SEPTEMBER 2008

Taranaki Bee Keeping Club

September, Spring

Great to see the sun again after the Winter storms – though I suppose we shouldn't be too complacent as there is a lot of Spring left. The Plum blossom is nearly finished and after a slow start there is a good chance that the later flowers were pollinated after a wet and windy start to the pollinating season. The willow trees are now in favour and there is nectar coming into the hives, stimulating the queen to lay faster. Most hives seem to have come through the Winter in reasonable condition and have enough stores in house for the immediate future. One reliable beekeeper phoned me up to say that when he opened his hives in town there were Queen cell there and there was no room!! There was a top box full of stored honey from the Autumn, the lower box outer frames were still full of honey, and there was a central brood cluster crying out for more room as nectar was coming into the hive and they had very little space to store it !!

I have had several calls from people who are reporting dead bees around their hives. A few can be expected at this time of the year as some of the old bees don't quite make it back to the warmth of the brood nest and fall into the wet grass at the entrance to be chilled by the night air. Others may have died in the hive and the house keepers have dragged them out of the entrance and tried to fly off with them but the corpse may have been too heavy and has fallen but can't be retrieved as it has tangled in the damp grass. One beekeeper said that his hive was growing weaker and when asked if he had a Varroa treatment in place – he said that the hive had had strips in from the Autumn – all Winter!! He was rather red faced when I told him that strips were effective only for about six weeks!! He was also running the risk of breeding Chemically resistant varroa mites in his hive too.

The other possible cause of bee deaths especially at this time of the year, is the risk of poisoning due to chemical insecticide sprays. If you live in an area where there are fruit trees around make sure that spraying takes place in the mornings or evenings when there is minimal bee activity. Educate the neighbours if you have to!

Your Beekeeping season has started and you should be looking at your hives at least once a fortnight to see that all is in order. You are looking for disease, stores, accommodation requirements, laying pattern, quantity of pollen, number of drone cells, evidence of varroa, etc. Between now and Christmas is most important to do the best you can for your bees so they will be in top order to do the best they can for you in the coming months.

Next meeting we will talk about Varroa treatments and the prevention of swarming in the apiary. Should you replace your Queen and can I take a split from my hive now? Bring your questions and your friends to the next meeting, Mon. 15th.

Next club meeting

MONDAY September 15th
In the Plunket rooms
6.30pm
Next to New World Supermarket
Third Monday of every month

If you jump on the web and go to the web site listed below, you can become informed with the following:

A Review of Treatment Options for Control of Varroa Mite in New Zealand

www.biosecurity.govt.nz/pests-diseases/animals/varroa/paper/varroa-treatment-options.htm

New South Island Controlled Area for varroa bee mite

August 1, 2008

MAF Biosecurity New Zealand (MAFBNZ) has established a new South Island Controlled Area for the varroa bee mite.

The Controlled Area notice imposed on 13 May 2008 under Section 131 of the Biosecurity Act 1993 will be revoked and replaced with a new South Island Controlled Area notice taking effect at **4pm on Friday 1st August 2008**.

"This decision has been informed by the input of individual beekeepers, industry representatives and the results from the autumn varroa surveillance and the exotic bee disease surveillance programme," said MAFBNZ Incursion Response Manager, Richard Norman.

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SELECTION OF HONEY FOR USE ON WOUNDS

Honey is one of the oldest known medicines that has continued to be used up to the present times in folk medicine. It's use has been rediscovered in later times by the medical profession, especially for dressing wounds. The numerous reports of the effectiveness of honey in wound management, including reports of several randomised controlled trials, have recently been reviewed, rapid clearance of infection from the treated wounds being a commonly recorded observation.

In almost all of these reports, honey is referred to generically, there being no indication given of any awareness to the variability that generally is found in natural products. Yet the ancient physicians were aware of the differences in the therapeutic value of honeys available to them: Aristotle (384 - 322 BC) discussing the differences in honeys, referred to pale honey 'being good as a salve for sore eyes and wounds': and Dioscorides (c.50 AD) stated that the pale yellow honey from Attica was the best, being 'good for all rotten and hollow ulcers'.

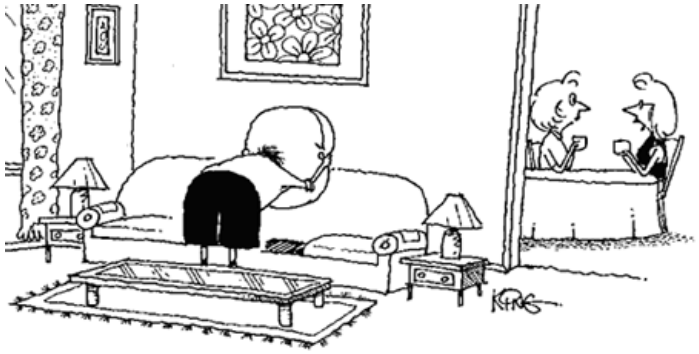
Any honey can be expected to suppress infection in wounds because of its high sugar content, but dressings of sugar on a wound have to be changed more frequently than honey dressings do to maintain a concentration of sugar that is inhibitory to bacteria, as honey has additional antibacterial components. Since microbiological studies have shown more than one hundred-fold differences in potency of the antibacterial activity of various honey, best results would be expected if a honey with a high level of antibacterial activity were used in the management of infected wounds.

Other therapeutic properties of honey besides its antibacterial activity are also likely to vary. An anti-inflammatory action and a stimulatory effect on growth of new blood capillaries and on the growth of granulation tissue and epithelial cells have been observed clinically and in histological studies. The components responsible for these effects have not been identified, but the anti-inflammatory action may be due to antioxidants, the level of which varies in honey. The stimulation of tissue growth may be due to the supply of nutrients by honey, as nutrification of wounds is known to hasten the healing process: the level of a wide range of micronutrients that occur in honey also varies.

Until research is carried out to ascertain the components of honey responsible for all of it's therapeutic effects, it will not be possible to fully standardise honey to obtain optimal effectiveness in wound management. However, where the antiseptic would dressing is requited then the standardisation for this effect is possible. Several brands of honey with standardised levels of antibacterial activity are commercially available in Australia and New Zealand, but even where these are not available, it is possible to assay the level of antibacterial activity of locally available honey by a simple procedure in a microbiology laboratory.

The antibacterial activity of honey is due primarily to hydrogen peroxide generated by the action of an enzyme that the bees add to the nectar, but there are some floral sources that provide additional antibacterial components. The body tissues and serum contain an enzyme, catalase, that breaks down hydrogen peroxide - how much of the honeys antibacterial activity is lost through this is not known. The antibacterial components that come from the nectar are not broken down by this enzyme. Until comparative clinical trials are carried out to determine which type of antibacterial activity is more effective, it may be best to use manuka honey, as this contains hydrogen peroxide activity as well as the component that comes from the nectar.

Because the enzyme in honey that produces hydrogen peroxide is destroyed by heating and exposure to light, unpasteurised honey should be used, and it should be stored in a cool place and be protected from light. If necessary warm honey to liquefy it, it should be heated to no more than 37^{O} C. If it is considered necessary to sterilise honey, this can be done by gamma radiation without loss of antibacterial activity. Gamma irradiated honey is available commercially. (In none of the clinical reports of use of honey on wounds, was the honey used sterilised. No case of infection resulting from the use of honey has been reported).



The doctor said he needed more activity. So I hide his T.V. remote three times a week.

Hand-Rolled Beeswax Candles

In order to roll the sheets of beeswax they must be warm, at least room temperature. This can be done by using a hair dryer or by laying the sheet of wax on a piece of cardboard and then the cardboard onto a heating pad. Do not over heat the sheets or they will melt. They should not be stored in temperatures near or below freezing as they will shatter.

8" Candlestick pair (requires one sheet):

If you would like a connected pair, cut your wick so it measures approximately 24 inches. Cut the sheet in half as illustrated by the dotted line in Figure 1. Place wick along one edge and roll wax tightly and evenly around wick. Keep rolling but watch the edges so you roll the candle straight. Unroll as needed to realign. Roll the same direction on the sheet so that the honeycomb pattern looks the same on both candles.

8" Pillar Candles (requires 1-2 sheets):

Place wick along one edge and roll wax tightly and evenly around wick (Figure 2). Keep rolling but watch the edges so you roll the candle straight. Unroll as needed to realign. If you would like a large diameter pillar, simply roll another sheet around the existing pillar.

Pencil Candles (requires one sheet):

If you would like a connected pair, cut your wick so it measures approximately 24 inches. Cut the sheet on a diagonal through the center of the wax sheet so you have two equal pieces (Figure 3). Place the wick on the longest edge of the sheet and roll wax tightly and evenly around wick. Watch the flat end of the candle so you roll the candle straight. Unroll as needed to realign.

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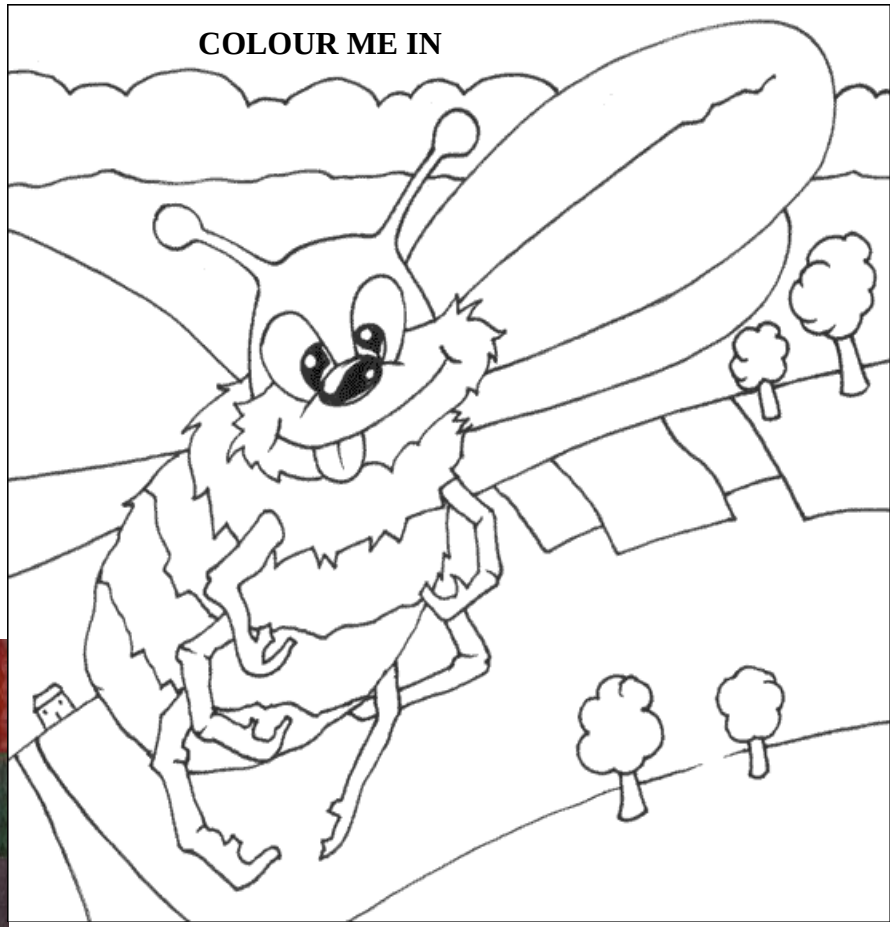
Letters have been sent to all registered South Island beekeepers advising them of the change. The Controlled Area Notice and map was published in the New Zealand Gazette and the public notice sections of the Nelson Mail, The Press, and the Otago Daily Times on Thursday 31st July 2008. Information is also available on the MAFBNZ website www.biosecurity.govt.nz. Beekeepers directly affected by the new South Island Controlled Area are being contacted individually.

"Complying with movement controls is an important element of slowing the spread of varroa. MAFBNZ appreciates the ongoing assistance and undertakings of beekeepers to actively slow the spread to uninfected areas by limiting movements. We also appreciate the cooperation of individual beekeepers and industry representatives during this response," said Richard Norman.

It is important that beekeepers in the South Island outside Nelson/Marlborough who detect varroa in their hives report the find to MAFBNZ via the 0800 80 99 66 free phone number.

Contact: Judith Hamblyn, Senior Communications Adviser, Biosecurity New Zealand 04 894 0687 or 029 894 0687

COLOUR ME IN



Club Contacts

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