

Therapy of Clinical Mastitis in Tough Economic Times

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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:

Mild - A few clots in the milk,
Moderate - Clots in milk and swelling in the quarter, and
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. Contact your local veterinarian for assistance on designing rational treatment protocol that limit the use of antibiotic to cases that can really benefit for the use of it.

Bottom Line:

Therapy of mild cases may or may not be cost effective during tough economic times. Herds with 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 mildly clinical, will drive bulk milk cell counts higher.

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