Changes to Utah’s Trichomoniasis Rule (R58-21)

The State Veterinarian’s office has re-written the Trichomoniasis rule found in R58-21 to reduce confusion and, hopefully, better protect the Utah cattle industry from this devastating disease. The rule changes should be open for public comment in November. A summary of the updated rule is below:

**Sampling and Testing**

- Samples must be obtained by a certified veterinarian. Technicians are not allowed to collect trich samples.
- Samples must be submitted to an approved laboratory in a transfer tube instead of a pouch. This will allow a more rapid turn-around time on testing at UVDL.
- In most cases, samples may be pooled. Herds at high risk or under investigation for trich may be required to have individual bull tests.
- Tested bulls must be tagged with an RFID tag and an official trich tag.

**Resident Cattle**

- All resident bulls 12 months of age and older, including bison, must be tested annually between October 1 and May 15. Resident dairy bulls that are confined (no possibility of escape) are exempt from the testing requirement unless they are being offered for sale or have had exposure to female cattle from another herd.
- Bulls with continuous exposure to female cattle must be tested by January 1.
- All bulls being offered for sale, lease, or loan must be tested prior to sale/lease/loan. The owner of these bulls must declare to a brand inspector whether the bull was exposed to female cattle after it was tested.
- Untested bulls or bulls that have had exposure to female cattle after testing may only be sold for slaughter or to a qualified feedlot.
- Female cattle over 12 months old may only be sold for slaughter or feeding unless the owner declares to the brand inspector that the herd is not a known positive trichomoniasis herd.
- Untested bulls must be kept separate from female cattle at auctions.
Changes to Utah’s Trichomoniasis Rule, Continued

Imported Cattle

- All bulls 12 months of age and older, including bison and dairy bulls, must be tested prior to entry. Bulls that are exposed to female cattle after testing must be re-tested prior to entry. Exemptions include: bulls going to slaughter, a qualified feedlot, or exhibition where they return immediately to the state of origin with no grazing or exposure to female cattle.
- Health certificates for female cattle must have the statement “These cattle have not been commingled with bulls of positive or unknown trichomoniasis status.”
- Female cattle from positive herds can only enter Utah if they are 120 days pregnant, known virgin heifers, going to slaughter or a qualified feedlot, or have had 120 days isolation from any bulls.
- Imported bulls may be tagged with a Utah trich tag by a veterinarian if accompanied by proof of testing.

Positive Herds

- Positive herds will be quarantined and placed under a Trichomoniasis Herd Plan, which sets the requirements for the herd to be released from quarantine. The State Veterinarian may require additional testing of bulls, pregnancy testing of females, or segregation of bulls and female cattle.
- The owner of a positive herd must notify the administrator of their common grazing allotment and all neighboring cattlemen within 10 days. The owner also needs to provide a list of neighboring cattlemen to the State Veterinarian’s office within 10 days.
- Positive bulls must be branded with a V brand on the tailhead and sold to slaughter or a feedlot within 14 days (unless it is under a drug withdrawal period). Positive bulls must be kept separate from female cattle prior to sale.
- Other bulls in the herd must be retested prior to exposure to female cattle.
- Movement of any cattle, including females, from a positive herd must be documented on a “Movement of Cattle from a Trichomoniasis-Positive Herd” form, and the form must be sent to the State Veterinarian’s office within 72 hours of movement. Cattle moving out of the state must also have a VS 1-27 form.
- The owner must provide a list of all sales of non-virgin female cattle since the prior year’s test to the State Veterinarian’s office. The State Veterinarian will attempt to notify the recipients of those cattle.

Citations

- The citation for untested bulls (after May 15 or with exposure to female cattle at any time of the year) remains at $1000.

If you have questions about this rule change, please contact the State Veterinarian’s Office at (801) 982-2235.

Our phone and fax number have changed!

Phone: (801) 982-2235
Fax: (385) 465-6026
Brucella ovis (Ovine Epididymitis) in Sheep

*Brucella ovis*, the cause of ovine epididymitis, is a bacteria that infects the reproductive system of rams and can cause severe financial losses due to decreased fertility, abortions, and culling. *B. ovis* is not known to infect people, and infection in other species is rare. Ovine epididymitis is a reportable disease, which means that any person who suspects that a ram is infected with *B. ovis* must report it to the Utah State Veterinarian’s Office.

**Rams**

*B. ovis* causes inflammation of the epididymis (the tube that carries sperm away from the testicles) and testicles of rams. Infected rams have poor quality semen with reduced motility, reduced concentration or volume, and an increased number of abnormal sperm. Inflammation of the epididymis may cause swelling or hardening that can be felt through the scrotum, and the ram may look painful or uncomfortable. The inflammation can cause adhesions or scar tissue to develop.

*B. ovis* is usually transmitted from ram to ram when an uninfected ram breeds a ewe that was recently bred by an infected ram. Direct ram-to-ram transmission is also possible if the bacteria come in contact with the mouth, nose, eyes, or prepuce. Young rams are more likely to mount each other and may spread the infection.

**Ewes**

A ewe becomes infected from breeding by an infected ram. Ewes can carry the bacteria in their vagina for up to two months but rarely show signs of disease. A pregnant ewe that becomes infected may develop inflammation of the placenta, leading to abortion, stillbirth, or weak lambs. Most abortions are so early that there are no outward signs of pregnancy loss. Ewes that abort will often breed back normally in subsequent cycles or breeding seasons.

**Diagnosis and Control**

A *B. ovis* outbreak in a herd can be devastating financially due to a reduced lamb crop and extended lambing season due to decreased conceptions and increased abortions, high ram culling rates, and spread of infection to other rams.

There are 3 main methods to diagnose *B. ovis* in a flock:

- **Manual palpation of the scrotum and testes.** Feel the scrotum and each testicle for swelling above or below the testicle, symmetry, free movement, and for lumps or nodules. Only 30-50% of infected rams have abnormalities that can be felt, and not all abnormalities are caused by *B. ovis*, so additional testing may be necessary.
- **Semen examination.** Semen may be examined for volume, motility (movement), and sperm abnormalities.
- **Blood tests.** Blood tests, such as the *B. ovis* ELISA can be used to look for antibodies that indicate that the ram was exposed to *B. ovis*. Antibodies may not be detected for up to 7 weeks after infection, so a second test may be advisable after positive animals are culled.

Flocks that are concerned about *B. ovis* should examine all rams prior to the breeding season by performing manual palpation and blood testing on every ram. Infected rams should be culled as soon as possible and kept away from non-infected rams.
Psittacosis

Psittacosis, also called parrot fever or ornithosis, is a highly contagious disease of birds caused by the bacteria Chlamydia psittaci. At least 465 species of birds can get psittacosis, but cockatiels, budgies, and parrots are the most commonly affected pet birds. Chickens, ducks, and pigeons can also be affected. Some birds can develop chronic infections and will shed the bacteria without showing signs of disease.

C. psittaci is shed by infected birds in their feces, saliva, feather dust, and eye or nasal discharge. Uninfected birds can contract the disease by inhaling airborne particles or from contaminated food, water, perches, or toys. Inhalation of the bacteria typically results in more severe disease than ingestion. Some blood-sucking insects, like lice, can spread the disease from bird to bird. The disease can also spread from mother to chick before hatching in some species.

Once inside the body, C. psittaci starts reproducing rapidly. The bacteria can be detected in the blood within 48 hours, and the bird will start shedding the bacteria around 72 hours after infection. The signs and severity of the disease vary based on the species of bird and strain of bacteria, but most often consist of respiratory and GI signs. Signs include:

- Swollen, watery, and crusty eyes
- Yellow or green diarrhea
- Reduced appetite and weight loss
- Depression and weakness
- Difficulty breathing
- Trembling, seizures, or head twisting, especially in cockatiels
- Sudden death, especially in lovebirds

Veterinarians may use several methods to diagnose psittacosis. X-rays will often show an enlarged liver or spleen with pneumonia or inflammation of the air sacs. Blood may be taken for CBC, chemistry panels, or antibody testing. The veterinarian may also take swabs of the mouth, eyes, and vent for PCR testing.

Long-term antibiotic treatment is needed for psittacosis. The antibiotics may not completely clear the bacteria, so re-testing is recommended after treatment. Birds with severe psittacosis may need fluids, heat, or other supportive care. Infected birds should be isolated during treatment, and anything they come in contact with should be cleaned and disinfected. While psittacosis can kill up to 50% of untreated birds, the prognosis can be very good if the disease is caught early and treated properly.

There are a few things bird owners can do to protect against psittacosis. Healthy birds are less likely to develop severe disease, so feed a healthy diet and house birds in clean, uncrowded, and non-stressful conditions. When purchasing new birds, have them examined by a veterinarian and tested for C. psittaci, and keep them quarantined from any other birds for at least 30 days.

Psittacosis can also cause disease in people. The most common signs are headache, muscle aches, flu-like symptoms, swollen lymph nodes, and fever. If handling an infected bird, wear protective gear such as a mask and gloves, change clothes afterwards, and always wash your hands.
Equine Neurologic Disease

There are several reportable diseases that can cause neurologic signs in horses, including Western Equine Encephalomyelitis (WEE), Eastern Equine Encephalomyelitis (EEE), Venezuelan Equine Encephalomyelitis (VEE), West Nile Virus (WNV), and rabies. While the number of cases of these diseases has gone down nationwide due to vaccination, these diseases are still present and significant because of their high death rate.

WEE, EEE, VEE, and WNV are primarily transmitted by mosquitoes. Signs include high fever, colic, not eating, depression, blindness, stumbling, pressing the head against walls, head tilt, inability to get up, seizures or trembling, sleepiness, circling, and inability to swallow. Very few horses with WEE/EEE/VEE survive infection, and those that do usually have lifelong issues. One-third of WNV-infected horses will die from the disease, and 40% of survivors have long-term neurologic effects.

Rabies is caused by bites from infected (rabid) animals, usually raccoons, skunks, bats, or foxes. It can take weeks to months for an infected horse to show signs of disease. There is no treatment for rabies; it is 100% fatal. Signs are highly variable and may include lameness, poor performance, depression, aggression, convulsions, and inability to get up. Rabid horses can transmit the virus to people and other animals, so suspected cases should only be handled by people vaccinated for rabies.

While these diseases are an ever-present risk, the good news is that they are almost entirely preventable through vaccination. EEE, WEE, Rabies, and WNV are all considered core vaccines by the American Association of Equine Practitioners (AAEP) and American Veterinary Medical Association (AVMA). Core vaccines have research that demonstrates that they are safe and effective and that they have a high level of benefit. VEE is not a core vaccine, but the EEE/WEE vaccines offer protection against VEE. Horse owners should work with their veterinarians to develop a vaccine program that covers not only these diseases, but also other diseases that are likely to occur.

**AAEP Recommendations for Vaccination for EEE, WEE, WNV, and Rabies:**

<table>
<thead>
<tr>
<th>Disease</th>
<th>Foals and Weanlings &lt; 12 months of age</th>
<th>Adult Horses (previously vaccinated)</th>
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| EEE/WEE | 1<sup>st</sup> dose at 4-6 months of age  
 2<sup>nd</sup> dose 4-6 weeks after the 1<sup>st</sup> dose  
 3<sup>rd</sup> dose at 10-12 months of age | Annual in the spring (prior to onset of vector season)  
 Broodmares – annually 4-6 weeks pre-partum |
| WNV | 1<sup>st</sup> dose at 4-6 months of age  
 2<sup>nd</sup> dose 4-6 weeks after the 1<sup>st</sup> dose  
 3<sup>rd</sup> dose at 10-12 months of age | Annual in the spring (prior to onset of vector season)  
 Broodmares – annually 4-6 weeks pre-partum |
| Rabies | 1<sup>st</sup> dose at 4-6 months of age  
 (2<sup>nd</sup> dose may be required 4-6 weeks after 1<sup>st</sup> dose) | Annual  
 Broodmares – Annually 4-6 weeks pre-partum |

Check out the Animal Health Program website at [ag.utah.gov](http://ag.utah.gov)!