Mastitis control in and after wet conditions

Clinical cases – reducing the headache

Cows in wet or muddy conditions have a higher risk of clinical mastitis. Clinical cases are very costly (estimated $277 each case) and time-consuming. Management of clinical cases can quickly become a headache, especially when numbers continue to rise. Outbreaks are often preceded by an upward trend or spike in Bulk Milk Cell Count.

Find clinical cases early – set up to quarter strip when needed

› Check the filter sock for clots each milking, and looking for swollen quarters, quarters that don’t milk out or have strings hanging after the cups come off. Check your Bulk Milk Cell Count daily for spikes or trends upwards.
› At times of high risk (after heavy rain periods or when there is a lot of mud) make DAILY quarter stripping your policy. Quarter stripping is time-consuming but it is the only way of finding cases early. You can reduce the time by stripping only one or two teats per cow per milking, e.g. all front teats at a morning milking and all rear teats at the evening milking.
› To make detection a reality you may need to arrange to have an extra person in the shed for the days that you are stripping. They may also be needed to assist with washing and drying teats if teats are dirty.
› When the very wet period has passed you may only need to quarter strip once a week
› Always wear gloves. Avoid getting milk on your gloves, and wash regularly with running water and disinfectant.
› A quarter has clinical mastitis if it has abnormal milk (wateriness or clots) for 3 or more squirts of milk.
› Recheck suspect cows at the next milking. Have a system in place that lets other staff know about suspect cows.

Clinical cases that are treated early have a better chance of resolving quickly.

Clinical cases may have large numbers of bacteria in their milk. To reduce the chance of spread to other cows, keep clinical mastitis cows out of the herd and milk them last.
Treat and separate clinical cases

› Ensure the correct infusion technique is used – that you are infusing tubes into clean, dry teats and that the teat end has been swabbed with an alcohol-saturated teat wipe.

› Reduce the chance of spread of mastitis to other cows. Milk clinical cases last. Run a separate hospital herd with mastitis cases (and others such as lame cows).

› If it is not possible to milk mastitis cows last, then use a separate cluster attached to the test bucket (put red tape on it to mark it clearly as the mastitis cluster), and rinse it with running water after each use.

Check the treatment of choice with your vet

› Set up your mastitis treatment protocol with your vet. If what you are using is working – it is usually best to stick with it.

› If about 1 in every 5 cows requires a second course of treatment, double-check the choice of treatment with your vet.

› If you are dealing with an outbreak of mastitis you will need to establish the bacteria involved. Get a head start on this – collect a milk sample from each clinical case before treatment starts, label it and storing it in the freezer. If you end up with 10 or more cases, these samples can be sent for culture to identify the bacteria in your herd.