

DEALING WITH AN ABORTION OUTBREAK IN EWES

Abortions are an inevitable part of lambing time and it is important to plan how you are going to deal with them. Ideally every abortion should be investigated however, as a useful rule of thumb, if you see two or more in one week then you should take steps to identify the cause. A flock rate of more than 2% definitely warrants investigation. Remember that actual abortions may be the tip of the iceberg with many of the infectious agents also capable of causing the birth of small, weak lambs.

The following guidelines describe 'best practice' when dealing with aborted ewes:

- You must assume that all abortions are infectious, with a risk of disease spread to other ewes and people.
- All aborted ewes should be isolated as they may have discharges which will contaminate the environment and infect other ewes. The lambs, placentas, (cleansings), and any dirty bedding should be disposed of. Wear gloves when handling these and if possible disinfect the area where the abortion occurred.
- Aborted ewes may be off colour and are at a higher risk of developing womb infections if they have aborted dead or decomposed lambs. Giving an antibiotic injection can stop them becoming ill and your vet can advise on which product is best to use on your farm. These ewes should be checked to make sure they are eating and drinking normally over the next few days.
- Aborted ewes should be clearly marked in case they need to be blood tested at a later date.
- It is better not to foster lambs onto aborted ewes even if they initially appear well and have milk. If enzootic abortion, (EAE), was the cause of abortion fostered ewe lambs could pick up infection from the ewe and go on to abort at their first lambing whether vaccinated or not.

- When lambing or handling aborted ewes remember that many of the diseases causing abortions are zoonotic – they can infect people and cause serious illness. These include some of the most common causes of abortion e.g. EAE, Toxoplasmosis, Listeriosis, Campylobacter and Salmonella. Pregnant women are particularly at risk and should not be in contact with sheep at lambing time or handle dirty overalls and equipment used in the flock.
- Gloves should always be worn when lambing ewes and hands washed thoroughly afterwards and again before eating, drinking or smoking. Easy access to warm water, soap and towels in the lambing shed will encourage this.

The best way to reach a diagnosis is to take whole aborted lambs and placentas to your local veterinary laboratory. If available, send fresh material from several ewes as this will increase the chance of a diagnosis being made. Placentas are very important for certain tests, particularly the diagnosis of EAE. Where distance is a problem your vet can collect samples to send in the post. It is possible to try and make a diagnosis by blood sampling aborted ewes once lambing is over but the results can be difficult to interpret and only EAE and Toxoplasmosis are routinely tested for. Where Border Disease is present targeting blood sampling to the most recently bought in ewes can be useful.

It is better to try and reach a diagnosis during lambing as you may be able to reduce your losses:

- If EAE is diagnosed then injecting the flock with antibiotics can help to save lambs particularly if lambing is spread out. Care also needs to be taken not to transfer infection to other groups of sheep.

- If infection with Toxoplasmosis has occurred check that feed stores are cat proof and avoid using hay bales from the top layer.
- Where Campylobacter or Salmonella is the problem you also need to be careful not to transfer infection via wellies, tyres, equipment, hands and clothes to other groups of sheep. Moving ewes to a new field or reducing the stocking density, e.g. by turning out housed ewes, can reduce the risk of further infection but weather and feeding issues usually mean that this is not practical. Turning feed troughs upside down will stop birds contaminating the feeding surface with droppings.
- Listeriosis is commonly associated with silage feeding. If diagnosed then care should be taken to feed the best silage available and clear away any that is uneaten on a daily basis before supplying more.

Finally, having a diagnosis will allow you to make plans for the future. This could include looking at vaccination, rodent control, food storage, silage making and storage or the management of replacements. Before implementing any changes it is recommended that these should be discussed with your vet.

Heather Stevenson

SAC C Veterinary Services, Dumfries