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“Animals under our Care”

BVA Specialist Advice

British Veterinary Poultry Association (BVPA)

The structure of the poultry industry is significantly different to other livestock industries in the UK, with over 90% of production being generated by integrated companies. Most of these companies will have either in-house veterinarians or will employ one or more private veterinary surgeons to provide for their own and their contract farmer's needs. As a result the BVPA's position on “birds under our care” is slightly different to those of the other BVA specialist divisions.

The veterinary surgeon specialising in poultry receives both clinical and performance data regarding the flocks under his care on a regular basis.

Clinical information includes:

- Performance data eg egg production, egg quality, evenness of a flock
- Clinical signs in a flock eg respiratory, scouring etc.
- Post mortem examinations of birds undergoing unexpected mortality or from culls (bacteriology and antibiotic sensitivity testing is a routine).
- Histological examination of tissues.
- Virus isolation from respiratory swabs and tissues.
- Lesion scoring of the intestine for coccidial challenge (often carried out by lay workers for pharmaceutical companies).

Laboratory testing could also add key information regarding the health of the flock:

- Serological antibody levels, indicating the level of protection of both breeder and commercial flocks. A huge amount of proactive data is generated in this way.
- Serological antibody levels, indicating the level of viral challenge in the flock.
- Worm egg and coccidial counts of faeces. This can be very proactive as with serology.
- Hygiene scoring of clean-out swabs from housing.
- Water samples are tested for bacterial and chemical levels.
- Salmonella status is constantly monitored from faeces, litter and swabs on the breeder and commercial farms and at the hatchery.

Performance data such as rate of growth, food conversion rate, feed and water intake, egg production, egg quality, hatchability and chick quality are constantly monitored during the life of the flock. This recorded and monitoring data can be very extensive and is available for scrutiny by the clinician. This data is also regularly audited by the assurance schemes. This information allows the supervising veterinary surgeon to make informed, evidence based decisions regarding the flock and also contributes to the diagnosis of disease.

Post mortem diagnosis would include antibiotic sensitivity testing of relevant bacterial cultures. This forms the basis of prescription only medicine prescribing in poultry.

The above points comprise the “clinical assessment” of the flock. As many of these as possible should be used to make a diagnosis.

Products which may be used during the life of a flock have detailed procedures laid down as part of assurance schemes which show how the product shall be used and under which circumstances.

The prescribing veterinary surgeon or supplier of both therapeutic and biological products both play a strong role in the training and subsequent audit of farmers involved with the application of these products.

The presence of a “veterinary authorisation” or “contract” between the veterinary surgeon or practice and the client may clarify and strengthen the responsibility of the vet for the health of the flock in question. However the responsibility must be real and not just nominal.

Veterinary practices / veterinary surgeons should visit the flock farm often enough or recently enough to familiarise themselves with standards of stockmanship and management procedures on the farm. This would also include the health status of the birds currently on the farm under their control. What amounts to “recently enough” must be a matter for professional judgement of the veterinary surgeon. This could become an integral part of a Veterinary Health and Welfare Plan.

Assurance schemes such as Freedom Foods require an annual visit. However there are circumstances e.g. for the European Directive on trade of hatching eggs, when typically monthly visits are made to high health status breeding farms. Conversely, biosecurity issues on all classes of poultry farm, but especially high health status sites, may dictate that a less frequent visit may be applicable.

An integrated company may have a large number of farms under their control. Obviously, because of the short period of production for the majority of poultry (more than 90% of poultry produced per annum in the UK will be broilers with a very short lifespan of 38 – 56 days), it would follow that not all birds would necessarily be inspected during any period of time.

Individual birds in very small back yard flocks or show animals would normally be examined in a similar way to small animals. This would involve examination at the surgery combined with appropriate laboratory testing. It may be that a flock visit is also beneficial to reach a diagnosis.

Emergency out of hours cover is also provided by the supervising veterinary practice, either in person, or by utilising other practices with sufficient expertise to do so. In practice, this normally means performing post mortem examinations of birds from a flock with suspected problems and any other tests deemed pertinent to reaching a diagnosis, but may also mean visiting the site in question. The level of cover provided for poultry clients will be no different to clients in other types of veterinary specialisations. It is as easy for a poultry farmer to bring live or dead chickens to the supervising veterinary practice as it is their pet dog. There is no reason why this could not be agreed in advance with a client.