These are the features of the common mastitis pathogens cultured in this area.

**Staph aureus**
Is a cow associated bacteria that is not highly contagious, but difficult to cure in milkers. It often shows as recurrent mastitis &/or high cell counts, although often not extremely high.
Treatment with Orbenin LC is the best, but has low cure rates in milkers (30 to 60%). Erymicin injection can improve the cure rate. The best cure rates are at drying off, preferably using Elaclox DCX (70% to 80% will cure). Those cows that do not cure & have mastitis &/or high cell count during the following lactation need culling.

**Strep uberis**
Is environmental, so likes mud, faeces & water. Is often responsible for the mastitis in freshly calved cows. It usually cures reasonably well, unless it is well established in the udder when it causes abscess and is difficult to cure. If there is a lot of Strep uberis in the herd it acts as a cow-to-cow bacteria during milking.
Mamyzin injection is the best treatment. Use at a dose of 5 grams daily for 3 days. In recurring cases a long treatment of 6 days has been found to be significantly more effective. Other options are Cepravin LC or in stubborn cases Orbenin LC.

**Strep agalactiae**
Is a highly contagious cow associated bacteria. It can live on the outside of the teat & milkers hands for a time. Causes extremely high cell counts. Steps need to be taken to minimize the spread of this bacteria. Treatment is usually successful. For individual quarter treatment, Ampiclox LC is the best option. For multiple quarters Mamyzin injection is the best option.
Blanket dry cow therapy is essential when Strep agalactiae is present in the herd.

**C bovis**
Indicates ineffective teat spraying. The teat spray solution, coverage & volume used per cow need checking.
It causes increased cell count, especially in heifers, but doesn’t usually cause mastitis. It can increase cow’s susceptibility to Strep uberis and Strep agalactiae.
Is readily cured with intramammaries or dry cow. Treatment during lactation is usually unnecessary. If cell count is high Ampiclox LC is the best treatment.
It is controlled by effective teat spraying and dry cow therapy.

**Strep dysgalactiae**
Is a cow-associated bacteria often associated with teat sores or chaffed teat skin. Is also spread by flies.
Teat spraying and the use of an emollient helps reduce this bacteria. Response to treatment can be variable.
Special Formula Forte V is the treatment of choice.

**E coli**
Is an environmental bacteria associated with dirt & faeces. Infection is common around calving & in high producing cows in early lactation. Most infections are mild & have watery milk with small clots. Infected quarters often return to part production only that lactation & full production the following lactation. Some cows develop severe mastitis, toxaemia & die.
Cepravin LC is the best treatment. For acute clinical cases with swelling Oxytocin, stripping of ¼, Key & Trisoprim (5ml/100kg) are recommended.

**Coagulase Negative Staphylococcus**
Mostly sub clinical – but can put individual cell counts up to 500 to 600,000. Most common in heifers. Has both contagious & environmental characteristics. Is an emerging problem. Best limited by good teat spraying & dry cow therapy. Treatment with Ampiclox LC will give an 80 to 90% cure rate.

**Nocardia**
This is a soil borne organism. Infection can be introduced into the udder with intra-mammary treatment. It can also live in chlorhexidine teat sprays. However it only occurs sporadically. **Nocardia is serious because it can affect humans and can survive pasteurization.** In humans it can cause respiratory infection. **Culling is recommended.**