



# On Farm Culture:

um contributo para cumprir o Plano Nacional de Combate à Resistência aos Antimicrobianos



# Objectivos do projecto



# Evidências científicas



## Mastite

**#1 Utilização de  
Antibiótico**



| % de amostras sem crescimento | Número de explorações | País       | Estudo                |
|-------------------------------|-----------------------|------------|-----------------------|
| 26,5%                         | 97                    | Inglaterra | Bradley et al. 2007   |
| 25,0%                         | 15                    | Irlanda    | Barrett et al., 2005  |
| 30,7%                         | 77 172 amostras       | EUA        | Makovec e Ruegg, 2003 |

**40% das amostras são positivas a Gram (-), algas ou leveduras.** Roberson, 2003

## % Cura Bacteriológica

| AGENTE            | cura espontânea | cura com AB |
|-------------------|-----------------|-------------|
| S. aureus         | 0-5%            | 10-40%      |
| SCN               | 55-60%          | 70-85%      |
| Strep. ambientais | 25-30%          | 55-80%      |
| E.coli            | 75-80%          | 85-90%      |
| Prototheca        | 0%              | 0%          |
| Cultura Negativa  | 90-95%          | 90-95%      |

Compilação de vários estudos *in* Pinzón-Sánchez et al., 2011

# E as mastites por coliformes?

| Treatment study (n)   | Treatment control (n)                                     | Type of the study                    | Result      | References                     |
|---|---|--------------------------------------|-------------|--------------------------------|
| Gentamicin (2.5 mg/kg i.m. at 12-h intervals 2 times; n = 49)   | Erythromycin syst. (n = 12) or no antimicrobial (n = 11)* | Field study <sup>†</sup>             | No benefits | Jones and Ward (1990)          |
| Gentamicin (500 mg imm. at 12-h intervals 4 times; n = 4) <sup>‡</sup>  | No antimicrobial (n = 4)                                  | Experimental                         | No benefits | Erskine <i>et al.</i> (1992)   |
| Amoxicillin (62.5 mg imm. 3 times; n = 31), cephapirin (200 mg imm. 2 times; n = 28)  | No antimicrobial (n = 35)                                 | Field study <sup>†</sup>             | No benefits | Guterbock <i>et al.</i> (1993) |
| Trimethoprim-sulfadiazine (48 mg/kg i.v., then i.m. at 12-h intervals 3 times), colistin sulfate (6 milj. IU imm. at 12-h intervals for 3 day; n = 6) | No antimicrobial  | Experimental<br>(a cross-over study) | No benefits | Pyörälä <i>et al.</i> (1994)   |
| Cefquinome (75 mg imm. at 12-h intervals 3 times) and/or (1 mg/kg i.m. at 24-h intervals 2 times; n = 12 in each group)                               | Ampicillin and cloxacillin imm. (n = 12)                  | Experimental                         | Benefits    | Shpigel <i>et al.</i> (1997)   |
| Enrofloxacin (2.5–5 mg/kg i.v. and s.c. at 24-h intervals for 3–5 day; n = 18)  | Benzylpenicillin (n = 96), no antimicrobial (n = 35)      | Field study<br>(retrospective)       | No benefits | Pyörälä and Pyörälä (1998)     |
| Enrofloxacin (5 mg/kg s.c. 10 h and 30 h postchallenge; n = 6)  | No antimicrobial (n = 6)                                  | Experimental                         | Benefits    | Hoeben <i>et al.</i> (2000)    |
| Ceftiofur (2.2 mg/kg i.m. at 24-h intervals for 5 day; n = 21)  | No antimicrobial (n = 23)                                 | Field study <sup>†</sup>             | Benefits    | Erskine <i>et al.</i> (2002)   |
| Enrofloxacin (5 mg/kg i.v. and then s.c. at 24-h intervals 2 times; n = 6)  | No antimicrobial  | Experimental<br>(a cross-over study) | Benefits    | Rantala <i>et al.</i> (2002)   |
| Amoxicillin/cloxacillin imm. (75/200 mg at 24-h intervals for 3 day; n = 12)  | Penethamate hydroiodide syst. (n = 25)                    | Field study                          | No benefits | Sérieys <i>et al.</i> (2005)   |
| Danofloxacin (6 mg/kg i.v. once; n = 9)   | No antimicrobial (n = 11)                                 | Experimental                         | Benefits    | Poutrel <i>et al.</i> (2008)   |
| Enrofloxacin (5 mg/kg i.v./s.c. at 24-h intervals 2 times; n = 64)  | No antimicrobial (n = 68)                                 | Field study                          | No benefits | Suojala <i>et al.</i> (2010)   |
| Ceftiofur hydrochloride imm. (125 mg at 24-h intervals for 5 day; n = 56) <sup>‡</sup>  | No antimicrobial (n = 48)                                 | Field study                          | Benefits    | Schukken <i>et al.</i> (2011)  |

# Vale a pena saber a causa da mastite?

➤ 8 explorações; 422 vacas; 449 quartos; 2 grupos

| Indicador   | Convencional  | Após cultura  |
|---|---------------|---------------|
| Casos tratados com AB                                 | 100%          | 44%           |
| Casos tratados com AB secundariamente                 | 36%           | 19%           |
| Nº de dias até à cura clínica                         | 3.2           | 2.7           |
| Nº de dias em que leite não foi aproveitado           | 5.9           | 5.2           |
| Cura bacteriológica 21 dias após início da mamite     | 71%           | 60%           |
| Nova infeção 21 dias depois (bactéria diferente)      | 50%           | 50%           |
| Risco de recorrência de mamite clínica (mesmo quarto) | 35% (78 dias) | 43% (82 dias) |
| LS  | 4.2           | 4.4           |
| Produção de leite                                     | 30L           | 30.7L         |



J. Dairy Sci. 100:2992–3003  
<https://doi.org/10.3168/jds.2016-11614>  
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## Clinical outcome comparison of immediate blanket treatment versus a delayed pathogen-based treatment protocol for clinical mastitis in a New York dairy herd

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- Exploração com 3500 vacas
- 725 casos de mastite

- **Significance:**

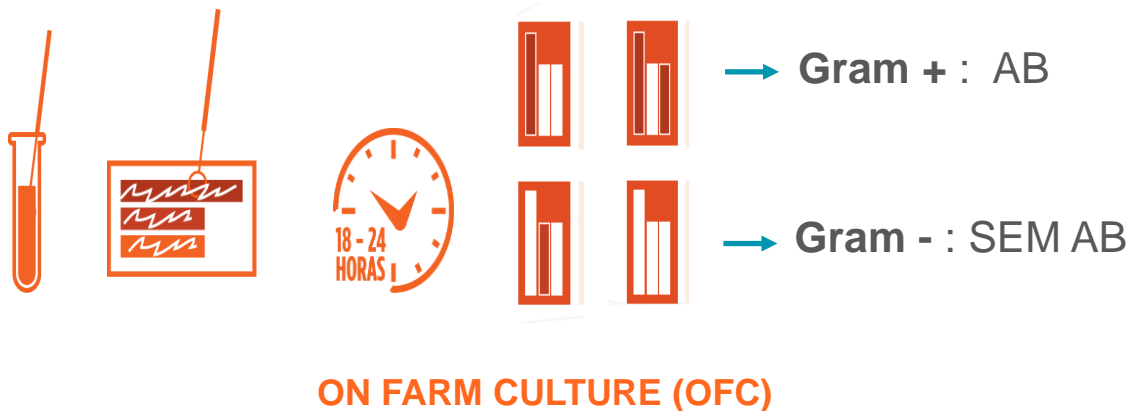
The use of pathogen based therapy to guide the treatment of clinical mastitis resulted in reduced treatment costs, increased volume of saleable milk, and allowed for a 67% reduction in IMM antimicrobial use with no impact on therapeutic success resulting in an increase in cash flow

# Vale a pena saber a causa da mastite?

## Abordagem “cega”

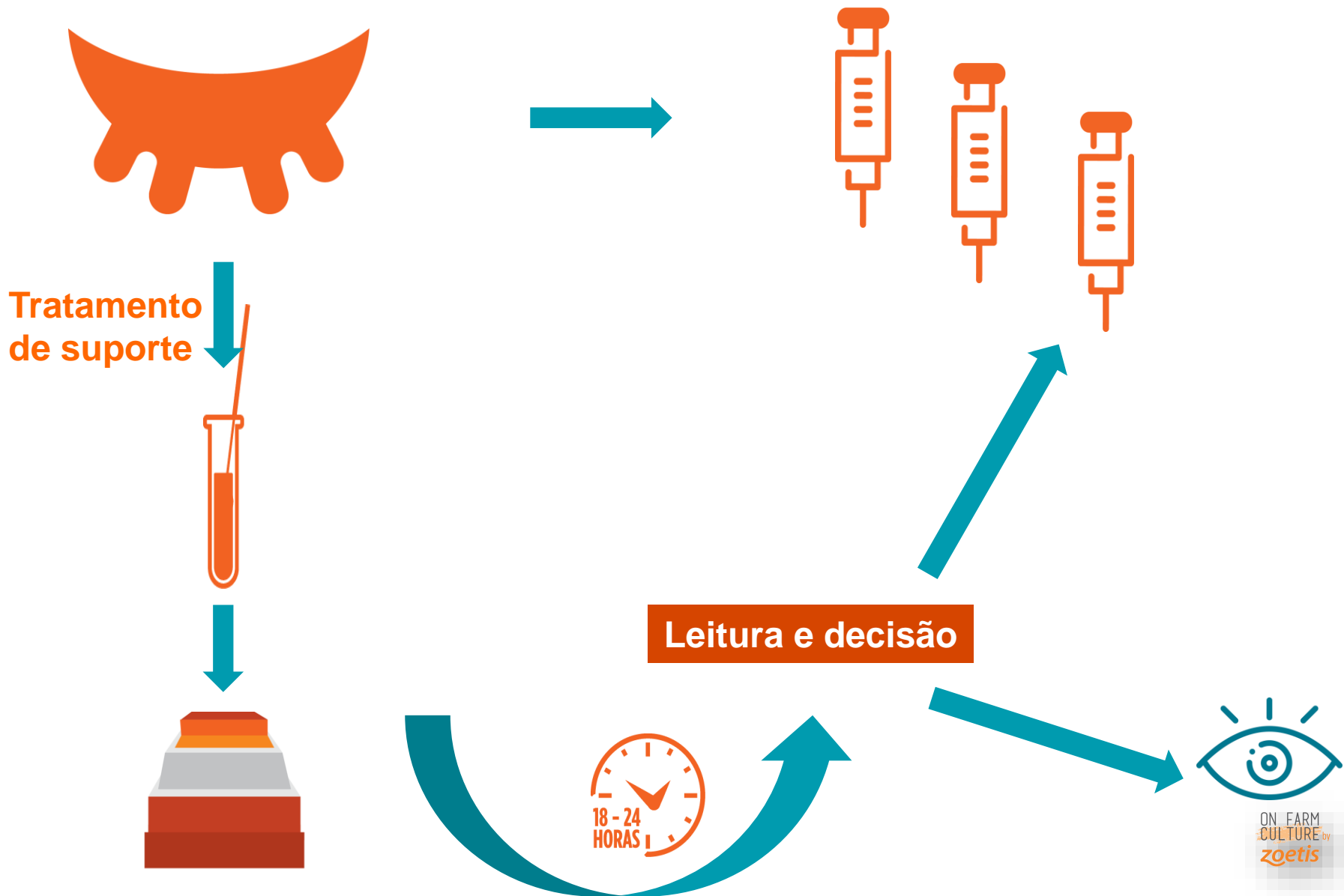


## Abordagem com base na identificação do agente





# A mudança



# Formação da equipa

- ✓ Consciencialização da importância do Dx e do URAM
- ✓ Definição de mastite clínica
- ✓ Abordagem com base no OFC
- ✓ Procedimento de colheita do leite para análise
- ✓ Cultura
- ✓ Instruções de segurança: instalação e funcionamento da estufa; manuseamento das placas
- ✓ Interpretação dos resultados
- ✓ Registos
- ✓ Protocolos de tratamento



## I - Avaliação da gravidade

### Grau 1



- ✓ Alterações no leite

**LIGEIRA**

### Grau 2



- ✓ Alterações no leite
- ✓ Alterações no úbere

**MODERADA**

### Grau 3



- ✓ Alterações no leite
- ✓ Alterações no úbere
- ✓ Sinais sistémicos

**SEVERA**

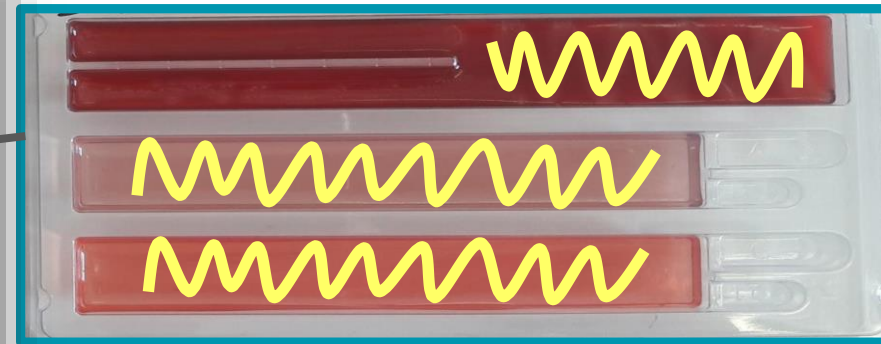
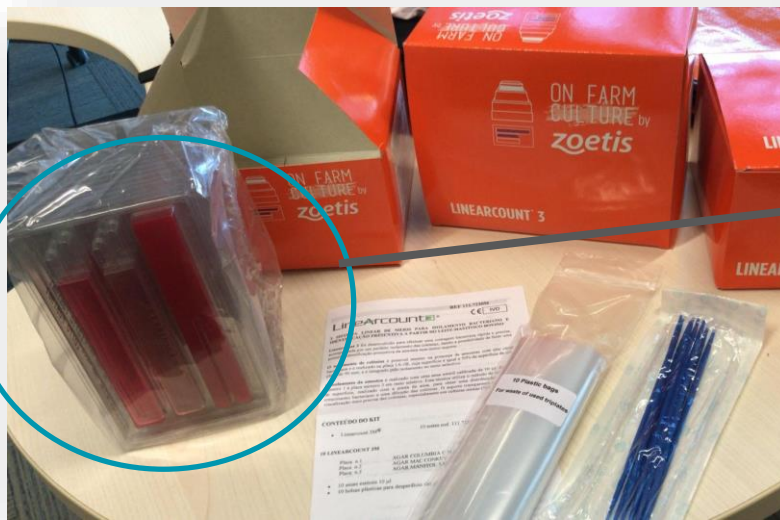
## II - Colheita da amostra



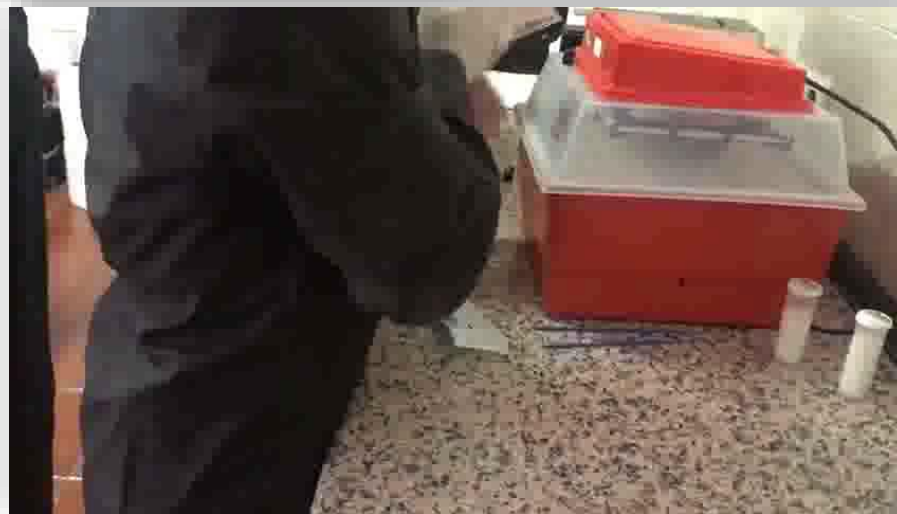
- ✓ 1 Amostra + 1 Placa por quarto afectado
- ✓ Painel de amostras em duplicado (1 OFC + 1 laboratório)

# Procedimento

## II - Cultura



4-12 °C 

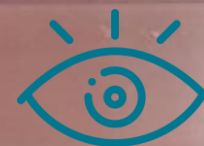


## III – Decisão terapêutica com base no resultado

Estafilococos , Estreprococos e Enterococos

← AB

Coliformes



Estafilococos e Bacilos

← AB

# Mudar a rotina pode trazer boas surpresas

- ✓ Menos antibióticos
- ✓ Melhores perspectivas de cura
- ✓ Menos mão de obra
- ✓ Menos leite descartado
- ✓ Maior rentabilidade



# Estaremos preparados?

## % agreement between on farm culture and lab diagnosis

| OFC        | lab        |        |
|------------|------------|--------|
| Strepto    | Strepto    | 75%    |
|            | Negative*  | 25%    |
| Staphylo   | Staphylo   | 61%    |
|            | Negative*  | 39%    |
| Gram -     | Gram -     | 35%    |
|            | Negative** | 61%    |
| negative   | Negative   | 91%    |
|            | Gram +     | 9%     |
| cumulative |            | 72%*** |

\*farmer/vet tended to overestimate the bacterial growth on plates: <10 colonies = negative sample

\*\*freezing of milk samples tended to kill gram negative bacteria

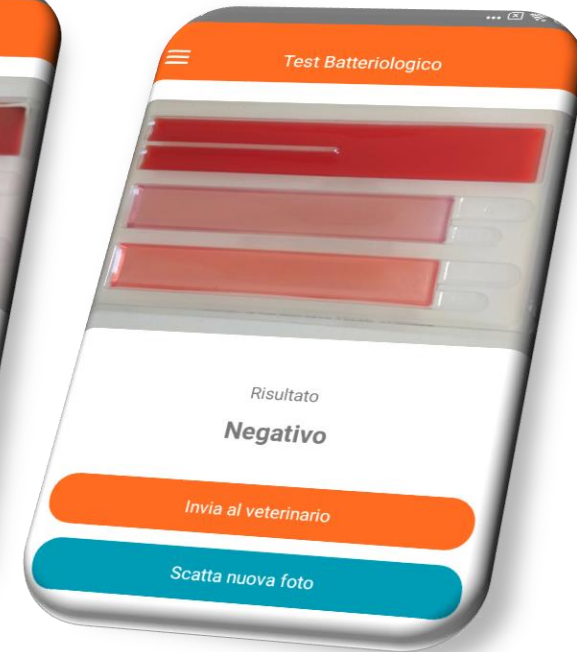
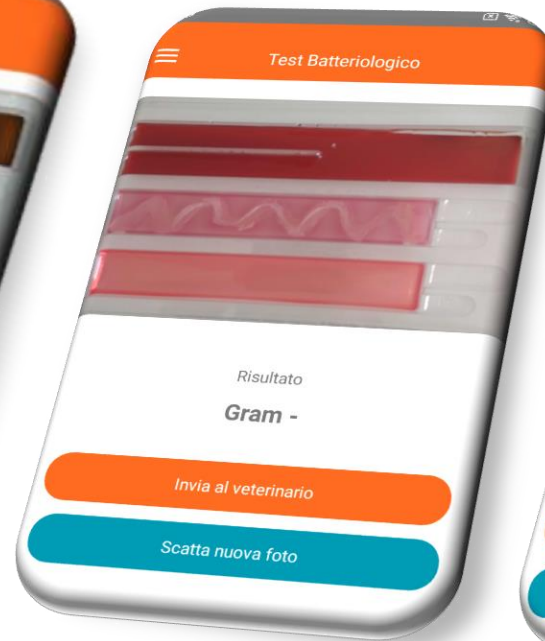
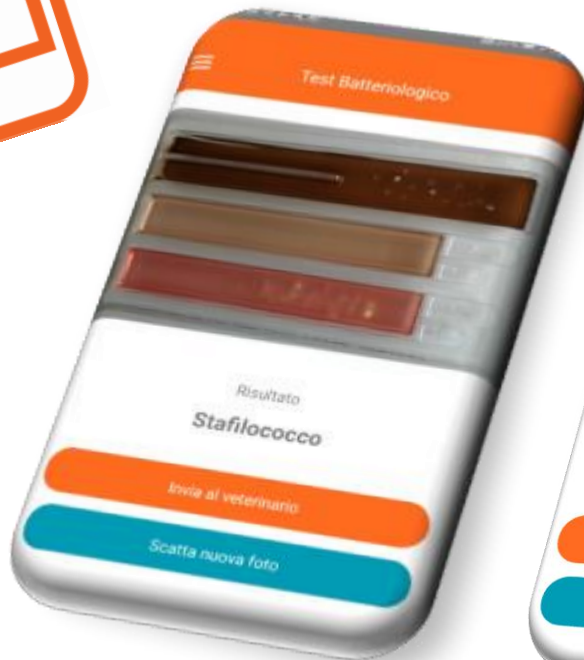
\*\*\*the value increase to 82% when considering killing of gram- in frozen samples

5 explorações, 238 amostras

| reader  | Se    | Sp    | Accuracy |
|---------|-------|-------|----------|
| CT      | 85,65 | 58,64 | 72,44    |
| MP      | 84,28 | 58,37 | 71,56    |
| RB      | 85,29 | 59,91 | 73,33    |
| VM      | 85,28 | 56,62 | 71,33    |
| average | 85,13 | 58,39 | 72,17    |

4 leitores, 1h treino, 450 amostras

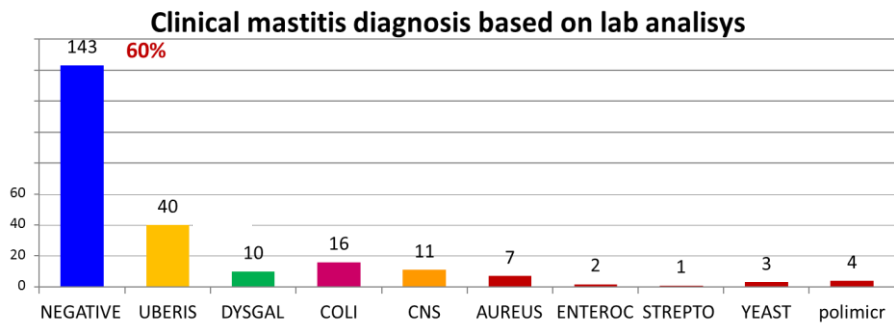
# On Farm Culture 2.0



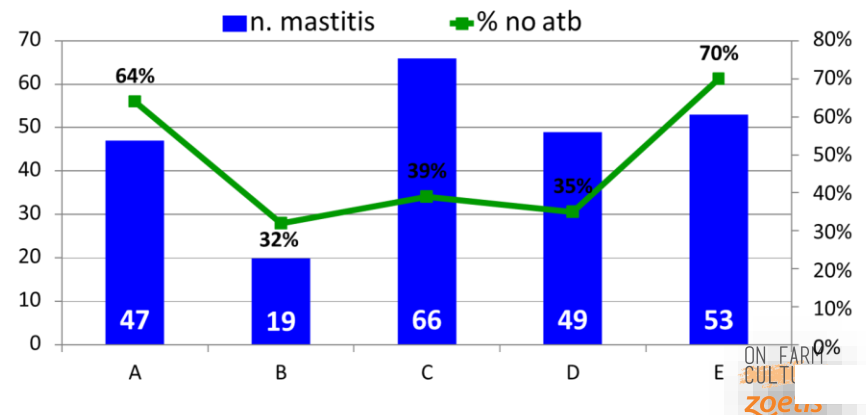
# O que esperamos?

## Resultados do ensaio - Itália

|                   |                       |
|-------------------|-----------------------|
| FARMS             | 5                     |
| CLINICAL MASTITIS | 245                   |
| STUDY PERIOD      | 6 months (06-12/2017) |
| ON FARM PLATES    | 238                   |
| LAB ANALYSIS      | 239                   |



## Reduction % of antibiotic usage

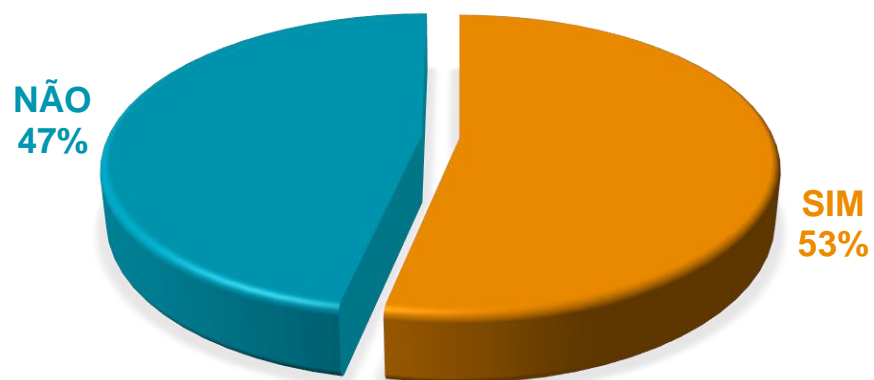


## ▪ Resultados do ensaio - Portugal

186 amostras de 19 explorações

20/02/2019 a 17/09/2019

### UTILIZAÇÃO DO AB



# On-farm test-based mastitis treatment

|   | On-farm culture (OFC)                  | No significant differences          | Significant differences                                   | Intramammary antibiotic doses |
|---|--|-------------------------------------|---|-------------------------------|
| Lago et al. 2011<br>449 cases             | Minnesota Easy Culture System<br>24 h  | BC, days to CC, NIR                 | Tendency: fewer days milk discarded in OFC-group          | - 49%                         |
| Mansion de-Vries et al. 2016<br>467 cases | 3M Petrifilm<br>24 h                   | BC, full cure, NIR, recurrent cases | Days to CC: 1 day earlier in OFC-group (P = 0,004)        | - 65 %                        |
| Kock et al. 2018<br>140 cases             | 3M Rapid Petrifilm, mastDecide<br>12 h | BC, full cure, recurrent cases      | CC: 43.5 % OFC-group vs. 21.7 % control group (P = 0,013) | - 38 %                        |
| Schmenger et al. (unpub)<br>886 cases     | mastDecide<br>12h                      | BC, full cure, recurrent cases, NIR |   | - 74 %                        |



**USAR ANTIBIÓTICOS  
O MENOS POSSÍVEL  
TANTO QUANTO NECESSÁRIO  
ESTÁ NAS NOSSAS MÃOS  
E NAS VOSSAS.**



**Obrigada!**



ON FARM  
CULTURE by  
*zoetis*