Footvax FAQs

How do you inject Footvax?
A dose of 1ml should be injected under the skin, on the side of the neck 2-3 inches behind the ear. Take care not to inject into muscle. We recommend the use of the MSD Animal Health 1ml/1ml Subcutaneous Vaccination Pack which includes the Sterimatic system to help minimise bacterial contamination from wool and skin that can cause abscesses.

Are there any considerations during cold weather?
The vaccine contains an oil adjuvant and will aid administration in cold weather if the vaccine is gently warmed by immersion in warm water (not hot) for 3-4 minutes prior to use.

Can Footvax be given at the same time as other vaccines?
No, we recommend leaving a minimum of two weeks to allow the immune system to fully respond to one vaccine before using another.

What about other products?
Sheep that have previously been given Footvax should never be injected with moxidectin 1%

How many injections are needed?
A single dose of vaccine should be given to the flock immediately the disease becomes apparent. For maximum effect, treatment with Footvax should commence as soon as possible after the onset of clinical signs. This dose rate is intended for vaccination of sheep already suffering from clinical footrot. For maximum effect, treatment should be continued until the flock is disease-free. If disease is not eradicated with this dose rate, a second dose of Footvax given 6 weeks later will usually be tolerated and will help to prevent the development of disease in susceptible sheep.

Does Footvax cause lumps?
It is not uncommon for sheep to get a sterile lump at the site of injection but this tends to resolve over a 4-10 week period. For this reason, avoid vaccinating before shearing and discussing timing of vaccination in show sheep or breeding sheep for sale with your flock health advisor. If infection is introduced on a contaminated needle this can cause an abscess.

How do you inject Footvax?

Start vaccination with two doses, 6 weeks apart, by 1ml subcutaneous injection. By 6 weeks of age subcutaneous injection should be discontinued. Thereafter, a booster dose is administered on a defined schedule, for example:

- For risk categories where there is an ongoing risk of footrot, a booster dose at 6 months of age should be given, followed by a booster dose at 12 months of age.
- For risk categories where there is an intermittent risk of footrot, a booster dose at 12 months of age should be given, followed by a booster dose at 24 months of age.
- For risk categories where there is a low risk of footrot, a booster dose at 24 months of age should be given, followed by a booster dose at a 36-month interval.

Booster doses should be given at the same site as the primary doses and at the same dose rate of 1ml.

Vaccination

- Two doses, 6 weeks apart by subcutaneous injection. The site for injection is on the side of the neck 2-3 inches behind the ear.
- Booster doses should be given at the same site and frequency as the primary dose.

Other considerations

- The vaccine is not effective immediately. Therefore, vaccination should be carried out within 2 weeks of the predicted periods of risk. Vaccination should also be carried out in sheep that are about to be turned out with ewes.
- Where footrot has been introduced on a contaminated needle this may cause an abscess. Sheep should be vaccinated at least 2 weeks before rams are turned out with the ewes and during the mating period as any stress may, for example, result in ischaemic necrosis and even the loss of a digit. Expert, prompt surgical attention is required and may necessitate early incision and drainage.
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References:

1. The European Footrot Project is supported by grants from the European Commission and by the Office International des Epizooties (OIE).

For further information please contact the MSD Animal Health Customer Service team on 01908 685 685 • vet-support.uk@merck.com • www.msd-animal-health.co.uk

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Start vaccination with two doses, 6 weeks apart, by 1ml subcutaneous injection. Booster doses should be given depending on the risk for each farm, but 6 monthly vaccination is advisable unless footrot levels are very low. Timing should be 4 weeks before period risks e.g. housing.
The common causes of sheep lameness

- Foot-rot or scald (79%)
- CODD (5%)
- Shelly hoof (7%)
- Foot abscess (5%)
- Don’t know (4%)

Foot-rot or scald is the most common cause of lameness in sheep. It is easy to confuse the different lameness conditions. If in any doubt, ask your vet to help by examining some of your affected sheep.

Most common causes of sheep lameness (Farmers Weekly Survey 2012)

How the 5 Point Plan can help

- Vaccination: Treatment - immediately
- Prevention - one month before risk period

Foot-rot is caused by Dichelobacter nodosus, which is carried by infected sheep and remains infectious for a maximum of 10 days on contaminated pasture. This means the feet of infected sheep are the main source of infection. The Footvax vaccine stimulates immunity, which is why it can help both prevent footrot and treat it.

Correct diagnosis

Although foot-rot is the most common cause of lameness in sheep, it is easy to confuse the different lameness conditions. If in any doubt, ask your vet to help by examining some of your affected sheep.

The Five Point Plan for Lameness Reduction

- Vaccination
- Build resilience
- Establish immunity
- Reduce disease challenge
- Treat

Footrot is an important health and welfare issue facing farmers

Footrot is an extremely painful, production-limiting disease that affects sheep of all ages.

Affected animals show:
- Lameness
- Reduced wool quality and yield
- Poor reproductive performance

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Vaccines available to stimulate immunity

- Footvax vaccination forms part of a whole flock approach to disease control, as raising flock immunity helps increase the success of the other four points in the plan.
- Treatment frequency varies, especially if you are continuously buying-in stock, but vaccination should be bi-annual to start, with the potential to reduce it to annual depending on flock circumstances.
- Dose: 1ml by subcutaneous injection. Start with two doses 6 weeks apart followed by boosters every 6-12 months (refer to Footvax FAQ’s page overleaf).
- Vaccination: Treatment - immediately
- Prevention - one month before risk period
- Packs: 20ml (20 doses), 50ml (50 doses) and 250ml (250 doses)

Call badly or repeatedly affected animals

- If a ewe has footrot more than once in a season she should be given a cull tag to help prevent the cycle of infection – culling may be high in the first year, but will reduce dramatically as you progress.

Quarantine incoming animals

- Have a good procedure in place to separate bought-in stock for 4 weeks after purchase:
  - If possible, run bought-in stock through a footbath and monitor lameness.
  - Buy from a source which has a strict lameness protocol.

Treat clinical cases early

- With each incidence of lameness costing £8.38 per ewe, preventing and treating it early has strong financial and performance benefits for the whole flock.

Avoid spreading infection at gathering and handling

- Things to consider:
  - Appropriateness/practicality of foot bathing
  - Investing in a mobile handling unit, if appropriate
  - Improving cleanliness and drainage of handling area
  - Placing gravel on entrance to handling facility to help prevent poaching
  - Putting lime around water troughs
  - Shuting gates between fields
  - Grazing one field then the next

All of the above can help to reduce spread of infection.

Footrot is the most common cause of lameness in sheep, it is easy to confuse the different lameness conditions. If in any doubt, ask your vet to help by examining some of your affected sheep.