

Rapidly find, treat and record clinical cases

If clinical cases are missed, they contribute millions of cells into the vat and can significantly increase Bulk Milk Cell Counts (BMCC). Herds that have more than five clinical cases per 100 cows in the first month of lactation or two clinical cases per 100 cows in subsequent months have a significant mastitis problem. Rapid detection and treatment of cases means fewer chronic infections develop, and there is less chance of infection being passed to other cows. This requires milking staff to be aware of signs that alert to clinical cases and situations that increase the risk of mastitis spread.

Cows with heat, swelling or pain in the udder or changes in their milk (wateriness or clots) that persist for more than three squirts have clinical mastitis and require treatment. ✓

10.1 Monitor daily Bulk Milk Cell Counts (if available).

Technote 11 describes the monitoring of bulk milk cell counts.

10.2 Check for swollen quarters and quarters that don't milk out.

Technote 4.1 describes techniques for checking udders.

10.3 Watch for clots on the milk filter.

Milk filters (or 'socks') are located between the milk pump and the bulk milk tank and are designed to remove extraneous matter such as hair, dirt, and dung from milk (Akam and Spencer 1992). This type of material is present because it was not removed prior to application of the teatcups, or it was drawn in when the teatcups accidentally touched the floor or the cow.

Clots or faecal contamination on the milk sock indicates poor mastitis detection or poor milking routine (Blowey and Edmondson 1995). The filter should be examined after every milking before the plant is washed and if clots are found on the filter, suspect cows should be examined at the next milking. The filters do not remove dirt particles less than about 70 micrometres in diameter, somatic cells nor bacteria.