


 Feature

Medication for gamebirds



Mark Elliott, vet and committee member of the NGO Deer Branch, considers use of antibiotics.

IT CANNOT HAVE ESCAPED MANY READERS' attention that the use of antibiotics, and the growing problem of resistance to them, is regular headline news. There is pressure on medical professionals to reduce antibiotic prescriptions to help counter the problem.

But is this correct? I wrote in a previous article (*KtB* Spring 2013) that the cardinal sin is probably under-dosing and not treating to disease resolution, and that it is vital to medicate as effectively as possible. As vets, we are used to calculating doses according to bodyweight, water/feed intake, etc. Does this happen in the medical world? Perhaps not that effectively; can you recall being weighed for dose calculation at the GP surgery? Vets are often blamed for the woes of antibiotic resistance by treating food-producing animals and it's been hard to defend. However, evidence now suggests no clear case there, and the problem may be more through overuse when there is no need in the human sphere, as well as under-dosing, and poor compliance of patients in taking medications. A recent report, which vets may

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have felt might restrict the use of certain antibiotics we use in gamebirds, found that there was little evidence of cross-over resistance from food-animal use for those antibiotics, but surprisingly found others that unexpectedly might. With the discovery that bacteria not exposed for hundreds of years to antibiotics have inbuilt resistance, it is clear the arguments are confused, complicated, and that much more data is needed.

What is the issue for the game rearing industry? We potentially face restrictions under the guise of the 'precautionary principle'; which means that without evidence to confirm that what we do is

Vets and keepers will need to work more closely.

OK, we will have limitations put upon us as to what we can and cannot do.

We are not alone in facing these challenges as legislation is being written in a way that gives the EU power to restrict, limit, or even remove classes of antibiotics in the future, and the World



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Antibiotic use in food animals have been blamed in the rise of resistance.

Health Organisation, among others, talks of blanket veterinary restrictions.

No-one really knows the facts and figures of antibiotic use in the industry, but we can make a fair guesstimate if we all pool together. This is what is

happening and there are initiatives between the main vets, the Game Farmers' Association, the feed manufacturers, etc. With data, we will be in a better position to defend our need to use these medicines. In fact, an EU Report in January 2015 in effect requires us to provide this data.

I think we can defend our industry with regard to treatment of actual disease outbreaks. Animal welfare considerations come into play and mortality is just one important determinant in welfare arguments. It is also important to note that there have been no reports of antibiotic residues in game meat (that I can find) which suggests we are not wrong in what we do. This is probably helped by the fact we use a lot of unlicensed medications. (By 'unlicensed' I mean medicines not specifically tested and approved for gamebirds which therefore do not have determined declines of residues over time.) This fact requires us to apply very long (usually 28 days) withdrawal periods before killing, so that affected meat cannot enter the human food chain. A commitment to transparency, monitoring and education of all those involved is progressing.

Where it is likely we will see restrictions in the use of antibiotics is as preventative treatments, otherwise known as 'prophylactics', unless we can present



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a sound argument, but possibly in any event by 2017. The key documents at the moment are the *Code of Practice on the Responsible use of Animal Medicines on the Farm Dec 2014*, and the *Medicated Feedstuffs Prescriptions: A new Code of Practice*. The latter is in draft form, but its principles have been endorsed by the Royal College of Veterinary Surgeons in Council in November 2014, so vets are duty bound to comply now.

So, for in-feed medication, essentially the issues keepers need to be aware of that are in place now are:

1. The veterinary surgeon **must** prescribe responsibly and accurately.
2. The farmer **must** seek veterinary assessment **before** placing an order for medicated feed with the mill.
3. The mill **must** be prepared to insist on the proper completion of a prescription before honouring an order and **must** decline to accept incomplete prescriptions rather than correcting them.
4. Prescriptions are to be voluntarily limited to one month validity.

Vets have a further consideration in considering point 1. which applies equally to in-feed and prescribed water-dosed medication. To fulfill the requirements, there must be clear (and ideally documented) responsibility for making medical judgments regarding health and the need for medical treatment of the livestock, and the client has agreed to follow the veterinary instructions; the vet has to have sufficient knowledge of the animals to make a general or preliminary diagnosis; and the vet has to be available for follow-up in the case of animals having adverse reactions or failing to respond to therapy.

This creates practical considerations as there are unintended consequences in



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For gamebirds, a vet must prescribe antibiotics responsibly and accurately.

generic legislation/codes of practice, eg. for in-feed medication to treat a problem, there are always delays in milling turn-around times. This can make a nonsense of prescribing for here and now.

For preventative use of in-feed medications there will need to be a clear and well-documented 'Flock Health Plan' in place, with an evidence-based argument for the use of the medication. Just because something has been done previously without problems will not justify on-going use.

Vets and keepers will need to work more closely together to create the infrastructure to ensure compliance with the requirements of current and future medications. It is likely that using the local vet down the road for a prescription is a thing of the past, and specialist gamebird vets will be called upon more and more.

As a team, we need to look at all factors relating to effective medication. Food formulations that optimise gut health, or at least don't promote the diseases we see, will become more important as we understand better the

choices in components added – decisions cannot always be made on cost. Better and effective methods of delivery by water need to be considered, including optimising the water to carry the medication and ensuring correct dilutions. We need to look at the disease patterns emerging in our birds by age and timing of release to ensure we can medicate effectively against predicted risk. We need to re-consider biosecurity, hygiene and disinfection issues, even down to the chemicals used to spray around pens now that some are showing links to antibiotic resistance! Vets will be looking into sensitivity of bacteria to ensure correct antibiotic use. In short, anything that can be done to reduce the use and need for antibiotics must be considered and put into place where possible.

If we do all this and more, we will be able to argue our case better if and when politicians and regulators seek to restrict our access to medications essential to ensure welfare of the birds we rear, and the economic viability of the industry as a whole.

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