



CLEVEDALE VET PRACTICE

Schmallenberg Virus Update November 2012

There has been an increasing amount of press coverage in recent weeks as Schmallenberg Virus (SBV) has been found in the north of England and more relevantly for us, North Yorkshire. We can report that we have now identified antibodies to the virus in cows within our practice area and it seems, from other results obtained by the laboratories, that the virus has probably been present in the area for a number of weeks.

In response to these findings we present below a summary of the most up-to-date information we can give you as of the end of October:

It is now over a year since the 1st reports of a novel viral disease in Northern Europe, now known as Schmallenberg (named after the German town where the virus was first identified). The initial clinical signs were of fever, reduced milk yield, inappetence and loss of condition, with diarrhoea in a proportion of cases. Reports of congenital abnormalities in sheep, cattle and goats followed. In the early part of 2012 275 UK farms reported cases of SBV, of these 56 were in cattle. The farms initially affected were those that were predicted from the likely distribution of wind-blown insect vectors and were restricted to the South and East of a line drawn from the Severn to the Humber.

It now seems likely that the virus has become established in native GB midges and we are seeing further spread of cases. Acute disease has been reported in North and West Yorkshire, Northumberland, Lancashire, Devon, Cornwall and several counties in Southern England that previously had cases of congenital abnormalities; there is evidence of seropositive animals in Wales.

The clinical signs of Schmallenberg in adult cattle include fever, milk drop with or without diarrhoea, affecting a number of animals in a short period before a full and rapid recovery over several days. In adult sheep and goats minimal signs have been reported. Acute disease may be difficult to recognise other than when milk drop is seen in dairy herds. Instead, the presence of infection may not be realised until congenital deformities (birth defects) are seen in aborted or full term calves/lambs.

The effect of SBV on pregnancy may vary according to the stage of pregnancy and return to service or early embryonic death may be seen. Malformations observed include bent limbs and fixed joints, twisted spine, brain deformities and damage to the

spinal cord. Persistent flexion of the joints (arthrogryposis or "contracted tendons") is reported to be a common birth defect. However, arthrogryposis can also be inherited or can be seen when a large calf has spent time "squashed up" inside the uterus. Some animals are born with a normal appearance but have nervous signs such as a 'dummy' presentation or blindness; they may have difficulty rising or stand with the legs held wide apart and the head lowered; inco-ordination when walking, an inability to suck, and seizures may also be seen.

Calving/lambing problems may occur as a result of fused joints and delivery by caesarean operation may be indicated - joints cannot be flexed to correct the position of a calf/lamb and if excessive traction is used in an attempt to deliver the calf/lamb, rupture of the uterus and death of the dam will follow.

Spread of the virus to breeding females prior to conception results in immunity and in this case it is expected a normal pregnancy would follow.

In practical terms there is little that can be done to reduce the risks of SBV. A vaccine is in development and it is to be hoped that this will be available in the near future. Control of midges is unlikely to be substantially effective but the use of pour-on fly repellants to act against midges may be considered in much the same way as it was considered for Bluetongue.

Delay of insemination can be considered in the hope that exposure to infection and subsequent immunity occurs prior to conception but this depends on an individual farm's management targets as well as the unreliable prediction of infection.

Although potentially a serious and distressing disease, it should be remembered that in the majority of affected herds/flocks, the proportion of affected offspring with congenital abnormalities has not been high.

Confirmation of the disease can be made from post-mortem tests on affected calves/lambs and blood testing of animals for evidence of either virus or antibody; a bulk milk test has also just been developed.

Schmallenberg virus is thought to very unlikely to cause illness in people. As ever, sensible hygiene precautions should be taken when dealing with livestock and abortion material. Pregnant women should not have contact with sheep/goats at lambing/kidding time due to risks of exposure to other disease causing organisms.

We will aim to keep you informed of any significant developments but if you have any further questions or concerns please do not hesitate to contact one of us at the surgery.

Clevedale Veterinary Practice

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