

High risk Calf Health Management

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The true value of properly managed cattle has not been realized

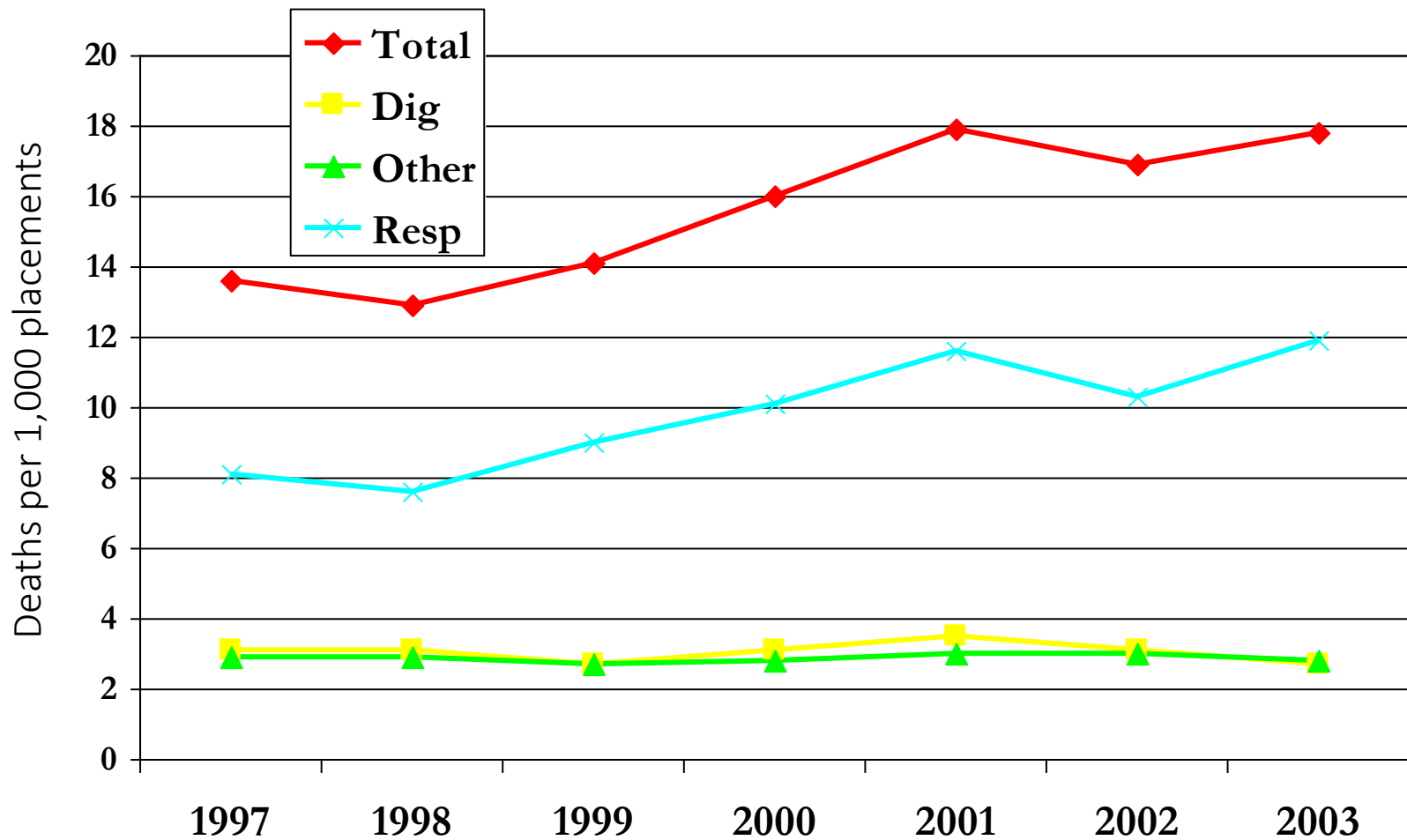


Expectations



None of these are going to die!!!!

Mortalities by cause.



Cattle classification

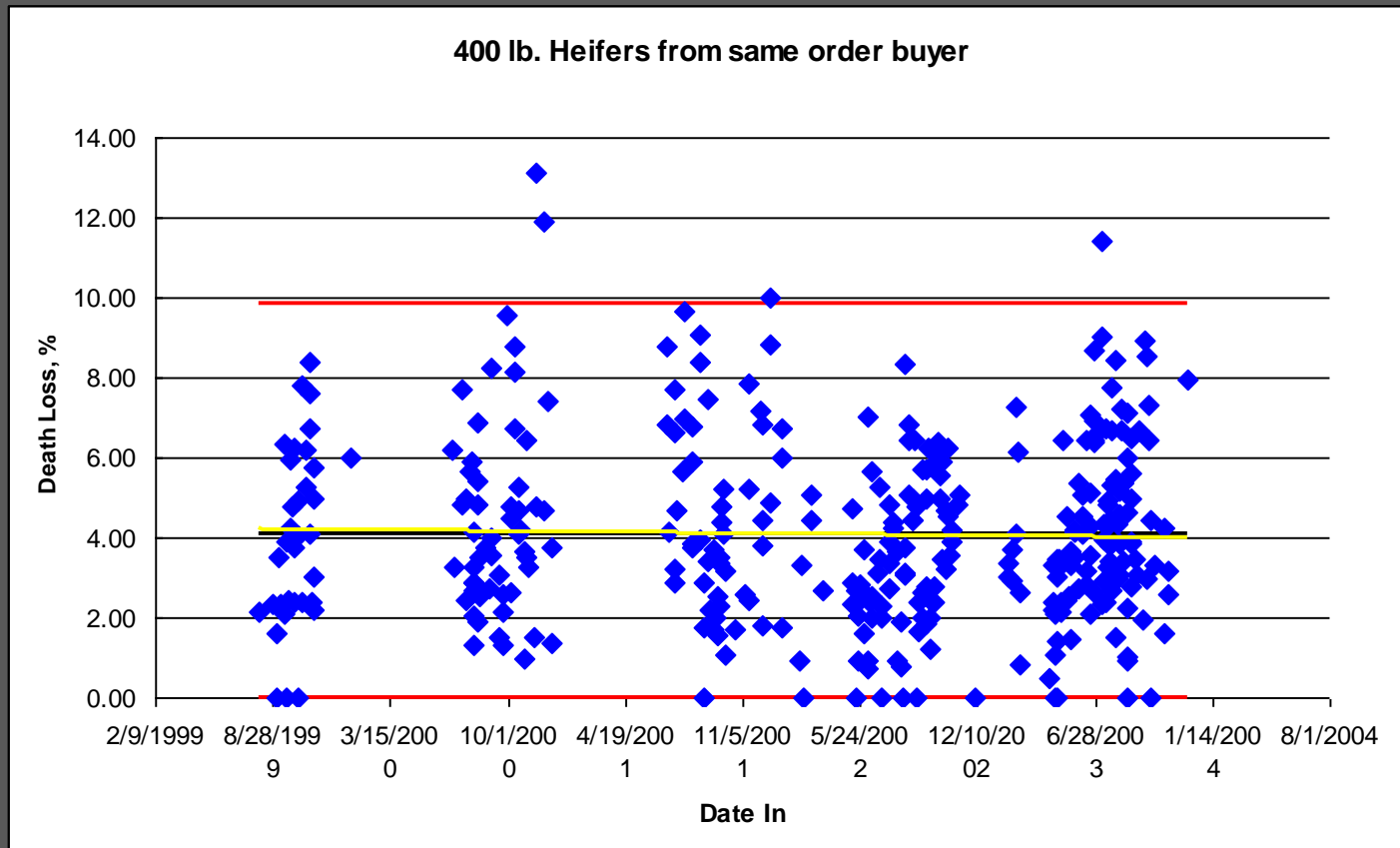
Low risk

- Yearlings – wheat or grass cattle
- Backgrounded cattle (careful how long)
- Preconditioned calves
- Mexican cattle

High risk

- Sale barn origin
- Freshly weaned ranch cattle
- Commingled, cattle
- Add ons

Robust data and accuracy



We must determine what is normal

To change the outcome, we must -

Change the process

Distort the process

Distort the data

What is the first question during high mortality episodes?

Morbidity problem

Case fatality problem – the drug quit working

$$\text{CFR} = \frac{\text{number treated that died}}{\text{total number treated}}$$

Scenario

A producer had 1% death loss last year and this year he had a 5% death loss. He wants to change drugs or veterinarians.

Last year we pulled 10% of the population

This year we pulled 50% of the population

Last year CFR = 10%

This year CFR = 10%

Scenario

The drug worked the same this year as it did last year. Our problem is morbidity.

Source

Viral antigens

Weather

People

Prior nutrition

Transportation

Evenness of cattle



Feedlot consultant survey

Completed Summer 2009

Invited 23 feedlot consultants to participate

These veterinarians supply consultation for 11,295,001 hd of feeder cattle annually

Average 491, 087 hd per practitioner

Factors affecting morbidity
rates in newly arrived calves

Cattle flow

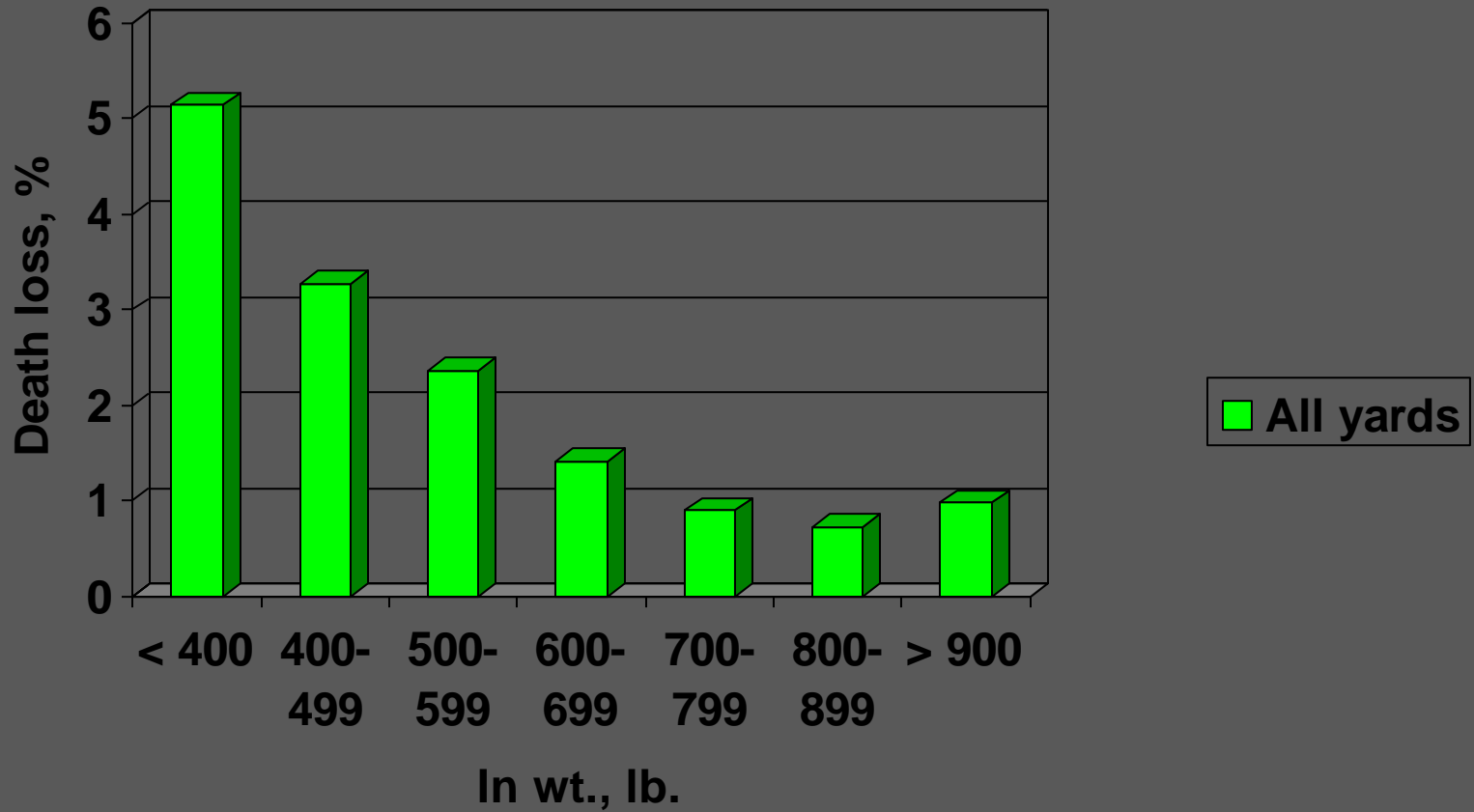
The more new high risk cattle you have at a facility the higher risk your low risk cattle become.

Facilities and people

Overwhelming the system

Cattle market dictates cattle type and flow

Effects of initial weight on death loss of feeder cattle.



ONE ORDER BUYER = 32 SALE BARNS

CF

SB

SB

SB

SB

OB

SB

SB

Transportation

Common place to haul cattle over 8 hours

Air circulation in trailers

Metal tops

Smoke stacks



Adding on pens

More large pens being built or were built?

Increased number of add ons?

How many days to build a pen?

Weather and receiving pens?



Treatment	Avg. Face Temp (°F)	Ambient Temp (°F)
Bare Floor	137	97
6" Manure	137	97
6" Straw	112	97

Processing is not a timed event!



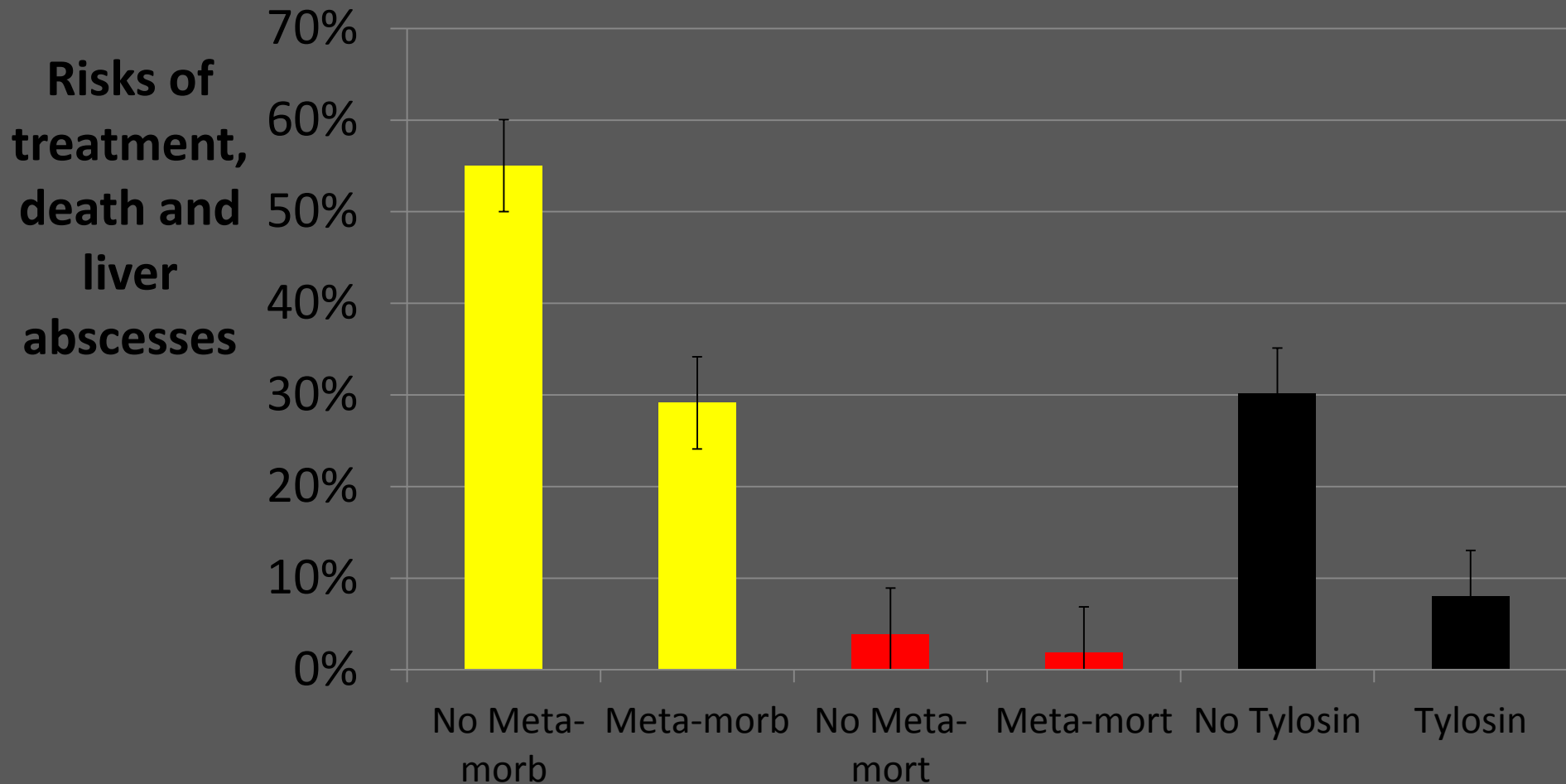
Vaccine recommendations by 23 consulting feedyard veterinarians

	High risk calves	Low risk calves
IBR	100%	100%
BVD Type 1	100%	95.6%
BVD Type 2	100%	95.6%
BRSV	65.2%	52.2%
PI3	60.9%	52.2%
Histophilus	21.7%	4.4%
Moraxella bovis	0%	0%
Mycoplasma bovis	0%	0%
Leptospira	4.34%	4.4%
Clostridials	60.9%	56.6%
Mannheimia	73.9%	0%
Pasturella	34.8%	0%

Current research on Mycoplasma diagnosis and vaccine efficacy



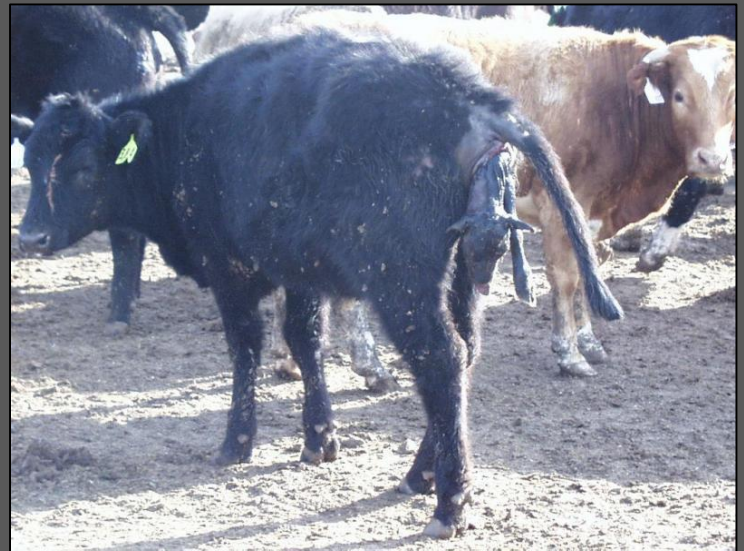
Effects of mass treatment on beef cattle health and mortality



Metaphylaxis and feed grade antibiotics

	Percent responses		
	Yes	No	Depends
Metaphylaxis –high risk calves	95.6%	4.3%	NA
Metaphylaxis – low risk calves	8.7%	91.3%	NA
Feedgrade antibiotics –high risk calves	52.2%	26.1%	21.7%
Feedgrade antibiotics – low risk calves	17.4%	69.6%	13.0%

Castration, dehorning and pregnancy: timing is everything.



It's gonna be a wreck when.....



Effects of intact males on arrival

Bulls have 140% higher morbidity rates than steers

Bulls have 142% higher mortality rates than steers

Bulls have 163% higher railer rates than steers

Castration trials

Timing

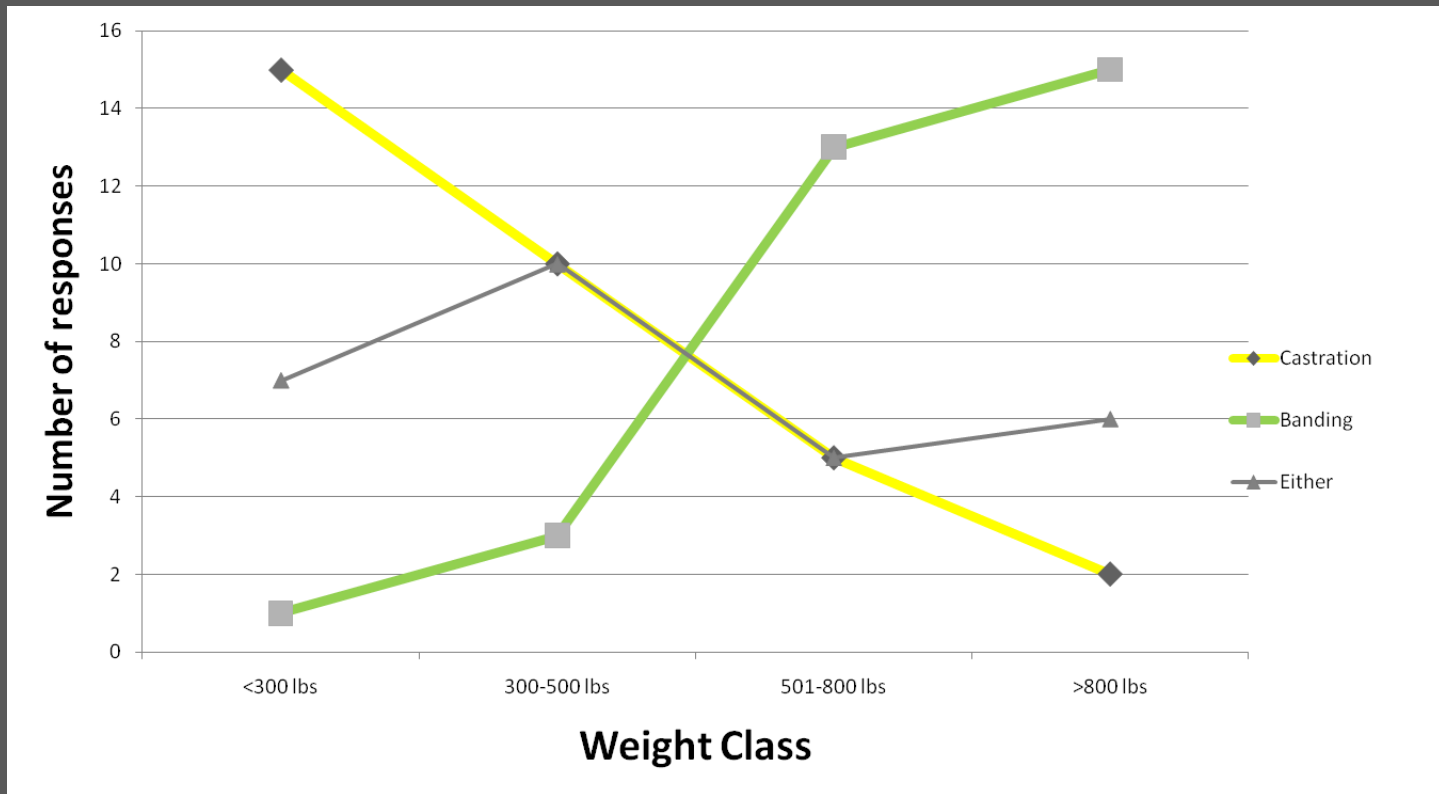
Arrival - best

Delayed 2 weeks – too many in hospital

Delayed to 1st reimplant - staggy



Castration methods



Newly received calves...

Stressed

Don't know where to eat

Sick

We want them eating 1.5% of body weight by 1.5 weeks on feed.

Description of perfect feeding pen for starting calves

Max – 200 head, Min – 50, Mean – 103 head

Bunk space, Max 21 in., Min 10 in, Mean – 13 in

One load pens with 116 ft of bunk space

What's most the important factor for predicting feedlot morbidity or mortality

	Mean	Mode
Cattle health risk	1.32	1
Weather patterns	3.18	2
Amount and quality of labor	3.41	4
Receiving nutrition program	3.86	3
Class of antibiotic use for metaphylaxis	4.36	5
Class of Antibiotic use of treatment	5.64	6
Brand of Vaccine	6.23	7

When and Why did the animal die?

Case Fatality Rate Problem

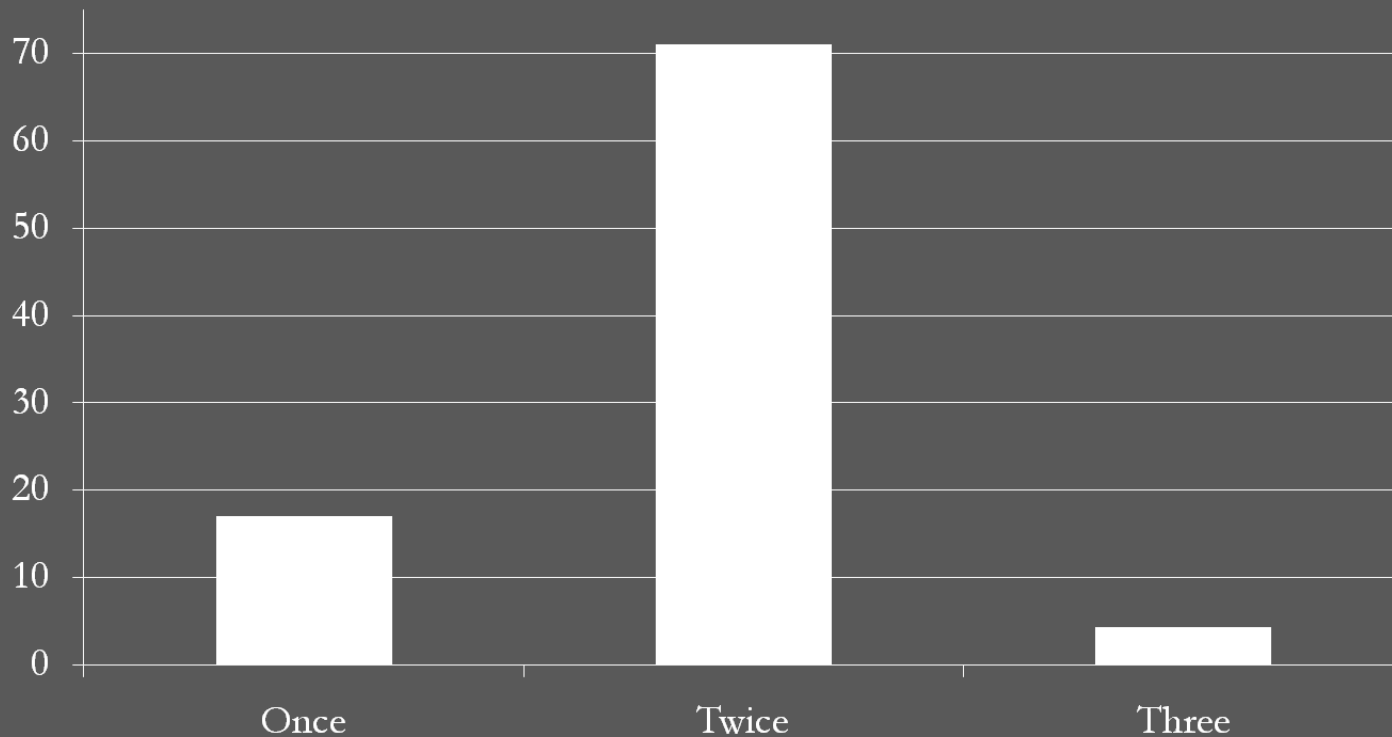
Numbers we watch

Dead to pull ratio –	10 to 15%
Case fatality rate –	5 to 10%
Treatment success (1 st treatment)	75 to 80%
Treatment success (2 nd treatment)	50 to 60%
Treatment success (3 rd treatment)	50%
Respiratory observe case fatality rate	0 to 2%
BRD pen death loss rate (never treated)	< 10% of BRD deads
Chronic: Dead ratio –	1:1 to 1:2

“WHICH WAY DID HE GO?”



How many times do you recommend that that they ride pens on high risk calves.



Three lung score categories

None

No visible lung lesions

1,690 head Northern calves
In wt = 553

Moderate

Visible lung lesions

Scars, fibrin tags, consolidation, etc.

Severe

Lung missing due to severe adhesions



Lung scores of cattle pulled for respiratory disease

26% of the cattle on the trial were pulled for respiratory disease

62% of the cattle that were pulled for respiratory disease had lung lesions

Characteristics of lung lesions

57% of the lung lesions were moderate

43% of the lung lesions were severe

Lung scores of cattle not pulled for respiratory disease

74% of the cattle were never pulled for respiratory disease

43% of the cattle not pulled for respiratory disease had lung lesions

Characteristics of the lung lesions

67% of these lung lesions were moderate

33% of these lung lesions were severe

What did the lung lesions cost us?

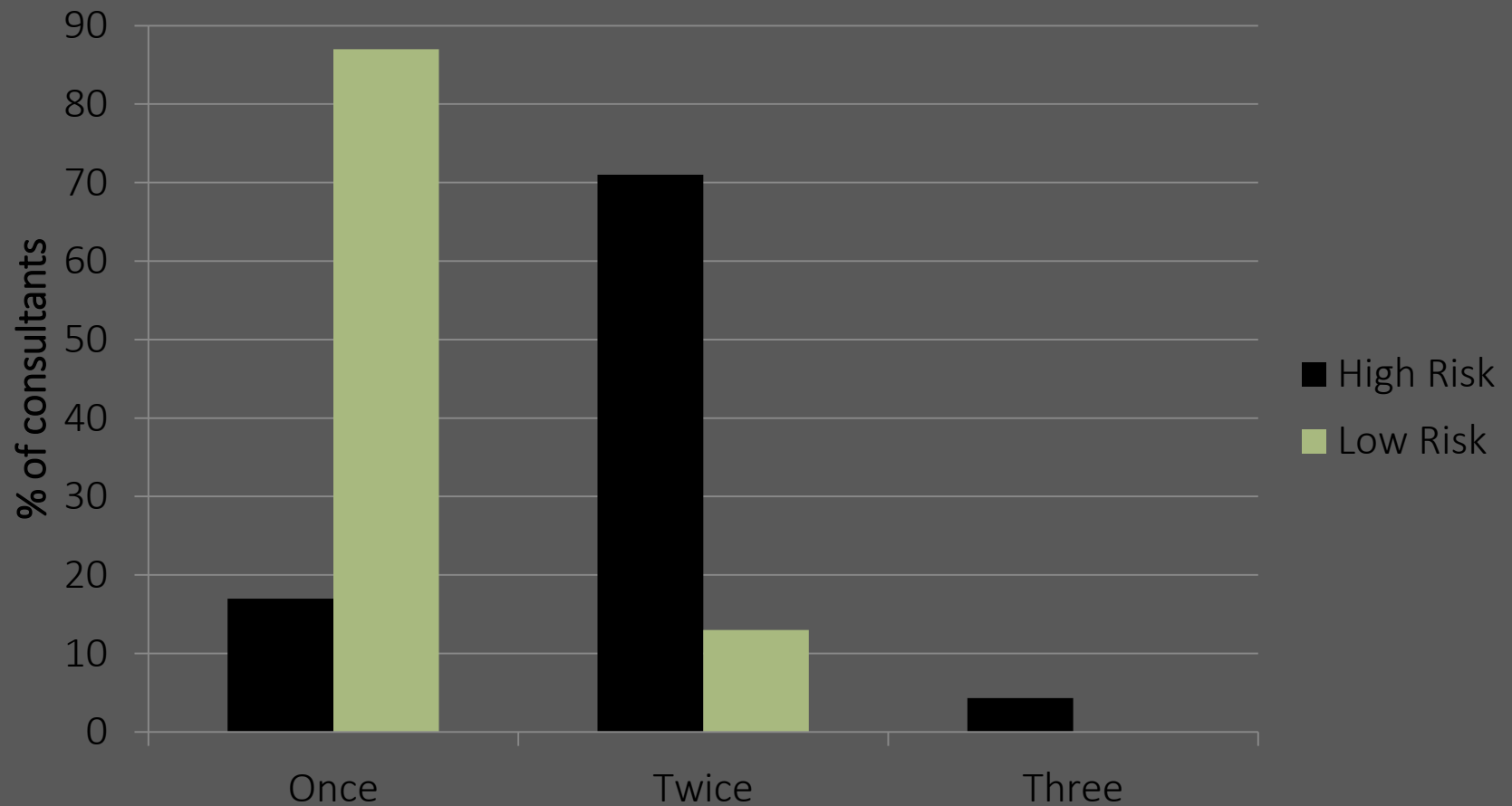
Item	Lung lesion status			SEM	P =
	None	Moderate	Severe		
Initial wt, lb.	553	552	552	4.7	.86
Reimplant, lb.	888	875	845	8.5	.01
Final wt., lb.	1333	1321	1280	12.8	.01
Carcass	863	855	829	8.5	.01
QG	8.4	8.5	8.3	.12	.47
YG	3.7	3.6	3.4	.10	.01

Reimplant = 85 DOF, Feeding period = 213 DOF

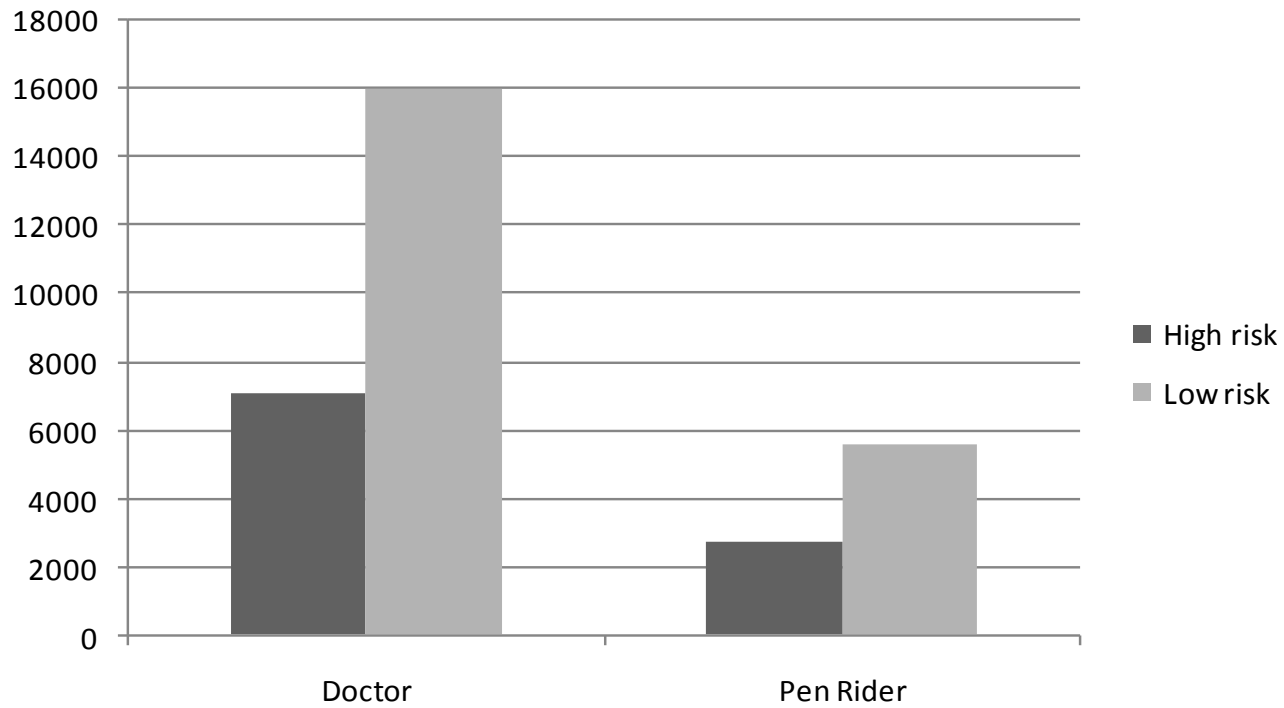
Hay and pen riding



How many times do you recommend that that they ride pens on high risk calves?



How many people do you need?



Effects of employee numbers per 10,000 head on the death loss in low risk steers.

	Low DL (.59 %)	High DL (.97 %)
Pen riders	1.8	1.5
Processors	1.3	.6
Doctors	.8	.4
Management	.7	.3
Total	4.6	2.8
Open Pen Rider	1.2	2.0

Holding pen at hospital

Cattle are dropped off by the pen riders

Need water source

Shades/windbreaks

Needs to be dry

Why Use Pull tickets?

Lot, pen, reason and severity

It is hard to see a foot rot once it is in the chute

Buller animals

Hospitals

Scales in the hospitals

We overdose cattle on an average of 71 lb.

Baytril is \$2.65/cwt = \$1.88 extra per head if we use the pen average

We doctor 150,000 head per year

We could save \$282,000 per year just from scales

What about the cattle we under treat?

Cattle handling/facilities

Crucial to no overcrowd the tub

Cattle are sick, we need to move them with as little stress as possible



Single day vs. multiple day

Most drugs are labeled for 48 to 72 hrs

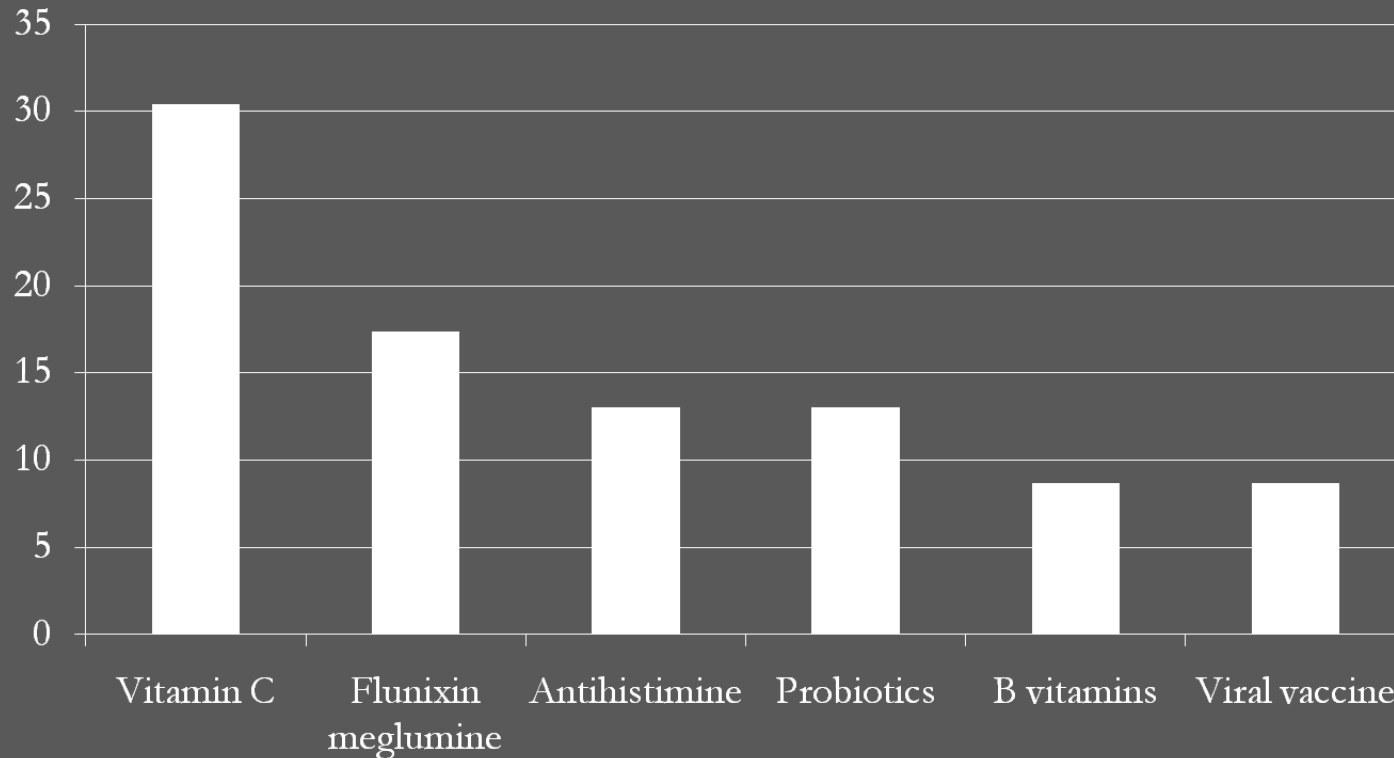
Labor

Wear and tear on animals

CFR – worse for single day therapy



Which ancillary therapies do the consulting veterinarians recommend?



Cleanliness

- Hospitals need to be clean
- Salmonella – drenching equipment
- E. coli – dirty needles
- Other environmental pathogens
- Never place a needle in the bottle unless it is brand new
- Joint problems start in the hospital

Hospital pens

Hospital pens are the most abused pens in the feedyard.

Comfort

Need at least as much room or more than a feeding pen (150 to 200 sq. ft.)

Water tanks must be clean

Fresh feed and hay available

Shades



Pen floor maintenance

Map the low spots during the summer

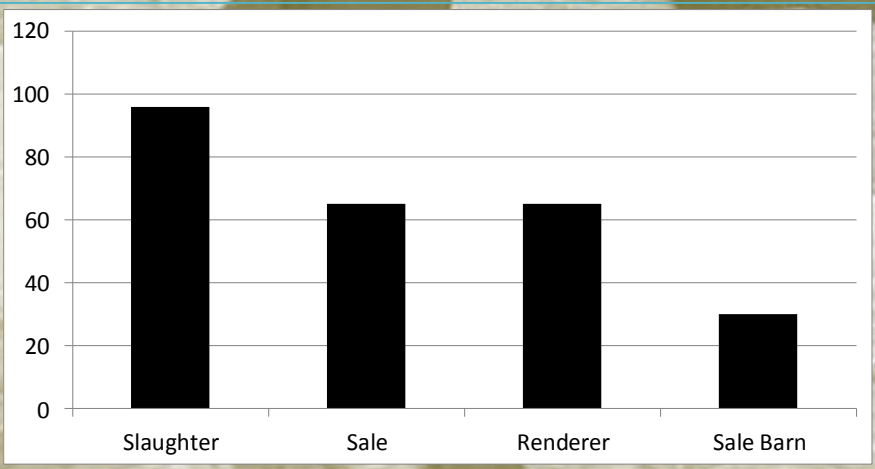
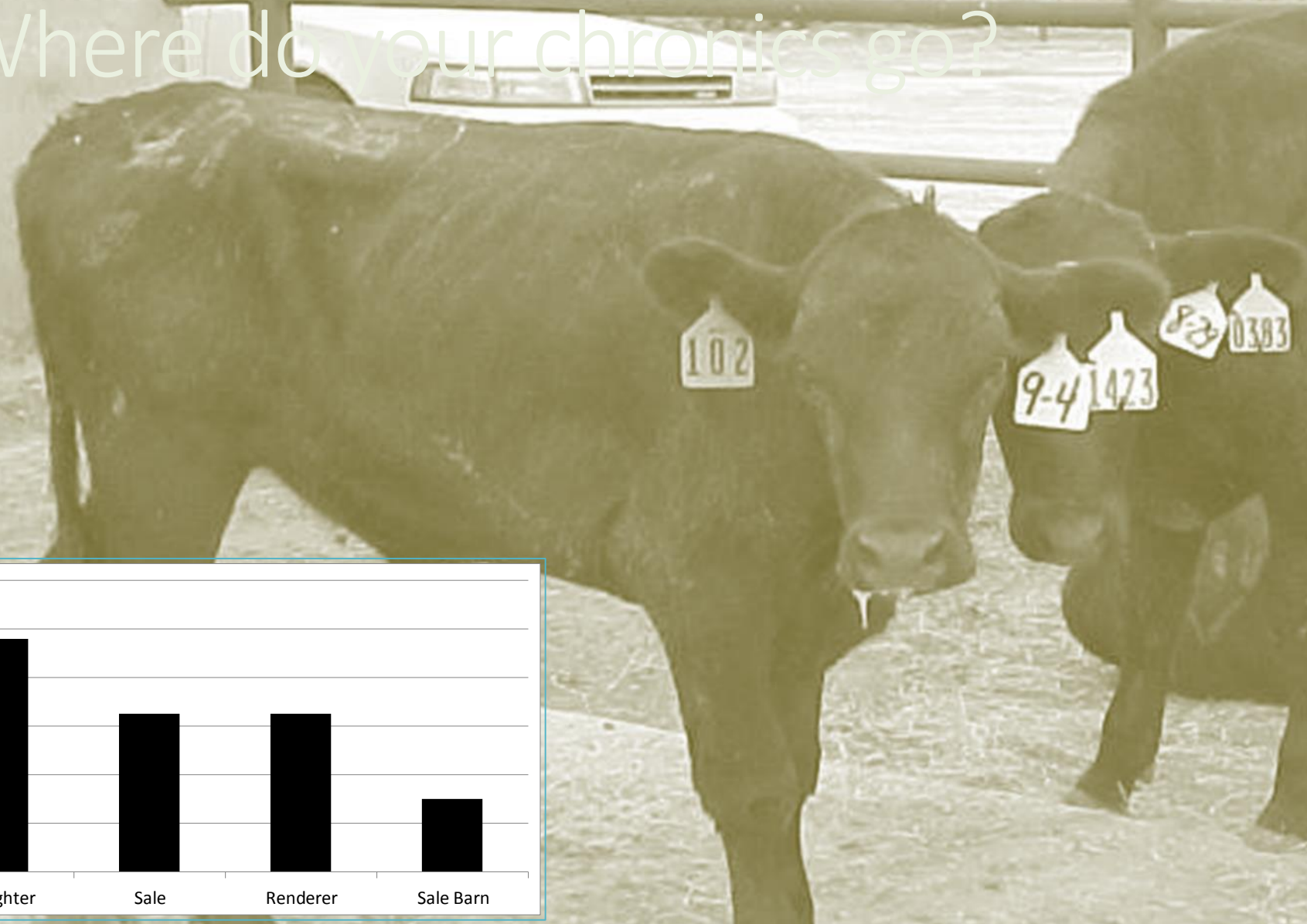
Fill and build mounds

Adequate bedding

Salmonella



Where do your chronics go?



What do railer buyers know???

Death loss of chronics	Cost, \$	Revenue, \$	Breakeven, \$/lb.
20	46,541	82,022	0.50
30	43,226	71,769	0.54
40	39,911	61,516	0.58
50	36,595	51,264	0.64
60	33,280	41,011	0.72
70	29,965	30,758	0.87
80	26,649	20,505	1.15
90	23,335	10,253	2.02

Model assumptions – 500 lb. chronics, sold at \$.25/lb., fats sold at \$.89/lb.

I gave him \$2000 worth of medicine and he still died!!!!



Terminology for clinical data and BRD

Fatal Disease Onset (FDO)

The day of first treatment of case that subsequently died or day of death if never treated.

Treatment Death Interval (TDI)

Time interval in days between day of first treatment and death

Day of Death in Feedyard (DOD)

Days after arrival to death

Clinical data and treatment for BRD cases

Case or agent	FDO, d	TDI, d	DOD, d
All BRD	30	30	60
Fibrinous pneumonia	28	29	57
M. haemolytica	16	24	40
P. Multocida	24	38	62
Mycoplasma	26	26	55

**Thank you for all you do
for our industry**

