Controlling bulk tank SCC

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Take home points

- Mastitis = bacterial
- Clinical cows do not tell the whole story
- Proven control strategies exist
- Implementation is crucial
- Veterinarians provide great expertise in mastitis control

Why worry?

• \$300 - \$400 million in Canada

 Decreased milk production, treatment costs, milk discards

 Legal SCC limit: 500,000 cells/ml – 400,000 cells/ml

Causes

- Primarily bacterial
- Contagious:
 - Live in udder
 - Transmitted during milking
 - S. aureus, S. agalactiae, Mycoplasma

- Environmental:
 - Transmitted between milkings
 - E. coli, S. uberis,
 Pseudomonas
- Opportunists:
 - S. dysgalactiae
 - CNS

Signs

- Clinical vs. subclinical
- Separate syndromes
- Clinicals:
 - Abnormal milk
 - Abnormal udder
 - Sick animal
 - Tip of the iceberg

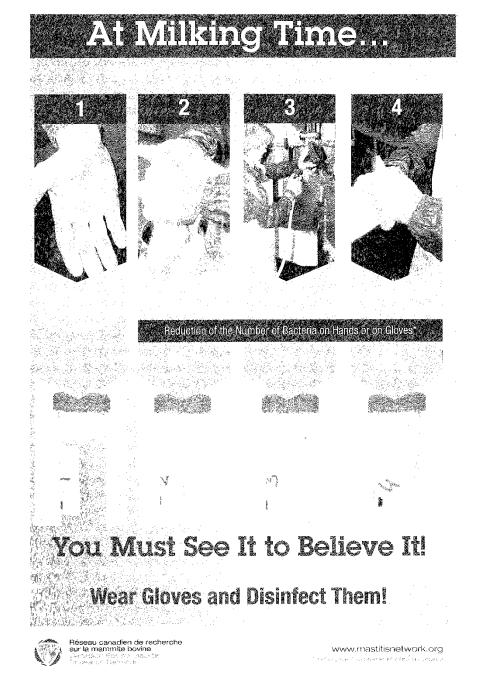
- Subclinical:
 - Rarely obvious
 - High SCC
 - Occasional clinical signs
 - Damage to mammary gland
 - Decreased milk production

Five point plan

- 1. Hygienic milking and housing management
- 2. Prompt clinical mastitis treatment
- 3. Blanket dry cow treatment
- 4. Cull chronically affected cattle
- 5. Regular milking machine maintenance

Research in Canada

- Blanket DCT
- Post-milking teat disinfection
- Wearing gloves during milking: reduces bacteria 75%
- Milking machine maintenance
- Cull infected cows: reduce *S. aureus* up to 40%
- Keep stalls clean and dry: reduce infections up to 50%



Further control measures

- Herd veterinarian should be the primary resource
- Questions to expect:
 - When did SCC rise take place?
 - Did an increase happen at this time last year?
 - Age and stage of lactation for high SCC & clinical cows
 - Previous milk cultures?

- Herd visit:
 - Farm tour
 - Milking evaluation
 - Review



Other resources

• Canadian Bovine Mastitis Research Network: http://medvet.umontreal.ca/rcrmb/en/index.php

 National Mastitis Council: http://www.nmconline.org

Acknowledgements

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