



NEWSLETTER

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Seasonal reminders:

- Any calf that has an umbilical hernia needs treatment as soon as possible. The anaesthetic and surgery are much more difficult and prone to complications if the calf is bigger and older.
- Bulls should be fertility tested and vaccinated annually against vibrio and pestivirus at least 2 weeks before you plan to use them. All newly purchased bulls should be ear notched and tested for BVD.
- Late calving cows, especially older cows, are more prone to milk fever. Cows with milk fever in hot weather are very susceptible to heat stress. Douse cows with cold water if down and exposed to the sun or move into a shady spot.
- Consider vaccinating your calves with the pinkeye vaccine **Piligard**. Calves require just one dose of **Piligard**.

12 Months in the new vet building

It's hard to believe it's been 12 months since we opened the new side of the vet building! The extra space has made a big difference. Thank you to everyone for your support and patience during the upgrade!

Organising reproductive programs

Please ring the practice before coming in if you would like to organise a reproductive program and associated drugs for your herd.

We would need to know the type of program you would like, the date you would like to start and the number of cows you wish to put on the program. This will allow us to organise the drugs and print a program ready to be picked up when you arrive at the practice.

When to treat non-cycling cows

If cows have been treated with PG the best time to treat non-cyclers is 11 days after the last injection of PG. This is because the follicles in the ovaries are at the right stage where they can best respond to an injection of GnRH (Gonabreed).

It is tempting to treat non-cyclers a week or so after PG as most of the cows that were going to respond have already done so but it is better to wait the full 11 days.

In a double PG synchronisation program, by waiting until day 11, all cows are joined in the first 21 days of mating as the non-cycling cow treatment program is 10 days long.

Why respirators (masks) matter during disbudding

Disbudding is a routine and essential procedure on most dairy farms.



However, like many tasks that are "just part of the job," it comes with hidden risks. One of those risks is **inhalation of smoke and fumes** generated during the disbudding process.

What's in the Smoke?

When horn buds are cauterised, the heat applied to tissue produces a plume of thermal smoke. This smoke contains fine particulates and chemical compounds, including:

- Hydrogen cyanide
- Isocyanic acid
- Carbon monoxide
- Volatile organic compounds (VOCs)
- Nitrogen oxides
- Phenols
- Other potentially hazardous by-products

Did You Know?

Thermal smoke from disbudding can contain over 80 different chemical compounds. Many are known irritants, and some are carcinogenic with long-term exposure.

Veterinarians are often directly in the path of this smoke plumes, especially when multiple calves are disbudded in succession, often in enclosed or poorly ventilated environments. Over time, chronic exposure to these fumes can increase the risk of respiratory issues, asthma-like symptoms, and other long-term health impacts.

To address these risks, the **COMHLA VET Respiratory Protection Programme** has introduced guidance for the safe use of respiratory protection during disbudding. This includes:

- Use of P2 or P3-rated respirators (similar to those used in dusty or hazardous environments) which have particulate filters in them



- Recommended to wear safety glasses/goggles when

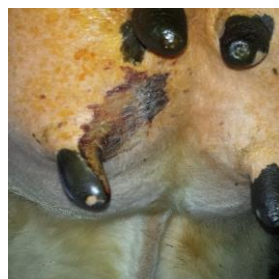
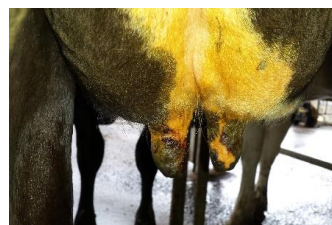
disbudding to prevent eye irritation

- Encouraging use of well-ventilated spaces for disbudding whenever possible
- All horn buds should have the hair clipped to minimise creation of smoke plume

We're sharing this with you because we believe in transparency. You might notice your vet turning up to disbudding appointments wearing a protective mask — and we want you to know why.

Bovine Herpes Virus (Bovine Ulcerative Mammillitis)

Bovine ulcerative mammillitis is contagious skin disease causing severe ulcerations of the teat skin and the udder. It is caused by Bovine herpes virus 2 (BHV-2).



Once a cow is infected with the virus, she will remain infected for life and may shed the virus during periods of stress.

The virus is usually introduced into herds by the introduction of carrier animals or by biting insects.

In dairy herds the virus can be spread between cows in the milking shed when infected cows are milked, and the virus remains on the cups when applied to an unaffected cow.

Outbreaks can occur in cattle herds (mainly young cows such as first calvers), with up to 30% of a herd can become infected. The virus spreads slowly through the herd over a 2–7-week period. The incubation period is 5–10 days.

Initially the affected teats develop painful red swellings that progress to form fluid-filled vesicles, which rupture to become ulcers and thick plaques approximately 0.5–2cm in diameter. Some plaques may coalesce to involve large areas that extend up to the teat base or involve the entire udder, perineum and vulva.

Eventually extensive sloughing of skin occurs, followed by scab formation. Scabs may cover the teat orifice and interfere with milking.

Healing is a slow process and may take weeks to occur.

Diagnosis of the condition is usually based on the typical lesion seen on the affected cows.

Treatment is supportive and non-specific. The application of iodophor teat disinfection and emollient udder cream/zinc-based creams can increase healing of skin.

In dairy herds it is recommended to milk affected cows last, wash udder and apply iodophor teat disinfection to reduce the spread in the herd.

Milking equipment should be disinfected. Affected cows should be monitored for mastitis and severely affected cows may need to be dried off early.