

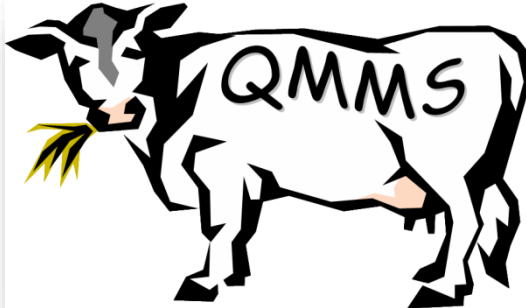
Selective Dry Cow Therapy

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NADIS

Animal Health Skills



What is 'selective' dry cow therapy?



Selective Dry Cow Therapy

- Selecting *different* dry cow therapy products for *different* cows at drying-off....
- ...dependant on likely **infection status**
- ...and **aim** of therapy
- Could mean a *different* dry cow antibiotic in infected cows...?
- **Should mean using an internal teat sealant *without* dry cow antibiotic in uninfected cows...**

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Why take a 'selective' approach to dry cow therapy?



Reasons to Use a 'Selective' Approach

- A *rational* decision! Why administer antibiotic dry cow therapy in an uninfected cow?
 - Government targets of 50mg/kg for antibiotic use in livestock...(O'Neill report 2016)
- Internal teat sealants are significantly *better* at reducing new infections during the dry period
- Welfare of the cow!
 - Using dry cow antibiotic in low SCC cows *increases* the risk of coliform mastitis in the next lactation
- Reduce the risk of bulk tank residue failures



Evidence: Internal Teat Sealants

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The effect of internal teat sealant products (Teatseal and Orbesal) on intramammary infection, clinical mastitis, and somatic cell counts in lactating dairy cows: A meta-analysis.

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Abstract

The objective of this study was to assess the efficacy of internal teat sealant products containing bismuth subnitrate (Teatseal and Orbesal; Pfizer Animal Health, West Ryde, Australia) when used alone, or in the presence of antibiotic dry cow therapy (ADCT), before or at drying off on the incidence of new intramammary infections (IMI), clinical mastitis, and milk somatic cell count (SCC) during lactation. The literature search identified 18 English-language publications on the use of Teatseal in dairy cattle. A total of 12 studies with 17 subtrials or comparisons including 13 positive control subtrials (internal teat sealant and ADCT vs. ADCT) and 4 negative control subtrials (internal teat sealant vs. untreated) examining IMI were included in the analysis. Internal teat sealants, alone or in the presence of ADCT, reduced the risk of acquiring new IMI after calving by 25% [risk ratio (RR) = 0.75; 95% confidence interval (CI): 0.67 to 0.83]. Internal teat sealants reduced the risk of IMI by 73% compared with untreated cows (RR = 0.27; 95% CI: 0.13 to 0.55). The results of both meta-analyses of IMI, with positive and negative controls, were heterogeneous [I^2 (a statistic that describes the proportion of total variation in study effect estimates that is due to heterogeneity) = 65.4 and 92.1%]. No farm or cow factors studied significantly contributed to the heterogeneity of the results. A total of 16 studies (21 subtrials), including 14 positive control subtrials and 7 negative control subtrials, examining clinical mastitis were included in the analysis. Internal teat sealants alone and in the presence of ADCT reduced the risk of clinical mastitis after calving in lactating cows by 29% (RR = 0.71; 95% CI: 0.62 to 0.82), and 48% (RR = 0.52; 95% CI: 0.37 to 0.75), respectively. The results of the meta-analysis on clinical mastitis with positive controls were homogenous (I^2 = 33.6%), whereas the results of studies with negative controls were heterogeneous (I^2 = 60.4%). No farm or cow factors studied that had sufficient data to evaluate significantly contributed to the heterogeneity of the results. The estimated linear score (LS) of milk SCC after calving in published studies (n = 3) and for studies that provided raw data (n = 2), was significantly lower for cattle treated with internal teat sealants and ADCT in 3 studies than for cattle treated with internal teat sealants only. The estimated LS of pooled raw data of 3 studies from 32 herds showed that the LS of cows treated with internal teat sealant and ADCT was not significantly different than those treated with ADCT only. This study found that the application of internal teat sealants in the presence of ADCT or the use of internal teat sealants alone at dry off significantly reduced the incidence of IMI and clinical mastitis in lactating dairy cows compared with respective control groups. Further studies are needed to investigate the effect of internal teat sealants on postpartum milk SCC in lactating dairy cows.

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KEYWORDS: Teatseal, antibiotic dry cow therapy, mastitis, meta-analysis

Management Practices Associated with the Incidence of Clinical Mastitis

H. W. BARK
M. L. BE

ABSTRACT

Risk factors for the incidence rate of clinical mastitis were studied in 274 Dutch dairy herds. Variables that were associated with resistance to disease were the feeding, housing, and milking machine factor variables that were as combined with exposure to mastitis.

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The use of internal teat sealants

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Cow, Farm, and Environment that Determine Mastitis

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The dry period is a critical time for the cow, being the time of highest susceptibility to new intramammary infections. Infection is controlled with antibiotic therapy. The aim of this randomized control trial was to investigate different dry cow therapy regimens by stratifying cows by likely infection status at drying off in

used in the meta-analysis by Arcano-Iturbide et al., 2004. Its use was of the "Five" (Smith et al., 2004) and IMI and dry period

References
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DISCUSSION

for environmental pathogen during the dry period (DP), the pathogens, such as *Staphylococcus agalactiae*, is lower in the dry period (Adley and Green, 2004). The use of DCT attempted to control new infections during the dry period (DCT) compared with each other to optimize protection (Parkinson et al., 2000). Emerging antibiotic bacterial resistance, combined with economic incentives, led to selective DCT (SDCT) based on cow characteristics, such as SCC approaching dry off or clinical IMI history (Morris et al., 1978), or both.

with other dry cow therapy products, and teat sealant. A meta-analysis relative risk (RR) was calculated per intervention and pathogen group when enough studies were available from the 33 selected studies. Results of the meta-analyses were examined using publication

optimize protection (Parkinson et al., 2000). Emerging antibiotic bacterial resistance, combined with economic incentives, led to selective DCT (SDCT) based on cow characteristics, such as SCC approaching dry off or clinical IMI history (Morris et al., 1978), or both.



Evidence: Internal Teat Sealants

- Studies around the world highlight effectiveness of internal teat sealants
 - Reduce risk of a new infection by about 25%
- A study of 52 herds in the UK showed those herds that took a 'selective' approach were significantly less likely to calve down a cow that developed clinical mastitis in the 1st 30 days of the next lactation

Green and others (2007) Cow, farm, and management factors during the dry period that determine the rate of clinical mastitis after calving. Journal of Dairy Science 90(8): 3764-76



Evidence: Welfare of the Cow

- What happens if we use antibiotic dry cow therapy *and* internal teat sealant...
- In *infected* cows at drying-off?
 - Significantly increases the odds of quarters being free of a major pathogen at calving
- In *uninfected* cows at drying off?
 - **Significantly increases the odds of quarters acquiring a case of *coliform mastitis* in the next lactation...**

Bradley and others (2010) The use of a cephalonium containing dry cow therapy and an internal teat sealant, both alone and in combination. Journal of Dairy Science 93(4): 1566-77.



How do I know if a cow is likely to be UNinfected?



“How do I know if cows are ‘uninfected’ at drying off?”

- Which test(s) do I use?
 - California Mastitis Test?
 - Bacteriology at drying-off?
 - **Somatic cell count (SCC)**...
- THERE IS NO PERFECT METHOD.... but product selection can **only** practically be made on the basis of *individual cow SCC's*

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Underlying Principles

- In the **high SCC herd** (>200,000 cells/ml)
 - Want higher *sensitivity*
 - Optimise *treatment* as the priority is cure
 - Consider 100,000-150,000 cells/ml
- In the **low SCC herd** (<150,000 cells/ml)
 - Want higher *specificity*
 - Optimise prophylaxis as the priority is *prevention*
 - Consider 200,000-250,000 cells/ml



An Example Drying-Of List

L.No	Served	PD	Dry ▲	Due	CM Date	Cell Count History			Inf. Status	Sug. Treatment	Notes
						15/09/15	13/10/15	12/11/15			
2	05/04/15	+	14/11/15	13/01/16		132	76	65	Uninfected	Select for Prevention	
2	08/04/15	+	17/11/15	16/01/16		164	94	114	Recovered	Select for Prevention	
2	11/04/15	+	20/11/15	19/01/16		22	17	50	Recovered	Select for Prevention	
2	11/04/15	+	20/11/15	19/01/16		127	31	70	Uninfected	Select for Prevention	
2	13/04/15	+	22/11/15	21/01/16	20/08/15	123	427	98	Uncertain	Select for Cure	
1	13/04/15	+	22/11/15	21/01/16		31	25	63	Uninfected	Select for Prevention	
2	14/04/15	+	23/11/15	22/01/16		66	67	153	Recovered	Select for Prevention	
5	16/04/15	+	25/11/15	24/01/16		133	186	493	New (Milk)	Select for Cure	
4	17/04/15	+	26/11/15	25/01/16	08/07/15	598	1444	572	Chronic	Select for Cure	
1	17/04/15	+	26/11/15	25/01/16		14	19	31	Uninfected	Select for Prevention	
7	20/04/15	+	29/11/15	28/01/16		172	234	299	Chronic	Select for Cure	
2	22/04/15	+	01/12/15	30/01/16		687	560	284	Chronic	Select for Cure	
1	24/04/15	+	03/12/15	01/02/16	03/08/15	141	127	79	Recovered	Select for Prevention	
3	24/04/15	+	03/12/15	01/02/16		71	198	149	Uninfected	Select for Prevention	
1	24/04/15	+	03/12/15	01/02/16		24	31	95	Recovered	Select for Prevention	
5	24/04/15	+	03/12/15	01/02/16		82	101	138	Uninfected	Select for Prevention	
5	25/04/15	+	04/12/15	02/02/16		755	177	199	Uncertain	Select for Cure	
2	26/04/15	+	05/12/15	03/02/16		176	119	101	Recovered	Select for Prevention	
1	01/05/15	+	10/12/15	08/02/16		49	36	65	Recovered	Select for Prevention	
1	01/05/15	+	10/12/15	08/02/16		27	17	253	New (Milk)	Select for Cure	
1	01/05/15	+	10/12/15	08/02/16		16	18	83	Uninfected	Select for Prevention	



Infusing dry cow therapy in an aseptic manner



The Importance of an Aseptic Infusion Technique for Dry Cow Therapy

- Irrespective of choice of dry cow therapy, we **MUST** administer products in an aseptic manner to reduce the risk of introducing infection
- Even with antibiotic...
- ***Especially* without antibiotic...**



**MUST...administer dry cow therapy as in the parlour
as a separate task**



**MUST...apply licensed pre-milking teat disinfection
with 20-30s contact**



MUST...wipe dry with clean towel



MUST...scrub the teat & teat end with cotton wool soaked in surgical spirit



MUST...infuse dry cow therapy in *reverse order* of cleaning teats

- Clean teats *furthest away* from you...and then *closest* to you
- Administer tubes to teats *closest* to you...and then *furthest away* from you



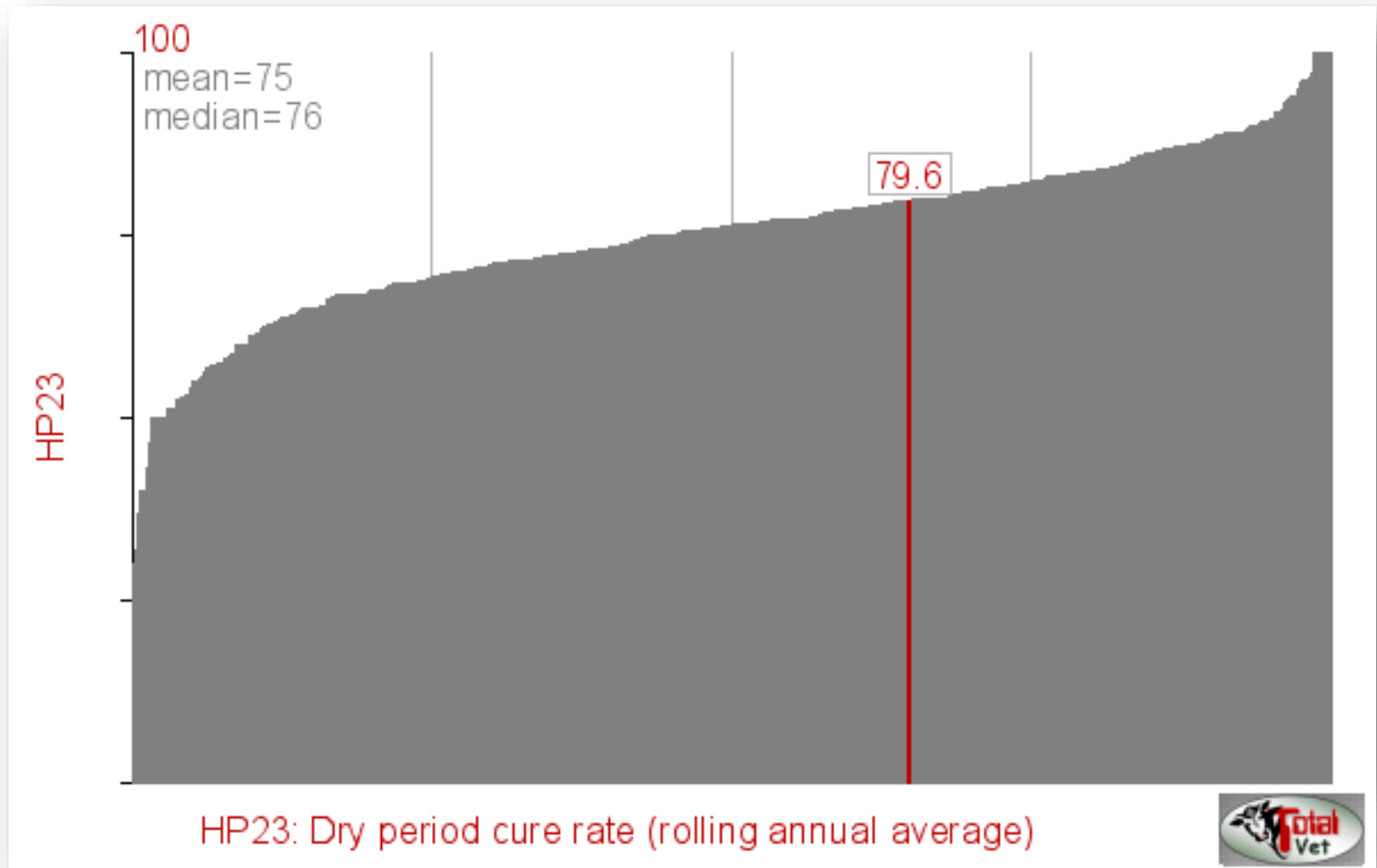
MUST...apply licensed post-milking teat disinfectant and allow cows to stand for 30 mins on clean loafing area



Monitoring the outcome of (selective) dry cow therapy



Dry Period *Cure* Rates...

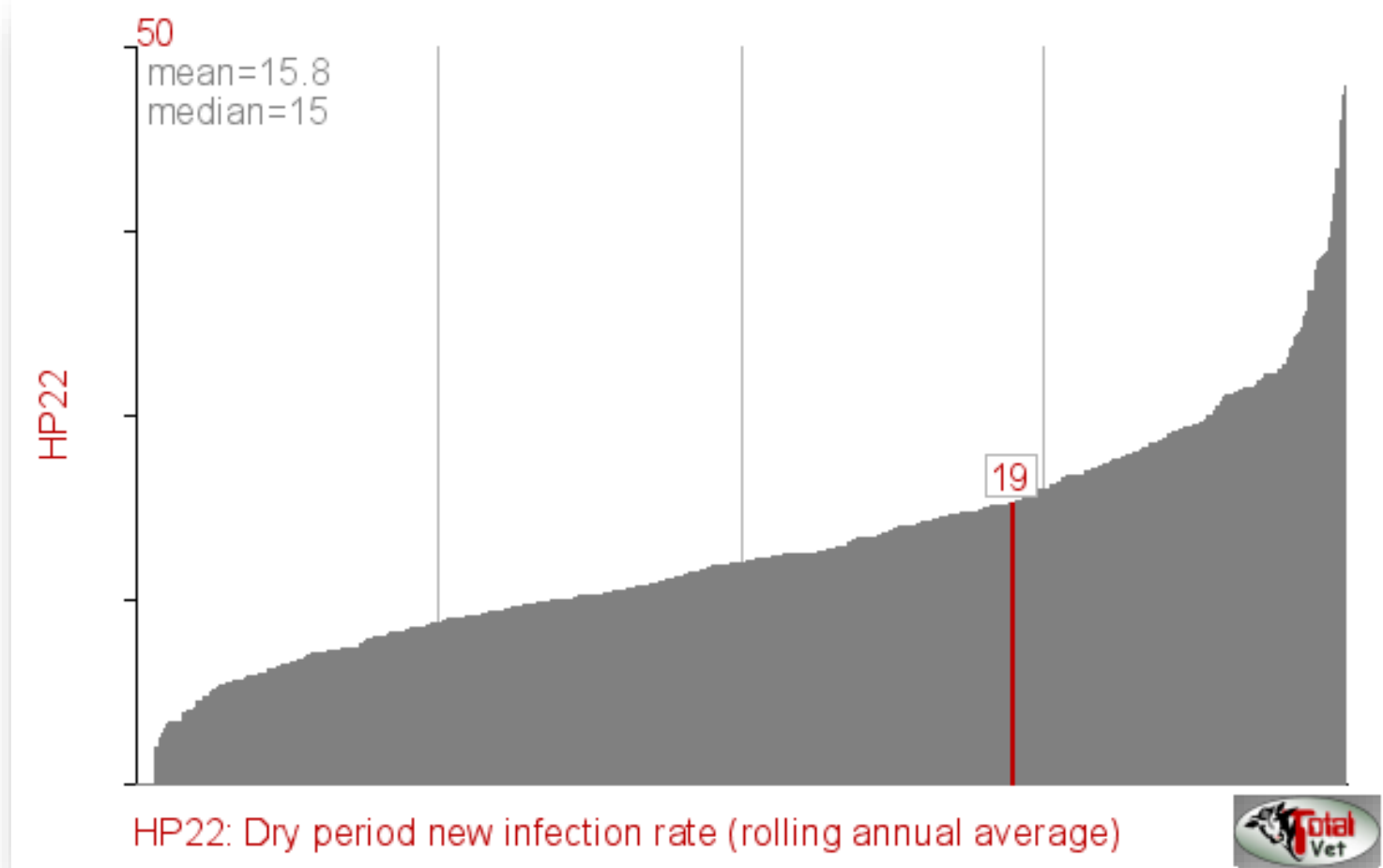


The Importance of Dry Period Cure...and Re-Infection Pressure

- Why so much variation in ‘apparent’ cure rates across the dry period?
- These herds are all using antibiotic dry cow therapy...
- Are the dry cow antibiotic tubes ‘working’?
- **Or is this caused by *re-infection* from the dry cow environment?**



Dry Period *New Infection* Rates...



Dry Period Cure and New Infection

- In herds with POOR 'apparent' cure rate, the *new infection rate* is likely to be increased
- This is important...
- Reducing new infection pressure from the ENVIRONMENT during the dry period:
 - In *uninfected* cows we are trying to protect
 - In *infected* cows we are trying to cure
- **Dry cow therapy is only *part* of the answer!**



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- Dr Chris Hudson BVSc PhD DCHP MRCVS
- www.qmms.co.uk
- <http://nottingham.ac.uk/research/groups/dairy-herd-health-group/mastitis.aspx>

