

# Parasite Control—A Practitioner's Viewpoint

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## Introduction

**This short paper describes our practice view of the broad approach to helminth control in cattle in our area, including some comments on the choice of anthelmintic, and the purchase and sale of the various formulations.**

It is convenient to discuss this subject under three headings:

1. General advice to our clients
2. Choice of anthelmintic
3. PML sales

### 1. Our general advice to our clients

We are very fortunate in North Devon. Nine out of ten fields are overstocked with cattle and sheep. When any fields are ploughed, that can be ploughed, huge numbers of spores of Clostridial organisms are uncovered!

There is for the most part no question of a clean grazing system as a means of preventing the worm problem. Rotation falls down if the land is not suitable for arable or other crops. We have many acres of permanent leys, and many more medium to long term leys.

There is also little likelihood of grazing land which has been free of cattle in the previous autumn. Perhaps even more pertinent is that the first cut silage aftermath which would have been useful to turn cattle onto in the hope that the overwintered larvae had perished, is not grazed but laid up again for a second cut. So that there is little usage of larvae-free pasture in early summer.

Hay aftermath and second cut silage aftermath is available so that late summer autumn grazing can be on relatively larvae-free pasture. All of which means that in this part of the country the most important worm dose is in mid-July and our **general** advice to farmers is as follows.

#### *For dairy youngstock and autumn born beef calves*

As far as parasitic bronchitis is concerned there is no substitute for Dictol (Glaxovet) vaccination. I don't think we have ever had anyone cease using Dictol once they have started, especially if they started because of a 'husk' problem in the previous season. Which says something for their common sense, or our education, or the efficacy of the vaccine, or a combination of all three; because the unit cost of Dictol in the eyes of the North Devon farmer is not cheap, and we never offer any discount or quantity terms on this product.

As far as parasitic gastroenteritis is concerned we

recommend a dose three to four weeks after turnout. Those who follow our advice to the letter would give at least one more dose before what we consider the most important, in July. By then there may be aftermath available, and turning the cattle onto that and keeping them there until housing we would regard as best. Even so we still advocate a housing dose of a drug suitable for killing arrested larvae.

On many of our farms it is not possible to keep stock on aftermath until housing, and in these circumstances we advise at least one dose between July and the housing dose, depending on the season. Generally unless they are poaching the ground in a very wet autumn, all except the youngest stock stays out till late in the year.

On known fluke farms we recommend fluke **and** worm treatment at this time. The choice of drug is important here, since the combined-action products either do not treat inhibited roundworm larvae well, or they don't kill the 6-12 week fluke adequately. So we tend to advise the use of two drugs separately. In a bad fluke year, or on heavily contaminated farms we think this fluke dose needs repeating, at least twice.

#### *For spring born suckled beef calves.*

Normally we would not expect to worm these during their first summer at grass, except perhaps with an autumn dose to hit the arrested larvae.

For dairy cows.

Although we enjoyed a little boost to our profits during the heady days when there was evidence which purported to show that a summer dose for adult cattle was worthwhile, and we were able to put an albeit tentative hand on the heart and recommend it, we have now been forced to abandon this advice, except in special circumstances, in the light of rather equivocal cost effectiveness.

Treatment for fluke in the adult dairy cow, however, we regard rather differently. We have for many years advocated the once-a-winter treatment of these animals even on the only marginally affected farms. There is no doubt in our minds that this is cost effective; and without fail those who do it annually tell us that they see a rapid and sustained change in the bulk tank.

Paratect—a worming system

As a system this unique development has tremendous merit. However persuading the North Devon farmer to part with this kind of money per capita is another matter.

We have a very few farmers who have heifers away at keep, that stay away, who listen to the economics and use it. In common, I suspect, with many other practices we have clients who will never use anything else, and other who never wish to see another bolus. Without doubt the cost certainly prevents most of them from even trying it.

We disseminate this worming advice in much the same way as the vast majority of traditionally run practices.

1. A very few specifically requested programmes, arrived at after a properly charged consultative visit.
2. The vast majority of our advice handed out free during routine or midnight calls, during NFU dinners or point-to-points.
3. Via newsletters in the hope that the recipient will come to us for the wormer either this time or the next.

Do we get the message across to everyone? We do not. Last spring we again had a client who proudly showed me the price ticket on the Ivomec he had just bought. And then with some aplomb showed me the 60 housed 3 month old Hereford Cross calves he has just injected, before adding the final touch by telling me that he had done them with louse powder and was there anything else he should do!

We regard the advice about when to worm as considerably easier to arrive at than the advice about which wormer to use.

## 2. Choice of wormer

Basically it is not very difficult. You arrive at the answer scientifically. Wormers generally fall into three categories.

1. Effective against developing larvae and adults—to be used throughout spring and summer.
2. Effective against developing larvae, adults **and** arrested larvae—to be used at any time, including the housing dose.
3. Paratect—to be used if the system fits the husbandry, with a few provisos.

But there are at least 67 different drugs or formulations of drugs on sale in the U.K. against cattle roundworms. And therein lies the difficulty.

If you stay out of the anthelmintic market altogether, and merely prescribe, you make it easy for yourself. Just produce the list of the various categories and tell the client to go and do the best deal he can. But I am not sure this is providing the complete service. Can we afford to ignore this multimillion pound section of the PML market whether we regard the supply as part of the service or not? Those of us who charge properly for our advice can perhaps afford to ignore the marketplace. But the charge for advice can only be levied once. If there are any profits to be made from the supply of PML products, they can be continuing profits.

Assuming you have decided to stay in the market, then you have a considerable dilemma. How much is your advice to your client conditioned by:—

1. What you already have on the shelf, and need to shift. What you did the best deal on.
2. How honest are you with yourself when answering the

previous question?

3. How much should you stick to the big names which practically sell themselves, provided you can get the sale at all.

4. How much do you back the company which apparently backs you by selling so-called 'ethical' products only (or, at least, an ethically named range, which is more likely to be the case in these days)?

5. How much do you listen to the companies that say to you that they have done all the research and development and **need** the money back, and if they don't get it, how can they sponsor more R & D into other products for your benefit?

6. How much notice do you take of the company's own figures on research data?

7. How much notice do you take of the competitor who falls over himself to tell you (very discreetly) that the opposition's research was done on 20 animals?

We all, I suspect, have to face the nonsensical situation of the farmer's merchant being able to sell freely to anyone and at the same time bear minimal responsibility for the advice given. We constantly hear the craziest claims for some products from this source, and misleading advice about when to worm and what to use; advice very often biased only by what is on the shelf.

I believe we **are** in what a recent contributor to the Veterinary Record called "a unique position of trust" in advising on the choice with regard both to efficacy and cost effectiveness, but it doesn't make the job any easier. It helps somewhat to have the ADAS Booklet 2142 (84) 'Anthelmintics for cattle sheep pigs and horses,' collated by R.J.G. Cawthorne of CVL Parasitology Dept. It is designed for farmers but it does give us a digest of at least the published evidence. Approached in this way we have perhaps a non-commercial assessment in assimilable form.

Can you, for instance, in the light of the lack of published evidence, back parbendazole and oxibendazole against fenbendazole, oxfendazole and albendazole for all-round activity, even if the price is right?

This sort of information reduces the choices a little. As does the decision to drench or inject which may not be yours, as does the availability of handling facilities.

On the face of it there is no way in which you can stock and sell competitors in the same field. Competitors, I mean, in the sense of competing against one another for your sales of a product to do exactly the same job. No way, that is, that you can stock competing products in adequate quantity to get the price low enough to stand a chance against the merchant's price.

So should you keep your prices at your usual mark-up and sell very little in competition against the merchant, and lay yourself open to albeit groundless accusations of profiteering by those who compare prices? Or do you stock the cheap end of the market only and work on minimal margins in hopefully large quantities; and perhaps ignore those drugs that you know to be better in order to concentrate on your

own profits.

I haven't got all the answers. Certainly in our practice we restrict ourselves as to which products we stock in any quantity. And for what it's worth our specific recommendations, in 1984 at any rate, to our clients, which are at best a compromise in trying to answer the foregoing questions, are these:—

**Dictol (Glaxovet):** No deals; why should we? It's the only product we have properly to ourselves. We always have it delivered to the practice, in case the manufacturers ever get the idea that the profession are unnecessary middlemen. We also hand out advice at the same time as the vaccine, which saves a few doses being injected.

**Systemex (Wellcome):** Because it works, it is advertised for us by Wellcome, and because of the deal I can do with them which allows me to compete with the merchant and still make it worth my while.

**Nemicide (ICI):** If an injection is preferred and it's appropriate.

**Cevasol (CEVA):** If they insist on the cheapest I can do. My margin is roughly the same on each, while still competing.

For the housing dose:

**Systemex:** For the same reasons as above.

**Ivomec (MSD AGVET):** For the extra activity against warbles and lice. I can't yet compete very well, but I try.

For fluke and worms:

**Nilzan (ICI):** Because I can do a reasonable deal and compete well.

For fluke alone:

**Trodax (May & Baker):** Because it works, is injectable, and traditional in the practice. I can't yet compete with Flukanide, which has the advantage of being usable at the same time as Ivomec.

By and large we are not in favour of in-feed wormers because of the hit-and-miss element. Neither do we back pour-ons, because our clients make enough of a mess of pour-on warble fly dressings.

### 3. PML sales

I have a few comments on PML sales which seem relevant to us. We had until five years ago spent ten years completely ignoring the market, selling only what we stocked in small quantities at full price, to order only, in accordance with our advice if it was sought.

We remained aloof because we had plenty of other sources of revenue, and did not wish to demean ourselves trying to operate in a cut-throat market. But we made a positive decision to try to start in a small way. We have, I know, a lot to learn from the practices well entrenched in this mode of operation; but we wanted to see if it was a feasibility in a smaller practice. In a 16-man conglomerate it is not difficult to develop enough purchasing muscle to do a reasonable deal. But we are a 4-man large animal practice with no small animal goldmine to keep us in funds; and we **have** learnt a few things.

1. Talking to the pharmaceutical companies opens a few doors.

2. Expressing a willingness to try has brought a few surprises. We were not aware for example how much leeway on price there is for the profession, primarily at rep level until we tried.

3. Bulk purchasing is not the only answer to making profits on PML sales. We stock on average £20,000 in items across the whole range of our armoury; in no respect are we interested yet in £1000 parcels of one product, just to get the right price for our clients.

4. The companies with the big brand names tend to do the high pressure advertising for you, in the press and on television. All you have to do to get the sale is get the price right; both buying and selling price.

5. The companies with the big ranges of products give you a better chance to do a good deal since it can be split across the whole range, and small margins on one item can be more than compensated for by discount on others on which there is no need to cut prices.

6. You do not need to compromise yourself just because you are in the market-place with non-veterinary businesses.

7. A good active interested and well trained rep is well worth his salary to this company; but he is also of very great benefit to veterinary practices.

8. It is worth remembering that however good a deal you think you are doing, someone, somewhere is doing a better one, and so can you.

I am afraid I have no time for those who say they can't compete with the merchants because the merchants can afford to sell these products as loss leaders, and that technique is beneath them. We all use loss leaders. Ours tend to be in our expertise and experience, which we frequently **give** away. There isn't a much better example of a loss leader than a gift.

We have to tackle the market at different levels for different items. If the same mark-up attached to all sales as attached to dog vaccines, there would not be the problems that there are in veterinary practice in the eighties. The idea of different margins on different products is not new to the profession.

It is a very confusing market, partly because of the plethora of items for sale. We have to rely largely on literature, and a rep's word and integrity for information about the drugs involved. There is not time or opportunity to do our own research to evaluate the relative merits of the various products. And some firms are better than others. If you took it all as gospel truth:

Every competitor's product is made from their company's raw materials.

Every other company's alteration to the benzimidazole ring is only a gimmick.

Everyone else's trials were done on a few backyard goats.

They can't all be right, but I believe that with some care the path is worth taking, with some rewards in satisfaction and even in profits.

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