



SPCA CERTIFIED

Flock Health Planning for Sheep

The following Tables 1 & 2 are provided as examples of minimum response and treatment plans and are not exhaustive. Consider additional information, conditions and protocols specific to your operation.

Table 1. Animal Health Response Plan

Trigger for Investigation	Response Plan
Lamb (< 7 days) mortality exceeds 10% per cycle; Lamb (> 7 days) mortality exceeds 5% per cycle; Adult sheep mortality exceeds 3% per year	Specimens collected and submitted to vet/lab or call vet
An unexplained mortality	
Onset of clinical signs of disease such as fever, reduced appetite, diarrhea, coughing and nasal discharge, an animal separated from the rest of the flock, lethargy etc.	a) if one animal is affected: b) if more than one animal is affected:
An unexplained change in feed / water consumption	a) if one animal is affected: b) if more than one animal is affected:
Other:	

Table 2. Treatment Protocols

Illness / Condition	Clinical Signs	Treatment Protocols	Preventative protocols / when to call a vet
Note: All medications used are under the recommendation and authority of the consulting vet			
Lamb Scours / Dysentery <ul style="list-style-type: none"> ▪ Viral ▪ Bacterial, including <i>C.perfringens</i> 	<ul style="list-style-type: none"> ▪ Diarrhea (loose, watery consistency to feces) ▪ Feces may have blood and mucus ▪ Dehydration ▪ Weak ▪ Inappetent 	<ul style="list-style-type: none"> ▪ Isolate ▪ Hydration ▪ Maintain body temperature ▪ Antibiotics as appropriate 	<ul style="list-style-type: none"> ▪ Non or poor response to treatment ▪ Deaths ▪ IV hydration required
Navel infections / joint ill (usually young animals)	<ul style="list-style-type: none"> ▪ Navel swollen, red or abscessed ▪ Swollen joints ▪ Fever ▪ Lameness ▪ Inappetent 	<ul style="list-style-type: none"> ▪ Drainage, compress ▪ Supportive medication 	<ul style="list-style-type: none"> ▪ Multiple or non responsive cases
Coccidiosis (animals tend to be older than typical scours age)	<ul style="list-style-type: none"> ▪ Diarrhea with blood and mucus ▪ Depressed 	<ul style="list-style-type: none"> ▪ Appropriate medication ▪ Hydration 	<ul style="list-style-type: none"> ▪ Nonresponsive cases ▪ Outbreaks ▪ Confirm diagnosis
Pinkeye (different organism than in cattle)	<ul style="list-style-type: none"> ▪ Painful, runny eye ▪ Cloudy, opaque, reddish cornea 	<ul style="list-style-type: none"> ▪ Appropriate antibiotic topical, under the eyelid or by I.M. injection ▪ Dust and fly control ▪ Isolate 	<ul style="list-style-type: none"> ▪ Out of control outbreak ▪ Non-responsive cases ▪ Confirm diagnosis
Respiratory disease	<ul style="list-style-type: none"> ▪ Depressed ▪ Inappetent ▪ Fever ▪ Abnormal discharge from nose and eyes ▪ Cough ▪ Laboured breathing 	<ul style="list-style-type: none"> ▪ Isolation pen ▪ Appropriate course of antibiotics, NSAIDS 	<ul style="list-style-type: none"> ▪ Outbreaks ▪ Non-responsive cases ▪ Post mortems ▪ Preventative protocols

<p>Ovine Progressive Pneumonia</p> <p>i.e. Visna-Maedi</p>	<ul style="list-style-type: none"> ▪ Chronic progressive disease most common in 4 years + ▪ Wasting ▪ Respiratory disease ▪ Possible nervous signs 	<ul style="list-style-type: none"> ▪ No treatment 	<ul style="list-style-type: none"> ▪ Serologic testing for control and prevention ▪ Culling positive animals ▪ Strategies such as isolate lambs from seropositive dams and colostrum from seronegatives
<p>Dystocia (difficult birthing)</p>	<ul style="list-style-type: none"> ▪ Ewe is in labour but not progressing 	<ul style="list-style-type: none"> ▪ Assist if stage 2 labour is prolonged 	<ul style="list-style-type: none"> ▪ Establish protocols with veterinarian to determine when and how to intervene ▪ Veterinary assistance for difficult birthing / caesarians ▪ Breeding, genetics, nutritional programs
<p>Retained placenta</p>	<ul style="list-style-type: none"> ▪ Failure to expel placenta within 18-24 hours of lambing ▪ May be more common with multiple births 	<ul style="list-style-type: none"> ▪ Untreated ewes usually pass membranes in several days ▪ If systemic illness then appropriate systemic antibiotics and NSAIDs 	<ul style="list-style-type: none"> ▪ Non-responsive or multiple cases ▪ Determination if there is an infectious or nutritional cause
<p>Uterine infection</p>	<ul style="list-style-type: none"> ▪ Abnormal vaginal discharge post lambing ▪ May have had retained placenta ▪ Sometimes systemically ill 	<ul style="list-style-type: none"> ▪ Appropriate use of prostaglandins ▪ Possible use of systemic antibiotics 	<ul style="list-style-type: none"> ▪ Consult regarding infectious or nutritional causes ▪ Intrauterine therapy ▪ Multiple cases

<p>Pregnancy toxemia</p>	<ul style="list-style-type: none"> ▪ Generally seen in over or under conditioned ewes in late gestation, often multiple fetuses ▪ Inappetent ▪ Progressive nervous signs ▪ Recumbency ▪ Death 	<ul style="list-style-type: none"> ▪ Generally requires veterinary intervention ▪ Producer can try fluids, dextrose, propylene glycol 	<ul style="list-style-type: none"> ▪ Consultation regarding body condition, feeding, management concerns, to provide I.V. fluids, dextrose, induce lambing, caesarian
<p>Mastitis</p>	<ul style="list-style-type: none"> ▪ Abnormal milk ▪ Reduced milk production ▪ Hot, hard painful udder (1 or both halves) ▪ Systemic illness ▪ Fading / starving lamb ▪ May be minor or can be fast and gangrenous 	<ul style="list-style-type: none"> ▪ Determine if practical to treat ▪ Strip out half(s) frequently ▪ As appropriate, intramammary and systemic antibiotics ▪ Supportive therapy 	<ul style="list-style-type: none"> ▪ Determine appropriate antibiotic therapy ▪ Diagnosis and treatment for stubborn or multiple cases
<p>Bloat</p>	<ul style="list-style-type: none"> ▪ Sudden distress ▪ Hypersalivation ▪ Distended abdomen, especially left side 	<ul style="list-style-type: none"> ▪ Stomach tube into rumen ▪ Anti bloat medications ▪ Severe emergency cases: trochar appropriate region of most distension left flank 	<ul style="list-style-type: none"> ▪ Severe cases ▪ Outbreaks ▪ Surgical cases ▪ Discussion of pasture management associated with legumes vs. obstructive cases (e.g. lodged feed)
<p>Diseases of nutritional excess e.g. Copper toxicity discussed here</p>	<ul style="list-style-type: none"> ▪ Gastro-intestinal signs ▪ Weakness ▪ Anemia ▪ Liver disease ▪ Death 	<ul style="list-style-type: none"> ▪ Often unrewarding ▪ Limit exposure 	<ul style="list-style-type: none"> ▪ Diagnostics ▪ Management concerns
<p>Polioencephalomalacia Thiamine deficiency</p>	<ul style="list-style-type: none"> ▪ Nervous signs ▪ Head pressing ▪ Elevated head ▪ Tremors ▪ Recumbency ▪ Death ▪ More common in young stock 	<ul style="list-style-type: none"> ▪ Thiamine 	<ul style="list-style-type: none"> ▪ Diagnostics ▪ Determination of cause: if associated with increased concentrate, sulfur intake, forage, etc. ▪ Treatment of refractory cases

<p>Diseases of nutritional deficiency</p> <p>e.g. White Muscle Disease (stiff lamb disease) discussed here</p>	<ul style="list-style-type: none"> ▪ Lambs showing stiffness walking ▪ Recumbency ▪ Sudden death 	<ul style="list-style-type: none"> ▪ Vitamin E and Selenium injections ▪ Preventative and / or treatment 	<ul style="list-style-type: none"> ▪ Unexplained lamb deaths ▪ Blood tests ▪ Feed and soil analysis ▪ Nutritional management and supplementation ▪ Post mortem diagnostics
<p>Clostridial diseases</p> <ul style="list-style-type: none"> ▪ Pulpy kidney disease ▪ Overeating disease ▪ Tetanus 	<ul style="list-style-type: none"> ▪ Different clostridial bacteria cause different clinical signs with most resulting in death ▪ Tetanus: uncontrollable muscle spasms in contaminated surgical wound (e.g. castration) ▪ Enterotoxemia 		<ul style="list-style-type: none"> ▪ Clinical diagnosis ▪ Post mortems ▪ Vaccination strategies
<p>Contagious Ecthyma</p> <p>i.e. Sore Mouth</p>	<ul style="list-style-type: none"> ▪ Viral lesions most common in young animals ▪ Causes scabby lesions in mouth and on lips, ▪ Lesions sometimes on feet and on udders of nursing ewes ▪ Reduced feed consumption 	<ul style="list-style-type: none"> ▪ Can transmit to humans ▪ Local antibacterials may combat secondary infections ▪ Recovered animals generally have lifelong immunity 	<ul style="list-style-type: none"> ▪ Management ▪ Protocols to prevent introduction ▪ Treatment if large numbers affected
<p>Footrot / Lameness</p>	<ul style="list-style-type: none"> ▪ Lameness can be very severe ▪ May start between toes ▪ Eventually to involve whole hoof if untreated 	<ul style="list-style-type: none"> ▪ Prevent introduction to flock ▪ Clinical cases: isolation, substrate management, antibiotics, hoof trim, foot baths 	<ul style="list-style-type: none"> ▪ Consult regarding diagnosis, treatment and management ▪ Preventative strategies
<p>Chlamydial polyarthritis</p>	<ul style="list-style-type: none"> ▪ Most common in lambs ▪ Lameness ▪ Fever ▪ Pinkeye ▪ Inappetent 	<ul style="list-style-type: none"> ▪ Appropriate antibiotics 	<ul style="list-style-type: none"> ▪ Diagnostics ▪ Treatment protocols

Caseous lymphadenitis	<ul style="list-style-type: none"> ▪ Abscesses in skin, lymph nodes and internally ▪ Can rupture and discharge thick infectious pus 	<ul style="list-style-type: none"> ▪ Biosecurity ▪ Culling ▪ If valuable animal, isolate ▪ Lance and drain ▪ Care in shearing ▪ Disinfection 	<ul style="list-style-type: none"> ▪ Assist in diagnosis, management, protocols to prevent introduction ▪ Protocols to limit effects if present
Fly blown wounds	<ul style="list-style-type: none"> ▪ Maggots at site of compromised skin 	<ul style="list-style-type: none"> ▪ Vigilance in observing for wounds, soiled areas ▪ Trim and treat as necessary 	<ul style="list-style-type: none"> ▪ More severe cases ▪ Protocols ▪ Management
Other			<ul style="list-style-type: none"> ▪ Consultation for diseases and conditions not covered here