

## The hidden and often almost invisible disease scourge of Johnes Disease in breeding cows (dairy and beef)

Are you the owner of cattle – and have you ever had a serious look at your valuable engine room of breeding cows for Johnes Disease (JD)?

It may be a lot better or worse than you think, but one thing we cannot afford to do is to turn a blind eye.

Good news (negative results) on your JD status is great, but getting on and dealing with positive results is also constructive and good.

The curse of Johnes Disease is that all farmers (including the most astute) will never ever fully "get" the JD status of their herds from observation and intuition. Time and again, both the level of infection and the identity of individual cows that suffer from JD, are a surprise for those whose herds are positive.

Regular culling of suspect cows can be a useful tool in the management of JD, however, from recent reviews, a significant number of cows suspected of being JD are not. It is simply a disillusionment, and a waste of otherwise normal cows, to follow this path blindly without laboratory confirmation.

I was integrally involved a decade ago in helping the NZ deer industry fess up, face up and manage this curse.

However this is probably my 10th article imploring our dairy and beef clients to be brave enough to take the JD management plunge.

Left unmanaged, JD simply re-seeds itself into new generations of cows. High-shedding animals manage to widely contaminate the pasture and facilities, causing newborns especially to pick up infection, convert, and progress within their lifetime to be the new generation of carriers and affected animals.

Even with astute management and the culling of clinically visually affected animals, the damage has already been done.

Left unmanaged, the incidence in breeding cow herds can easily reach 15-20% of the herd over a decade. Even at this level it is unlikely that the herd owner will be aware of this hidden iceberg of disease.

While the impact on clinically affected cows can be obvious, with scouring and weight loss, the impact on a herd level is more subtle, involving less milk (lower milk peaks and lactation curve for both dairy and beef cows), later calving dates and lighter calves at birth and weaning. The subtle impact is such that it is not easily measurable and the assumption is made that all is well.

Our recommendation is that farms consider running a pilot sample of laboratory tests for JD (an inexpensive and controlled initial "look see"), to create a predictive estimate of the full herd status.

Our clients who have the courage to do this, and

who do find an issue, then quietly work away over the next few years to minimise the herd levels of JD. It is rewarding, in terms of production, reproduction and any future herd sales.

Talk to us, we will not push you into anything, we can advise about the pros and cons and leave you to ponder what you would like to do.

We principally use a new and highly informative blood test pioneered at Otago University; this has proved to be a superb tool for our farmers in understanding not only the number of infected cows but also the extent/ degree of infection within the individuals.

Just one comment – confirming JD on your farm will complicate the health certificate for eligibility for sale and export of your livestock from NZ. This export option is important for some enterprises; however the management of JD in itself is also critical, so ....

Best wishes for the summer ahead

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