Monthly report on livestock disease trends as informally reported by veterinarians belonging to the Ruminant Veterinary Association of South Africa (RuVASA), a group of the South African Veterinary Association

September 2017

Previous disease reports can be seen on the RuVASA website www.ruvasa.co.za

Click on Disease Reports

The following practices and laboratories (127) submitted reports during September 2017:

Mpumalanga (12)
Balfour – Dr. Louis van Jaarsveld
Bethal – Dr. Hardus Pieters
Ermelo – Drs. Potgieter and Steinberg
Grootvlei – Dr. Neels van Wyk
Karino – Dr. Silke Pfitzer
Lydenburg – Drs. Trümpelmann and Steyn
Malalane – Drs. Van Sittert and Van Sittert
Middelburg –Drs. Malan, Erasmus and Bernitz
Nelspruit – Dr. André Beytell
Piet Retief – Drs. Niebuhr and Weber
Standerton – Dr. Kobie Kroon
Volksrust – Drs. Watson, Solomon and Scheepers

Gauteng (6)
Bapsfontein – Drs. Engelbrecht and Olivier
Bronkhorstspruit – Drs. De Bruin, De Bruin, Rudolph and Slabber
Magaliesburg – Dr. Ryan Jeffery
Onderstepoort Veterinary Academic Hospital - Proff. Annandale, Prozesky, Shakespear, Holm, Pettey and Drs. Arnot, Fitte, Grobler, Hamman, Koeppel, Leask, Maboe, Marufu, Mokoele, O'Dell, Tshuma and Van der Leek
Pretoria – Dr. Hanneke Pienaar
Vanderbijlpark – Dr. Kobus Kok

Limpopo (8)
Bela-Bela (Warmbath) – Dr. Nele Sabbe
Bela-Bela – Drs. Herbst, Kilian and Hansen
Lephalale (Ellisras) – Dr. Brigitte Luck
Makhado (Louis Trichardt) – Drs. Harris, Klopper and Jacobs

Cremona
Modimolle (Nylstroom) – Drs. Huber, Bredell and Barnard
Polokwane (Pietersburg) – Drs. Watson, Viljoen, Jansen van Vuuren, Van Rooyen, Snyman and Cremona
Vaalwater – Dr. Hampie van Staden
Vaalwater – Dr. Annemieke Müller

North West (9)
Brits – Drs. Boshoff and Coertze
Christiana - Dr. Pieter Nel
Klerksdorp – Drs. Theron, Van den Berg, Van den Berg and Geral
Klerksdorp – Drs. Coetzee and Venter
Leeudoringstad – Dr. Ian Jonker
Lichtenburg – Dr. Nelmarie-Krüger-Rall
Stella - Dr. Magdaleen Vosser
Ventersdorp/ Koster – Drs. Marais and Benadé
Vryburg – Dr. Jurie Kritzinger

Free State (25)
Bethlehem – Drs. Strydom and Strydom
Bethlehem – Dr. J.C du Plessis
Bloemfontein – Dr. Stephan Wessels
Bultfontein – Dr. Santjie Pieterse
Clocolan – Drs. Wasserman and Basson
Dewetsdorp – Dr. Marike Badenhorst
Ficksburg – Drs. Kotze and Coetzer
Frankfort - Drs. Lessing, Cilliers and Janse van Rensburg
Gariep Dam – Dr. Marni Strauss
Hertzogville - Dr. Nico Hendrikz
Hoopstad – Dr. Kobus Pretorius
Kroonstad – Drs. Daffue, Eksteen, Van Zyl and Van der Walt
Ladybrand/Excelsior - Dr. De Vos and Nel
Memel – Drs. Nixon and Nixon
Parys – Drs. Wessels and Wessels
Philippolis – Dr. Stephan van Niekerk
Reitz - Dr. Murray Smith
Reitz – Dr. Schabort Froneman
Senekal – Dr. Jan Blignaut
Smithfield – Dr. Nienke van Hasselt
Trompsburg – Dr. Wyn Irwin
Viljoenskroon - Dr. Johan Kahts
Wesselsbron – Dr. Johan Jacobs
Winburg – Drs. Albertyn and Albertyn
Zastron – Drs. Troskie and Strauss

KwaZulu-Natal (16)
Bergville - Dr. Ariena Shepherd
Bergville – Dr. Jubie Muller
Camperdown – Dr. Anthony van Tonder
Dundee – Drs. Marais and Fynn
Dundee – Dr. Paul Reynolds
Eshowe – Drs. Pryke and Hoffman
Estcourt – Drs.Turner, Tedder, Taylor, Tratschler, Van Rooyen and Alwar
Howick – Drs. Hughes, Lund, Gordon, Allison and Taylor
Kokstad - Drs. Clowes and Shrives
Mooi River – Drs. Fowler, Hartley, Alexander and Reisinger
Mtubatuba – Dr. Trever Viljoen
Newcastle – Dr. Barry Rafferty
Pietermaritzburg – Dr. Phillip Kretzmann
Pongola – Dr. Heinz Kohrs
Underberg - Drs. Collins, King and Delaney
Vryheid – Drs.Theron and Theron

Eastern Cape (14)
Alexandria - Dr. Johan Olivier
Aliwal North – Drs. Troskie and Strauss
Bathurst – Dr. Jane Pistorius
Cradock – Dr. Frans Erasmus
Graaff- Reinet - Dr. Roland Larson
Graaff-Reinet – Drs. Hobson,Strydom and Hennesy
Humansdorp – Drs. Van Niekerk and Janse Van Vuuren
Jeffreys Bay – Drs. Hoek , Lategan and McFarlane
Middelburg/Steynsburg/Barkly East – Drs Van Rooyen and Viljoen
Port Alfred – Dr. Leon de Bruyn
Queenstown – Drs. Du Preez, Godley, Klopper, Jansen van Vuuren, De Klerk and Catherine
Stutterheim - Dr. Dave Waterman
Uitenhage – Drs. Mulder and Krüger
Witelsbos – Dr. Elmien Kotze

Western Cape (19)
Beaufort West - Drs. Pienaar and Grobler
Caledon – Drs. Retief, Coetzer, Jansen and Woudstra
Caledon – Drs. Louw and Viljoen
Darling – Drs. Van der Merwe, Adam and Senekal
George - Drs. Strydom, Truter and Pettifer
Heidelberg – Dr. Albert van Zyl
Malmesbury – Drs. Bosman and Groenewald
Malmesbury – Dr. Otto Kriek
Malmesbury – Dr. Markus Fourie
Oudtshoorn – Dr. Glen Carlisle

Oudtshoorn – Dr. Adriaan Olivier
Piketberg – Dr. André van der Merwe
Plettenberg Bay – Dr. André Reitz
Riversdale – Drs. Du Plessis, Taylor and De Bruyn
Stellenbosch – Dr. Alfred Kidd
Swellendam – Dr. Jacques Malan
Tulbach/Ceres - Drs. Hamman, Wilson & Triegaardt
Vredenburg – Dr. Izak Rust
Wellington – Drs. Van Zyl and Louw

Northern Cape (10)
Calvinia – Dr. Bertus Nel
Colesberg – Drs. Rous and Rous
De Aar – Dr. Donald Anderson
Kathu – Dr. Jan Vorster
Kimberley – Drs. Van Heerden and Swart
Kuruman – Dr. Lea Shuda
Kuruman – Dr. Gerhard v.d. Westhuizen
Postmasburg – Dr. Boeta van der Merwe
Upington – Drs. Vorster and Visser
Upington – Dr. A B Fourie

Feedlots (2)
Dr. Andy Hentzen
Drs. Morris and Du Preez

Laboratory reports (6)
Dr. Marijke Henton - Vetdiagnostix, Johannesburg
Dr. Alan Fisher – Queenstown Provincial laboratory
Dr. Last, Bosch and Williams – Vetdiagnostix, Pietermaritzburg
Dr. Liza du Plessis – Idexx, Onderstepoort
Dr. Lucy Lange – Pathcare, Cape Town
Dr. Emily Lane – National Zoological Gardens

Key Message

Stop brucellosis!

This month a case study is presented as a wake up call to all cattle farmers to control this disease which causes serious economic losses. As this bacterial disease is also a zoonosis (humans can become infected) everyone should take note of this disease.

My veterinarian and Dr Faffa Malan requested me to tell the story of how brucellosis affected our farming business. To sketch a clear picture, I need to supply some information about our farming situation.

I started working as farm manager in 2012 and the small herd of 40 stud cows was my responsibility. The fertility of the herd was not good and the herd was previously not well managed. The local veterinarian and I worked together the past 4 years to bring the herd's performance up to standard. The herd tested negative for brucellosis and all the cows were annually vaccinated with RB51 vaccine against brucellosis.

The owner also had a commercial herd of about 80 cows managed by another manager. This herd was on another farm, some 60 km away. When this herd was tested for brucellosis in 2011 some positive animals were identified and the State veterinarian then took control of the herd. All positive animals were slaughtered immediately. The testing for brucellosis had to be repeated every two months until two negative test results in succession were obtained. Since all of the testing was not done timeously by the State veterinarian the herd was declared negative for brucellosis in 2015, almost 4 years later.

In 2015 the decision was made to sell the farm where the stud was held and to move all the animals to the commercial farm which is bigger. It was also decided to buy more commercial animals as the price of cattle was lower due to the drought.

A new head manager was appointed to buy the cattle and the commercial herd grew to 460 animals in a short period of time. It was agreed on that all these animals had to be free of brucellosis. The head manager went ahead and bought animals all over the country, promising that they tested negative for brucellosis but without obtaining any certificate to substantiate this claim. The acquired animals were in excellent condition and seemed to be completely healthy.

The head manager left in 2016 and the commercial herd was then put under management of my colleague. When the stud farm was eventually sold in 2016 we had to move the stud to the commercial farm. I insisted that the stud have to be first tested for brucellosis. When they all tested negative the herd was moved to the commercial farm where they were kept separate from all commercial cattle. Should there be any brucellosis positive stud animals during the next test, we could be sure that the brucellosis bacteria were brought in by other positive cattle.

At the end of February 2017 I also took over the management of the commercial herd as my colleague had to manage the crop side of the farming enterprize. The breeding season lasts three months, from December to February and again from June to August. Pregnancy tests are done 6 weeks after the bulls were taken from the herd. During the pregnancy tests I requested the veterinarian to also conduct the test for brucellosis on 50 cows, seeing that we previously had brucellosis on this farm. When the results came on 28 May two of the 50 cows tested positive for brucellosis!

The positive cows were branded with a C and sent to an approved abattoir for slaughtering. The positive animals are slaughtered separately by workers wearing protective clothing and afterwards the abattoir had to be sterilised. Because of this complicated procedure the price paid per kg drops. If these cows are pregnant the financial loss is even greater.

I then made an appointment with the vet to test all our cattle. As the June breeding season was approaching we decided not to wait for the test results but to go ahead as the financial loss will be

too big if we had to wait till all the female animals were declared negative for brucellosis. The vet also stated that the bulls do not easily get infected with brucellosis bacteria.

On 12 June all cows and bulls were tested for brucellosis. The vet declared that heifers will be tested only after they had calved, as positive animals will then only be showing up on the test. They had previously already been vaccinated with RB51 vaccine three times. We received the test results on 23 June. All the bulls tested negative, even the bull that had been used in the herd for the past five years. 17 Cows out of 375 tested positive and had to be slaughtered.

The second test was done on 7 August and yielded 5 positive cows. Again they as well as their offspring on the farm had to be slaughtered. The next test will be done on 11 October and we are hopeful that this will be our first negative test. If I understand correctly the whole herd will have to be tested twice more and if all cattle test negative the herd will be declared negative for brucellosis. We have to remember to test the heifers after they had calved to ensure that the brucellosis bacteria are not brought into the herd again. The best procedure would be to keep heifers separate until they have calved and been tested negative before introducing them into the herd.

The infection causes production to drop quickly. We planned to enlarge the herd to 500 cows in 2018 but cannot reach this goal because of the cows that were slaughtered. The only way in which to do it is to buy in cows. This time we shall ensure that they are all free of brucellosis and come from a herd declared free of brucellosis.

(See the vendor's declaration attached under bacterial diseases)

The important question remains: How did the brucellosis infection enter the herd?

A few possibilities are mentioned here.

- Cattle were brought into the herd without certificates issued by a veterinarian to confirm that they tested negative for brucellosis.

- Heifers were not tested after calving. This can be concluded because many of the positive cows were second calf cows that were born on the farm.

- The infection came from neighbouring farms. We know that it is possible for flies to spread the disease should they feed on infected afterbirth and then carry the bacteria to the eye's mucous membrane of other cattle.

How do you take control to prevent the brucellosis bacteria ruining you financially?

Only buy cattle that were declared brucellosis free by a veterinarian. Do not accept the insurance of the seller, but insist on a certificate signed recently by a veterinarian. It is of no use if the cattle were tested a year or longer ago.

It is very important to make vaccinating with RB51 and S19 part of your vaccinating programme. This is the only way to beat the brucellosis bacteria in our country. Discuss rte programme with your veterinarian.

It remains the responsibility of every proud cattle farmer to keep his or her cattle healthy.

Written by an anonymous farmer and Dr. Johan Wessels, veterinarian of Parys (vet@parys.co.za)

Websites that are there to help you with information regarding animal health:

National Animal Health Forum

www.nahf.co.za

Read what the Forum is all about:
http://nahf.co.za/about/

This website will become the information centre of animal health in Southern Africa.
On the toolbar click on **Stakeholders** and you will find links to producer organizations and other organizations who are participating in the NAHF
http://nahf.co.za/stakeholders/

Provincial Animal Health Forums have their own site – click on **Provinces**
http://nahf.co.za/provinces/

Important is to study the Veterinary Strategy (2016 -2026) as it gives direction to where we are going with Animal Health in South Africa.
http://nahf.co.za/wp-content/uploads/Vet-strategy-final-signed.pdf

Click on **Info centre** for more information on the "war" we have against Bovine Brucellosis. Please be up to date on the role all have to play to control this zoonotic disease.
http://nahf.co.za/category/diseases/brucellosis/

Information on other controlled diseases (Ovine Johne's Disease, Pest of small stock – PPR, and African Horse Sickness) is available.

This link will continuously be updated.

Information on **antibiotic resistance** is also available at this address:
http://nahf.co.za/category/antibiotic-resistance/

Rural Veterinary Association of South Africa

www.ruvasa.co.za

Click on **Disease reporting** where maps and information can be sourced on the prevelance of diseases in all provinces. Abattoir reports are available. Use the information available to update management programmes

Landbouweekblad's webpage

www.landbou.com
Vra vir Faffa

Click on: **Indeks van antwoorde w**here more than 4 000 answers can be sourced on animal health.
Click on Beeste
Click on Siektes
Click on Brusellose

1. Gevaar om Beesbrusellose (BBR) deur vendusies en skoue te versprei

2. Rapportering aan bure of ander eienaars oor die voorkoms van brusellose

3. Inligting oor brusellose op die NAHF se webblad

4. Kuddebestuur voor die dekseisoen

5. Bees Brusellose handleiding

6. Teenliggaamwaardes om beesbrusellose in koeie te bepaal

7. Veterinêre Strategie 2016 -2026

8. ‘n Dosyn dinge wat jy moet weet van beesbrusellose

9. Vyf kernfeite wat jy van beesbrusellose (Besmetlike misgeboorte – BM) behoort te weet

10. Veiligheid van vleis en biltong afkomstig van ‘n bees met brusellose

11. Vervoer van diere uit ‘n positiewe brusellose kudde

12. Beheer van brusellose in ‘n beeskudde

13. Boerderypraktyke wat die gevaar van die voorkoms van brusellose verhoog

14. Pak brusellose by die horings

15. Brucellose kan jou lewe verwoes

16. Brusellose in wild

17. Bestuur van positiewe besmetlike misgeboorte beeste

18. Aankoop van beeste wat besmetlike misgeboorte het

19. Antwoorde oor brusellose

20. Behandeling van besmetlike misgeboorte

21. Besmetlike misgeboorte uitbreek in ‘n kudde

22. Gevaar van brusellose onderskat

23. RB51-inenting teen brusellose in dragtige koeie

24. Alles oor Besmetlike Misgeboorte (BM)

25. Kompensasie vir BM en TB positiewe beeste?

26. Nóg vrae oor besmetlike misgeboorte

27. Koeie positief getoets vir besmetlike misgeboorte

28. Vrae, antwoorde oor besmetlike misgeboorte

29. Brucellose: Wat staan ons te doen?

Internal parasite control

www.wormx.info

Summary of disease report for September 2017

127 Reports from veterinary practices and laboratories were received (Mpumalanga (MP) 12; Gauteng (G) 6; Limpopo (L) 8; Northwest (NW) 19; Free State (FS) 25; KwaZulu-Natal (KZN) 16; Eastern Cape (EC 14); Western Cape (WC) 19: Northern Cape (NC) 10; Feedlots (FL) 2 and Laboratories (Lab) 6).

For the detailed report and previous reports go to www.ruvasa.co.za and click on Disease reporting

Internal parasites

The following reports were received from practices regarding internal parasite infestations:

Internal parasites	MP	G	L	NW	FS	KZN	EC	WC	NC
Roundworms	X	x	x	x	x	x	x	x	x
Resistant roundworms	X		x					x	
Wireworm			x	x	x	x			x
Brown stomach-worm									
Long-necked bankruptworm									
Large-mouthed bowelworm									
Nodularworm									
Lungworm									
Eyeworm					x				
Parafilaria						x			
Tapeworms		x	x	x	x	x	x	x	x
Liver fluke	X			x	x	x	x		
Conical fluke	X			x	x				
Cysticercosis (measles)	X	x		x	x				x
Schistosomiasis (bilharzia)									
Coccidiosis	X	x	x		x	x	x	x	x
Cryptosporidiosis				x	x	x	x	x	

As soon as there is an increase in rainfall, parasite problems will increase. Use the five point check to keep on top of what is happening in the flock. For further detail contact your local veterinarian.

https://docs.wixstatic.com/ugd/aded98_cb447e77eef6450f93a2b23cb0e6b9de.pdf

External parasites

The following reports were received from practices regarding external parasite infestations:

External parasites	MP	G	L	NW	FS	KZN	EC	WC	NC
Blue ticks	x	x	x	x	x	x	x	x	
Resistant blue ticks					x	x		x	
Heartwater ticks	x	x	x	x	x	x			
Brown ear-ticks			x	x	x			x	
Bont-legged ticks	x		x	x	x		x		x
Red-legged ticks	x	x		x	x	x	x	x	x
Paralysis ticks	x				x				
Tampans									
Biting lice	x			x	x	x	x	x	
Sucking lice					x		x		x
Itch mites								x	
Sheep scab									
Mange mites			x	x	x				
Nuisance flies	x				x	x	x	x	
Midges	x								x
Mosquitoes									
Blowflies			x		x			x	
Screw-worm			x			x			
Gedoelstia (uitpeuloogsiekte)									
Nasal bot	x				x				x

Make sure to assess the blue tick resistance status on your farm before buying tickicides. Your veterinarian will be able to collect engorged blue ticks to be tested for resistance. Tick numbers will increase after rains.

Tick borne diseases

The following tick borne diseases were reported by practices in the provinces:

Tick borne diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
African red water	x	x	x		x	x	x	x	
Asiatic red water	x				x	x	x	x	
Anaplasmosis	x	x		x	x	x	x	x	
Heartwater	x	x	x	x		x	x		
Lumpy skin disease	x					x			
Corridor disease									
Theileriosis									

Asiatic red water is spreading and is one of the deadliest diseases in cattle.

The new heartwater vaccine is still a year or two away as registration trials have to be done when the upscaling of vaccine production is accomplished.

The following tick toxicosis was reported by practices in the provinces:

Tick toxicosis	MP	G	L	NW	FS	KZN	EC	WC	NC
Sweating sickness				x	x				x

Insect transmittable diseases

The following insect transmittable diseases were reported by practices in the provinces:

Insect transmittable diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Lumpy skin disease	x					x		x	
Ephemeral fever (Three day stiff sickness)	x					x			
Blue tongue					x			x	
Rift Valley Fever									
Wesselsbron									
Nagana									

Now is the time to vaccinate animals against these diseases. Early rains have fallen in many parts of the summer rainfall area which predicts lots of insect vectors.

Venerial diseases

The following venereal diseases were reported by practices in the provinces:

Venereal diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Trichomonosis	x		x	x	x	x	x		x
Vibriosis	x		x		x	x	x		
Pizzle disease				x			x		x
Actinobacillus seminis									x

New cases of **trichomonosis** are reported every month and this disease is out of control. Make sure to buy bulls from farmers where biosecurity measures are in place and bulls are tested for these diseases at regular intervals.

Make sure that fences are in tact and gates closed so that bulls cannot escape to neighbouring cows that may be infected with *Tritrichomonas* and become infected or infected neighbouring bulls are jumping fences.

Cattle study groups should discuss preventative and control measures with their veterinarians. **Be sure to test bulls regularly for these diseases**.

Beware when buying in or sharing bulls! Remember female animals may also be infected.

Study the Good management SOP's for cattle farmers on the RPO website

http://www.rpo.co.za/wp-content/uploads/2016/04/nuutRPO-NERPO-Code-Addendum.pdf

http://www.rpo.co.za/wp-content/uploads/2016/04/nuutRPO-NERPO-Code-Addendum-4-Good-management-practices-and-SOPs-for-cattle-farmers-1.pdf

Bacterial diseases

The following bacterial diseases were reported by practices in the provinces:

Bacterial diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Anthrax									
Blackquarter	x		x	x	x	x	x	x	x
Botulism				x			x	x	x
Pulpy kidney		x		x	x	x	x	x	x
Lamb dysentery									x
Swelled head		x							
Red gut (cattle)	x			x	x	x	x	x	
Blood gut (sheep)	x								x
Tetanus	x								
Salmonellosis	x				x	x			
Bovine brucellosis	x		x	x	x				x
Ovine brucellosis (Ram's disease)							x	x	x
Bovine tuberculosis									
Johne's								x	
Leptospirosis									
Listeriosis									
Pseudomonas									
Fusibacterium necrophorum									
Septicaemia				x	x	x			
E. coli	x	x		x	x	x	x	x	x
Enzootic abortion	x				x			x	
Lumpy wool								x	
Uterine gangrene					x				x
Bovine dermatophilosis (Senkobo disease)									
Wooden tongue									
Lumpy jaw									

Study the table above and determine the risk for animals on your frm. Get advice from your veterinarian on *E. coli* outbreaks in your area and what to do to prevent losses in lambs and calves.

When buying animals this Vendor declaration can help you to minimize risk!

VENDOR DECLARATION BOVINE BRUCELLOSIS

I hereby declare that I am the legal owner or authorised representative of the cattle on sale and am competent to make this declaration

1	The cattle for sale are clearly and permanently identified		Yes	No
2	The cattle for sale/slaughter were born on my farm		Yes	No
3	The farm has a closed herd policy i.e. I do not buy in cattle, rent out grazing or speculate with cattle		Yes	No
4	I practice bio-security on my farm to a level that is **	Poor	Moderate	Good
5	I vaccinate my heifer calves against Bovine Brucellosis once between the ages of 4 – 8 months		Yes	No
6	In addition I vaccinate my cattle older than 8 months with RB51		Yes	No
7	I have all the cattle on my farm tested for Bovine Brucellosis		Yes (date)	No
8	My herd has been tested negative within the past year		Yes	No
9	I did not buy in cattle since my last negative brucellosis test		Yes	No
10	I/my vet investigates any abortions on my farm		Yes	No
11	To the best of my knowledge, my immediate neighbours and farms in my area are free of Bovine Brucellosis		Yes	No
12	I use a veterinarian to advise me on my cattle's herd health		Yes	No
13	The cattle handling facilities on my farm are	Poor	Average	Good

Note: Vaccination does not mean freedom from Bovine Brucellosis as cattle can still be carriers
Please attach the most recent *Brucella* blood test certificate

Owner or authorised representative:…….

Signature:…….

Date:…….

** * Biosecurity

Poor – speculates with cattle, does not vaccinate, poor fences, cattle come into contact with other cattle

Medium – Vaccinates heifers, does not buy in cattle of unknown health status

Good – closed herd/never buys in cattle, vaccinates heifers and no contact with other cattle, follows a herd health plan as advised by his veterinarian, does not allow transport trucks onto property, washes and disinfects truck after returning from the abattoir or auction grounds.

Compiled by: Dr. Sewellyn Davey, Chairman of the Brucellosis Steering committee of the National Animal Health Forum

Viral diseases

The following viral diseases were reported by practices in the provinces:

Viral diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
BMC (snotsiekte)		x	x	x	x			x	
Rabies (cattle)				x	x				
BVD				x				x	
IBR					x	x		x	
BRSV									
PI3						x			
Maedi visna virus									
Rotavirus / Coronavirus									
Enzootic bovine leucosis (EBL)	x				x		x	x	
Sheep leucosis									
Jaagsiekte					x				
Orf	x	x	x	x	x	x	x	x	x
Warts	x			x	x	x	x	x	x

There is no treatment for viral diseases with the result that animals have to be protected by vaccinations if they are available.

The snotsiekte vaccine is still in the experimental stage and will hopefully be registered in two years tme.

Discuss vaccination programmes and biosecurity measures with your veterinarian.

Fungal diseases

The following fungal disease was reported by practices in the provinces:

Fungal diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Ringworm	x		x	x	x	x	x	x	

Protozoal diseases

Protozoal diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Besnoitiosis (olifantsvelsiekte)									

Toxicities

The following toxicities were reported by practices in the provinces:

Toxicities	MP	G	L	NW	FS	KZN	EC	WC	NC

Cardiac glycoside		x			x	x		x	
Slangkop			x	x					
Crotularia									
Gifblaar									
Gousiekte									
***Cestrum* (ink berry)**					x				
Tulip	x				x	x	x	x	
***Cynanchum* (bobbejaantou)**							x	x	
Facial eczema					x			x	
Lantana	x			x		x			
Prussic acid								x	
Senecio						x	x		
***Cotula nigellifolia* (stagger wood)**									
Geeldikkop (duwweltjies)									
Vermeersiekte									
***Hertia pallens* (Nenta, krimpsiekte)**									
***Chrysocoma ciliata* (bitterbos)**									
***Solanum incanum* (maldronksiekte)**									
***Gomphocarpus (Asclepias) fruticosus* (milkweed)**					x				
Bracken fern						x			
January bush (*Gnidia polycephalatus*)									
Chinkerenchee									
Eucalyptus (bloekom) bark									
Kikuyu									
Ryegrass								x	
Ganskweek									
Paspalum staggers									
***Phalaris aquaticum* (Phalaris staggers)**									
Photosensitivity (Turknael, *Erodium moschatum*)									
Photosensitivity (Stellenbosch)									
Lusern									
Mycotoxicosis						x		x	
Diplodiosis									
Lupins									
Harpuisbos									
Syringa berries									
Kraalbos, Geelbos (Galenia africana								x	
Crotolaria									
Radish									
Carrot poisoning									
Onion poisoning									
Bracken fern									
Pollen beetle (*Astylus atromaculatus*)									
Water contamination									
Nitrate						x			
Urea				x	x				x
Snake bite					x	x			x

Moth cocoons (impaction)									
Blue green algae									
Copper								x	
Selenium									
Zinc									
Fluoride									
Lead									
Paraquat									
Phosamine									
Aldicarb					x				
Organophosphate									
Zinc phosphide									
Pyrethroid									
Amitraz									
Levamisole									
Ivermectin							x		
Tilmicosin									
Bromoxynil nitrate								x	
Ionophor									
Hypo									

Beware when buying in animals or moving into rested grazing camps as they are the animals which usually eat toxic plants such as tulp and ink berries (*Cestrum*).

During spring toxic plants are sometimes eaten by young animals that do not know these plants. Be aware of this situation and know where these plants are growing on the farm.

For further information on treatment of tulp and other poisonings visit:

www.landbou.com

Vra vir Faffa

Klik op Indeks van antwoorde

Klik op Beeste of Skape

Klik op Vergiftigings

Klik op die Opskrifte

Every month there are reports of urea poisoning. Be aware when feeding this product that the correct concentration is used and that the lick does not get wet!

Nutritional deficiencies

The following nutritional deficiencies were reported by practices in the provinces:

Deficiencies	MP	G	L	NW	FS	KZN	EC	WC	NC
Energy	x		x	x	x	x	x	x	x

Protein	x			x	x	x	x	x	x
Phosphate				x			x		x
Calcium	x				x	x		x	

Micro-nutritional deficiencies

The following micro-nutritional deficiencies were reported by practices in the provinces:

Deficiencies	MP	G	L	NW	FS	KZN	EC	WC	NC
Iodine						x			
Copper						x			
Zinc							x	x	
Selenium	x			x		x	x	x	x
Magnesium									
Manganese								x	
Vitamin A				x	x	x	x		x
Vitamin B 1									

There are antagonists such as calcium, iron and sulphur which hamper the uptake of micro-minerals. Have water and soil samples analysed to see what the levels of these antagonists are. Arrange with your veterinarian to have liver samples analysed to determine the status of these micro-minerals in your herd or flock.

Beware of fluoride poisoning as borehole water levels drop..

Supplement animals with vitamin A during drought conditions.

Multifactorial diseases and other conditions

The following conditions were reported by practices in the provinces

Multifactorial diseases and other conditions	MP	G	L	NW	FS	KZN	EC	WC	NC
Abortions	x			x	x	x	x	x	x
Stillbirths				x	x	x		x	
Abscesses	x	x	x	x	x	x	x	x	x
Intestinal ulcers									
Bladder stones –urolithiasis					x				
Blindness					x	x		x	x
Bloat	x	x		x	x	x		x	
Blue udder									
Diarrhoea	x	x	x	x	x	x	x	x	
Epididymitis	x			x					
Eye cancer	x			x	x	x		x	
Eye infections	x	x	x	x	x	x	x	x	
Joint ill				x		x		x	
Lameness/foot problems	x	x	x	x	x	x	x	x	
Lung infection	x	x	x	x	x	x	x	x	x
Mastitis		x	x	x	x	x	x	x	
Navel ill				x	x				

Red gut (sheep, torsion of gut)								x	
Rectal prolaps									
Trauma						x	x	x	
Teeth wear									
Plastic bags (ingestion)									
Downer	x	x		x	x	x		x	x

Discuss the origin, treatment and prevention of these diseases with your veterinarian

Metabolic diseases

The following diseases were reported by practices in the provinces:

Metabolic diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Acidosis	x	x			x	x	x	x	x
Displaced abomasums						x		x	
Ketosis (Domsiekte)	x	x		x	x		x		x
Milk fever	x	x		x	x	x	x	x	

Make sure that you adapt animals to feed containing concentrates.

Discuss the etiology, treatment and prevention of these diseases with your veterinarian.

Reproductive diseases

Reproductive diseases	MP	G	L	NW	FS	KZN	EC	WC	NC
Dystocia (difficult births)	x	x	x	x	x	x	x	x	x
Endometritis					x	x		x	
Hydrops									
Metritis		x		x	x	x	x	x	
Poor conception	x			x	x	x	x	x	
Retained afterbirth	x	x	x	x	x	x	x	x	x
Sheath prolaps					x	x			
Uterine prolaps	x			x	x	x	x	x	x
Vaginal prolaps	x	x			x	x	x	x	x
Penis injury									
Orchitis									

Environmental conditions

	MP	G	L	NW	FS	KZN	EC	WC	NC
Exposure to cold			x	x	x	x	x		x
Frozen to death								x	
Heat stress									
Lightning		x				x			
Drought					x		x	x	

Other conditions

	MP	G	L	NW	FS	KZN	EC	WC	NC
Drug residues (milk, meat, liver, kidney etc)									
Preditors					x		x		
Theft					x				
Traumatic pericarditis (wire in fore stomachs)							x	x	
Trauma (fractures etc)		x			x				
Trauma (veldfires)	x								

In the CODE OF CONDUCT of the RPO the following standard operating procedures are documented. The local veterinarian should be your partner to help you achieve the necessary standards. http://www.rpo.co.za/BestPractices/English.aspx

PRECAUTIONARY MEASURES TO SUPPORT BIO-SECURITY.

Precautionary measures are required to protect the herd against diseases acquired because of external contact. The following categories are of concern:

1. DIRECT LIVESTOCK PURCHASES (and own animals returning):
The following should be ***verified*** before importing new animals into the herd:
How long animals have resided at the purchase or previous location?
Have there been any recent disease outbreaks in the location?
Do brand marks clearly confirm ownership?
Was a vaccination program followed (need paper or veterinarian proof). What are the local prevalent external parasites and the routinely implemented control program?
Is a veterinarian supported control program against transmittable diseases followed?
Dates and sufficient number of tests for reproductive diseases of both male and female
Dates and tests for zoonotic diseases
The above should also be verified with the purchaser's own veterinarian.

2. PURCHASES FROM SALES OR SPECULATORS
Purchase only in areas which are not in close proximity to scheduled areas
Visually inspect the animals before purchasing for:
* brand marks
* parasite infestation

3. TRANSPORT TO THE FARM
Use only reputable transporters
Has the truck been cleaned and disinfected?
Truck to follow the shortest uninterrupted route
Truck to take the shortest route to the handling facilities
Do not allow the truck personnel to get in contact with the farm herd

4. ARRIVAL ON THE FARM
Off-load the livestock to limit stress and to be visually evaluated for any unnatural conditions.

Isolate them from the farm herd and shared facilities for at least 21 days (quarantine)
Retest for diseases of concern if needed, before mixing with the rest of the herd
Process new arrivals within 24 hrs after arrival (unique ID tag brand, dip, dose, vaccinate)
Inspect regularly

5. FEED PURCHASES
Ensure bales of hay are sourced from areas that are not bordering scheduled areas
Purchase feed from reputable dealers only
Avoid buying feed in second hand bags
Ensure feed trucks are also disinfected and cleaned, especially if also used to transport animals to abattoirs

6. VISITORS
Do not allow strangers or their vehicles amongst the livestock
Ensure fences are well maintained and preferably jackal and warthog proof

7. EMPLOYEES
Do not allow the employees to eat in feed stores
Supply employees with sufficient ablution facilities
Regularly arrange to let employees be medicated for tape worm and have health check-ups
Keep record of all employee livestock on the property
Treat employee livestock with separate but dedicated health programs
Ensure employees understand the reason behind the implemented bio-security measures to help ensure compliance.

GENERAL AND REPRODUCTION MANAGEMENT

Record keeping: All animals are individually identified and recorded.
To prove ownership: All animals are marked with the registered brand mark according to the Animal Identification Act, No 6 of 2002.
A defined breeding season is the basis of effective management: The breeding season coincides with the rainy season, i.e. the period when nutritive value of the pasture is at its best.
Sufficient energy reserves in the herd as measured by condition scoring are vital, especially for effective breeding, and when inadequate the herd is supplemented in consultation with a nutritionist: Condition scoring of bulls and cows are regularly done, particularly at the onset of the breeding season and supplemented if necessary.
Bull - cow ratios are maintained: A ratio of 1 to 25 is maintained in every separate herd.
Fertility of breeding bulls: All breeding bulls are tested for mating ability and semen quality before the breeding season.
Sexually transferable diseases: Sheath washes or scrapes on bulls are performed annually.
Diseases that can cause poor conception, abortion or weak calves: Cows are vaccinated against such diseases in consultation with the veterinarian.
Breeding success monitored by a veterinarian: Rectal pregnancy or scan diagnosis is done by the veterinarian 8 weeks after the breeding season.
Twenty percent of cows or more not pregnant: Further tests are done to determine cause of low pregnancy rate.
Culling of non-pregnant cows: Non-pregnant cows are removed from the herd and considered a necessary bonus to supporting herd income.

HERD HEALTH AND BIO-SECURITY

Maintenance of herd health is key to a successful enterprise: A veterinarian should visit the farm bi-annually at least.
Calf mortality before 3 months of age is an important reason for poor weaning percentage: Good management practices are applied to limit early calf deaths.
Some diseases and parasites (internal and external) are more often encountered in specific areas: Annual vaccinations and a parasite control program should be applied according to regional requirements and in liaison with the veterinarian.
Farmers selling weaned calves to feedlots may want to have a market advantage compared to others: A specific vaccination program is applied before weaning for that purpose.
Herds may be at risk of being exposed to CA and TB: The herd is tested annually for CA and all heifers are vaccinated against CA between 4 and 8 months of age with an efficient, approved remedy. The herd is tested at least every 5 years for TB
Precautionary measures are required to prevent diseases being imported into the herd: A quarantine program to keep incoming animals separate is followed. All incoming animals have a suitable certificate of negative test results or are of a certified clean, closed herd.
Stock remedies and medicines should be registered, correctly stored and used before the transpire date: All medicines and stock remedies are registered, stored and applied according to prescription.
Prescribed medicines with a specific application are under the control of the veterinary profession: All prescription medicines are obtained and applied under prescription from a veterinarian.

Practices that had nothing to report

Bela-Bela (Warmbad) – Herbst, Kilian and Hansen
Gariepdam – Dr. Marni Strauss
Lephalale – Dr. Brigitte Luck
Malmesbury – Dr. Markus Fourie
Vaalwater – Dr. Hampie van Staden
Vanderbijlpark – Dr. Kobus Kok
Witelsbos – Dr. Elmien Kotze

Ostriches

Western Cape
Oudtshoorn – Ostrimed

Condition	Comments
Bont-legged tick	!
Avian influenza	Wild bird introduction – low mort different that poultry. Surveillance indicate high number of positive wild birds dove/ pigeon/ spurwing/ egyptian geese/ guniea fowl/ blue crane
Energy and protein deficiency	Severe drought – animals are on maintenance rations – those in veldt are dying – very bad to the game farmers here currently. Poor reporduction/ poor weaning weights

Equines
Gauteng

Limpopo
Bronkhorstspruit
Biliary – 2 horses

Free State
Parys
Kerato-conjunctivitis and ulcers – Thoroghbred, Quarter horse

KwaZulu-Natal
Eshowe
Babesia - 1
Mooi River
Dystocia – 2
Septic arthritis - 1

Eastern Cape
Colesberg
Herpes abortions in race horses
Port Alfred
Biliary – 1 South Seas
Rain scald of yearlings – 5 cases (Bathurst)

Game

Mpumalanga

Karino
Intestinal roundworms – Blue wildebeest died of roundworm infestation and most probably more animals are affected on 400 hectare farm..
Lydenburg
Intestinal roundworms - 1
Lameness – 1 Sable
Eyes – 1 Sable

Gauteng
Bronkhorstspruit
Sub-acute enterotoxaemia – 2 Fallow deer (takbokke)
Trauma – 2 Nyala plasic pipe around leg
Heart water = brought giraffe in without dipping animal lots of ticks – 6 impala died of heartwater

Magaliesburg
Protein and energy deficiency – 3
Ticks and roundworms - 3
Onderstepoort, University
Abscesss – 1 Serval
Pretoria
Brown ear-tick – 2
Bont tick - 2
Heartwater – 2

Abscesses – 2
Lameness – 1
Eyes – 3 *Moraxella*

Limpopo

Bela-Bela
Trauma – Gemsbok cow, weak, trauma during transport.
Sand colic – Young female rhino very weak, ulcers in the mouth, sand in dung. Probably due to stress
Abscess – I Bushbuck, swelling in neck rgion.
Capture myopathy – Blesbuck, died during offloading.
Lameness – Buffalo cow, metacarpus area.

Makhado
Sarcoptes – 2
Ringworm - 2

Polokwane
Intestinal roundworms – 3
Resistant roundworms – 3
Brown ear-tick – 2
Bont-legged tick -2
Coccidiosis – 1
Diarrhoea – 3
Eye infection - 1
Capture myopathy – 1

Vaalwater
Theileriosis – 3 Roans
Blackquarter – I Buffalo

North West

Klerksdorp
Intestinal roundworms - 2
Red-legged ticks – 3
Blue ticks – 2
Wireworm – 2 Small game
Eye infection - 2
Protein, Energy, Malnutrition (PEM) – 3
Trauma – Giraffe died with relocation

Free State
Parys
Midges - 3
Kerato-conjunctivitis – 3 Sables even in adults on breeding farm

KwaZulu-Natal

Pongola
Protein deficiency – 2
Energy deficiency - 2

Eastern Cape
Colesberg
Pneumonia – Roan calves dying from pneumonia

Graaff-Reinet
Rabies - Kudu
Port Alfred
Verminosis – Sable (Langholm)
Psoroptes mange – Buffalo's (Castle Bridge)
Steynsburg/Middelburg
Energy deficiency -3
Protein deficiency - 3

Western Cape

Vredenburg
Rabies – Bat eared foxes
Wellington
Copper deficiency – 2
Zinc deficiency - 2

Northern Cape
Kimberley
Wireworm – 1 Sable died

SWINE
Pretoria
Abscesses – 1
Dystocia – 1
Dog bite wounds - 1
Graaff-Reinet
Mastitis - 2

Monthly report on Livestock and Wildlife isolations for September 2017 from Vetdiagnostix –Microbiology Laboratory, supplied by dr. Marijke Henton

(henton@vetdx.co.za**)**

Respiratory tract infections in cattle yielded *Mannheimia haemolytica* [17], *Pasteurella multocida* [15], *Histophilus somni* [6] *Mycoplasma* [14], *Trueperella pyogenes* [4], *Mannheimia* biovar 10 [2] and *Mannheimia* biovar 8B.

Calf enteritis yielded 6 cases due to *E. coli*. One of the isolates was an ESBL producer, which means that it is resistant to all penicillins and cephalosporins. No *Cryptosporidium* could be detected. Cases of septicaemia were associated with *Salmonella* Dublin, *T. pyogenes* [2], *E. coli* [2] and *P. multocida*.

There were 2 cases of clostridial myositis in cattle due to *C. septicum*, and *C. sordelli* caused metritis in an ewe.

Enteritis in lambs and kids were due to *E. coli* [8], and 5 of them were associated with *Cryptosporidium*. An ovine abscess was due to *T. pyogenes*. Keratoconjunctivitis yielded *Streptococcus uberis* and *Moraxella ovis. Moraxella ovis* is only of low virulence.

Respiratory infections were due to *Actinobacillus pleuropneumoniae* type 3 and *Streptococcus canis* [Lancefield G] in pigs.

Infected wounds in horses were due to *Staphylococcus aureus*, which was methicillin resistant, *Staphylococcus pseudintermedius*, *Pseudomonas aeruginosa, Streptococcus zooepidemicus* [2], *Corynebacterium afermentans, E. coli* and *Enterobacter*. A case of cellulitis was caused by *Actinobacillus equuli*. *A. equuli* was also associated with 2 cases of respiratory infection and endometritis. *Pasteurella caballi* was associated with endometritis as well, in 3 cases. *P. caballi* is usually a cause of respiratory infections in horses.

A cheetah yielded *Cryptococcus neoformans* from a wound on the nose. Cheetahs are particularly susceptible to *Cryptococcus*. A nyala yielded *T. pyogenes* from an abscess, and another one *Pseudomonas aeruginosa* from the trachea. A purulent wound from a white rhino yielded *Streptococcus equisimilis*. *Streptococcus canis* [Lancefield G] was associated with an abortion in a sable.

Feedlot report received from Drs. Shaun Morris and Eben du Preez for September 2017 (edupreez1@telkomsa.net)

Condition	Comments and Specie
Intestinal rondworms	O 3
Tapeworms	O 3
Liver fluke	B 3
Parafilaria	B 3
Blue ticks	B 3
Heartwater tick	B 2
Brown ear-tick	B 3
Bont-legged tick	B 3
Red-legged tick	B,O 3
Biting lice	B 2
Asiatic red water	B 2
Anaplasmosis	B 3
Heartwater	B 2
Lumpy skin disease	B 3
Theileriosis	B 1
Red gut	B 3
Blood gut	O 3
Pulpy kidney	O 3
Salmonellosis	B 2
Brucellosis	Bd 1, 3 out of 634 positive. Herd tested previously clean
E .coli	O 3
IBR	B 2
EBL	B 1
Warts	B 3
Orf	O 2
Ink berry	B 1

Gifblaar	B 3
Ionophor toxicity	B 3
Metritis	B 1
Lameness	B,O 3
Lungs	B,O 3
Diarrhoea	B,O 3
Eyes	B,O 3
Abscesses	B,O 3
Heatstroke	B 3
Traumatic pericarditis	B 1

Feedlot report received from Dr. Andy Hentzen for September 2017

(andyvet@mweb.co.za)

Condition	Comments and Specie
Parafilaria	B 3
Hartwater tick	B 1
Biting lice	B 2
Sucking lice	B 2
Nuisance flies	B 3
African red water	B 1
Anaplasmosis	B1
Heartwater	B 1
Red gut	B 3
Ringworm	B 3
BMC (snotsiekte)	B 1
BVD	B 2
IBR	B 3
Orf	O 2
Tulip toxicity	B 2
Water contamination	B 1
Urea	B 2
Protein deficiency	B 2
Energy deficiency	B2
Abortion	B 3
Dystocia	B 3
Mastitis	B 2
Retained afterbirth	B 3
Lameness	B3
Lungs	B3
Diarrhoea	B3
Opthalmia	B 3
Abscesses	B,C 3

Monthly report for September 2017 from Dr R D Last (BVSc; M.Med.Vet(Path); MRCVS)

Specialist Veterinary Pathologist, Vetdiagnostix - Veterinary Pathology Services

Contributors
Mr Butch Bosch, Ms Ntando Magoso, Mrs Beverley Williams, Ms Nicole Genga, Dr Rick Last

LIVESTOCK DISEASE SURVEILANCE			
LIVESTOCK SPECIES	**DISEASE AGENT**	**NO. CASES**	**LOCATION**
Bovine, Dairy Cows	Kikuyu poisoning	1	Howick, KZN
Bovine, Feedlot Steer	Rumen acidosis plus leaky gut syndrome	1	Parys, Free State
Bovine, Calves	Cryptosporidiosis	1	Estcourt, KZN
Bovine, Adult Dairy Cow	Pulmonary thromboembolism	1	Howick, KZN
Ovine, Aborted Fetus	Chlamydia enzootic abortion	1	Clocolan, Free State
Bovine, Jersey Heifer	Eosinophilic myocarditis	1	Humansdorp, E.Cape
Bovine, Calves	Cryptosporidiosis	1	Kokstad, E. Cape
Bovine, Dairy Cows	*Pasteurella multocida* hemorrhagic septicaemia	1	Dundee, KZN
Goats, Kids 4 weeks	Cryptosporidiosis	1	Rustenburg, North West

WILDLIFE DISEASE SURVEILANCE - 2017			
WILDLIFE SPECIES	**DISEASE AGENT**	**NO. CASES**	**LOCATION**
Buffalo, Heifer	Coccidiosis	1	Polokwane, Limpopo
Sprinbok, Adult	Lumpy Skin Disease	2	Nyumbu, Limpopo
Lion, Adult Male	Lion Sarcoid	1	Riebeekstad, Free State

Monthly report for September 2017 from Queenstown Provincial Veterinary Laboratory as supplied by Dr. A.D. Fisher (alan.fisher@drdar.gov.za)

Condition	Area	Comments and Specie
Intestinal roundworms		O,C 3
Liver fluke		O 1
Biting lice		O 3
Sheep scab		O 1
Heartwater	Cofimvaba	O,C 2
Trichomonosis	Adelaide	B 1 (3 out of 13 bulls teste positive)
Rabies	Mthatha Nyandeni Cofimvaba	2 Canine 1 Ovine
BVD		B 1
Protein deficiency		B,O,C 3

Energy deficiency		B,O,C 3
Acidosis		O 2
Seneciosis	Cofinvaba	O 1
Ivermectin overdosage	Stutterheim	O2
Cold exposure		O,C 3
Capture myopathy		3 Mountain zebra, 3/3 died after capture and transport – myoglobinuria and capture myopathy
Deaths reported by farmers		Large scale lamb and kid deaths throughout the area (MME mismothering, malnutrition and exposure) – severe drought conditions, grazing exhausted, conditions exacerbated by coccidiosis and verminosis (*Haemonchus* and *Trichostrongylus*). Many cases of acidosis due to incorrect feeding of concentrate supplements. Drought has reached crisis proportions and livestock are emaciated.

B – bovine; O – ovine; C – caprine; P – pigs; G – game

1 = one case; 2 = 2 to 9 cases; 3 = more than 10 cases

Monthly report for September 2017 from Dr. Lucy Lange: PathCare Vetlab

(lange@pathcare.co.za)

Disease condition	**Specie**
Brucellosis	Cattle
Pneumonia (including inhalation)	Cattle
Campylobacter	Cattle
Trichomonas	Cattle
Salmonella	Cattle
Ketosis	Cattle
Bakteria placentitis	Cattle
Septicaemia	Cattle
Myocarditis	Cattle
Cryptosporidiosis	Cattle
Squamous cell carcinoma	Horses
Sarcoid	Horses

Pneumonia (including inhalation)	Sheep
Domsiekte (pregnancy toxaemia)	Sheep
Septicaemia	Sheep
Vitamin B1 deficiency (CCN)	Sheep
Pulpy kidney	Sheep
Oxalate nephrosis	Sheep
Lymphosarcoma	Sheep
White muscle disease	Boergoats
Lung abscesses	Boergoats
Septicaemia	Swine
Necrotic pneumonia	Swine
Erysipelothrix	Swine
Game	
Capture myopathy	Impala, Blue wildebeest
Necrotic lymphadenitis (Bacterial)	Sable
Pneumonia (inhalation)	Springbok, Eland
Traumatic lung haemorrhage	Oryx
Pneumonia	Roan
"Sarcoid"	Lion

Monthly report on Livestock and Wildlife isolations for September 2017 from IDEXX Laboratories supplied by dr. Liza du Plessis (Liza-DuPlessis@idexx.com)

Condition	Comments and Specie
Tapeworms	G 1
Liver fluke	B 1
Heartwater tick	B,E 1
Red-legged tick	E 1
Heartwater	B 1
Theileriosis	G 1
E. coli	B,O 1
Q fever	C 1
BMC (snotsiekte)	B,G 2
Equine sarcoid	E 1
Abortion	B 2, C 1
Lungs	B,O 2
Diarrhoea	B,O 2
Protein, Energy malnutrition (PEM)	O,G
Hepatotoxicity	B,G 1

Cardiotoxicity	B 1

National Zoological Gardens 25 August to 15 September as sent in by Dr. Emily Mitchell

National Research Foundation | National Zoological Gardens of South Africa

WILDLIFE PATHOLOGY RESEARCH PROGRAMME
NATIONAL ZOOLOGICAL GARDENS
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18th Sept 2017
DAFF
Import/Export Policy Unit Subdirectorate

Monthly report:
Cases sent to referring veterinarians between 25th August and 15th Sept 2017

Cases from State vet Skukuza or Orpen
Cases imported with master permit (none)
Note: Pending NZG cases are being done by Dr Lewis as part of her training in wildlife pathology and so results are delayed.

PMDate	Species	Final
23-May-17	African Penguin	pending
23-May-17	Ruffed Lemur	pending
23-May-17	African buffalo	pending
25-May-17	Forest Cobra	Starvation
26-May-17	Cheetah	Grade 1 gastritis
30-May-17	Giraffe	Complications of a traumatic diaphragmatic tear
02-Jun-17	African Goshawk	pending
09-Jun-17	White faced Owl	pending
12-Jun-17	African bull frog	pending
12-Jun-17	Sable	pending
12-Jun-17	Sable	pending
23-Jun-17	Banded severum	Mycobacteriosis and branchitis
30-Jun-17	Spotted ragged tooth shark	pending
10-Jul-17	Hamadryas Baboon	pending
10-Jul-17	Pancake Tortoise	pending
10-Jul-17	Lion tailed Macaque	pending
10-Jul-17	Bald Ibis	pending
10-Jul-17	Waldrapp Ibis	pending
10-Jul-17	Rinkhals Cobra	pending