

Keep out of reach of children  
FOR ANIMAL TREATMENT ONLY

# Salvexin<sup>®</sup>+B

## VACCINE

250mL and 500mL

Contains inactivated *Salmonella bovis-morbificans*, *S. hindmarsh*, *S. typhimurium* and *S. Brandenburg* antigens for the active immunisation of sheep and cattle.

**New Zealand developed and manufactured.**

**Read entire label and leaflet before use.**

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**Salvexin+B** contains alum as adjuvant and 0.5% w/v phenol as preservative.

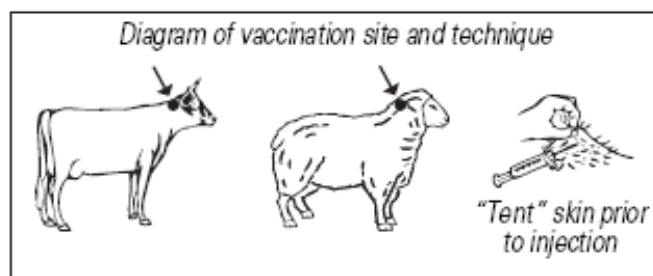
### MODE OF ACTION

This vaccine stimulates active immunity by the production of antibodies to the killed antigens.

### DIRECTIONS FOR USE

#### Shake well before use.

- Ensure vaccinating gun delivers correct dose.
- Vaccinate only clean, dry animals.
- Inject in the anterior (front) half of the neck.
- Inject subcutaneously i.e. between the skin and muscle.
- Part the wool/raise the skin to form a "tent" and insert the needle into the "tent opening" so that the needle is almost parallel with the neck.



### DOSE

Sheep and Cattle = 2mL subcutaneously in the anterior (front) half of the neck.

### VACCINATION PROGRAMMES

#### Preventative

Unvaccinated animals should receive 2 vaccinations at least 4 weeks apart. The second vaccination should be at least 2 to 3 weeks prior to the anticipated risk period. Thereafter animals should be boosted annually, preferably just prior to the anticipated risk period. Consult your local veterinarian for the most appropriate vaccination program for your farm.

#### In an Outbreak Situation

A preventative vaccination programme is recommended. If an outbreak occurs in unvaccinated animals, field experience indicates that vaccination may reduce stock losses. This vaccination should be as early as possible.

This strategy is **NOT** recommended for protection against *Salmonella* Brandenburg abortions in sheep (see information following).

#### In sheep for *Salmonella* Brandenburg

**Salvexin+B** must be used at the appropriate time to give the best chance for effective immunisation of the pregnant ewe. The best time for this is in early pregnancy. Sheep should be given 2

vaccinations at least 4 weeks apart with the second vaccination given at least 2 to 3 weeks before the period of greatest risk. Ewes could therefore be given the first vaccination at the end of mating or early pregnancy and the second vaccination about 4 weeks later. It is **not advisable** and **not recommended** to delay vaccination until the first signs of disease occur. The nature of the disease and the stage of pregnancy at which it occurs, will severely compromise the ability of **Salvexin+B** to offer protection.

### **OTHER MANAGEMENT FACTORS**

Please consult your local veterinarian about the other management issues which may be important to prevent diseases caused by Salmonella and to limit spread if these should occur. If suspected *Salmonella* Brandenburg abortions do occur, ensure rapid disposal of aborted fetuses and practice good hygiene to minimise the risk of infection to humans and other animals.

### **PRECAUTIONS**

Occasionally, for up to a week after vaccination, some ewes may develop symptoms ranging from mild loss of appetite through to ataxia, recumbency and death.

Ewes may be seen staggering, not eating, depressed and some may be recumbent. Affected ewes may respond to treatment with metabolic solutions containing calcium and magnesium but hypomagnesaemia is not necessarily the primary cause.

Vaccination later in the season often coincides with seasonal low magnesium levels which contribute to this condition. This is exacerbated by advanced pregnancy, especially in twin bearing ewes. Earlier vaccination may overcome this problem. Reducing stress by minimising yarding times, ensuring good feeding levels before and after vaccination, and if necessary, supplementing with magnesium oxide before vaccination will also help reduce the chance of this condition occurring.

Careful subcutaneous vaccination technique is important because injection site soreness, muscle damage and subsequent reduced eating activity can contribute to this condition.

### **ACCIDENTAL SELF-INJECTION**

Obtain medical attention - show this leaflet and/or SDS. Accidental self injection may lead to an inflammatory response and medical advice should be sought on the management of deep injections, particularly those near a joint or associated with bruising. If possible the application of gentle squeezing pressure with absorbent material (e.g. facial tissues) at the injection site will swab up unabsorbed vaccine. Strong squeezing of the site should be avoided. The damaged area should be thoroughly cleansed and a topical antiseptic applied.

**ADVICE TO DOCTOR** Treat symptomatically. Some risk of hypersensitivity from injection. Contains safety tested inactivated bacterial toxins. Contamination of the needle must be considered.

### **WITHHOLDING PERIOD**

Nil

### **STORAGE**

Store away from light at 2°C - 8°C. DO NOT FREEZE. Unused vaccine must be discarded within 12 hours of opening.

### **DISPOSAL**

Dispose of any unused contents in an approved landfill. Dispose of VAXIPAK by crushing/puncturing and burying in an approved landfill.

See *Safety Data Sheet* for further information, [www.spah.co.nz](http://www.spah.co.nz).

Prescription Animal Remedy (**P.A.R.**) Class I. For use only under the authority or prescription of a veterinarian.

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See [www.nzfsa.govt.nz/acvm/](http://www.nzfsa.govt.nz/acvm/) for registration conditions.  
Approval not required under the HSNO Act 1996.

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