

RECURRING MASTITIS PROBLEMS

Peter Edmondson
Shepton Vet Group
Shepton Mallet, UK

A few years ago I advised a new green field site dairy herd on how best to minimise mastitis and cell counts. They were very enthusiastic and followed all advice but contacted me recently as the cell count was rising along with the number of clinical cases.

This is an 800 cow autumn calving herd milking twice daily. The average yield is 8,000 litres and the cows are milked through a large rotary parlour with three milkers. Cows calve from June to September and are housed from October through to the end of April.

The clinical mastitis data showed 55 cases per 100 cows per year, compared to the target of 30. Cases occurred all year round and the only real peaks were from November through to January. Cases were occurring when cows were going stale. There was no correlation to stage of lactation or parity. This suggested that the problems with clinical mastitis were due to environmental infections and so real emphasis would be placed on the routine, housing, dry period and the milking machine.

I had recommended the following routine; the lead milker was to strip and predip, let the cow rotate six places on the platform and then the second milker would wipe and attach. After milkout all teats to be thoroughly disinfected with a quality post dip. The routine had been modified and predipping was dropped and replaced with wiping each cow with an individual cloth towel soaked in a disinfectant solution. Teats were not dried prior to attachment. Teats were not in great condition and many were cracked and scaly.

I used a pencil torch to look inside the liners after take off and they all had traces of faecal material present. I wiped teats after milking with white paper towel and about half of all teats still had faecal contamination. Other teats were wet with milk and any dirt would have been washed off during the milking process. I checked the milk sock and it was not that clean, but the milkers told me that in the winter socks were dirtier, and if they were real dirty, there was a rise in clinical mastitis. The milkers said that cows were very dirty at housing and they were surprised at this.

It was clear that teat preparation needed to be improved and we are now reverting to teat dipping. The reason they changed was down to a really enthusiastic salesman who told them that using wet cloths was quicker and easier than predipping, and just as effective.

I watched the post dipping. A quality iodine product was applied diligently. When I was down checking the cows post milking there was hardly any brown staining. The two facts didn't tie in. I went back to the parlour and soon saw why. After the units come off the cow, there are water jettors which hose off the outside of the clusters. This is an excellent idea, apart from when the jettors are out of line and the spray also bounces off the shells. The result was to wash off the teat dip. This will have contributed to the higher cell counts and poor teat condition. This had to be corrected immediately.

I looked at the housing and a superb freestall house had been built. Dimensions were all correct, super beds, plenty of ventilation but I noticed that almost one half of cows were lying too far forwards. The brisket board should have stopped this happening. I looked more closely and then saw why. The brisket board was fitted 5' 8" from the rear lip, but was only one inch higher than the rubber mattress. The beds were coated with sawdust, and this meant that cows could comfortably lie on top of the brisket board! The next step was to build up the brisket board so that cows would muck in the passageways and not on the beds.

Every time I carry out a mastitis investigation I find something new and interesting. The milking team were firmly committed to achieving top quality milk, but were unaware that some of the changes they had made had adverse effects. There were a few other minor points that needed addressing. The good news is that this did not require significant capital expenditure to resolve, nor major changes to the routine. This just goes to show that most of the mastitis problems are down to basic problems, and that an overview of mastitis management on a regular basis pays dividends.