



Stamp out lameness case study

SOMERSET FLYING FLOCK REAPS BENEFIT OF PROACTIVE VETERINARY INPUT FOR LAMENESS



Richard Mouland (left) and his wife Charlotte (right), who is a vet, rely on proactive veterinary input, sound flock health planning and vaccination to limit the impact of a variety of production-limiting diseases.

Proactive veterinary input and sound health planning are helping the Mouland family overcome the inherent disease management challenges associated with running a large flying flock on 1,800 acres of parcelled land in Somerset.

M & J Mouland & Sons – based at Horn Farm, Forton near Chard – run 2,300 April lambing North Country Mule ewes and a herd of 225 suckler cows on four different tenanted holdings. All their lambs and cattle are finished on the farms. They also buy in 150 calves to rear each year from local dairy farms.

“In addition to the sheep enterprise, we probably have about 800 head of cattle at grass across the various holdings at the moment. We also grow 380 acres of wheat, barley, beans and maize – most of which is harvested and fed back to the stock to try and minimise the amount of feed we have to buy in,” says Richard Mouland, who oversees the sheep and suckler herd and is one of four sons, three of whom work on the farm.

Richard’s father Michael is a first-generation farmer, who has built the farm up scratch. “With all Dad’s valuable experience he’s forthright with his views on how we should be doing things but is equally receptive to new ideas. And once he sees something working, he’s the first to throw his full weight behind it,” Richard says.

For example, Richard and his wife Charlotte, who is a vet, are in the process of changing the farm’s sheep farming system. “Fundamentally, we want to move away from a flying flock. Apart from usually selling around 300 ewe lambs each year to neighbours, we’ve always finished our flock output and bought-in all our replacements, believing there was no way we could produce as good a ewe as some of the top North Country Mule breeders in the north. But this has meant inevitable disease management challenges,” says Charlotte.

Richard says that routine vaccination has helped keep most disease problems at bay but one of their biggest headaches has been managing persistent lameness problems. At its worst, four or five years ago, he reckons up to 10% of the flock was lame at any one time.

“All our ewes and lambs are fully vaccinated against clostridial diseases and pasteurellosis. The ewes are also vaccinated against enzootic abortion and toxoplasmosis. But over the years I think we’ve probably bought in most of the key infectious foot diseases with different batches of sheep; such as CODD, footrot and scald. And whilst we believe our quarantine protocols are sound – in that each year’s import of new ewe lambs now come from one farm doing some proactive disease screening and always run separately from the main flock, at least until well after lambing – there’s no doubt that our historical buying-in policy hasn’t helped.”





Charlotte believes that historic misdiagnoses have also played their part. “In retrospect, I think Michael and Richard were probably wrestling with CODD for quite a while, but in the early days didn’t really understand what they were dealing with and consequently not treating it with antibiotics as well as they could have been,” she says.

Richard adds that with the benefit of hindsight, his father had also become over-reliant on antibiotic sprays and trimming feet. “One of our toughest battles has been persuading Dad to put his shears away because new research has clearly shown it does more harm than good; in terms of transmitting any foot infection from sheep to sheep.”

In recent years the Moulands say they have benefitted enormously from the input of specialist sheep vet Emily Gascoigne, one of Charlotte’s colleagues at the XL Vets member practice Synergy Farm Health.

One of the first priorities was to tackle the endemic lameness issue. This started with sheep mobility scoring to try and improve Richard’s perspective of the lameness challenge.

“Sometimes, simply inviting someone in who doesn’t live with the sheep day in, day out, can help enormously,” points out Emily.

“Initially, we’d drive slowly through a field of 200 sheep and identify any that were struggling with their feet, however mildly. On average, I’d count about 16 with any potential issues and this gave us our starting point benchmark estimate of about 8% sheep being lame.”

In line with the FAI Farms Five-Point Plan for reducing sheep lameness, any that were seriously struggling were rounded up and isolated for immediate treatment. Emily helped with a correct diagnosis of any infectious disease cause and use of the correct injectable antibiotic treatment. Over time, any persistently lame ewes were earmarked for culling.

Richard adds that a move to outdoor lambing has also reduced infection pressure and the ability to always be able to isolate any lame sheep on a different farm has helped too.

“By adopting this proactive approach under Emily’s expert eye – and because of our sound quarantine procedures for bought-in ewe lambs – we were able to turn the lameness problem around. We have continued with the mobility scoring as a lameness assessment tool and now only have about 2% lame at any one time. As a result, we’ve cut our use of antibiotics by 30%, which is very satisfying” says Richard.

That said, Richard says they still see a peak of lameness at weaning time, when different groups of ewes are brought back together. “There’s more infection pressure as a result. So, with ewe vaccination being a key element of the Five-Point Plan, we are currently talking to Emily about vaccinating ewes prior to this peak risk period. She says that vaccinating prior to peak lameness risk periods is certainly a successful practice on many farms.

