Maedi Visna (MV) in Sheep

MV is a viral disease, found in most sheep producing countries and was introduced into the UK through imported sheep. The name derives from two Icelandic words which describe the main clinical signs of pneumonia and wasting – ‘maedi’ referring to shortness of breath due to the disease’s effect on the lungs and ‘visna’ meaning shrinking or wasting of the nervous system.

The disease has a long incubation period, is highly infectious and is difficult to diagnose on clinical signs alone. There is no vaccine, no cure and it is ultimately fatal.

Clinical signs
Maedi visna infects sheep of all ages but the clinical signs of the disease normally appear in older sheep over 3 years of age and include:

- Pneumonia
- Progressive weakness leading to paralysis
- Wasting
- Arthritis
- Chronic mastitis

Transmission
- Close contact and inhalation via droplets from the nose and mouth
- Cross contamination of blood from punches and needles
- Feeding lambs with infected milk and colostrum

The same virus causes Caprine Arthritis Encephalitis (CAE) in goats and can be passed between the two species.

Impact on the flock
MV has a long incubation period and the disease can spread unnoticed for many years before the signs are seen. By this time it is likely that at least half of the flock is infected resulting in high levels of culling. The potential economic impacts are:

- 10-20% adult mortality after the development of clinical signs
- Lamb mortality and reduced growth rates due to lack of colostrum/milk
- A reduction in conception rates
- Increase in culling rate

MV in the National Flock
An MV prevalence survey in 2013 found that in the 15 year period since the previous survey:

- The number of flocks with MV doubled (from 1.4% to 2.8%)
- The number of infected sheep increased almost four fold (2 per 1,000 to 8 per 1,000)
- Within affected flocks the average proportion of infected sheep almost doubled (13% to 24%)

There are frequent reports of flocks suffering from significant economic effects as the viral disease reaches critical levels and this poses a threat to all sheep flocks. Purchasing sheep which appear
healthy is no guarantee and all sheep owners are encouraged to buy MV accredited stock as replacements or quarantine animals and test them for MV before they join the flock.

Protect your flock!

**MV Screening Test Package**

An MV diagnostic test package on 12 thinner ewes is available, allowing you to find out if MV is present in your flock.

*Test also available for CAE*

**MV Accreditation Scheme**

**Benefits of Joining**

Our specialist vets with extensive knowledge of this disease are available to discuss test results and action plans for your farm with your vet.

- As a member you benefit from preferential testing rates to keep costs down
- You can advertise stock as MV accredited at auctions/private sales and be listed on our online database
- Participate in MV accredited sections of shows and sales
- Export to certain countries free from MV

**How the Accreditation Scheme Works**

- Follow the scheme rules and conditions for testing, stock management and biosecurity
- Potential to become accredited in 12 months after two initial blood tests
- Once accredited, follow up blood tests are either 2 or 3 yearly depending on circumstances
- Members pay an annual membership fee and receive discounted rates for testing
- Certificates are issued to show flock health status

**Monitoring Scheme (MV and Johne’s Disease)**

Attractive to those unable to meet biosecurity requirements of MV Accreditation. Regular flock screening - an early warning to limit disease spread. Supply buyers looking to reduce the risk of MV/Johne’s Disease. PSGHS 'Monitoring' is a lower level of health status than PSGHS 'Accreditation' so doesn't qualify for export or Accredited Sections at shows and sales.

**Monitoring Schemes based on annual testing of three main cohorts**

- Targeting high-risk adult animals - 12 or 20 depending on size of flock (above or below 500).
- Testing of rams.
- Testing a proportion of added animals where they have lower health status.