

MASTITIS CONTROL AROUND CALVING

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Cows are very susceptible to mastitis around calving because their own immune system is naturally low at this time and no matter how clean their environment is, bacteria are everywhere. Bacteria enter the end of the teat and establish infections, particularly if high udder pressure opens the teat canals and if udders are exposed to manure in their environment around calving.

Calving area

The calving area should be kept clean, with fresh, dry bedding. If your knees are wet after kneeling, the pen is not dry enough for calving cows. Adequate space is important and calving on slats/in cubicles must be avoided to minimise the risk of mastitis occurring. If more than 5% of cows acquire mastitis in the first month of calving, this suggests that their environment is suboptimal.

Non-lactating heifers are also very susceptible to new infections. Heifers that calve with subclinical mastitis or clinical mastitis are more likely to be culled during their first lactation thus having the potential to greatly affect future herd udder health and profitability. Completing a milk recording within 60 days of calving shows how successful any dry cow treatment was at curing infections and identifies cows that picked up new infections during the dry period. It allows close attention to be paid to any cows that had a high SCC in their previous lactation.

Rapidly identify, treat and record clinical cases in freshly calved cows

Early detection and treatment of clinical cases reduces the risk of severe cases and chronic infections developing. Changes in milk can be hard to assess in the first few days after calving. Comparison between quarters is often helpful, checking the normal quarters first. Infected milk may spread infection during this pre-milking procedure, so gloves should always be used and disinfected after handling any clinical case. It is good practice to take a milk sample, in a sterile fashion, from all clinical mastitis cases before treatment begins, to identify what pathogens are present on your farm. These samples can be labelled, frozen and stored for up to 4 months and submitted to laboratory at a later stage if necessary.

A mastitis treatment protocol should be developed following veterinary assessment/discussion and the effectiveness of this protocol should be reviewed regularly. If more than 20% of cases require a second treatment, the protocol should be reassessed. CellCheck Farm Reports provide information on treatment effectiveness when clinical case records are recorded. This is essential to monitor mastitis levels in a herd. Clinical cases can be recorded in a notebook or whiteboard during milking and uploaded at a more convenient time. CellCheck recommends recording details on the ICBF system www.icbf.com or by texting the information to ICBF by texting Mast and cow's freeze brand to 0894577663; for example, if cow number 200 has mastitis, type Mast 200.

How to minimise spread

Minimise spread of bacteria to non-infected cows by separating clinical cases and milking them either last or separately. Alternatively use a separate cluster for mastitic cows or rinse and sanitise the cluster for 30 seconds, using a peracetic acid solution, after milking each mastitic cow. Bacteria may be transferred to the next 5 or 6 cows milked with that cluster. After milking, bacteria also multiply on the teat skin and may extend to the teat canal. This spread can be minimised by correctly using teat spray or teat dip after every milking throughout the lactation.

