



# FACT SHEET

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## SCABBY MOUTH

Scabby mouth is not normally a life threatening disease, although it does cause discomfort and reduce production in the affected animal. It can be transmitted to humans.

## ABOUT SCABBY MOUTH

This disease is also termed contagious ecthyma, orf, or contagious pustular dermatitis. It is a highly infectious viral disease which affects most hoofed animals and dogs, and can be transmitted to humans. The disease is widespread throughout New Zealand and usually occurs in young animals. Adult animals can also be susceptible if they have not been exposed to the virus and therefore do not have immunity. Outbreaks can occur throughout the year, but are most prevalent in late spring and early summer.

## SCABBY MOUTH PREVALENCE AND CONSEQUENCES

Scabby mouth is common and the infection rate in some sheep flocks can be as high as 90%. It mostly affects lambs and although the lesions are only temporary, it can cause significant loss in growth potential of lambs and hoggets due to the reduction in suckling and grazing. Deaths caused by scabby mouth are uncommon although sometimes the lesions can become severely infected.

A lactating ewe infected with lesions on the udder may be predisposed to mastitis and consequent starvation of the lamb.

Because the disease is readily transmissible to humans, shearers may be reluctant to shear sheep that are heavily infected with lesions.

## CAUSE AND TRANSMISSION OF THE DISEASE

The disease is caused by a virus which can remain viable in the scab material for some time, although it is broken down by environmental conditions such as rain or UV light. It does however survive well in buildings. These are a more likely source of infection than contaminated pasture.

Animals which carry a low grade infection may also be a likely cause of disease spread and reoccurrence.

Trauma to the skin aids the establishment of the disease and this is where the scabs or lesions will form. Causes of trauma include grazing around thistles or matagouri, erupting teeth, and head butting though fighting.

## CLINICAL FEATURES OF SCABBY MOUTH

The lesions are commonly found in the following locations:

- Surrounding the lip margins, mouth and tongue
- Between the hooves and behind the fetlock
- Vulva (in ewe hoggets)
- Udder (in lactating ewes)

It can also become more generalised and cover the animal's entire head, muzzle and ears.

The lesions generally cure by themselves within a few weeks of infection, as long as there is no secondary bacterial infection.

After an initial infection, sheep will usually develop immunity lasting several months. Some sheep may become reinfected soon after recovery (before protective immunity has been developed), although the symptoms will be fewer than the initial infection and may not last as long.

## TREATING SCABBY MOUTH

This is a viral condition and the lesions usually heal within a few weeks. However, if the lesions become infected via a secondary bacterial infection the following treatments are recommended:

- Topical or injectable antibiotics
- Spraying the lesions with a solution of 1 part of glycerine to 3 parts of water and 3 parts of iodine

In most outbreaks it is often too late to prevent the spread of the disease through the flock.

## PREVENTING SCABBY MOUTH

Vaccination usually proves effective in preventing infection. The vaccines consist of a live strain of the virus, so it is important that farms have already been identified as previous carriers of the disease.

The vaccine provides immunity for approximately eight months, although it appears that the constant environmental challenge further strengthens the sheep's protective immunity to this disease.

It's also a good idea to reduce the risk of trauma to your animals:

- Avoid grazing ewes and lambs in paddocks that are heavily infested with thistles
- Control thistle infestation.

## HOW TO VACCINATE FOR SCABBY MOUTH

A single dose is usually given to lambs at docking/tailing time, via a wire applicator which is scratched firmly across the skin. This is usually done inside the thigh or armpit of the lamb. This site is chosen because it has little to no wool cover and the lamb is unable to lick the vaccine site and become infected. It is important not to scratch so deeply as to cause bleeding, as this could carry the vaccine away from the body and render it ineffective.

Check the applicator needles regularly—they can become clogged with grease and dirt and deliver an incorrect or reduced dose of vaccine.

Take care when vaccinating. Because the vaccine is a live strain, self injection with the applicator will transmit the disease to humans. The vaccine should also be handled carefully to keep it viable. Antiseptics or fly strike spray used at the same time may inactivate the vaccine.

A scab should form at the inoculation site. Test the effectiveness of vaccination by checking approximately 20 lambs five to seven days later, to ensure a scab has formed and the vaccine has taken.

## REFERENCES

West, DM, Bruère, AN, Ridler, AL. 2017. The Sheep: Health, Disease and Production (4th Edition). Massey University Press, New Zealand.

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