Dave Rethorst, DVM



- Prevent entrance of disease into herd
- Control disease within herd
- Prevent spread of disease to other herds



- What are your goals?
- How much risk are you willing to assume?



- There is not just one right answer!
- Must find what works best in your situation



- Herd plan depends on in-herd prevalence
 - Testing
 - Determines aggressiveness of plan
 - Helps document valid VCPR
 - Helps document need for control as needed for VFD



- Animals of particular concern
 - Breeding stock from non-endemic area added to herd
 - Breeding stock from endemic areas moved to non-endemic area



- Seedstock herd considerations
 - Serologic status of animals sent to other states or bull studs
 - Active infection status of animals moved to nonendemic areas

- Quarantine
 - 30-45 days
- Testing
 - Elisa
 - PCR



- Chemosterilization
 - .5 mg/lb/day for 120 days
 - 2 mg/lb/day for 80 days
 - PCR negative at 50 days
 - ELISA negative at 140 days
- IF NOT DEALING WITH RESISTANT STRAIN
- Legalities of using CTC for chemosterilization
 - Labeled for "control of active infection of anaplasmosis"
 - Not labeled for "elimination of carrier state of anaplasmosis"
 - 2 mg level must be fed in mineral and must use Aureomycin



- Can we have a negative herd in Kansas?
- Should we?
- Is it practical?
 - Commercial herd: No
 - Seedstock herd: It depends



- Colostral immunity
 - -3% of calves infected before 1 year of age
 - Infected in-utero?
 - –82% of calves born to seropositive cows are seropositive in first 3 months of life
 - These calves become seronegative and found free of infection by blood inoculation

Maas, AJVR 1986



- Tools available for use
 - Vector control
 - Vaccine
 - Antibiotic
 - Testing
 - Other



- Vector control
 - Horse fly
 - Deer fly
 - Stable fly
 - Ticks
 - Burning
 - Needles



Vaccine

- Provisional use vaccine, not federally licensed
- Killed vaccine
- One strain
- Cross reaction with other strains
- Does not prevent infection
- Reduces clinical signs
- Requires two doses the first year, one in subsequent years
- Cost



- Assumptions for example protocols
 - FDA will allow "control" to include "prevention"
 - Positive Elisa and PCR results will document infection.
 - 25% prevalence



Herd protocol 1

- Document prevalence
- CTC .5 mg/lb in mineral during vector season
- Vector control
- Approximate cost of single-needle injection, diagnostics, medicated
 mineral for 120 d, insecticide treatment, and terrestrial vector control:
 - Year 1: \$36 to \$41/cow
 - Subsequent years: \$29 to \$34/cow



Herd protocol 2

- Document prevalence
- Vaccinate replacement heifers between weaning and breeding (2 doses)
- Vaccinate purchased cows and bulls prior to vector season (2 doses)
- CTC .5 mg/lb in mineral during vector season
- Vector control
- Approximate cost of single-needle injection, diagnostics, medicated mineral for 120 d, insecticide treatment, vaccination, and terrestrial vector control:
 - Year 1: \$39 to \$44/cow
 - Subsequent years: \$31 to \$36/cow



Herd protocol 3

- Vaccinate replacement heifers between weaning and breeding (2 doses)
- Vaccinate purchased cows and bulls prior to vector season (2 doses)
- Vaccinate cows prior to vector season (2 doses)
- Annual booster
- Vector control
- Approximate cost of single-needle injection, insecticide treatment, vaccination, and terrestrial vector control:
 - Year 1: \$41 to \$46/cow
 - Subsequent years: \$34 to \$39/cow



- Seedstock herd considerations
 - Serologic status of animals sent to other states
 - Active infection status of animals moved to nonendemic areas



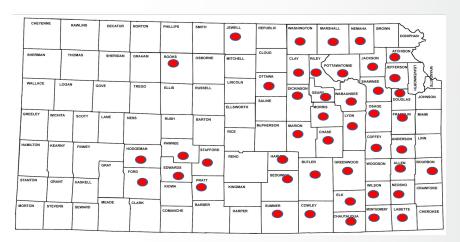
- Quarantine
 - 30-45 days
- Testing
 - Elisa
 - PCR

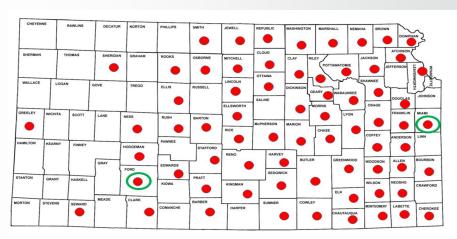


- Chemosterilization
 - .5 mg/lb/day for 120 days
 - 2 mg/lb/day for 80 days
 - PCR negative at 50 days
 - ELISA negative at 140 days
- IF NOT DEALING WITH RESISTANT STRAIN
- Legalities of using CTC for chemosterilization
 - Labeled for "control of active infection of anaplasmosis"
 - Not labeled for "elimination of carrier state of anaplasmosis"
 - 2 mg level must be fed in mineral and must use Aureomycin



Questions?





www.ksvdl.org "Disease Trend" button

