Negatively controlled, randomized clinical trial comparing 2-day intramammary use of amoxicillin to 5-day use of ceftiofur hydrochloride for treatment of bovine clinical mastitis caused by Gram-positive pathogens.

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INTRODUCTION

- Efficient therapeutic interventions can help to reduce antimicrobial (ATM) use in dairy farms.
- Not every case of clinical mastitis (CM) benefits from:
 - > Antibiotic use.
 - > Broad spectrum antibiotic.
 - > Extended therapy.
- Microbiome analysis.
- > Dynamics of bacteria in the mammary gland.

OBJECTIVE

(Amoxicillin) Narrow spectrum.

- (Ceftiofur Hydrochloride) Broad spectrum.
- Ouarter-level outcomes:
 - > Clinical and bact. cures.
 - > Total bacterial count.
 - > Milk composition and SCC.
 - > Recurrence of CM.
 - > Microbiome.
- Cow-level outcomes: > SCC and milk
 - production. > Survival in the herd.

MATERIALS AND METHODS

Non-severe clinical mastitis:

AMOX: three infusions with 62.5 mg of amoxicillin (Amoxi-Mast®, Merck Animal Health, De Soto, KS, USA) - 12 hours apart.

CEFT: five infusions with 125 mg of ceftiofur hydrochloride (Spectramast LC®, Zoetis) - 24 hours apart.

NEG-CTL (subset): no interventions up to five days after diagnosis.

- Duplicate milk samples (quarter-level outcomes):
- > Before treatment (day 0) and on days 3, 5, 8 and 14 ± 3 .
- Within 90 days of CM diagnosis:
 - > Recurrence.
 - > Cow-level outcomes.

The 2-d protocol with 3 intramammary infusions of amoxicillin (narrow-spectrum antimicrobial) had similar overall clinical and bacteriological cures as 5 administrations (once a day) with ceftiofur hydrochloride (wide spectrum) for the treatment of Gram-positive clinical mastitis. No significant difference was observed on CM recurrence and cow survival.





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RESULTS

TABLE 1:

477 quarter-cases of CM: ▶ AMOX: 198

- ▶ CEFT: 223
- ▶ NEG-CTL: 56
- Isolated bacteria: **Strep. uberis:** 60.6%
- **Strep. dysgalactiae:** 19.3%
- **Streptococcus spp.:** 8.4%
- **Staphylococcus spp.:** 6.1% No significant difference:

Clinical cure.

- Bacteriological cure. Recurrence of CM.

FIGURE 1:

Compared to antibiotic-treated groups, quarters assigned to NEG-CTL had:

- Higher linear scores of SCC.
- Higher bacterial load (cfu).
- ▶ Higher *Streptococcus* relative abundance.

AMOX compared to CEFT:

- ▶ Higher quarter LSSCC on days 8
- ▶ Higher Log10 CFU from day 5 to day 14.
- ▶ Higher *Streptococcus* relative abundance (RA) on day 14.

FIGURE 2:

No significant treatment effect was observed for:

- **L**SSCC: **P** = 0.06
- ▶ Milk production: **P** = 0.24

LSSCC was higher for the AMOX group in the first test day after CM.

No significant difference from the second test day.

Cow survival in the herd was not different between groups (P = 0.66)

TABLE 1. Effect of treatments on clinical and bacteriological cure at day 14 ± 3 after clinical mastitis diagnosis and on risk of CM recurrence within 90 days of enrollment.

ITEM	AMOX	CEFT	<i>P</i> -VALUE
Clinical cure			
Adjusted frequency	82.70%	87.80%	0.18
Odds ratio (95% CI)	0.67 (0.37 - 1.19)	Baseline	
Bacteriological cure			
Adjusted frequency	56.60%	64.50%	0.12
Odds ratio (95% CI)	0.72 (0.50 - 1.09)	Baseline	
Recurrence of CM			
Adjusted frequency	9.60%	8.00%	0.60
Odds ratio (95% CI)	1.23 (0.56 - 2.70)	Baseline	

FIGURE 1. Linear score of somatic cell count (LSSCC), bacterial load (Log₁₀ CFU) and Streptococcus spp. relative abundance (RA; based on microbiome analysis¹) of mammary quarters with non-severe clinical mastitis treated with 2 days AMOX-MAST (AMOX) or 5 days SPECTROMAST LC (CEFT) compared to a negative control group (NEG-CTL).

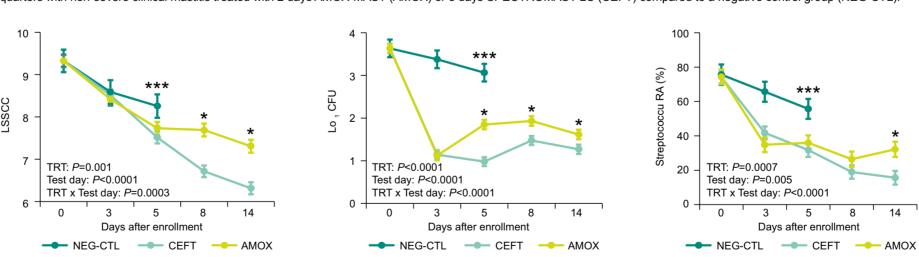


FIGURE 2. Linear score of somatic cell count and milk production (pounds/test day) of cows with clinical mastitis caused by

'Microbiome analysis was performed using the method of 16S rRNA gene sequencing. ***P<0.05 (antibiotic-treated quarters versus NEG-CTL). *P<0.05 (AMOX versus CEFT)

Gram-positive pathogens and treated with 2 days AMOX-MAST (AMOX) or 5 days SPECTROMAST LC (CEFT).

