own animals for at least 28 days, and until you are satisfied that they are healthy.



## SAFEGUARD YOUR HERDS TO AVOID THE SPREAD OF FOOT AND MOUTH DISEASE

- Do not move animals showing signs of disease.
- Do not buy animals from unknown origins.
- Do not buy animals originating from known infected areas.
- Improve biosecurity on your farm to protect your animals from diseases coming onto the farm and avoid nose-to-nose contact with the neighbour's cattle.
- Avoid buying animals from live auctions where animals have gathered from many different origins, especially if not intended for immediate slaughter.



### Important development in the beef industry

#### PRESS RELEASE

#### LIVESTOCK PRODUCERS DO GROUNDWORK FOR A TRACEABILITY SYSTEM IN THE INDUSTRY

**“International trade partners and consumers increasingly insist on a traceability system in the livestock industries and it has also become necessary in terms of market access, whether locally or internationally,” says Mr James Faber, chairman of the national RPO.**



**“The need for traceability systems has now become imperative because of the outbreak of Foot and Mouth Disease (FMD),” Faber said.**

**The Department of Agriculture, Land Reform and Rural Development (DALRRD), in cooperation with the livestock industries already made significant progress with the development of a LITS system (Livestock Identification and Traceability system).**

**The CSIR developed the system and the testing phase is currently taking place in the FMD endemic areas.**

**Although work is continuously being done in terms of the LITS system with the involvement of the industries, it will take a long time to implement it comprehensively.**

**“The need to kickstart with a practical voluntary system has become of critical importance,” according to Mr Faber.**

**On the initiative of the RPO, representatives of the livestock industries and private service providers recently convened with the aim of commencing with a practical voluntary system.**

**The initiative will initially focus on individual animal identification with unique ear tag numbers**

**and will be urgently implemented in the cattle- and small stock industries. The numbers will also be linked with the detail of the owner and the farm. Producers will make use of private service providers who are already delivering services and will also pay for the services themselves.**

**It is envisaged that commercial producers will participate on a voluntary basis and the state will take responsibility for the implementation of a system in the developing sector. The livestock industries will in collaboration with the private service providers establish criteria which must be adhered to in order to render the system functional.**

**It will be imperative that the information systems of the private service providers be integrable**

with the LITS system.

However, producers must ensure that service providers comply with ICAR (International Centre of Animal Registration). Criteria which service providers will have to fulfil will soon be finalised and announced.

“The implementing of the systems will pave the way for the establishment of a complete traceability system in collaboration with the state in the future. Producers participating in the system, should insist on a premium,” says Mr Faber.

The implementing of the system enjoys the full support of the state and will most likely lead to a private/public partnership (PPP). The initiative will be driven by the primary red meat cluster consisting of the RPO, NERPO, SA Feedlot Association and the Red Meat Abattoir Association.

**DATE : 21 April 2022**

**ENQUIRIES :**

**Mr Dewald Olivier Mr Gerhard Schutte**

**SA Feedlot Association Red Meat Producers’ Organisation**

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**Dr Gerhard Neethling Mr James Faber**

**Red Meat Abattoir Association Red Meat Producers’ Organisation**

**cell: 082 551 7232 Cell: 083 292 2556**

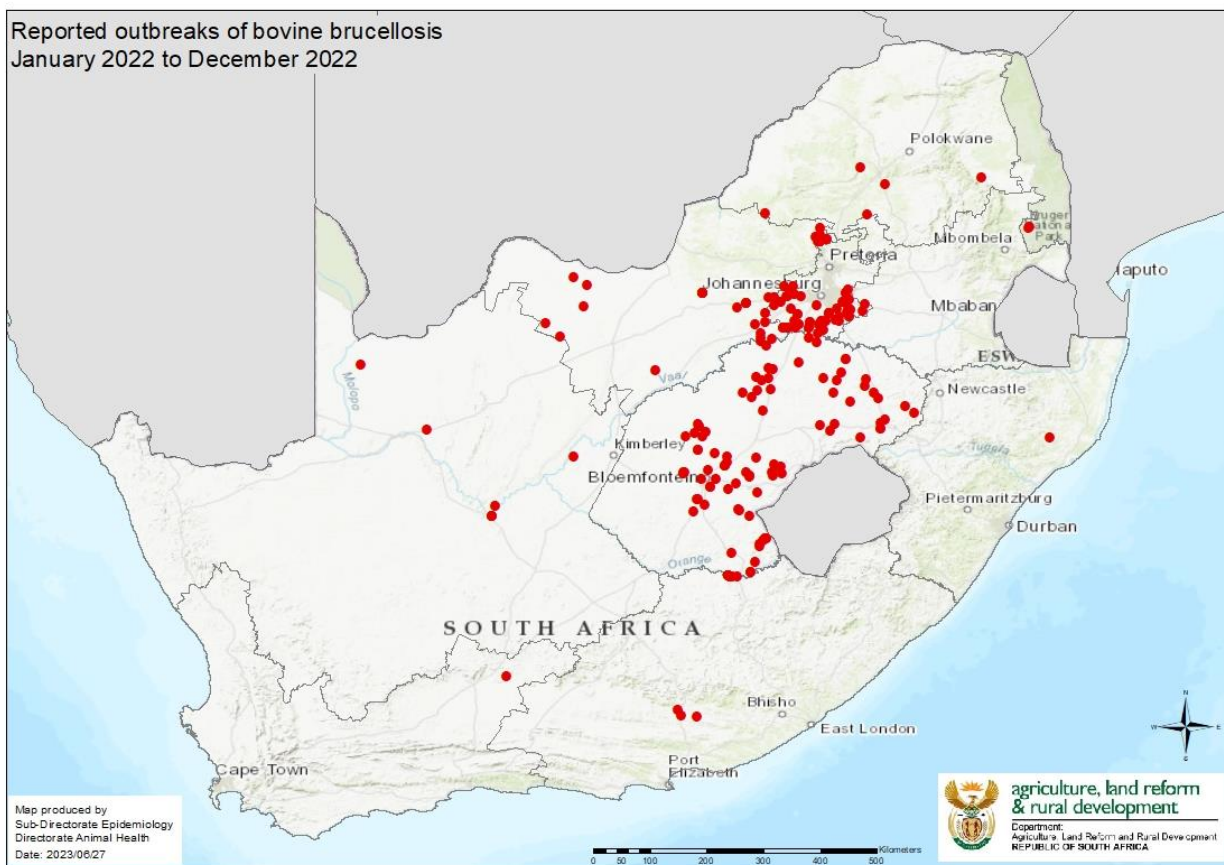
**Email: manager@rmaa.co.za Email: james@glenross.co.za**

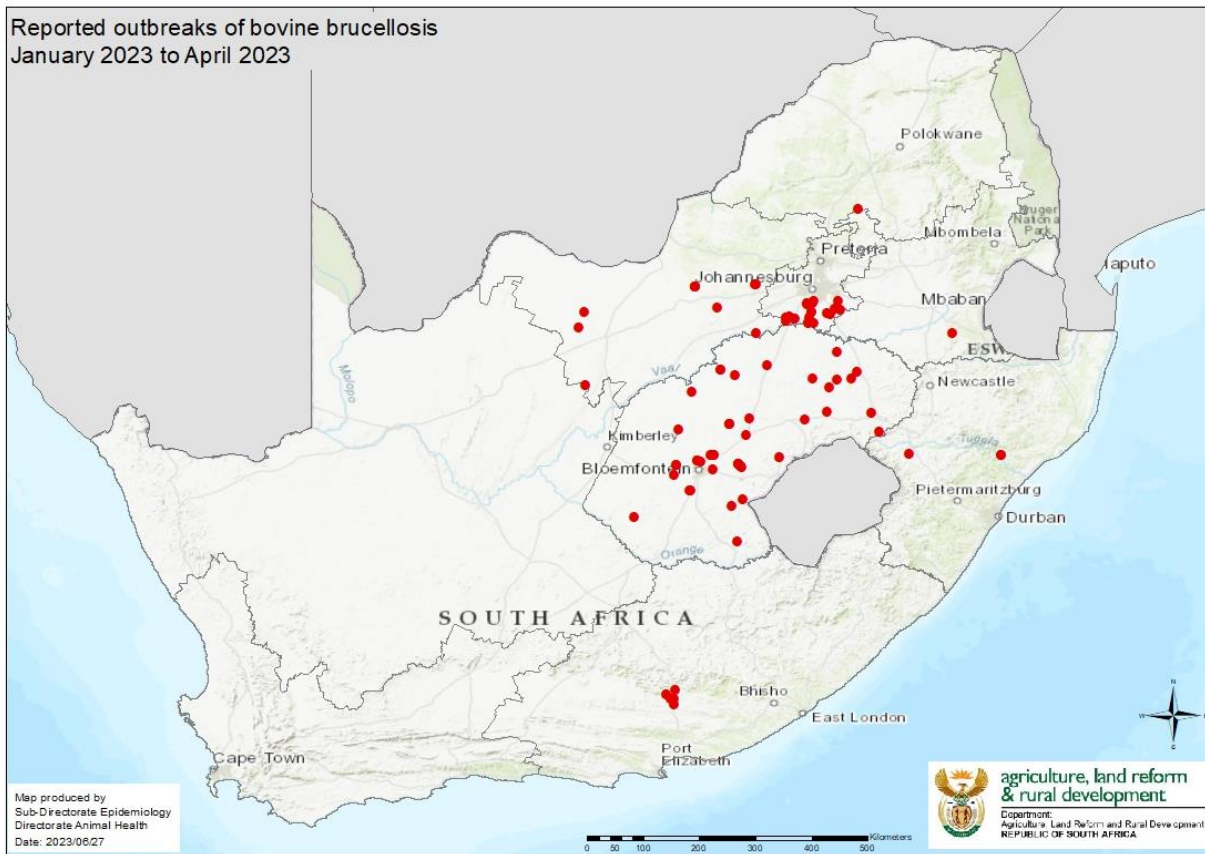
**For detailed reports and maps visit [www.ruvasa.co.za](http://www.ruvasa.co.za) and on the toolbar click on Disease reporting**

**Brucellosis is still a huge problem!!!!!! Vaccinate your heifers between the age of 4 to 8 months with Strain 19 and RB 51 in non-pregnant animals. Contact your veterinarian to test your herd.**

Visit [www.nahf.co.za](http://www.nahf.co.za) and click on Info-centre for details on this HERD disease!

**Bovine brucellosis is a herd disease, if one animal tests positive in a herd, the herd is regarded as being positive for bovine brucellosis**





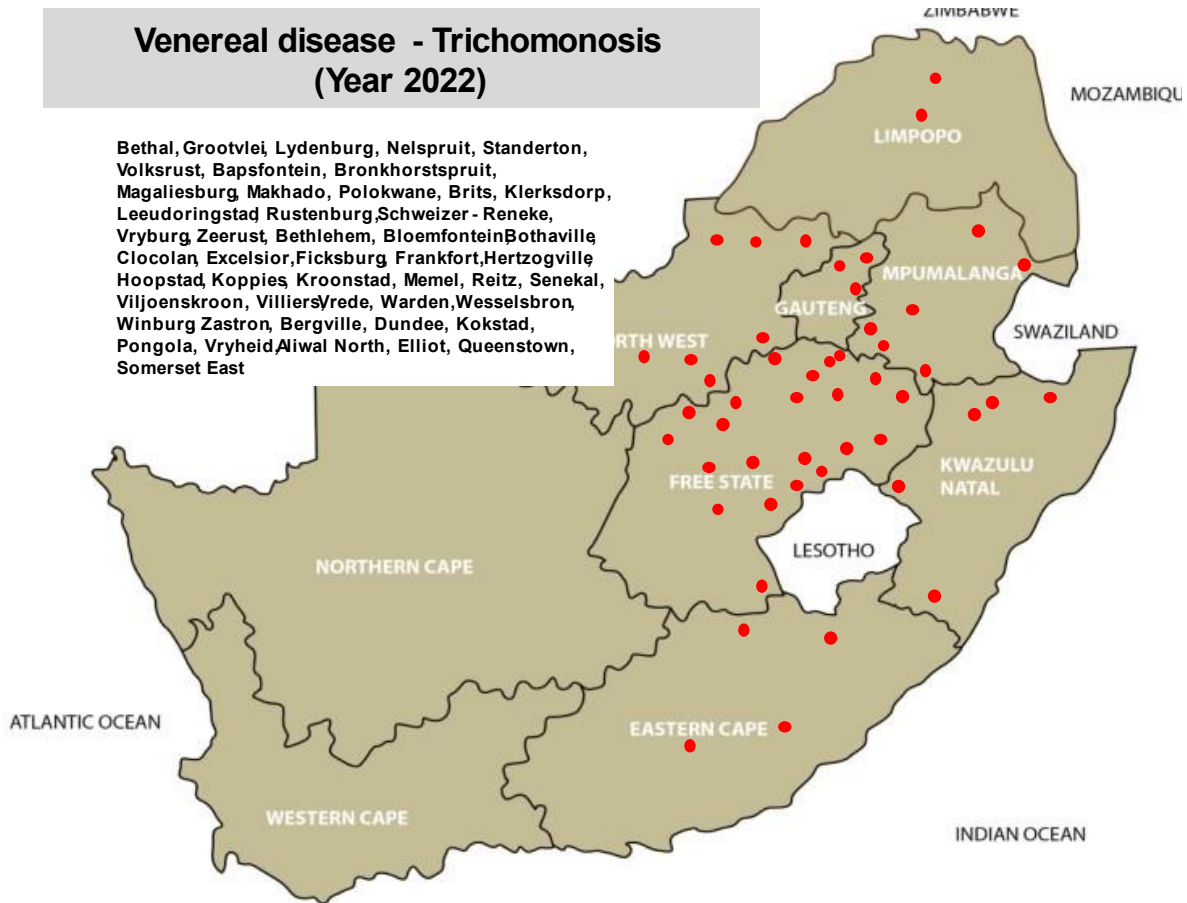
**Test your bulls for Trichomonosis and Vibriosis as these two venereal diseases can ruin your future!**

**HAVE YOU ORDERED YOUR VACCINES? Discuss your management program with your veterinarian!**

**Diseases that are reported every month are Brucellosis, Trichomonosis, Vibriosis, Coccidiosis, Cryptosporidiosis, Orf, Pasteurellosis, *E. coli* and Pulpy kidney. Visit the link for all the disease maps and detailed reports**

## Venereal disease - Trichomonosis (Year 2022)

Bethal, Grootvlei, Lydenburg, Nelspruit, Standerton, Volksrust, Bapsfontein, Bronkhorstspuit, Magaliesburg, Makhado, Polokwane, Brits, Klerksdorp, Leeudoringstad, Rustenburg, Schweizer - Reneke, Vryburg, Zeerust, Bethlehem, Bloemfontein, Bothaville, Clocolan, Excelsior, Ficksburg, Frankfort, Hertzogville, Hoopstad, Koppies, Kroonstad, Memel, Reitz, Senekal, Viljoenskroon, Villiers, Vrede, Warden, Wesselsbron, Winburg, Zaarstron, Bergville, Dundee, Kokstad, Pongola, Vryheid, Aliwal North, Elliot, Queenstown, Somerset East

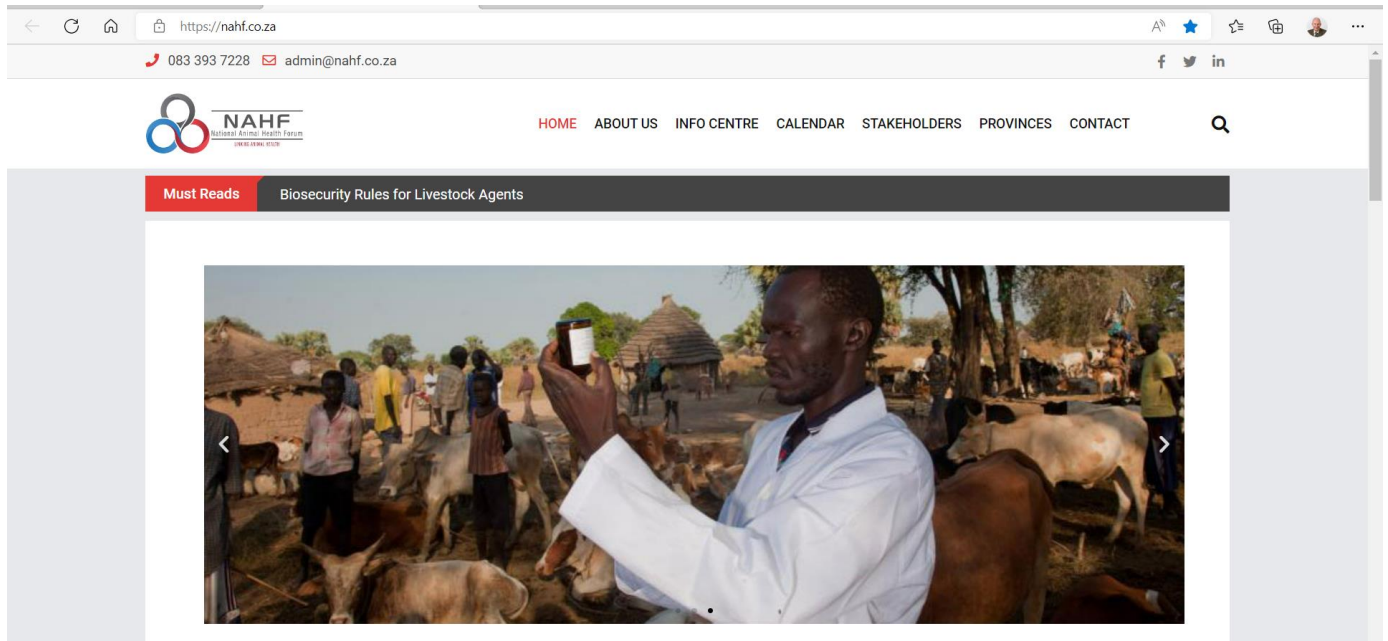


<https://ruvasa.co.za/disease-report-2022/>

To assess your risk, talk to your local veterinarian and update your vaccination and holistic parasite management program. It is important to study what diseases are prevalent in your area and to determine your risk. Take the necessary steps in time, as from experience it is seen that vaccine availability during an outbreak could be a huge problem. If vaccines are not available, insect and tick control are even more of importance.

Shows have been opened again after the COVID epidemic and due to the presence of diseases in South Africa, strict biosecurity protocols should be practiced at all times! If animals are taken back to the farm from shows, quarantine these animals for 28 days and observe them twice daily before allowing them into the herd again

Visit the National Animal Health Forum's website regularly where updates on animal health are posted ([www.nahf.co.za](http://www.nahf.co.za)).



[www.nahf.co.za](http://www.nahf.co.za)

Click on Info centre

Click on Diseases

**When last did you study the Veterinary Strategy??**

<https://nahf.co.za/wp-content/uploads/Vet-strategy-final-signed.pdf>

### **5.2.2.3 Disease prevention, control and eradication<sup>26</sup>**

The priority diseases for VS, as discussed above are significant in contributing to the success of the livestock sector. VS should maintain current "dip-tanks" programme within the FMD protection zone alongside Kruger National Park including: FMD vaccination (3 times/year, double doses, on around 200 000 cattle), identification (branding and/or ear-tagging) and fortnightly clinical



surveillance. The VS should maintain FMD related movement restrictions and active surveillance including relating to the FMD protection zone, for buffalo movements nationally and for exports.

With regard to **Brucellosis** VS should establish a compulsory testing and control programme, at least for the dairy sector, including a review of previous control policies for lessons learnt. The policy should include compulsory active surveillance to get accurate prevalence levels. Mass vaccination should be undertaken to improve the national herd immunity. Options to recover costs from producers for vaccination and testing should be fully explored. While the dairy programme is being implemented options to expand this control programme to the beef sector.

For **Anthrax** VS should strengthen the compulsory vaccination programme for all cattle. VS should continue the compulsory pre-movement testing of buffalo to control FMD, corridor disease, TB and brucellosis risks.

Regarding **Rabies**, it should be compulsory for dog owners to obtain licenses for their dogs (in a municipal area), which will be subject to proof of rabies vaccination.

VS should consult with relevant industries in the development and implementation of the national disease control programmes and develop and implement legislative support required for the national compulsory disease control programmes whilst establishing a national reporting system that covers national disease control activities. These programmes should take into account international disease control and eradication initiatives. One disease (proposed bovine Brucellosis) should be the pilot project for a control/eradication programme, during which a model for disease eradication can be developed

## **“Bovine Brucellosis – Outbreaks are mostly due to our own fault”**

Again, new outbreaks of brucellosis are reported! When will we be able to say that we are winning the battle?

## **Brucellosis destroyed my life and this could happen to you too!**

Dr. Frans Banting, a veterinarian who was infected with brucellosis nearly 40 years ago, tells his story and hopefully this will help all of us realize how devastating this disease is; and that we all have to stand together to eradicate brucellosis. It is each farmers responsibility to stop the spread of this disease.

Dr. Banting’s story:

## **Disease in cattle**

The disease Bovine Brucellosis is also known as Contagious Abortion (CA) and in Afrikaans as “Besmetlike Misgeboorte (BM)”. Brucellosis is a herd disease, if an animal is tested positive in a herd, the whole herd is considered to be infected.

The disease is caused by a bacterium (pathogen) *Brucella abortus bovis*. Infected cows and pregnant heifers usually remain life-long carriers of the bacteria; spreading (excreting) the bacteria over many years. The udder and uterus are the most important organs that are infected. Blood and muscle tissue can also be infectious for a short period. Transmission by this means is very rare in humans.

Production losses occur as animals that test positive for brucellosis are slaughtered. Additional financial losses are due to:

- Cost of an abortion
- Cost of perinatal mortality
- Cost of temporary infertility
- Increased calving intervals
- Cost of replacement of dairy cows
- Cost of replacement of bulls
- Cost due to mortality of sero-positive cows
- Milk and meat production loss
- Veterinary costs

(Information provided by Dr.Chris van Dijk, dairyvetza@outlook.com)

## **Clinical signs of infected cattle**

Pregnant cows and heifers which are infected for the first time, having no resistance (immunity) to the disease, usually abort at 4 to 7 months of pregnancy. Such a fetus is usually hairless and about 30 to 40 cm in length. Calves that are stillborn may also be found in a herd. Weak calves can be born. Infected cows may abort for a second time. Retained afterbirths usually occur.

Temporary infertility after an abortion as well as mastitis may occur. Chronic cases may develop a swelling of the knee (hygroma). Cows that are carriers of the *Brucella* bacteria may show no clinical signs of the disease and could still calf annually and spread the disease to the rest of the herd. Bulls may also become infected.

## **Brucellosis in humans**

In humans, brucellosis, is a zoonotic disease i.e., a disease spread from animals to humans. The disease is known as Undulant fever or Malta fever. Undulant fever is caused by *Brucella abortus bovis* and Malta fever by *Brucella melitensis* which occurs in goats.

## **Transmission**

Humans are infected through one of the following ways:



Intake of infected raw milk, ice cream, butter or cheese  
Ingestion or handling of infected raw or underdone meat, biltong or meat products.  
The risk is very small as the *Brucella* bacteria dislike dry, warm conditions. If an animal is slaughtered at an abattoir and hung (pH drop), then the risk is negligible.

**Through contact or handling of an infected still born or infected calf, uterine fluid, afterbirth or bull string. The chance of infection when helping a cow during a difficult calving or removing a dead calf, is a reality!**

Through pricking yourself with a syringe needle when vaccinating animals with Strain 19 or RB 51. Accidental contact of mucous membranes (eyes and mouth and open wounds) with the vaccine through aerosol transmission or breakages, could be disastrous to the farmer and personnel.

To summarize, if infected material is consumed (unpasteurised milk, meat, meat products, biltong) or if the bacteria/live vaccine comes into contact with mucous membranes (uterine fluid or fluid from infected calf) a person may become infected with brucellosis. Such an infection may enter the body through the eye, mouth, nasal cavity or skin.

## Symptoms

The writer of this article was infected with brucellosis about 40 years ago. About two weeks after the infection took place, the first acute attack started.

### Fever

A very high fever with profuse sweating occurred especially during the night. It felt as though his whole body was glowing. The worst attacks occurred from 22h00 to 01h00 the next morning. During the period from 07h00 to 14h00, the fever usually subsided.

### Muscular pain

The pain was due to infection and was prominent in calf and thigh muscles

Arthritis and painful, swollen joints especially of the knees and hands.

### Headaches

This is not a normal headache, but a sudden and serious stabbing headache within a localized area. It does not remain for a long period, but feels as if a long nail is driven into your skull. It disappears usually within a minute or might only last a few seconds.

### Fatigue

An indescribable fatigue is often present. It often lasts for long periods -anything from one week to 6 months.

Weakness and muscular weakness. This weakness may be so bad that a person may not be able to work.

### Weight loss and chronic diarrhoea

An affected person could lose 3 to 10 kg body weight within weeks.

## Depression

Loss of interest in life. Such an attack can last for a few days or up to months.

## Insomnia:

Waking during the night (especially between 22h00 and 24h00), one cannot sleep or one has a poor sleeping pattern.

## Appetite

Strangely, appetite is not affected

The above listed symptoms are often confused with flu and therefore a correct diagnosis, in many cases, is not made in time. Most acute cases disappear within a month or two, A large percentage of cases develop a chronic (long lasting) infection with roughly the following symptoms:

## Muscle and joint pain

Severe fatigue develops with a typical pattern. During the morning and early afternoon, the person feels normal. From about 15h00 to late at night fatigue sets in.

This pattern repeats itself and may last for months or years.

Muscular weakness. A normal life is often not possible.

## Treatment

If the disease is diagnosed and treated at an early stage, the patient could recover from the disease. Diagnosis is confirmed by means of a positive blood test. Unfortunately, many physicians do not recognize this disease or have insufficient knowledge of the disease and a correct diagnosis is not made.

Brucellosis is treated by giving numerous antibiotics as well as anti-inflammatory drugs, pain killers and multi-vitamins to patients. Antibiotics are given per mouth for 3 to 4 months while intra-venous drugs are given for five successive days with a drip containing nutrients.

In chronic cases the treatment is repeated if typical symptoms of the disease are seen. If infection is due to contact with the RB 51 vaccine, the infection cannot be discovered with the ordinary blood-test and the infection does not react to the ordinary treatment. Contact your medical doctor if you suspect you got infected through contact with the RB 51 vaccine.

## Consequences

In serious cases it might be necessary to give the patient sick leave for an extended period. It may even be the best for the patient to retire or change his/her occupation. Brucellosis has its consequence and could change a person's entire life!

## Prevention

Brucellosis is a State Controlled Disease. Cattle are tested by taking a blood sample from an animal and sending the samples to an accredited laboratory. If it is suspected that brucellosis is present in a herd, the following procedure is followed:

Test all animals on the farm over 18 months of age. All positive animals have to be branded with a C on the neck, isolated and sent for slaughter as soon as possible (under cover of a Red Cross Permit) to an accredited abattoir. The farm will be quar-

antined. The herd is tested every two months until two negative tests are obtained. The test is repeated after six months and then annually thereafter. If adult cows are bought, they should be tested before they are introduced into the herd.

Use the available registered brucellosis vaccines, Strain 19 or RB 51, according to prescribed instructions on the packet insert.

When buying animals, get a vendor's declaration that these animals are from a brucellosis negative accredited herd. Quarantine them and test them again. Heifers should be kept separate until they have calved. Heifers should be tested from 4-5 months pregnancy and then again after calving.

### **Humans**

**Never handle suspected infectious material such as fetuses, dead calves, live weak calves or afterbirths without gloves or eye protection.**

**Do not drink raw milk from an unknown, untested source.**

**Remember: A brucellosis infected heifer, cow, dead calf or raw milk from a positive herd is a TIME BOMB which can alter your life dramatically or destroy it totally!**

Written by: Dr. Frans Banting, Veterinarian and translated by Drs. Faffa Malan, Veterinarian ([dokfaffa@nashuaisp.co.za](mailto:dokfaffa@nashuaisp.co.za)) and Sewellyn Davey ([sewellynd@gmail.com](mailto:sewellynd@gmail.com))

## **Summary of disease report for May 2023**

143 Reports from veterinary practices and laboratories were received from Mpumalanga (MP) 14; Gauteng (G) 11; Limpopo (L) 7; Northwest (NW) 12; Free State (FS) 26; KwaZulu-Natal (KZN) 11; Eastern Cape (EC) 17; Western Cape (WC) 23; Northern Cape (NC) 8; Feedlots (FL) 2; Biosecurity (BC) 1 and Laboratories and others(Lab) 1

**Study this list – these are the most widely spread diseases as well as other conditions as reported by veterinarians, and determine your risk in collaboration with your veterinarian.**

**A list of diseases and conditions reported by veterinarians in 5 or more provinces**

| <b>Diseases and conditions</b> | <b>Number of provinces reporting</b> |
|--------------------------------|--------------------------------------|
| External parasites             | 9                                    |

|                        |   |
|------------------------|---|
| Blue ticks             | 9 |
| Abortions              | 9 |
| Eye infections         | 9 |
| Lung infection         | 9 |
| Dystocia               | 9 |
|                        |   |
| Roundworms             | 8 |
| Wireworm               | 8 |
| Coccidiosis            | 8 |
| African red water      | 8 |
| Asiatic red water      | 8 |
| Pasteurellosis         | 8 |
| Orf (vuilbek)          | 8 |
| Warts                  | 8 |
| Abscesses              | 8 |
| Diarrhoea              | 8 |
| Lameness/foot problems | 8 |
| Uterine prolapse       | 8 |
|                        |   |
| Tapeworms              | 7 |
| Liver fluke worms      | 7 |
| Conical fluke worms    | 7 |
| Cryptosporidiosis      | 7 |
| Heartwater ticks       | 7 |

|   |   |
|---|---|
| Bont-legged ticks                         | 7 |
| Anaplasmosis                              | 7 |
| Lumpy skin disease                        | 7 |
| Blue tongue                               | 7 |
| Pulpy kidney                              | 7 |
| Ringworm                                  | 7 |
| Selenium deficiency                       | 7 |
| Acidosis                                  | 7 |
| Retained afterbirth                       | 7 |
| Theft                                     | 7 |
|   |   |
| Resistant roundworms                      | 6 |
| Heartwater                                | 6 |
| Ephemeral fever (Three-day-Stiff-sickness | 6 |
| IBR                                       | 6 |
| Prussic acid toxicity                     | 6 |
| Protein deficiency                        | 6 |
| Bloat                                     | 6 |
| Trauma                                    | 6 |
| Poor conception                           | 6 |
| Vaginal prolapse                          | 6 |
| Preditors                                 | 6 |
|   |   |
| Resistant blue ticks                      | 5 |

|                      |   |
|----------------------|---|
| Sweating sickness    | 5 |
| Trichomonosis        | 5 |
| Vibriosis            | 5 |
| Blackquarter         | 5 |
| <i>E. coli</i>       | 5 |
| BMC (snotsiekte)     | 5 |
| Tulip poisoning      | 5 |
| Lantana poisoning    | 5 |
| Energy deficiency    | 5 |
| Vitamin A deficiency | 5 |
| Blue udder           | 5 |
| Joint-ill            | 5 |
| Mastitis             | 5 |
| Downer               | 5 |
| Metritis             | 5 |
| Exposure to cold     | 5 |

**Study the table above and determine your risk with your veterinarian and take the necessary preventative measures!**

**Night temperatures dropped and this resulted in an increase of lung diseases. Excellent vaccines against organisms causing pneumonia are available and your veterinarian can advise you on the use of these vaccines.**

**Tick numbers were still high and therefore the occurrence of tick transmitted diseases such as African and Asiatic red water, Anaplasmosis and Heartwater were recorded from most provinces.**

**Internal parasites, causing production loss and mortalities to production animals were reported from most areas where good rainfall occurred in previous months. Wireworm infestations, resistant to most anthelmintic groups, caused great losses to small stock!**

**Insect transmitted diseases such as Lumpy skin disease, Three Day Stiff Sickness, Blue Tongue, African Horse Sickness were reported. These diseases caused huge losses. Unavailability of strategic vaccines, Blue tongue and African Horse Sickness, contributed to losses.**

**Bull testing reports were received and Trichomonosis and Vibriosis are still a huge problem, leading to poor conception rates.**

**Plant poisonings such as Lantana, Tulip and Ink berry, caused many mortalities.**

**Winter is around the corner and losses due to protein deficiencies were reported. Make sure that sufficient protein sources are supplemented.**

**Biosecurity measures should be kept in place at all times! Foot and Mouth disease, Bovine Brucellosis, Trichomonosis, Cryptosporidiosis and BMC (snotsiekte) are some of the diseases that farmers should constantly be aware of.**

**Now is the time that farmers should sit down with their veterinarian to update management programmes – vaccinations, breeding, biosecurity and nutrition.**

**LEKKER BOER!!!!**

## **Bovine Brucellosis**

Although we have made positive steps in controlling Bovine brucellosis, the model disease stated in the Veterinary Strategy, we as a country is far from achieving our goal!

**If farmers will just comply by vaccinating their animals against brucellosis, according to law, the incidence of brucellosis will drop dramatically as shedding of bacteria will drop!**

Many farmers are still shrugging their shoulders and saying: “Why should I test my animals as it will only cost me money and what if there are positive animals? My farm will be placed under quarantine, so I am not going to test my animals!”

Dr Trudie Prinsloo a veterinarian and legal advisor has compiled legal aspects regarding brucellosis control and it is VERY IMPORTANT that you should avail yourself with the content of this document.

It is available in English and Afrikaans.

<http://nahf.co.za/brucellosis-legal-aspects-2018-12-11/>

# When buying cattle, this Vendor declaration can assist you to minimize your risk!

## VENDOR DECLARATION BOVINE BRUCELLOSIS

I hereby declare that I am the legal owner or authorised representative of the cattle on sale and am competent to make this declaration

|    |  |      |            |      |
|----|--|------|------------|------|
| 1  | The cattle for sale are clearly and permanently identified   |      | Yes        | No   |
| 2  | The cattle for sale/slaughter were born on my farm   |      | Yes        | No   |
| 3  | The farm has a closed herd policy i.e. I do not buy in cattle, rent out grazing or speculate with cattle |      | Yes        | No   |
| 4  | I practice bio-security on my farm to a level that is **   | Poor | Moderate   | Good |
| 5  | I vaccinate my heifer calves against Bovine Brucellosis once between the ages of 4 – 8 months            |      | Yes        | No   |
| 6  | In addition, I vaccinate my cattle older than 8 months with RB51   |      | Yes        | No   |
| 7  | I have all the cattle on my farm tested for Bovine Brucellosis   |      | Yes (date) | No   |
| 8  | My herd has been tested negative within the past year  |      | Yes        | No   |
| 9  | I did not buy in cattle since my last negative brucellosis test  |      | Yes        | No   |
| 10 | I/my vet investigates any abortions on my farm   |      | Yes        | No   |
| 11 | To the best of my knowledge, my immediate neighbours and farms in my area are free of Bovine Brucellosis |      | Yes        | No   |
| 12 | I use a veterinarian to advise me on my cattle's herd health   |      | Yes        | No   |



|    |   |      |         |      |
|----|---|------|---------|------|
| 13 | The cattle handling facilities on my farm are | Poor | Average | Good |
|----|---|------|---------|------|

Note: Vaccination does not mean freedom from Bovine Brucellosis as cattle can still be carriers

Please attach the most recent *Brucella* blood test certificate

Owner or authorised representative: .....

Signature: .....

Date: .....

**\*\* \* Biosecurity**

Poor – speculates with cattle, does not vaccinate, poor fences, cattle come into contact with other cattle

Medium – Vaccinates heifers, does not buy in cattle of unknown health status

Good – closed herd/never buys in cattle, vaccinates heifers and no contact with other cattle, follows a herd health plan as advised by his veterinarian, does not allow transport trucks onto property, washes and disinfects truck after returning from the abattoir or auction grounds.

Compiled by: Dr. Sewellyn Davey, Past Chairman of the Brucellosis Steering committee of the National Animal Health Forum

**BOVINE BRUCELLOSIS IS A HERD DISEASE**

**If one animal is found to be positive for bovine brucellosis, the entire herd is regarded as being positive. The State Veterinarian should take responsibility for controlling and eradicating the disease from the farm.**

## OVINE JOHNE'S DISEASE VENDOR DECLARATION

### ON THE SALE OF SHEEP

(Updated Draft May 2015)

- |  |            |           |
|--|------------|-----------|
| 1. I hereby declare that I am the owner or authorised representative of the sheep on sale and am competent to make this declaration.                   | <b>YES</b> | <b>NO</b> |
| 2. The sheep for sale are clearly identified in the accompanying description.  | <b>YES</b> | <b>NO</b> |
| 3. The sheep for sale were born on my farm.  | <b>YES</b> | <b>NO</b> |
| 4. The farm has a closed flock policy. (No live sheep are brought onto the farm from elsewhere)  | <b>YES</b> | <b>NO</b> |
| 5. I know the signs of the disease and to the best of my knowledge, all of my properties are free of cases of Ovine Johne's Disease.                   | <b>YES</b> | <b>NO</b> |
| 6. I have actively looked for Ovine Johne's Disease and have had tests done for this.  | <b>YES</b> | <b>NO</b> |
| 7. To the best of my knowledge, my immediate neighbours and farms in my magisterial district of my farm(s) are free of cases of Ovine Johne's Disease. | <b>YES</b> | <b>NO</b> |

|   |            |              |
|---|------------|--------------|
| 8. The sheep on my properties have been vaccinated against Ovine Johne's Disease and are clearly marked with the approved ear tag.  | <b>YES</b> | <b>NO</b>    |
| 9. All lambs born are vaccinated  | <b>YES</b> | <b>NO</b>    |
| 10. If vaccinated, the number of years that the vaccinations have been done is  |            | <b>years</b> |
| <b>NOTE:</b> Vaccination does not mean freedom from OJD, vaccinated animals can still be carriers.<br>Statement 8 and 9 apply only to already infected flocks, and such sheep can only be sold to other infected flocks by law.<br>Buyers should consult their veterinary advisor before any purchases. |            |              |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME

Farm: \_\_\_\_\_

\_\_\_\_\_  
OWNER OR AUTHORIZED REPRESENTATIVE

District: \_\_\_\_\_

The use of this declaration is supported by the following organisations:



## SOP for the control of Bovine Brucellosis

Audit date: \_\_\_\_\_

**Authorised person:** \_\_\_\_\_

|           |   | Y/N | Comment |
|-----------|---|-----|---------|
| <b>1</b>  | Fences and gates in good condition  |     |         |
| <b>2</b>  | Gate control - log in   |     |         |
| <b>3</b>  | Disinfection of vehicles coming onto the farm   |     |         |
| <b>4</b>  | Protective clothing and boots given to people visiting the farm (cattle area) coming from high-risk areas eg. veterinarians, nutritionists, representatives, truck drivers, workers, etc. |     |         |
| <b>5</b>  | Sterilizing equipment coming in contact with cattle   |     |         |
| <b>6</b>  | Run off water/ streams from neighboring farms   |     |         |
| <b>7</b>  | All animals identified with a brand mark and ear tag  |     |         |
| <b>8</b>  | Data base of all animals  |     |         |
| <b>9</b>  | Closed herd   |     |         |
| <b>10</b> | When last were animals bought in or moved from another farm?  |     |         |
| <b>11</b> | Only buy in animals from a farm which has a recent negative tested brucellosis herd certificate   |     |         |
| <b>12</b> | Origin(s) of acquired cattle? Bought at an auction?   |     |         |
| <b>13</b> | Keep heifers separate from herd until they have calved and tested negative for brucellosis  |     |         |
| <b>14</b> | Quarantine camp available   |     |         |
| <b>15</b> | Separate calving camps  |     |         |
| <b>16</b> | Were all heifers vaccinated between 4 and 8 months vaccinated with Strain 19 or RB51?   |     |         |
| <b>17</b> | Any cattle vaccinated with Strain 19 over 8 months of age? History over last few years.   |     |         |
| <b>18</b> | Were there any abortions on the farm – samples taken, diagnosis?  |     |         |
| <b>19</b> | All sexually mature cattle in herd tested for bovine brucellosis (provide proof)  |     |         |
| <b>20</b> | Bovine brucellosis is a State controlled disease. Positive cattle are branded with a C on the right side of the neck.   |     |         |
| <b>21</b> | Isolation of infected animals & separate handling facilities  |     |         |
| <b>22</b> | Prohibition of movement of animals off quarantined property except under cover of a Red cross permit for slaughter at an abattoir   |     |         |

|           |  |  |  |
|-----------|--|--|--|
| <b>23</b> | Prohibition of use and on-farm disposal of un-boiled, un-pasteurised or un-sterilised milk on quarantined property |  |  |
| <b>24</b> | Disinfection of places where infection is a possibility.   |  |  |
| <b>25</b> | Neighbors/ recent buyers informed of infected herd status  |  |  |
| <b>26</b> | Fly, crow and predator control   |  |  |
| <b>27</b> | Destruction of afterbirths/abortions in a responsible manner   |  |  |
| <b>28</b> | Beware of livestock, game interface  |  |  |

## Websites that are there to assist you with information regarding animal health:

### National Animal Health Forum

[www.nahf.co.za](http://www.nahf.co.za)

Read what the Forum is all about:

<http://nahf.co.za/about/>

This website will become the information centre of animal health in Southern Africa.

On the toolbar click on **Stakeholders** and you will find links to producer organizations and other organizations who are participating in the NAHF

<http://nahf.co.za/stakeholders/>

Provincial Animal Health Forums have their own site – click on **Provinces** <http://nahf.co.za/provinces/>

Important is to study the Veterinary Strategy (2016 -2026) as it gives direction to where we are going with Animal Health in South Africa.

<http://nahf.co.za/wp-content/uploads/Vet-strategy-final-signed.pdf>

Click on **Info centre** for more information on the “war” we have against Bovine Brucellosis. Please be up to date on the role all have to play to control this zoonotic disease.

<http://nahf.co.za/category/diseases/brucellosis/>

Information on other controlled diseases (Foot and Mouth Disease, Ovine Johne’s Disease, Pest of small stock – PPR, and African Horse Sickness) is available.

This link will continuously be updated.

Information on **antibiotic resistance** is also available at this address:

<http://nahf.co.za/category/antibiotic-resistance/>

## **Rural Veterinary Association of South Africa**

[www.ruvasa.co.za](http://www.ruvasa.co.za)

Click on **Disease reporting** where maps and information can be sourced on the prevalence of diseases in all provinces. Abattoir reports are available. Use the information available to update management programmes

## **Internal parasite control**

[www.wormx.info](http://www.wormx.info)

## **Farm gates, Fences and Foresight, the 3 F's!**

**Bear this in mind as this is where most disease-causing organisms enter or exit farms!**

**Major examples are: Foot and mouth disease, brucellosis, Johne's disease, TB, cryptosporidiosis, trichomonosis, vibriosis, sheep scab, resistant parasites such as red lice, blue ticks and internal parasites (Buyer beware programmes).**

**Insist on VENDOR'S DECLARATIONS when buying animals.**

**Quarantine**

**Immunization programmes**

**Speak to your veterinarian**

**Abide the law- vaccinate cattle against anthrax and heifers against brucellosis!**

**For the detailed report and previous reports go to [www.ruvasa.co.za](http://www.ruvasa.co.za) and click on Disease reporting**

## **Internal parasites**

**The following reports were received from practices regarding internal parasite infestations:**



**Wireworm outbreaks have been reported from all 9 provinces. On some farms the mortality rate was excessive!**

## **BEWARE**

**A farm has been found where the wireworm strain on the farm is resistant to ALL active de-wormer groups**

**Check the eye mucous membrane colour of a group of sheep in all flocks weekly! Bottle jaws and pale eye mucous membranes are indications that deaths are just around the corner!**

**Get advice from your veterinarian to ascertain which de-wormer group(s) are still effective on your farm by doing a faecal egg count resistance test (FECRT). Visit [www.wormx.info](http://www.wormx.info) for training material.**

The following table was received from Dr. Camilla Paterson ([CamillaP@dalrrd.gov.za](mailto:CamillaP@dalrrd.gov.za)) from Act 36 of 1947 on 20 October 2022.

### **THE CODING OF ANTHELMINTICS**

| <b>GROUP CODE</b> | <b>GENERIC CLASS OF ACTIVES</b> | <b>EXAMPLES OF ACTIVE INGREDIENTS</b> |
|-------------------|---------------------------------|---------------------------------------|
|-------------------|---------------------------------|---------------------------------------|

|           |                             |                    |
|-----------|-----------------------------|--------------------|
| <b>1.</b> | <b>Macrocyclic lactones</b> | <b>Avermectins</b> |
|           |                             | Ivermectin         |
|           |                             | Abamectin          |
|           |                             | Doramectin         |
|           |                             | Eprinomectin       |
|           |                             | Selamectin         |
|           |                             |                    |
|           |                             | <b>Milbemycins</b> |
|           |                             | Moxidectin         |
|           |                             | Milbemycin oxime   |
|           |                             |                    |
| <b>2.</b> | <b>Benzimidazoles</b>       | Fenbendazole       |
|           |                             | Flubendazole       |
|           |                             | Albendazole        |
|           |                             | Mebendazole        |
|           |                             | Oxfendazole        |
|           |                             | Oxibendazole       |
|           |                             | Netobimin          |
|           |                             | Triclabendazole    |
|           |                             | Ricobendazole      |
|           |                             |                    |
| <b>3.</b> | <b>Imidothiazoles</b>       | Levamisole         |
|           |                             |                    |
| <b>4.</b> | <b>Salicylanilides</b>      | Closantel          |
|           |                             | Niclosamide        |



|            |                           |   |
|------------|---------------------------|---|
|            |                           | Oxyclosanide                            |
|            |                           | Rafoxanide                              |
|            |                           | Brattonide                              |
|            |                           | Clixanide                               |
|            |                           |   |
| <b>5.</b>  | <b>Nitrophenols</b>       | Nitroxinyl                              |
|            |                           | Disophenol                              |
|            |                           | Hexachlorophene                         |
|            |                           | Meniclofolan                            |
|            |                           | Niclofolan                              |
|            |                           |   |
| <b>6.</b>  | <b>Sulphonamides</b>      | Clorsulon                               |
|            |                           |   |
| <b>7.</b>  | <b>Organophosphors</b>    | Trichlorfon                             |
|            |                           | Dichlorvos                              |
|            |                           |   |
| <b>8.</b>  | <b>Isoquinolones</b>      | Praziquantel                            |
|            |                           |   |
| <b>9.</b>  | <b>Spiroindole</b>        | Derquantel (added after table compiled) |
|            |                           |   |
| <b>10.</b> | <b>Amino-acetonitrile</b> | Monepantel (added after table compiled) |
|            |                           |   |
| <b>11.</b> | <b>Others</b>             | Piperazines companion animals           |
|            |                           | Bunamidine                              |
|            |                           | Epsiprantel                             |

|  |  |                                |
|--|--|--------------------------------|
|  |  | Nitroscanate companion animals |
|  |  |                                |

Check the number(s), codes on the labels of the worm remedies. Faecal egg count reduction tests (FECRT) should be done to determine which actives should be used on your farm for worm control. Worm resistance is a huge problem on many farms in South Africa.

**Visit [www.wormx.info](http://www.wormx.info) for valuable information on parasite control!**

Beware of liver fluke and conical fluke outbreaks when animals are grazing in wet areas where the intermediate hosts, water snails, are abundant.

Coccidiosis outbreaks were reported from 8 provinces. Young animals are most susceptible.

Cryptosporidiosis outbreaks, causing huge losses were reported from 7 provinces. This deadly condition has now spread to the Western Cape. Good colostrum protects new born animals.

Biosecurity should be practised at all levels on the farm.

[https://www.google.co.za/search?hl=en&tbm=isch&source=hp&biw=1344&bih=608&ei=PyxyXOO7OcutkwXinK3oCA&q=cryptosporidium+parvum&og=Cryptosporidium&gs\\_l=img.1.1.0l10.2885.9850..16402...0.0..0.708.5719.2-4j4j3j2j1.....0....1..gws-wiz-img.....0.o66yefU7Ric](https://www.google.co.za/search?hl=en&tbm=isch&source=hp&biw=1344&bih=608&ei=PyxyXOO7OcutkwXinK3oCA&q=cryptosporidium+parvum&og=Cryptosporidium&gs_l=img.1.1.0l10.2885.9850..16402...0.0..0.708.5719.2-4j4j3j2j1.....0....1..gws-wiz-img.....0.o66yefU7Ric)

### Prevention of Cryptosporidiosis

Prevention is the best control method.

Animals with a well-developed immune system will generally overcome *Cryptosporidium* thus this should be the main aim in controlling *Cryptosporidium*.

A consistent, vet approved and farm appropriate vaccination program for other diseases.

Ensure no nutritional deficiencies especially vitamin A and Selenium

Excellent bio-security management

Ensure clean pathogen free water sources

Hygiene training of personnel

Consult your veterinarian

## SOLUTION

### HOLISTIC INTERNAL PARASITE MANAGEMENT FOR SHEEP AND GOATS

## **Gareth Bath, Jan van Wyk and Faffa Malan**

### **INTRODUCTION**

Over the past ten to fifteen years there has been a radical rethink on our previous worm control strategies and assumptions due to the ever-accelerating failure of anthelmintics globally. This has caused a quiet but drastic revolution in many of the “received wisdoms” which governed advice to farmers for close to a century.

For a start, we have to abandon the underlying philosophy that internal parasites are an evil plague which should be maximally suppressed, or preferably eradicated. We have to learn to live with parasites, and prevent only the unacceptable production losses, while simultaneously breeding animals fit for the environment, rather than making the environment fit for existing animals. By regarding parasites as part of the natural order of things, we will be able to see them simply as potential problems to be managed in order to achieve optimum productivity and profitability.

Only well integrated, holistic planning has a long-term chance of success, and unless all elements of our potential armamentarium are harnessed, the results will not match the expectations.

While this paper applies to helminths, and mainly nematodes, the parallels and inferences which can be made for ectoparasites, and indeed other organisms, should be obvious.

## **WORM MANAGEMENT PRINCIPLES**

### **A FLOCK MANAGEMENT REQUIREMENTS**

#### **Separation of Groups**

Since different classes of animals vary in their susceptibility to worm infection and its effects, they should be separated into groups, which are grazed, treated and managed as distinct entities. If these distinctions are not made one may be forced to treat the

flock according to the most susceptible group. The most susceptible groups can still be managed and treated more intensively in a mixed flock, but this becomes more difficult.

### **Identify the groups most at risk**

Research has shown that the more susceptible animals are lambs/weanlings; and pregnant/lactating ewes. The former is susceptible because they cannot yet mount an effective immune response to infection, the latter are prone to infection because of a temporary suppression of immunity. (PPRR). These groups must get special attention.

### **Separation of pastures**

Unless pastures can be divided by fencing or herding, all sheep will be exposed to a similar challenge, regardless of whether they are susceptible or resistant to infection and its effects. This will prevent any differentiation in management and treatment. Diversion of pastures is not only good for internal parasite control; it also aids pasture management. Electric fences can be used as temporary pasturage dividers. In communally farmed areas, herding or tethering can achieve the same result without fencing.

### **Resting of pastures**

If pastures can be separated, it is then possible to rest them effectively, which has decided advantages to pasture management and improvement. If such pastures can be rested long enough, this will also have a significant effect on the survival of worm larvae and therefore the infection rate of the flock. Although the time needed for effective resting of pastures will vary with the climate, weather and worm species, a useful rule of thumb for effective resting is at least 3 months in subtropical for temperate climates, but as little as 1 month in the tropics. The longer the rest, the better it is for worm management.

### **Alternation of host species**

Sheep and goats share the same worm species and alternation with one another is ineffective for worm management. However, other species like cattle, horses and ostriches are generally not susceptible to the worms of sheep and goats. If they are used to graze pastures before or after sheep or goats, they act as "vacuum cleaners" on the pasture, as they ingest many larvae which cannot develop further into egg-laying adults. The other advantage is that the pasture can still be utilised in its growing season, which prevents the grass from becoming senescent, and optimises its usefulness. This aids in maintaining the profitability of the farm.

**Mend water leaks**

Water points (troughs, windmills) should not be allowed to leak, as this encourages the growth of grass. Since this is where sheep concentrate, the area can become lethally contaminated by larvae.

**Avoid grass in pens**

Where sheep or goats have to be penned for lengthy periods (usually at night, to combat theft or predation) there can be a fatal buildup of larvae on the grass growing there. Sheep become hungry overnight and will eat these morsels of food. In consequence they will ingest massive numbers of larvae. It is therefore necessary to remove all grass from such pens.

**Fence off moist areas**

Areas particularly prone to high moisture and therefore the survival of worm larvae, like streams and marshes, should be separated to reduce the challenge of the flock.

**Strategic movement of flocks**

The aim should be to create "safe" (not necessarily "worm free") pastures. By planning changes in camps or paddocks, stock will be subject to lower challenges and need less chemical treatment. Any grazing system where a significant proportion of the pasture is rested for a full growing season will be particularly effective.

**Quarantine and treatment**

Do not simply introduce purchased animals into the flock or herd. They must be quarantined in a worm-unfriendly pen (bare earth or concrete) and treated intensively using the best drugs and schedule. If financially feasible, do an FECRT to ensure minimum carry-over of drug-resistant parasites. Then place them on infected pasture if there is no multiple resistance.

**B GENETIC SELECTION**

### **Selection for resistance**

Resistance (the acquired or innate ability to prevent or minimize infection by parasites) is heritable and can be selected for, by measuring the faecal egg counts and using only those sheep with the lowest FEC's for breeding. For practical and economic reasons, this is usually only done for rams. Some successful breeding programs have been undertaken but they require good organisation and meticulous record keeping. Culling of bad ewes and their offspring is also practical and recommended.

### **Selection for resilience**

Resilience (the ability to withstand the effects of infection and produce satisfactorily in spite of it) is also heritable. At present, only two proven methods, FAMACHA<sup>®</sup> and Haematocrit determination exist, although preliminary results suggest that Body Condition Scoring may also be useful. The FAMACHA<sup>®</sup> System can be used only where wireworm is the major parasite. By treating according to clinical anaemia (an indicator of poor resilience), only those sheep unable to cope with wireworm are treated. This reduces selection pressure for anthelmintic resistance and at the same time allows the farmer to cull the non-copers, in the long term thus being able to breed an animal better adapted to the environment.

It is also possible to select rams by a system of allocation of selection indexes. This is currently under investigation and will require measuring individual ram FECs and FAMACHA<sup>®</sup> scores (or haematocrits) to make the measurement more accurate.

## **C MONITORING SYSTEMS**

### **FEC**

Regular (monthly or 2 - monthly) monitoring of faecal egg counts on a group or flock basis will help to indicate when dosing is really needed, and equally important, when it can be delayed or even omitted. A bulk (composite) FEC comprising a single count of faeces pooled from equal samples from 10 to 20 sheep is certainly cheaper than dosing the whole flock unnecessarily. Keep graphs or tables of changes to indicate when parasite buildup is likely.

### **FECRT**

Every farmer should have the flock tested for drug resistance in the worm population on his farm, at regular intervals of not less than two years. Only by knowing exactly what the state of anthelmintic resistance on a farm is, can appropriate action be taken. Generalisation such as "benzimidazole resistance is found on most farms" are not much use since they cannot tell us what the situation is on a particular farm. Just as important, we must know not only that resistance is present, but also how bad it is. Can we still use the drug group at all? Separate bulk faecal samples from each drug group will reduce the cost to acceptable levels.

### **FAMACHA<sup>®</sup> evaluation**

Apart from selection and culling, this system also allows frequent, cheap and easy monitoring of the current situation as regards worm infection, but applies only to haemonchosis.

## **D OPTIMISE ANTHELMINTIC USE**

### **Establish the important parasites species present**

Unless the prevalence and importance of worm species is known, worm management becomes dangerous and unpredictable guesswork. It can also be ineffective and very costly.

### **Use the most suitable drug**

If the parasites are ranked in order of economic importance and their susceptibility to groups of anthelmintics is known and combined with knowledge on the anthelmintic resistance situation on the farm, it is then possible to decide which drug(s) and formulations will be the most suitable in each situation. This includes their cost and a cost/benefit analysis. Neither the cheapest nor the most expensive drug is necessarily the best one to use. Beware of generic drugs sold by an unknown company.

### **Avoid too frequent treatment**

The old approach of "dosing clean" must be completely abandoned, although not by reducing the dosage rate per animal. The aim has to be to treat only sufficient times and enough individual animals to maintain the equilibrium between parasite, host and environment (that is, worm management). Overtreatment ensures that only resistant

parasites can survive. Minimal treatment programs must be the new watchword, but it must be ensured that every treatment is effective.

### **Treat all and stay**

This is a major departure from the recommendations made for close to a century. If **all** sheep are to be treated, they should remain in the camp (paddock) where they were grazing before treatment. This will prevent sheep from contaminating a new pasture with only those resistant parasites which survived treatment, thus in the process unwittingly causing the selection for resistance parasites. In most cases they should remain in the paddock for at least 2-3 weeks after treatment to pick up unselected larvae for propagation of the susceptible worms in the new camp/paddock. However, should a long-acting anthelmintic be used, this period will have to be longer (2 to 3 weeks after the effective residual action ends). Particularly bolus (slow release) formulations should be used with great caution.

### **Treat selectively**

It is preferable to treat only those sheep or goats unable to cope with the current infection challenge, provided the percentage of non-copers remains below 20%. This can be done with the FAMACHA<sup>®</sup> system for haemonchosis, or possibly with Body Condition Scoring for other parasites. If clinically unaffected animals are left untreated, an immediate move to new pasture will not be detrimental. In the absence of such selective treatment, just leaving a small percentage (10-25%) of the flock intentionally untreated can be beneficial to slow AR development.

### **Move then treat**

***Another way of achieving the same result as “treat all and stay” is to move the flock to a new “safe” pasture and delay treatment for 2-3 weeks, to allow the seeding of the new pasture with unselected worms, before treating the flock.***

### **Herbal Remedies**

These are often touted as the answer to worm control. However, unless they have been properly tested and proven by an independent body, they may be useless or even harmful.

## **E IMPROVED ANTHELMINTIC EFFICACY**



### **Dose over the tongue**

By placing the tip of the gun towards the back of the mouth, over the tongue, closure of the oesophageal groove does not occur and thus the full dose lands in the rumen where it is absorbed more slowly - this is particularly important for anthelmintic groups which rely on prolonged blood levels for their effect, like the benzimidazoles and macrocyclic lactones.

This prolonged level of activity (a long so-called "killing zone") means that the drug against which worms have developed a moderate degree of resistance can be made more effective, although of course the resistance of the worms is not reduced, but rather partially overcome. However, dosing (drenching) over the tongue, if done carelessly, can result in two very severe consequences:

the dose can land up the lungs, and cause pneumonia

the nozzle of the dosing gun can penetrate the pharynx and cause severe, fatal infection.

If the sheep jumps forward, the operator must let the gun 'ride' with the sheep, and not oppose it, and the dose must be delivered by a measured, steady pressure rather than a single squeeze.

### **Reduce feed intake**

It has been shown in the case of benzimidazoles and closantel that reducing feed intake (i.e. starvation) for 24 hours prior to treatment will improve the absorption of the remedy because of the lower rate of flow of ingesta. As in the previous case, this results in a more effective exposure of the parasite to the drug.

In turn, this means that the drug is clinically more effective and can partially overcome drug resistance.

### **Repeat the dose**

This only applies to benzimidazoles and macrocyclic lactones. Two doses given 12 hours apart will again increase the "killing zone" of these drugs, allowing more time for a cumulative killing effect. Thus, resistant worms can still be killed, although this is achieved at a cost since two normal doses rather than one are needed. A double dose, given at one time, will have **no** beneficial effect with these two groups of anthelmintics.

### **Increase the dose**

This only applies to drugs which rely mainly on peak concentrations for their effect. In this case, a double amount of drug given at one time can overcome drug resistance in worms. This is useful for the imidasothiazoles (levamisole). There is however a relatively low safety margin, only 2x – 3x the therapeutic dose may sometimes cause problems of toxicity.

### **Correct dosage**

It may seem too obvious, but a lot of problems are caused by not weighing sheep, not calibrating and checking the dosing gun for accuracy and repeatability, and not reconciling the amount of drug used with the number of sheep treated. Underdosing may be a factor leading to anthelmintic resistance, but it is more likely to be the cause of ineffective treatment.

### **Drug combinations**

Combining drugs from different activity groups in one dose may temporarily improve the effective clinical action of these drugs, but only if each drug concerned is unaffected by resistance. However, many authorities believe that this will not slow the development of resistance and could even enhance it. If drugs are mixed, this can only be done if the formulation has been fully tested and carried by experts, in registered products. Home-made combinations are dangerous and illegal. Such combinations often just give temporary relief and disguise the emergence of AR until it is severe and multiple.

### **Sustained delivery**

Medicated blocks or controlled release capsules will increase the clinical efficacy of those drugs which rely on prolonged action for their effectiveness. However, we have to bear in mind that prolonged exposure to a drug at low levels will increase selection for resistance. This approach will therefore not be permanent, and should only be used for very specific, limited purposes (e.g., weaners on green pasture) and not the entire flock in all circumstances.

### **Goats are different**

Because of differences in the rate of metabolising drugs, goats must be treated as different to sheep. This means that goats must often be given a higher dosage rate than sheep except where there is a possibility of toxicity. Note that many anthelmintics may not be registered for use in goats, or that the recommended dose given is the same as for sheep. Unfortunately, therefore if the product is not registered for use in goats, or the dosage rate is increased, the user has no legal redress if the product is used and fails, or causes losses.

## **F EFFECTIVE PLANNING**

### **Use the expert**

Knowledgeable veterinarians, who know the area, farming systems and risks can construct a simple, practical, economic and effective holistic worm management strategy. They can consult helminthologists where necessary.

### **Use a program**

Unless a basic planned system is in place and is used, actions will inevitably be largely reactive and based on *ad hoc* or panic decisions. But this does not imply a rigid adherence to the basic plan.

### **Flexibility**

The program must be flexible to allow for changes in weather, management and farming systems, drug costs or other factors.

### **Treatment strategy**

It is probably true that on most farms animals are either dosed too often, or with inappropriate drugs, or at the wrong times, or with no coherent plan. By setting up a well thought out dosing plan, we can cut out ineffective doses which only add to the selection pressure for parasite resistance. This is one of the areas in which the knowledge and skills of the local vet are vital for success.

## **II OTHER MEASURES AND FACTORS**

### **Protein supplementation**

Since resistance and resilience are dependent on adequate nutrition, and the most important factor identified is protein, it is possible to ameliorate the effects of parasites by feeding animals better. We need to know when and how much of what supplement must be supplied to which class of animal, and what the cost / benefit ratio would be before this aspect can be fully integrated into our overall approach.

### **Condition scoring**

The early indications are that this may be useful for identifying individual animals for treatment against some non-haematophagous worm species. The principle is that animals with a condition score which is more than half a score **below** the flock or herd

average are treated. If the animals have a condition score below 2 and the risk of worm infestation is high, then treatment should be given.

### **Weather monitoring**

Factors which affect the survival, development and infectivity of larvae on pastures must be considered. Temperature, rainfall, rainfall pattern, humidity and cloud cover will all have an effect and must be considered when making worm management decisions.

### **Flock/Herd history**

Without knowing details of numbers, types, ages, reproductive stages, treatment, stocking rates, grazing pressures and livestock movements, decision making is at best arbitrary and at worst potentially disastrous.

### **Veld/pasture assessment and history**

Coupled with livestock data, the advisor has to consider details of the veld or pasture type, its condition, growth stage, the soil cover, soil moisture, slope and the grazing history.

### **Assessment and decision support computer programmes**

A few of these are available internationally, others are under development. Using computer power, they evaluate all the known risk factors and advocate alternative actions based on the given situation and data provided. The evaluation is of course only as good as the inputs given and these programmes cannot substitute entirely for the skills, knowledge and assessment of the advisor or the farmer.

## III CONTROL MEASURES UNDER DEVELOPMENT

### **Predacious fungi**

Nematophagous fungi in the soil can severely constrain larval survival by immobilizing and killing them. Practical implementation is, however, still a long way off.

### **Dilution of resistance**

By the re-introduction of susceptible strains to a farm where a parasite strain has become resistant to anthelmintics, it is possible to significantly reduce the degree of

resistance by a dilution effect. There is some indication that this can be effective on severely affected farms, by the process is slow, labour-intensive and costly.

### **Vaccination**

A vaccine against wireworm is now available, discuss its use with your veterinarian

### **Condensed Tannins**

Plants containing higher levels of tannins suppress worm egg counts, but also have problems with palatability and digestibility.

### **Cupric oxide**

Needles of oxidised copper wire dosed into the rumen will reduce worm egg counts, but the long-term toxic effects (especially with sheep) have to be considered, especially if the diet is high in copper.

### **Change in body weight**

Lack of satisfactory weights gain, or even weight loss, can be considered as indicators for the treatment of individual animals in a flock. However, weighing is time consuming and may not be applicable in a given situation.

## **IV INTEGRATED PARASITE MANAGEMENT**

If any of the foregoing principles are used exclusively, failure will be certain. It is only by using a prudent mix of strategies that sustainable, cost-effective measures can be established. The decision on which measures are to be used in a given situation can only be made by an expert who is conversant with local conditions. This programme will of course have to be drawn up in close consultation with the livestock owner(s).

Whether the farming system is based on communal ownership, subsistence farming, small-scale farming, commercial farming or stud farming, the principles remain the same. Only the mixture and weighting of measures used to manage parasites will vary according to circumstances.

## **V ACTION CHECKLIST**

To implement the holistic use of all the available worm control strategies and principles, the veterinary advisor needs to go about setting up a sustainable programme methodically. The starting point is always the basic management programme, although even this may need to be modified to accommodate sustainable parasite control. Once the key activities like lambing, mating and shearing have been established, and the basic grazing programme has been decided, the requirements of effective parasite management may be superimposed. Planning is a dynamic and never-ending activity, and plans need to be revised each year as necessary.

By following the checklist, advisors can ensure that all appropriate measures have been considered and used.

Make sure that the farmer understands and supports the need for change  
Ensure that all measures are practical, integrated and financially defensible  
Use an incremented approach, do not try to do everything at once  
Evaluate and use knowledge in stock flow, reproductive programme, grazing systems, pasture or veld conditions and weather to decide on appropriate and integrated worm management actions.  
Are the groups/classes of animals properly separated? If not, implement this if possible.  
Give weanlings and late pregnant/lactating ewes most attention and the best circumstances  
Are the pastures properly fenced, and are there enough camps for effective management?  
Implement a satisfactory pasture resting program. Keep well rested pastures for susceptible groups  
Graze camps sequentially by cattle, small stock and other host species if available  
Make sure that animals are getting the right nutrition, especially protein, and avoid putting animals in poor condition onto high- risk pastures  
Mend water leaks and fence off moist areas  
Remove all grass from pens where animals are routinely held for long periods  
Buy rams selected for resistance (FEC) and/or resilience (FAMACHA<sup>®</sup>/haematocrit)  
Cull the minority of ewes which are unable to cope with prevailing parasite burdens  
Institute a planned program for FECs to monitor the parasite situation  
Ensure that the FECRT is done every second year  
Introduce TST and Institute the FAMACHA<sup>®</sup> system for haemonchosis or BCS for other worm species  
Ensure that the types and relative importance of parasites have been established on each farm as well as when they are likely to occur  
Select and use the best drug for each situation  
If all animals are treated, do not move to new pastures for 2-3 weeks or longer depending on the drug and formulation used  
Ensure that the drug used is given in the most effective way  
Quarantine and treat all introductions and put them onto infected pasture







|                    |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|
| Anaplasmosis       | X | X | X | X | X | X |   | X |   |
| Heartwater         | X | X | X | X |   | X | X |   |   |
| Lumpy skin disease | X | X | X |   | X | X | X |   | X |
| Corridor disease   |   |   |   |   |   |   |   |   |   |
| Theileriosis       |   |   |   |   |   | X |   |   |   |

**Asiatic red water** is spreading and is one of the deadliest diseases in cattle.

Deaths occur when introducing susceptible animals into areas where tick borne diseases are present!

**Numerous mortalities were reported.**

**Vaccinate your animals before 8 months of age. Contact your veterinarian for advice!!**

**Anaplasmosis outbreaks were reported from 7 provinces!** Biting flies are the main transmitters of this disease.

Using the same needle when vaccinating cattle may also be the reason for an anaplasmosis outbreak!

Red water and anaplasmosis can be confirmed by examining blood smears under a microscope.

The keyword is: **vaccinate** your animals! Contact your veterinarian.

**Beware of moving susceptible animals into areas where infected ticks are present or moving animals with infected ticks to disease free areas! Before deciding to buy animals speak to both veterinarians – from the area moving the animals and the area where they are going to.**

Tick toxicosis

|                   |    |   |   |    |    |     |    |    |    |
|-------------------|----|---|---|----|----|-----|----|----|----|
| Tick toxicosis    | MP | G | L | NW | FS | KZN | EC | WC | NC |
| Sweating sickness | X  | X |   | X  | X  | X   |    |    |    |

Sweating sickness is caused by a toxin injected into calves by females of the bont-legged tick specie.

## Insect transmittable diseases

The following insect transmittable diseases were reported by practices in the provinces:

| Insect transmittable diseases              | MP | G | L | NW | FS | KZN | EC | WC | NC |
|--|----|---|---|----|----|-----|----|----|----|
| Lumpy skin disease                         | x  | x | x |    | x  | x   | x  |    | x  |
| Pseudo Lumpy skin disease (Allerton virus) |    |   |   |    |    |     |    |    |    |
| Ephemeral fever (Three-day-stiff sickness) | x  | x | x |    | x  | x   |    |    | x  |
| Blue tongue                                | x  | x |   |    | x  | x   | x  | x  | x  |
| Rift Valley Fever                          |    |   |   |    |    |     |    |    |    |
| Wesselsbron disease                        |    |   |   |    |    |     |    |    |    |
| Nagana                                     |    |   |   |    |    |     |    |    |    |

Lumpy skin disease was reported from 7 provinces. Make sure your animals are vaccinated!!!!!!!!!! Do not vaccinate your animals during an outbreak on your farm.

Lumpy skin disease is transmitted by biting flies and insects and some ticks. When an outbreak occurs on a farm, needle transmission of the virus is possible.

Three day stiff-sickness cases were reported from 6 provinces. Reports of low conception rates were reported in herds where these diseases were rife.

Blue tongue caused great problems due to registered vaccines not being available at times when ewes should have been vaccinated.

A new inactivated blue tongue vaccine has been registered and will soon be available for farmers.

An abortion storm may indicate an outbreak of Rift Valley Fever. This viral disease is a zoonosis. Do not come into contact with infected material such as afterbirths and blood.

## Immediately contact your veterinarian

### Veneral diseases

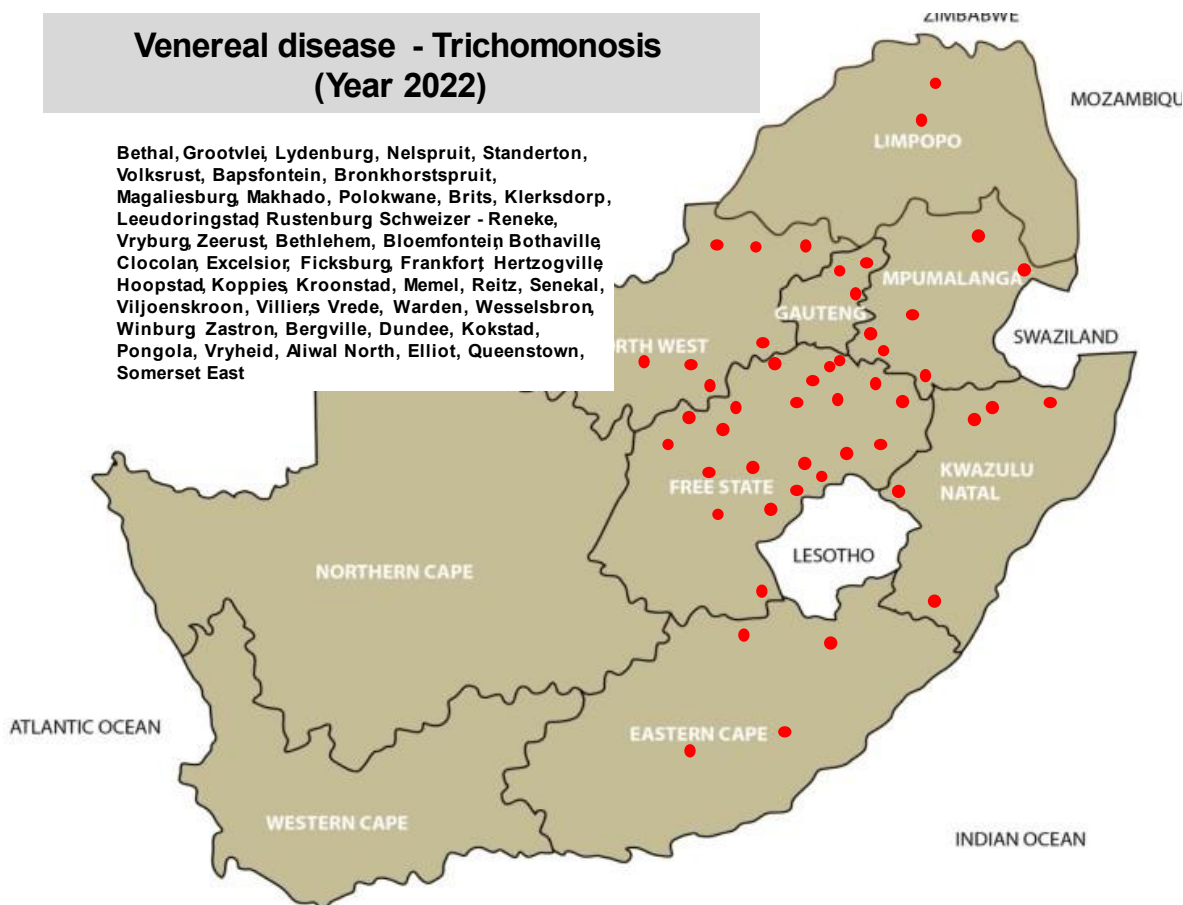
The following venereal diseases were reported by practices in the provinces:

| Venereal diseases | MP | G | L | NW | FS | KZN | EC | WC | NC |
|-------------------|----|---|---|----|----|-----|----|----|----|
| Trichomonosis     | x  |   |   | x  | x  | x   | x  |    |    |
| Vibriosis         | x  |   |   | x  | x  | x   |    | x  |    |

|  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|---|
| Pizzle disease                         |  |  |  |  |  |  |  |  | X |
| <i>Actinobacillus seminis</i> plus HPA |  |  |  |  |  |  |  |  |   |

## BEWARE

New cases of trichomonosis are reported every month and this disease is out of control.



Make sure to buy bulls from farmers where biosecurity measures are in place and bulls are tested for these diseases at regular intervals. Trichomonosis were reported from 5 provinces.

Venereal diseases are HERD diseases! Calculate your losses if these diseases are not eradicated on your farm!





|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
| Lumpy jaw ( <i>Actinomyces bovis</i> ) |  |  |  |  |  |  |  |  |  |
| Interdigital dermatitis                |  |  |  |  |  |  |  |  |  |

**Most of the bacterial diseases can be prevented by vaccination! Discuss and update your programme regularly in consultation with your local veterinarian!**

Multi-clostridial vaccines should be used if blackquarter outbreaks still occur when only using a vaccine containing *Clostridium chauvoei*. Remember to give a booster vaccine when using an inactivated vaccine for the first time. **Read the packet insert!!** Study the table above and determine the risk for animals getting infected from bacterial and viral diseases on your farm.

Get advice from your veterinarian on *Cryptosporidium/E. coli* outbreaks in your area and what to do to prevent losses in lambs and calves. **Biosecurity!!!!!!!**

Enzootic abortion contributes to the disappearance (verdwyning siekte) of foetuses in sheep and goats scanned pregnant. **Vaccinate replacement ewes with the live vaccine before putting them to the ram!**

Pulpy kidney (*Clostridium perfringens* type D – *epsilon* toxin) is still the biggest killer of sheep. There are various factors that could lead to pulpy kidney such as: the intestinal tract stops functioning (stasis), sudden change from poor veld to lush artificial pastures; sudden change in diet; grazing of fodder crops such as lucerne, green wheat and green oats, diet high in protein, overeating of concentrates or fertile pastures, deworming and coccidiosis infection. Sudden changes in the weather and grazing in wilted pastures, may also play a predisposing role.

Be sure to vaccinate animals against botulism especially if chicken litter is going to be fed to animals. Make sure that there are no carcasses in the water troughs and bales. Prevent pica by giving licks containing phosphorous.

Q-fever, a zoonosis, seems to be more prevalent, beware! An abortion storm in sheep should make farmers aware of Q-fever!

**Challenging farmer’s unions and study groups to eradicate brucellosis in their area!! Many success stories are received! Brucellosis is a herd disease!!!**

**Ask for vendor’s declarations before buying in animals and quarantine them before releasing them onto the farm!!!!**

**Calves may become infected when drinking infected colostrum!**



There is no treatment for viral diseases with the result that the animal's immune system has to be stimulated by vaccinations (if vaccines are available).

Preventative vaccinations are the best way to protect animals against viruses and bacteria causing pneumonia.

**Keep cattle and wildebeest well separated especially when wildebeest are under stress to prevent snotsiekte outbreaks! There is also a sheep associated form of the disease.**

**Have a dialogue with your neighbour if wildebeest are in the area.**

**BMC (snotsiekte) is a notifiable disease and have to be reported to the State Veterinarian.**

<http://nahf.co.za/controlled-and-notifiable-diseases/>

Discuss vaccination programmes and biosecurity measures with your veterinarian.

**Orf (vuilbek) is a zoonosis.**

**Enzootic bovine leucosis virus** is transmitted by blood (vaccinations, rectal examinations, certain procedures, etc.) This disease, EBL, can be latent in your herd. As there is no vaccine available, be extra careful not to introduce the disease into your herd. More information is received warning us that this disease is also a zoonosis. Talk to your veterinarian as to take necessary precautionary measures.

## Fungal diseases

The following fungal disease was reported by practices in the provinces:

| Fungal diseases | MP | G | L | NW | FS | KZN | EC | WC | NC |
|-----------------|----|---|---|----|----|-----|----|----|----|
| Ringworm        | x  | x |   | x  | x  | x   | x  |    | x  |

## Protozoal diseases

| Protozoal diseases               | MP | G | L | NW | FS | KZN | EC | WC | NC |
|----------------------------------|----|---|---|----|----|-----|----|----|----|
| Besnoitiosis (olifantsvelsiekte) |    |   | x |    |    |     |    | x  |    |

## Toxicities











|                                |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| Organophosphate                |  |  |  |  |  |  |  |  |  |
| Zinc phosphide                 |  |  |  |  |  |  |  |  |  |
| Xanthium                       |  |  |  |  |  |  |  |  |  |
| Pyrethroid                     |  |  |  |  |  |  |  |  |  |
| Amitraz                        |  |  |  |  |  |  |  |  |  |
| Levamisole                     |  |  |  |  |  |  |  |  |  |
| Macrocyclic Lactone/Ivermectin |  |  |  |  |  |  |  |  |  |
| Moxidectin                     |  |  |  |  |  |  |  |  |  |
| Oxytetracycline                |  |  |  |  |  |  |  |  |  |
| Tilmicosin                     |  |  |  |  |  |  |  |  |  |
| Bromoxynil nitrate             |  |  |  |  |  |  |  |  |  |
| Ionophor                       |  |  |  |  |  |  |  |  |  |
| Monensin                       |  |  |  |  |  |  |  |  |  |
| Hypo                           |  |  |  |  |  |  |  |  |  |
| Diazinon                       |  |  |  |  |  |  |  |  |  |
| Carbofuran (carbamate)         |  |  |  |  |  |  |  |  |  |
| Glutaraldehyde                 |  |  |  |  |  |  |  |  |  |
| Glyphosate                     |  |  |  |  |  |  |  |  |  |
| Chemical products              |  |  |  |  |  |  |  |  |  |
| Chicken litter                 |  |  |  |  |  |  |  |  |  |
| Medicated maize seed           |  |  |  |  |  |  |  |  |  |

**Keep all chemical products locked!**

**Beware when buying in animals or moving them into rested grazing camps as they are the animals which usually eat toxic plants such as gifblaar, tulip, gousiekte, and ink berries (*Cestrum*).**

Do have activated charcoal on the farm as charcoal is the antidote for tulip (4 provinces) poisoning! Dosage: 2 gram per Kg body weight, 1 Kg charcoal for 500kg animal. Toxic plants are sometimes eaten by young animals that do not know these plants are toxic. Be aware of this situation and know where these plants are growing on the farm.

Urea poisoning occurs every now and then on farms. **Make sure that licks containing urea are mixed and formulated properly. Many mortalities were reported where mixing instructions and calculations were not followed correctly! Make sure that licks containing urea do not get wet during the rainy season.**

Every now and then goats die when they are injected in the neck area, rather inject them in the tail fold.

### Nutritional deficiencies

The following nutritional deficiencies were reported by practices in the provinces:

| Deficiencies | MP | G | L | NW | FS | KZN | EC | WC | NC |
|--------------|----|---|---|----|----|-----|----|----|----|
| Energy       | x  |   |   |    | x  | x   | x  | x  |    |
| Protein      | x  | x |   |    | x  | x   | x  | x  |    |
| Phosphate    | x  |   |   | x  |    |     | x  |    | x  |
| Calcium      |    | x |   |    | x  |     | x  | x  |    |

It is important that ewes and cows receive sufficient supplementation so as to have optimal colostrum quality for their offspring!

We are thankful for rains that fell in some areas of the country, but there are still some areas where drought conditions are still present! We pray with you for rain!

### Micro-nutritional and vitamin deficiencies

The following micro-nutritional deficiencies and vitamins were reported by practices in the provinces:

| Deficiencies | MP | G | L | NW | FS | KZN | EC | WC | NC |
|--------------|----|---|---|----|----|-----|----|----|----|
|--------------|----|---|---|----|----|-----|----|----|----|

|             |   |   |  |   |   |   |   |   |   |
|-------------|---|---|--|---|---|---|---|---|---|
| Iodine      |   |   |  |   |   |   |   |   |   |
| Copper      | x |   |  |   |   |   |   | x |   |
| Zinc        |   |   |  |   |   |   |   |   |   |
| Selenium    | x | x |  | x | x | x |   | x | x |
| Magnesium   | x |   |  |   |   |   | x | x |   |
| Manganese   |   |   |  |   |   |   |   |   |   |
| Vitamin A   |   | x |  | x | x | x |   | x |   |
| Vitamin B 1 |   |   |  |   | x |   | x | x |   |

There are antagonists such as calcium, iron and sulphur which hamper the uptake of micro-minerals. Have water and soil samples analysed to see what the levels of these antagonists are. Arrange with your veterinarian to have liver samples analysed to determine the status of these micro-minerals in your herd or flock.

Selenium is a powerful anti-oxidant and necessary for immunity. Check the selenium status of the herd.

Beware of fluoride poisoning as borehole water levels drop.

**Supplement animals with vitamin A and Zinc during winter and drought conditions.**

## Multifactorial diseases and other conditions

The following conditions were reported by practices in the provinces

| Multifactorial diseases and other conditions | MP | G | L | NW | FS | KZN | EC | WC | NC |
|--|----|---|---|----|----|-----|----|----|----|
| Abortions                                    | x  | x | x | x  | x  | x   | x  | x  | x  |
| Stillbirths                                  | x  |   |   |    | x  |     |    | x  |    |
| Abscesses                                    | x  | x | x | x  | x  | x   | x  | x  |    |
| Intestinal ulcers                            |    |   |   |    |    |     |    |    |    |
| Intestinal perforation                       | x  |   |   |    |    |     |    |    |    |
| Peritonitis                                  |    |   |   |    |    | x   |    |    |    |





|  |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|
| Abdominal hernia                           |   |   |   |   |   |   |   |   |   |
| Floppy kid syndrome                        |   |   |   |   |   |   |   |   |   |
| Swelsiekte                                 |   |   |   |   |   |   |   |   |   |
| Traumatic reticulo-peritonitis             |   |   | x |   |   |   |   | x | x |
| Trauma                                     | x |   | x | x | x | x |   | x |   |
| Teeth wear                                 |   |   |   |   |   |   |   |   |   |
| Plastic bags (ingestion)                   |   |   |   |   |   |   |   |   |   |
| Sand impaction                             |   |   |   |   |   |   |   |   | x |
| Downer                                     | x | x |   |   | x |   | x | x |   |
| Obturator nerve paralysis                  |   |   |   |   |   |   |   |   |   |
| Anorexia                                   |   |   |   |   |   |   |   |   |   |
| Poor condition                             |   |   |   |   |   |   |   |   |   |
| Anaphylactic shock                         |   |   |   |   |   |   |   |   |   |
| Immune incompetence                        |   |   |   |   |   |   |   |   |   |
| Vestibular syndrome (middle ear infection) |   |   |   |   | x | x |   |   |   |
| Hernia                                     |   |   |   |   |   |   |   |   |   |
| Deformaties                                |   |   |   |   |   |   |   |   |   |
| Wet carcasses at abattoir                  | x |   |   |   | x |   |   | x | x |
| Yellow carcasses at abattoir               | x |   |   |   |   |   |   | x |   |
| Pseudomonolysis                            |   |   |   |   |   |   |   |   |   |
| Mismothering                               |   |   |   |   | x |   | x |   |   |
| Neonatal deaths                            |   |   |   |   |   |   |   |   |   |

Discuss the origin, treatment and prevention of these diseases with your veterinarian.

Lameness and eye conditions are a huge problem in most parts of the country.

**The cause of abortions should be established: brucellosis, enzootic abortion, Q-fever, leptospirosis, Rift valley fever, infectious disease causing a fever, etc. The necessary preventative measures can then be taken.**

## Metabolic diseases

The following diseases were reported by practices in the provinces:

| Metabolic diseases  | MP | G | L | NW | FS | KZN | EC | WC | NC |
|---------------------|----|---|---|----|----|-----|----|----|----|
| Acidosis            | X  | X | X |    | X  | X   | X  | X  |    |
| Displaced abomasum  |    | X |   |    |    | X   |    | X  |    |
| Ketosis (domsiekte) |    |   |   | X  | X  |     |    | X  |    |
| Milk fever          |    | X |   |    | X  |     |    | X  |    |

Make sure that you adapt animals to feed containing concentrates as more and more cases of acidosis are reported when grazing animals on harvested maize fields. Overeating of soya leads to an alkalosis.

Discuss the aetiology, treatment and prevention of these diseases with your veterinarian.

## Reproductive diseases

| Reproductive diseases       | MP | G | L | NW | FS | KZN | EC | WC | NC |
|-----------------------------|----|---|---|----|----|-----|----|----|----|
| Dystocia (difficult births) | X  | X | X | X  | X  | X   | X  | X  | X  |
| Endometritis                | X  |   |   |    | X  | X   |    | X  |    |
| Metritis                    |    |   |   | X  | X  | X   |    | X  | X  |
| Hydrops                     |    |   |   |    |    |     |    |    |    |
| Foetal maceration           |    |   |   |    |    |     |    |    |    |
| Poor conception             | X  |   | X | X  | X  | X   |    | X  |    |
| Retained afterbirth         | X  | X |   |    | X  | X   | X  | X  | X  |
| Sheath prolapse             | X  |   |   |    | X  | X   | X  |    |    |

|                                  |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|
| Uterine prolapse                 | x | x | x |   | x | x | x | x | x |
| Vaginal prolapse                 | x | x |   | x | x | x |   | x |   |
| Penis injury                     |   |   |   |   |   |   |   |   |   |
| Orchitis                         |   | x |   |   |   |   |   |   |   |
| Sub-fertile rams                 |   |   |   |   |   |   |   |   |   |
| Sub-fertile bulls                |   |   |   |   |   |   |   |   |   |
| Vesiculitis in bull              |   |   |   |   |   | x |   |   | x |
| Hypogonadism (testes hypotrophy) |   |   |   |   |   |   |   |   |   |
| Ruptured tunica albuginea        |   |   |   |   |   |   |   |   |   |

**Secret of making money is to have an offspring of EACH heifer, cow, ewe or doe on the farm and wean that calf, lamb or kid EVERY YEAR!!**

A poor conception rate on many farms is a huge issue. Consult your veterinarian to rectify this problem.

### Environmental conditions

|                  | MP | G | L | NW | FS | KZN | EC | WC | NC |
|------------------|----|---|---|----|----|-----|----|----|----|
| Exposure to cold | x  |   |   |    | x  | x   | x  | x  |    |
| Frozen to death  |    |   |   |    |    |     |    |    | x  |
| Heat stress      |    |   |   |    |    | x   |    |    |    |
| Lightning        | x  |   |   |    | x  | x   |    |    |    |
| Electrocution    |    |   |   |    |    |     |    |    |    |
| Drought          |    |   |   |    |    |     |    |    |    |

### Other conditions

|   | MP | G | L | NW | FS | KZN | EC | WC | NC |
|---|----|---|---|----|----|-----|----|----|----|
| Dermatoparasis                                |    |   |   |    |    |     |    |    |    |
| Genetic disorders                             |    |   | x |    | x  |     | x  |    |    |
| Drug residues (milk, meat, liver, kidney etc) |    |   |   |    |    |     |    |    |    |
| Predators                                     | x  | x |   |    | x  |     | x  | x  | x  |
| Theft/Sabotage                                | x  | x | x | x  | x  | x   |    | x  |    |
| Trauma (fractures etc)                        |    | x |   | x  |    | x   |    |    |    |
| Trauma (veldfires)                            |    |   |   |    |    |     |    |    | x  |

In the CODE OF CONDUCT of the RPO the following standard operating procedures are documented. The local veterinarian should be your partner to help you achieve the necessary standards.

<http://www.rpo.co.za/BestPractices/English.aspx>

#### PRECAUTIONARY MEASURES TO SUPPORT BIO-SECURITY.

Precautionary measures are required to protect the herd against diseases acquired because of external contact. The following categories are of concern:

##### 1. DIRECT LIVESTOCK PURCHASES (and own animals returning):

The following should be **verified** before importing new animals into the herd:

How long animals have resided at the purchase or previous location?

Have there been any recent disease outbreaks in the location?

Do brand marks clearly confirm ownership?

Was a vaccination program followed (need paper or veterinarian proof). What are the local prevalent external parasites and the routinely implemented control program?

Is a veterinarian supported control program against transmittable diseases followed?

Dates and sufficient number of tests for reproductive diseases of both male and female

Dates and tests for zoonotic diseases

The above should also be verified with the purchaser's own veterinarian.

##### 2. PURCHASES FROM SALES OR SPECULATORS

Purchase only in areas which are not in close proximity to scheduled areas

Visually inspect the animals before purchasing for:

\* brand marks

\* parasite infestation

##### 3. TRANSPORT TO THE FARM

Use only reputable transporters

Has the truck been cleaned and disinfected?

Truck to follow the shortest uninterrupted route  
Truck to take the shortest route to the handling facilities  
Do not allow the truck personnel to get in contact with the farm herd

#### **4. ARRIVAL ON THE FARM**

Off-load the livestock to limit stress and to be visually evaluated for any unnatural conditions.  
Isolate them from the farm herd and shared facilities for at least 21 days (quarantine)  
Retest for diseases of concern if needed, before mixing with the rest of the herd  
Process new arrivals within 24 hrs after arrival (unique ID tag brand, dip, dose, vaccinate)  
Inspect regularly

#### **5. FEED PURCHASES**

Ensure bales of hay are sourced from areas that are not bordering scheduled areas  
Purchase feed from reputable dealers only  
Avoid buying feed in second hand bags  
Ensure feed trucks are also disinfected and cleaned, especially if also used to transport animals to abattoirs

#### **6. VISITORS**

Do not allow strangers or their vehicles amongst the livestock  
Ensure fences are well maintained and preferably jackal and warthog proof

#### **7. EMPLOYEES**

Do not allow the employees to eat in feed stores  
Supply employees with sufficient ablution facilities  
Regularly arrange to let employees be medicated for tape worm and have health check-ups  
Keep record of all employee livestock on the property  
Treat employee livestock with separate but dedicated health programs  
Ensure employees understand the reason behind the implemented bio-security measures to help ensure compliance.

#### **GENERAL AND REPRODUCTION MANAGEMENT**

Record keeping: All animals are individually identified and recorded.  
To prove ownership: All animals are marked with the registered brand mark according to the Animal Identification Act, No 6 of 2002.  
A defined breeding season is the basis of effective management: The breeding season coincides with the rainy season, i.e. the period when nutritive value of the pasture is at its best.  
Sufficient energy reserves in the herd as measured by condition scoring are vital, especially for effective breeding, and when inadequate the herd is supplemented in consultation with a nutritionist: Condition scoring of bulls and cows are regularly done, particularly at the onset of the breeding season and supplemented if necessary.  
Bull - cow ratios are maintained: A ratio of 1 to 25 is maintained in every separate herd.  
Fertility of breeding bulls: All breeding bulls are tested for mating ability and semen quality before the breeding season.  
Sexually transferable diseases: Sheath washes or scrapes on bulls are performed annually.

Diseases that can cause poor conception, abortion or weak calves: Cows are vaccinated against such diseases in consultation with the veterinarian.

Breeding success monitored by a veterinarian: Rectal pregnancy or scan diagnosis is done by the veterinarian 8 weeks after the breeding season.

Twenty percent of cows or more not pregnant: Further tests are done to determine cause of low pregnancy rate.

Culling of non-pregnant cows: Non-pregnant cows are removed from the herd and considered a necessary bonus to supporting herd income.

### **HERD HEALTH AND BIO-SECURITY**

Maintenance of herd health is key to a successful enterprise: A veterinarian should visit the farm bi-annually at least.

Calf mortality before 3 months of age is an important reason for poor weaning percentage: Good management practices are applied to limit early calf deaths.

Some diseases and parasites (internal and external) are more often encountered in specific areas: Annual vaccinations and a parasite control program should be applied according to regional requirements and in liaison with the veterinarian.

Farmers selling weaned calves to feedlots may want to have a market advantage compared to others: A specific vaccination program is applied before weaning for that purpose.

Herds may be at risk of being exposed to CA and TB: The herd is tested annually for CA and all heifers are vaccinated against CA between 4 and 8 months of age with an efficient, approved remedy. The herd is tested at least every 5 years for TB

Precautionary measures are required to prevent diseases being imported into the herd: A quarantine program to keep incoming animals separate is followed. All incoming animals have a suitable certificate of negative test results or are of a certified clean, closed herd.

Stock remedies and medicines should be registered, correctly stored and used before the transpire date: All medicines and stock remedies are registered, stored and applied according to prescription.

Prescribed medicines with a specific application are under the control of the veterinary profession: All prescription medicines are obtained and applied under prescription from a veterinarian.

## **Practices that had nothing to report**

Adelaide – Dr. Steve Cockroft

Beestekraal – Dr. Alwyn Venter

Malmesbury – Dr. N.J. Heyns

Nigel – Dr. Cindy van der Westhuizen

Plettenberg Bay – Dr. André Reitz

Stellenbosch – Dr. Annelie Cloete

Vanderbijlpark – Dr. Kobus Kok

Wellington – Dr. William van Zyl

## **Equines**

### **Limpopo**

#### **Bel-Bela**

African Horse Sickness - 2

#### **Hoedspruit**

African Horse sickness – 2+  
Babesia equi – 1

## **Eastern Cape**

### **Port Alfred**

Haemorrhagic gastro-enteritis (HE) in a brood mare in Bathurst leading to abortion

## **Northern Cape**

### **Colesberg**

Sarcoids - 2

## **Game**

### **Limpopo**

#### **Bela-Bela**

Diarrhoea – 1 Sable calf, 3 months old, suddenly very weak, severe diarrhoea, died

Eye infection – 1, recovered

Diarrhoea – 1 Slimy diarrhoea, recovered after treatment

#### **Hoedspruit**

Wireworm - 2

## **North West**

### **Schweizer – Reneke**

Ticks – 3 Gemsbuck

## **Eastern Cape**

### **Port Alfred**

Theileriosis – 1 Sable calf near Port Alfred

Theileriosis in a giraffe calf near Port Alfred

## **Swine**

### **Gauteng**

#### **Onderstepoort**

Pneumonia - 2

## **Eastern Cape**

### **Port Alfred**

Bacterial diarrhoea – 7 cases in piglets near Clumber

**Oudtshoorn – Report from Dr. Adriaan Olivier (South African Ostrich Business Chamber) for May 2023**

|                   |  |
|-------------------|--|
| Tapeworms         | 1 - Ostrich growers  |
| <i>E. coli</i>    | 2 – Ostrich chicks with diarrhoea                                    |
| Energy deficiency | 3 – Ostriches during cold wet weather with overcast days, 72 hours   |
| Diarrhoea         | Ostrich chicks < 10 days – <i>E. coli</i> and <i>Cryptosporidium</i> |
| Cold exposure     | Ostrich late chicks  |

**Monthly report on Livestock and Wildlife isolations for May 2023 from Vetdiagnostix – Microbiology Laboratory, supplied by dr. Marijke Henton ([henton@vetdx.co.za](mailto:henton@vetdx.co.za))**

**RuVASA monthly microbiology report from VETDIAGNOSTIX.**

**Vetdiagnostix, bacterial**

Bovine Respiratory Disease yielded *Mannheimia haemolytica* [2] and *Pasteurella multocida*. *Salmonella* Dublin caused primary pneumonia on 2 farms as well as septicaemia on another farm. Lung abscessation was due to *Trueperella pyogenes*.

*Salmonella* Typhimurium was the cause of enteritis on 2 farms, and *E. coli* on 16 farms. One of the *E. coli* isolates was positive for the eaeA virulence factor which is associated with Enteropathogenic *E. coli* [EPEC] strains. Such strains usually cause enteritis in ruminants 2 weeks to 2 months of age. One of the strains was ESBL [Extended Spectrum Beta Lactamase] positive which denotes resistance to many antibiotics.

Abortion was associated with *Campylobacter fetus* on two farms, and pyometra with *Histophilus somni* on one farm and *Trueperella pyogenes* on another.

Mastitis was due to *Streptococcus uberis* on one farm and *Staphylococcus pseudintermedius* on another.

Clostridial myositis was due to *Clostridium novyi*, *C. septicum* and *C. chauvoei* on one farm each.

Abscesses in sheep and goats [2] were due to *Corynebacterium pseudotuberculosis*. Multiple abscesses in newly born lambs were caused by a methicillin resistant *Staphylococcus aureus* [MRSA]. *E. coli* septicaemia caused the deaths of lambs on two farms. Blue Udder was due to *Mannheimia haemolytica*.

Pneumonia in pigs was due to *Actinobacillus pleuropneumoniae* complicated by *T. pyogenes*.



## **Monthly report on Livestock and Wildlife isolations for May 2023 from Vetdiagnostix – Supplied by Dr. Rick Last- BVSc; M.Med.Vet (Pathology)**

**Specialist Veterinary Pathologist**, Vetdiagnostix - Veterinary Pathology Services, South Africa

### **Livestock.**

Bovine Adult. Suspect cutaneous pythiosis. Mtubatuba, KZN.

Ovine aborted foetus. Peliosis hepatis – congenital lymphangiectasia. Newcastle, KZN.

### **Bovine Adult. Vagal indigestion / Dysautonomia syndrome. Vryburg, Free State.**

Bovine Adult. Pneumonic manheimenellosis. Estcourt, KZN

Bovine Adult. Listeriosis. Viljoenskroon, Free State.

Bovine Adult. Black's Disease (liver fluke + Clostridium). Estcourt, KZN.

Bovine Adult. Subacute Liver Fluke. Underberg, KZN.

### **Bovine Adult. Vagal indigestion / Dysautonomia syndrome. Jefferies Bay, E.Cape.**

Bovine Yearling. Thymic lymphoma. Witbank, Mpumulanga.

### **Wildlife.**

Rhinoceros, Adult. Cutaneous habronemiasis. Modimole, Far North.

Zebra, Adult. Iron Storage Disorder. Richards Bay, KZN.

Springbok, Adult. Heartwater. Bella-Bella, Far North.

Black Panther, Adult. Actinomyces pneumonia. Lammermoor, Gauteng

## **Monthly report on livestock and wildlife isolations for May 2023 by Department Veterinary Tropical Diseases Bacteriology Laboratory, University of Pretoria, supplied by Dr Annelize Jonker**

### Domestic ruminants

*Pasteurella multocida* was isolated from organ samples from two calves that died of septicaemia.

*Escherichia coli* was isolated from organ samples from a six day old lamb.

Haemolytic *Escherichia coli* was isolated from stomach content from an aborted bovine foetus.

*Trueperella pyogenes* and *Pseudomonas aeruginosa* were isolated from a swab taken from a cow suffering from purulent sinusitis.

*Clostridium perfringens* and *Prevotella melaninogenica* was isolated from intestinal content from carcasses of sheep that suffered from diarrhoea.

*Bibersteinia trehalosi* was isolated from a lung sample from a sheep carcass.

#### Wild ruminants

*Salmonella* was isolated from samples from an aborted Sable foetus.

### **Monthly report on Livestock and Wildlife isolations for May 2023 from Pathcare Vet Lab supplied by dr. Liza du Plessis (Elizabet.duplessis@pathcare.co.za)**

| Condition  | Comments and Specie |
|--|---------------------|
| Anaplasmosis                                     | B 1                 |
| Blue tongue                                      | O 1                 |
| Cryptosporidiosis bacterial enteritis            | O 1                 |
| Johne's disease                                  | O1                  |
| Septicaemia                                      | O 1                 |
| <i>Actinobacillus equuli</i>                     | E 1                 |
| BMC (Snotsiekte)                                 | B 1                 |
| Equine sarcoid                                   | E 2                 |
| Mycotoxycosis (Algae)                            | G 1                 |
| <i>Cestrum</i> (Ink berry)                       | B 2                 |
| Cardiotoxicity                                   | B 1                 |
| Mastitis – <i>Staphylococcus</i>                 | B 2                 |
| Abortion - <i>Streptococcus</i>                  | B 1                 |
| Lung infection ( <i>Pasteurella/Mannheimia</i> ) | B 2                 |
| Diarrhoea calves                                 | B 2                 |

|   |         |
|---|---------|
| Traumatic reticuloperitonitis                                       | B 1     |
| Abortions. Various non-infectious Brucellosis (B), Chlamydiosis (O) | B, O, C |

**University of Stellenbosch, Animal Science Department – Dr. Bennie Grobler**

**May 2023**

| <b>Condition</b> | <b>Specie and Numbers</b> |
|------------------|---------------------------|
| Round worms      | O 2                       |
| Wireworm         | O 1                       |
| Blood gut        | O 1                       |
| Lameness         | O 2                       |

**Monthly report April 2023: Dr. Mark Chimes -Dairy Standard Agency**

Nothing to report

**Monthly report May 2023: Dr Theo Kotzé – One Health Consultancy and Vet Lab**

[U77365845@vodamail.co.za](mailto:U77365845@vodamail.co.za)

0827849706

No new State controlled disease or Notifiable disease to be reported during March

Recorded the following diseases

Mastitis BD; West Nile Virus – Tsitsikama, horse; Clostridium chauvoei B, Theileria equi; Trichomoniasis; Sarcoid due to Bovine papilloma virus in horse.

**Thoughts on Foot and Mouth Disease control**

**International and Disease Management Area: protocol needed**

**Farm gate: Self-regulation through entrance control**

**Veterinary certification – 28 days quarantine**

**Traceability at auctions**

**Traceability at abattoirs**

**Strict quarantine control**

**Strategic vaccination**

**Strategic surveillance**

**Feedlot report received from Dr. Eben du Preez for May 2023  
([edupreez1@telkomsa.net](mailto:edupreez1@telkomsa.net))**

| <b>Condition</b>   | <b>Comments and Specie</b> |
|--|----------------------------|
| Liver fluke worms  | B 3                        |
| Parafilaria  | B 3                        |
| Blue ticks   | B 3                        |
| Bont-legged ticks  | B 3                        |
| Red-legged ticks   | B 3                        |
| African red water  | B 1                        |
| Anaplasmosis   | B 3                        |
| Red gut  | B 3                        |
| Ringworm   | B 3                        |
| <i>Histophilus somni</i>   | B 3                        |
| Warts  | B 3                        |
| Acute Haemorrhagic Pasteurellosis<br><i>Pasteurella multocida</i> Type B | B 2                        |
| Phosphate deficiency   | B 3                        |
| Vitamin B 1 deficiency   | B 1                        |
| Joint ill  | B 3                        |

| Area              | Sample | History | PM findings   | Other tests/outcome |
|-------------------|--------|---------|---|---------------------|
| Lameness          |        |         | B 3   |                     |
| Pneumonia         |        |         | B 3   |                     |
| Diarrhoea         |        |         | B 3   |                     |
| Eye infection     |        |         | B 3   |                     |
| Abscesses         |        |         | B 3   |                     |
| Trauma            |        |         | B 3   |                     |
| Pericarditis      |        |         | B 3   |                     |
| Farmers reporting |        |         | Pneumonia, Clostridial diseases, Bloat, Diarrhoea, Fractures, Lantana |                     |

**Feedlot report received from Drs. Morris, Morris and Barnard, May 2023  
([shaun@octavoscene.co.za](mailto:shaun@octavoscene.co.za))**

| Condition   | Comments and Specie |
|---|---------------------|
| May month was the month with the least problems recorded in a long time |                     |
| African red water   | B 2                 |
| Asiatic red water   | B 2                 |
| Digestive problems  | B 3                 |
| Chronic pneumonia   | B 3                 |

**Post mortems at Queenstown Provincial Veterinary Laboratory May 2023 Dr. Clara Blaeser**

|         |                 |   |   |   |
|---------|-----------------|---|---|---|
| Gwaytu  | Caprine carcass | Goats supposedly in veld but there is a field with maize (supposedly fenced). | Congested mucous membranes, heart and lungs congested, intestines very red, rumen very full, plenty maize in GIT  | Grain overload                            |
| Gwaytu  | Caprine carcass | Was paddling  | Poor body condition (No fat)<br>Serosanguinous fluid in body cavities, mild hydropericard, pulmonary oedema, spleen mildly enlarged, +++wire worm in abomasum | Heart water                               |
| idutywa | Ovine carcass   | Lamb with soiled hind quarters.   | No fat, diarrhoea, spleen small   | Plenty coccidial oocysts .<br>emaciation. |



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA

Section of Pathology  
Department of Paraclinical Sciences  
Faculty of Veterinary Science

26<sup>th</sup> May 2023

Import/Export Policy Unit Subdirector

**Monthly report: Faculty of Veterinary Science cases  
Wildlife cases sent to referring veterinarians between 2<sup>nd</sup> and 26<sup>th</sup> May**

Cases from State vet Skukuza or Orpen

Cases imported with master permit

| PMDate    | Species    | Final                           |
|-----------|------------|---------------------------------|
| 08-Mar-23 | Cheetah    | Kidney failure                  |
| 08-May-23 | Chimpanzee | Gingival hyperplasia or fibroma |

Kind regards,

Prof. Emily Mitchell

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