



DIBS

**Dairy
Issue
Briefs**



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Plummeting prices in the dairy industry are creating critical cash-flow and long-term survivability issues on Ohio's 3,328 dairy farms. Cost-cutting decisions must be made with full awareness of both short and long-term production and economic consequences. OSU Extension's Dairy Working Group, a collaboration of OSU Extension Educators and Specialists discuss:

Reducing costs to improve short term cash flow

Therapy of clinical mastitis in tough economic times

Mastitis costs producers money and the average cost per cow across the US is estimated at greater than \$200 per cow. Money is spent to prevent and treat the disease, but the largest dollar losses result from decreased production and discarded milk, that by law must occur following antibiotic therapy of a clinical case during lactation. The best expenditure of money is clearly for the prevention of the disease.

Treating clinical cases can, at times, be an animal welfare issue as sick cows need good medical care. However, do all clinical cases need to be treated and the costs of the antibiotics and the discarded milk incurred during tough economic times? The average cost of a clinical case of mastitis has been estimated at approximately \$140 per case and the majority of these losses result from discarded milk and decreased production.

Clinical mastitis is defined as the secretion of visibly abnormal milk generally seen as clots or flakes in the milk of milder cases progressing to a grossly abnormal secretion accompanied by swelling of the mammary gland and a very sick cow in severe cases. Three levels of severity are generally recognized:

- 1) Mild - a few clots in the milk
- 2) Moderate - clots in milk and swelling in the quarter
- 3) Severe - grossly abnormal milk, swelling in the quarter and a physically ill cow

Cows with severe cases need to be treated and treatment should be targeted at reducing the symptoms of shock by controlling fever and hydrating the cow. Studies have shown that antibiotics have little impact on the outcome of the case.

Moderate cases will likely benefit from rational intramammary antibiotic therapy. No antibiotic is perfect, cost of a product does not equate to how well it will work, and extended therapy beyond label instructions will not significantly improve the outcome but will greatly increase the cost of therapy.



Bottom Line:

Therapy of mild cases may or may not be cost effective during tough economic times. Herds with a low bulk milk somatic cell counts may be able to save money by not treating the mild cases. The producer must take into consideration any bonus dollars being received for somatic cell count premiums and be aware that milk from clinical quarters, even mild clinicals, will drive bulk milk cell counts higher.

Author: Larry Smith, Professor Emeritus, OARDC, Wooster.

Contact at smith.149@osu.edu, 330-263-3804.

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