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UNITED STATES OF MINNESOTA

# **A REVIEW OF ISSUES SURROUNDING THE FEEDING OF WASTE MILK AND PASTEURIZATION OF WASTE MILK AND COLOSTRUM**

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## **Introduction**

Professional heifer growers are faced with the challenge of raising healthy calves while still paying close attention to rearing costs and profit. Heifer raisers have several options for liquid feeding programs for young calves including whole (saleable) milk, transition milk, waste or discard milk, and milk replacer. Factors that may be considered in selecting a liquid feeding program may include the number of calves fed, economics and cash flow, nutritional characteristics, calf performance targets, resource availability (e.g. consistent supply of waste milk), infectious disease control concerns, and personal preferences. This paper will review some of these considerations as well as discuss specific considerations that come into play when pasteurizing waste milk and colostrum.

## **Economic and Nutritional Considerations in Selecting a Liquid Feeding Program**

The choice to feed milk replacer, instead of saleable whole milk, is often an economic decision, because the cost of using milk replacers was lower than the cost of whole milk. It has been estimated that, at \$13/cwt for saleable whole milk, there is a \$12 economic advantage to feeding milk replacer (BAMN, 2002). Currently, milk replacer is fed on about 59% of U.S. dairy farms (Heinrichs et al., 1994). Today's high quality calf milk replacers provide several benefits to the calf raiser and dairy producer, including consistency of product from day to day, ease and flexibility of storage, disease control, good calf performance, and economics (Davis and Drackley, 1998; BAMN, 2002). Producers wishing to learn more about the selection and use of high quality milk replacers should refer to a very useful review called "a Guide to Modern Calf Milk Replacers" (BAMN, 2002).

Despite these advantages for feeding milk replacer, there may be performance advantages for feeding whole milk over a traditional milk replacer program. Davis and Drackley (1998) calculated that a 45 kg (approx. 99 lb) calf fed whole milk at 10% of body would consume approximately 2.97 Mcal of Metabolizable energy (ME) daily, if whole milk contains 12.5% solids. In contrast, if a calf consumed 562 g/day of milk replacer containing 4.4 Mcal ME/kg of DM, then its intake of ME is only 2.47 Mcal daily. These two calves would be expected to gain 446 and 289 g/day when consuming milk and milk replacer, respectively, assuming that protein was not limiting in either case (Davis and Drackley, 1998). This growth advantage is explainable entirely on the basis of energy intake.

Excess colostrum and transition milk (non-saleable milk from the first six milkings) are alternate liquid feed options for calf raisers. The solids content of mixed colostrum and

transition milk range between 16% to 18%, and so produce good gains by calves (Foley and Otterby, 1978; Davis and Drackley, 1998). It has been reported that day-to-day variation in its composition did not affect the incidence or severity of scouring or overall rates of gain (Foley and Otterby, 1978). However availability, storage, and preservations have been drawbacks to its widespread use. Freezing is one acceptable option but becomes problematic for feeding large numbers of calves. An alternative is the use of nonrefrigerated transition milk that has been allowed to ferment naturally. Allowing colostrum and transition milk to ferment produces a high-quality feed that is acceptable to calves and which supports good weight gains. In cold weather the fermentation process produces primarily lactic acid, resulting in a final pH of about 4.5 (Foley and Otterby, 1978). In warm or hot weather, however, putrefactive fermentation can occur, producing a product that is less accepted by calves (Foley and Otterby, 1978; Davis and Drackley, 1998). This problem can be addressed through use of preservatives such as acetic, propionic and formic acids and formaldehyde. However this is not popular due to the need to mix and handle caustic and toxic chemicals (Davis and Drackely, 1998).

One final opportunity is the use of nonsaleable or discard milk. This is milk from cows after antibiotic treatment for mastitis or other infectious diseases, which cannot be sold because of antibiotic residue concerns. Blosser (1979) estimated that 22 to 62 kg per cow of milk are discarded each year, representing economic loss, disposal issues, and environmental concerns. Some concerns with feeding discard milk to calves include infectious disease control, possible harmful effects from endotoxins, and the possible development of antibiotic resistance of intestinal bacteria in calves. One study by Kesler (1981) concluded that it is generally safe to feed mastitic milk or colostrum to calves except for newborn calves, due to concerns about greater permeability of the intestine to bacteria and the subsequent risk of infection. Early studies in the 1970's and 1980's reported no long-term effects on health, production, or incidence of *Staphylococcus aureus* infections in first lactation heifers previously fed waste milk as calves (Keys et al., 1980; Kesler, 1981; Barto et al., 1982). Early short-term studies reported no obvious increase in antibiotic resistance of intestinal bacteria in calves fed waste milk (Wray et al., 1990). However, this concern continues to receive ever-increasing attention and deserves further research. Larger herds may combine excess colostrum and transition milk with nonsaleable or discard milk and feed it fresh to calves, thereby eliminating the need for fermentation or freezing. For the purposes of the rest of this paper, waste milk will be defined as both transition milk and non-saleable discard milk.

### **Infectious Disease Control Considerations when Feeding Waste Milk**

While the feeding of waste milk would seem to offer tremendous economic efficiencies, there have been some concerns with this practice, the most important of which may be the risk for transmission of infectious pathogens. Pathogens that may be transmitted in colostrum and milk, either by direct shedding in the mammary gland or from post-harvest contamination, include *Mycobacterium avium* subsp. *paratuberculosis* (the agent causing Johne's disease), *Salmonella* spp., *Mycoplasma* spp., *Listeria monocytogenes*, *Campylobacter* spp., *Mycobacterium bovis*, and *Escherichia coli* (Lovett et al., 1983; Farber et al., 1988; McEwen et al., 1988; Clark et al., 1989; Giles et al., 1989; Streeter et al., 1995;

Grant et al., 1996a; Steele et al., 1997; Walz et al., 1997). Selim and Cullor (1997) demonstrated that raw waste milk from 12 California dairies contained significantly higher concentrations of bacteria than other types of milk (milk replacer, bulk-tank milk), including *Streptococcus* sp. (84/165 samples), Enterobacteriaceae (83/165 samples), and *Staphylococcus* sp. (68/165 samples). *Escherichia coli* was the gram-negative species most commonly identified (52/165 samples). Some of these pathogens may be shed directly from the mammary gland, while others may result from post-harvest contamination (e.g. with manure) or proliferation in milk that is not stored/chilled properly. The study by Selim and Cullor (1997) concluded that producers should be cautious of feeding raw waste milk to calves as it may contain a high number of bacteria that may be pathogenic to both cattle and human beings.

### **Pasteurizing Waste Milk**

Historically calf raisers have either accepted the infectious disease risks associated with feeding raw waste milk or have avoided these risks by feeding a milk replacer. However a new alternative that has recently become recently available, is use of commercial on-farm pasteurization systems. Pasteurization is simply a process of heating milk to a target time and temperature for a target microbe. The pasteurized milk ordinance (PMO) defines two different methods for pasteurization: 1) batch pasteurization at 145 °F for 30 minutes (low-temperature, long-time or LTLT) or 2) high-temperature, short-time pasteurization (HTST) at 161 °F for 15 seconds (usually using a continuous flow method). Heating results in a log reduction in the concentration of viable bacteria. The rate of heat inactivation of bacteria increases exponentially with time. However pasteurization should not be confused with sterilization. Some heat-tolerant (usually non-pathogenic) bacteria will survive the process. Additionally, if a poor quality milk is pasteurized that already has a very high concentration of bacteria, then some viable pathogenic bacteria may survive the pasteurization process.

**Commercial batch pasteurizers** are generally slower to heat milk to the target temperature (145 °F), hold it there for 30 minutes, and then should automatically and rapidly cool the milk to feeding or storage temperature. They are generally easier to clean than HTST-continuous flow units. They should be equipped with some kind of agitator to allow for even heating. One concern with batch pasteurization is the volume of milk to be heated and the time to do so. If very large batches are used (e.g. > 150 to 200 gallons) and heating may take several hours, there are concerns that some bacteria (e.g. some Salmonella species) may become heat resistant, surviving the pasteurization process. In such cases it may be more appropriate and faster to use an HTST continuous flow design.

**Commercial HTST - Continuous flow Pasteurizers.** Milk is usually circulated through a network of heated coils, rapidly heating it to the target temperature (161 °F) and holding it there for 15 seconds. If milk does not reach the target temperature during the first pass through the coils it may be discharged back into the original tank and recirculated. These systems should also be equipped to automatically quickly cool the milk to feeding or storage temperature. These are generally more difficult to clean, requiring a cleaning procedure similar to what is used in milking systems.

**'Home-made pasteurizers'**. Many innovative producers have created their own versions of batch pasteurizers (e.g. old bulk tanks that circulate hot water) or pasteurizers that re-circulate milk. While these can work well, they are generally not automated and there are many more concerns with their ability to function and clean properly.

### **Considerations for Using Commercial On-Farm Pasteurization Systems**

There are several important requirements and issues that producers should educate themselves about before purchasing, installing and using this technology:

#### ***Installation Requirements***

- a) Hot water heater. Is a new one needed or is a heater self-contained in the unit? Does the existing hot water heater work? (i.e. does it get water hot enough?)
- b) Water supply
- c) Are there special electrical requirements?
- d) Space/location
- e) Drainage requirements
- f) Purchase and installation costs

#### ***Considerations for Day-to-Day Use***

- a) Training farm staff to properly use and clean the equipment
- b) Time/labor to use and clean equipment
- c) Cleaning requirements
- d) Variable costs
- e) Service. Is the equipment reliable? How quickly can service be provided?
- f) Moving and storing waste milk before and after pasteurization
- g) Monitoring performance. Is it working?

### **Handling of Pre-Pasteurized Waste Milk.**

Pasteurization results in a log reduction in the concentration of bacteria and should not be confused with sterilization. If a poor quality milk is pasteurized that already has a very high concentration of bacteria, then inactivation of all pathogens may not be complete. For example, while high quality raw milk is considered to have less than 50,000 CFU/ml, unchilled waste milk may reach over 1 billion CFU/ml in the summer (Reynolds, 2002). It is for this reason that waste milk should be collected and stored in closed, clean containers, to prevent pre-pasteurization contamination. Similarly, if the milk is not to be pasteurized within a few hours of collection, it should be chilled in order to prevent bacterial growth and fermentation prior to being pasteurized. This is more critical in warm or hot ambient temperatures. This may not be an issue on small dairies when waste milk is pasteurized and fed to calves soon after each milking. However it can be a serious issue on large heifer growing operations where milk is picked up from other dairies, sometimes on an alternate-day basis, and then stored in large quantities for one or more days before being pasteurized and fed. In this situation a small functional bulk tank may need to be placed at both the source dairy and the heifer-rearing site to keep the waste milk cool before pasteurizing.

Fermentation of milk that is not chilled is another factor that may complicate the pasteurization process, particularly in moderate to warm ambient temperatures. Fermentation, itself, is not a problem, as it yields a nutritious product that is readily accepted by calves. The issue is that the fermentation process results in acid production, dropping milk pH to around 4.5. This acidic milk produces slight changes to milk protein structure that can result in protein coagulation and curd formation when the milk is pasteurized. The end product is a whey-like liquid with a thick layer of curd sitting on the bottom of the pasteurizer. Obviously this is a concern because calves are deprived of important nutrients for that particular feeding. While curd formation occurred only sporadically in a field trial in central Minnesota (Godden et al., 2003), its occasional occurrence during the warmer spring months was enough to warrant installing a chilling system to store pre-pasteurized waste milk.

### **Handling of Post-Pasteurized Waste Milk**

Any bacteria surviving the pasteurization process will begin to replicate again in the warm medium if the cooling process is delayed. This can occur if the milk is allowed to cool slowly for several hours at ambient temperature or if milk is left to sit at warm ambient temperatures for very long before being fed. It is for this reason that all pasteurizers should be equipped to rapidly cool the milk to feeding temperature immediately after pasteurization is completed, and producers should try to feed the product soon after pasteurization is complete. If there is to be a delay between pasteurization and feeding, then the milk should be chilled. Post-pasteurization contamination of milk is another important concern. Pasteurized milk should be stored in clean, closed receptacles and distributed to calves in clean buckets or bottles. Careful attention must be paid to cleaning and sanitizing buckets, bottles, nipples, etc.

### **Cleaning and Sanitizing Pasteurizers**

With poor cleaning, fat, protein, and inorganic films (minerals) can build up in these systems, interfering with temperature transfer to the milk and serving as a source to inoculate milk with bacteria. Producers should clean this equipment as diligently as they would their own milking system, using procedures similar to common milking system sanitization procedures. One cleaning process (Reynolds, 2002) is as follows:

- a) Pre-rinse with cold water
- b) Circulate alkaline detergent rinse to remove fat (1% wt/vol NaOH – 75 °C/30min)
- c) Rinse with hot water (75 °C / 15 min)
- d) Circulate Nitric acid rinse to remove protein (0.7% wt/vol - 70 °C / 15 min)
- e) Post-rinse with hot water (75 °C / 15 min)

Producers should contact the manufacturers or distributors of commercial on-farm pasteurizers for cleaning instructions that best fit their equipment. Evaluating cleaning can include visual assessment for build-up of residual films plus cultures of pasteurized milk (e.g. standard plate count, total bacteria count, lab pasteurized count).

## Effectiveness of Pasteurization in Destroying Infectious Pathogens

Laboratory studies have shown that pasteurization is effective in destroying viable bacteria for most of the pathogenic species threatening calves. In one study at the University of Minnesota, batches of saleable raw bulk tank milk and colostrum were inoculated with both low ( $10^2$  to  $10^3$  CFU/ml) and high ( $10^5$  and  $10^6$  CFU/ml) concentrations of *E. coli* 0157:H7, *Salmonella sp.*, *Listeria monocytogenes*, and *Staphylococcus aureus*, and then pasteurized using two commercial on-farm pasteurizers; a batch model (Dairytech Inc., Windsor, CO) and a HTST model (Bettermilk Inc., Winona, MN). Pasteurization with the batch unit destroyed *E. coli* 0157:H7, *Salmonella sp.*, *Listeria monocytogenes*, and *Staphylococcus aureus* in both milk and colostrum. Pasteurization with the HTST unit effectively destroyed or significantly reduced *E. coli* 0157:H7, *Salmonella sp.*, and *Listeria monocytogenes*, and *Staphylococcus aureus* in milk and colostrum (1-3 CFU/ml of *S. aureus* survived in milk) (Green et al., 2002; 2003). Butler et al., (2000) demonstrated that pasteurization was effective in destroying *M. bovis*, *M. californicum* and *M. canadense* spp.

The efficacy of pasteurization in destroying *Mycobacterium avium* subsp. *paratuberculosis*, the organism causing Johne's disease, remains controversial. While a number of researchers have reported that laboratory studies simulating batch or HTST pasteurization was completely effective in destroying this pathogen (Keswani and Frank, 1998; Grant et al., 1999; Stabel et al. 1996; Gao et al., 2002), others have reported that small numbers of the organism may remain viable if inoculated into milk samples at high concentrations (Chiodini and Hermon-Taylor, 1993; Grant et al., 1996b; Sung and Collins, 1998). Limitations to all of these studies are that they were simulations only, frequently using very small volumes of milk, and inoculated at moderate or high concentrations of the pathogen which may not reflect actual concentrations of bacteria naturally shed in milk. Only one study published to date has used an actual on-farm batch pasteurization unit to show that pasteurization does destroy the Johne's organism (Stabel, 2001). More of this type of work is required to verify if the commercial pasteurizers currently being marketed to dairy producers for on-farm use are, indeed, effective in destroying the Johne's organism.

## Problems Encountered with On-Farm Pasteurization Systems

Tightly controlled laboratory studies may have demonstrated the efficacy of pasteurization to destroy various pathogens. However producers should be aware that problems can and do arise in the real-life and often uncontrolled environment of the farm. Problems that could interfere with pasteurizer performance include:

- Start with poor quality milk with a high degree of bacterial contamination:
  - o Should chill stored raw waste milk to reduce incubation
- Milk not heated to the correct target temperature (HTST-161 °F; Batch-145 °F):
  - o Water heater doesn't get water hot enough or not enough hot water available
  - o Inadequate plate cooler
  - o Pasteurizer malfunctioning or not calibrated properly
  - o Cleaning failure => build-up of fat, protein or inorganic films will interfere with heat transfer

- Milk is not maintained at the target temperature for a long enough duration:
  - o HTST: Milk not circulated for full 15 seconds
  - o Batch: Milk not kept at target temperature for a full 30 minutes
  - o Operator error – people rushing to complete chores may stop the pasteurization process before either target time or temperature is met.
- Curdling of milk if fermented (acidic pH):
  - o Chill raw pre-pasteurized milk to prevent fermentation.
- Post-pasteurized milk should be cooled rapidly (should be automatic in commercial machines, more difficult to achieve in 'home-made' machines) to prevent incubation
- Post-pasteurization contamination of the milk:
  - o Store in closed, clean container. Chill if delay before feeding.

### **Monitoring Pasteurization Equipment**

Ideally all pasteurizers should be equipped with a time-temperature control chart to document that the target temperatures are being reached for an appropriate duration. At the very minimum they must be equipped with a thermometers by which producers can periodically check and monitor times and temperatures. Adequacy of cleaning also needs to be monitored (previously discussed).

### **Raw vs. Pasteurized Waste Milk – Health and Performance of CA dairy calves.**

In a study of 300 calves on a large California dairy calves fed pasteurized colostrum and milk had fewer sick days, lower mortality rates, lower costs for health expenditures, higher weights at weaning, and a higher gross margin (\$8.41/calf) per calf, as compared to calves fed nonpasteurized waste milk (Jamaluddin et al. 1996).

### **Milk Replacer vs. Pasteurized Waste Milk – Health and Performance of MN dairy calves.**

A recent 10-month field study of 439 dairy calves raised by a professional heifer grower in Minnesota systematically assigned calves, on arrival, to one of two feeding programs: 1) treatment group = pasteurized waste milk (n = 217) or 2) control group = traditional 20:20 milk replacer (n = 222). Waste milk from just fresh (transition milk) and antibiotic-treated cows was pasteurized before each feeding using a commercial batch pasteurizer (Dairytech Inc., Windsor, Colorado). Calves fed pasteurized waste milk gained significantly more weight and were heavier at weaning (58.8 lbs gain; 147.3 lbs at weaning) than calves fed milk replacer (44.3 lbs gain; 134.0 lbs at weaning). Average daily gain (ADG) was significantly greater in calves fed pasteurized waste milk (1.04 lbs/day) vs. calves fed milk replacer (0.76 lbs/day). Preweaning mortality rates were significantly lower for calves fed pasteurized waste milk (2.3%) than for calves fed milk replacer (11.6%). Results describing treatment/morbidity rates will be reported upon during the seminar. Preweaning health and performance was significantly better in calves fed pasteurized waste milk as compared to calves fed a traditional 20:20 milk replacer feeding program.

## Pasteurizing Colostrum

In contrast to milk, the question pasteurizing colostrum presents some special challenges. Problems with congealing or loss of important immunoglobulins (e.g. IgG) and other immune factors could render this practice unacceptable. The few studies investigating pasteurization of colostrum have reported varying results with respect to effect of pasteurization on both colostrum immunoglobulin molecules and on rates of failure of passive transfer in calves.

Meylan et al. (1995) heated five ml volumes of a total of 18 colostrum samples to 63 ° C (145 ° F) for 30 minutes to simulate pasteurization of colostrum under laboratory conditions. Mean IgG (+/- S.D; range) values for fresh and pasteurized samples were 44.4 g/L (+/- 30.3; 3.3 to 87.7) and 37.2 g/L (+/- 23.8; 2.9 to 70.3), respectively. This study reported a mean loss of immunoglobulins after pasteurization of 12.3% (+/- 8.7%; -3.19 to 24.94). These authors concluded that this 12.3% loss was manageable, assuming that the quality of colostrum is determined by a colostrometer prior to heat treatment and the amount fed is adjusted to ensure successful passive transfer of immunity. Unfortunately, this study was performed using very small volumes of colostrum and under laboratory conditions simulating pasteurization.

Green et al., (2003) used two commercial pasteurizers, one HTST design (BetterMilk Inc., Winona, MN), and one batch design (Dairytech, Inc., Windsor, CO), to pasteurize five one-gallon (HTST) and ten eight-gallon (batch) batches of colostrum. The mean IgG loss for both units ranged between 25 and 30%. Similar results (mean 25% IgG loss) were attained when pasteurizing almost 40 separate 1-gallon batches of colostrum using a lab-scale batch pasteurizer.

One field study, using a HTST pasteurization method (72 ° C (or 161 ° F) for 15 seconds), reported that total colostrum IgG mass (g) received by 150 calves fed pasteurized colostrum (mean (SE) = 151.4 (3.27)) was significantly lower than for 150 calves fed unpasteurized colostrum (mean (SE) = 203.12 (4.54) ( $P < 0.01$ ) (Jamaluddin, 1995). However there was no difference in the number of calves experiencing failure of passive transfer (FPT) (based on less than 10 mg/ml of total serum IgG measured at 48 to 96 hrs after colostrum intake) between treatment (16.2%) and control (19.5%) groups ( $P > 0.05$ ). Similarly there was no difference in mean (SE) serum IgG concentrations between treatment (1476 mg/dl (39.2) and control (1435 mg/dl (42.4)) groups ( $P > 0.05$ ). While the results of this field trial were promising, there are practical concerns with adopting HTST pasteurization of colostrum: In one study HTST pasteurization of colostrum consistently produced an end product that congealed into a thick pudding as it cooled, or worse, while still in the heating coils, making feeding and cleaning difficult (Green et al., 2003).

In a more recent field study of newborn calves on a large dairy in Colorado, 123 newborn calves were systematically allocated to be fed either fresh or pasteurized colostrum at both the first and second colostrum feedings (Godden et al., 2003). Colostrum was pasteurized using a commercial batch method (Dairytech Inc., Windsor, Colorado). Pasteurization

caused a significant reduction in colostrum IgG concentration, with the percent reduction averaging 58.5 % and 23.6% for large (95 L) and moderately sized (57 L) batches, respectively. Pasteurizing high quality colostrum in moderate-sized (vs. large) batches resulted in higher IgG concentrations in the end product. Pasteurization of moderate-sized batches produced colostrum of normal or only mildly thickened consistency that could be fed to calves. Serum IgG concentrations were significantly higher for calves fed fresh colostrum and for calves with a shorter time interval ( $\leq 6$  hrs) between first and second colostrum feedings. After controlling for the time interval between feedings, serum IgG concentrations were significantly higher for 40 calves fed unpasteurized (LSmean = 19.1 mg/ml) vs. 55 calves fed pasteurized colostrum (LSmean = 9.7 mg/ml) for calves fed 2 L at first feeding. By contrast, there was no statistically significant and a numerically smaller difference in serum IgG concentrations between eight calves fed unpasteurized (LSmean = 16.1 mg/ml) vs. 20 calves fed pasteurized colostrum (LSmean = 13.5 mg/ml) for calves fed 4 L at first feeding. While this study suggests that pasteurizing colostrum may be made to work for producers with excellent colostrum management, these results are preliminary and should be interpreted with caution, given the fewer number of calves and batches of colostrum involved with this second comparison. Further research is to describe the effect of batch size, time, and temperature on percent reduction in IgG concentrations.

It is recommended to producers considering pasteurizing colostrum only attempt to do so after ensuring that they can successfully implement the following steps and then carefully monitor the outcome on an ongoing basis.

1. Use only high quality colostrum (goal  $> 60$  mg/ml with a colostrometer).
2. Collect and store colostrum under sanitary conditions and keep pre- and post-pasteurized colostrum chilled if is any delay in pasteurization and/or feeding.
3. Pasteurize only small-to-moderately sized batches (maximum 57 L or 15 gallons)
4. Monitor pasteurizer function by routinely culturing samples of pasteurized colostrum.
5. Pay attention to equipment maintenance and day-to-day cleaning.
6. Feed a full four L of colostrum as soon as possible after birth.
7. Provide a second feeding of two L of colostrum within 6 hours of the first feeding.
8. Monitor serum IgG concentrations as well as morbidity and mortality rates in calves.
9. Pay strict attention to sanitation and hygiene in the maternity pen, feeding procedures, and the environment, so as to minimize calf challenge with infectious pathogens.
10. Use a batch pasteurization method. Avoid HTST continuous flow methods.

## **Summary**

Feeding waste milk represents one way to gain important economic and nutritional efficiencies for calf growers, but can represent a large risk factor for introducing infectious diseases to calves. The recent introduction of on-farm commercial pasteurizers represents a method for reducing this risk. This technology has been adopted and used successfully on many farms, and early studies have shown health and performance benefits to feeding pasteurized waste milk. However, in order to be successful, producers must pay careful attention to quality control including careful handling of waste milk, both pre- and post-pasteurization, pasteurizer performance (monitoring times/temperatures), and pasteurizer cleaning.

**Contact information for some commercial pasteurizer equipment companies.**

**Disclaimer:** This is not a comprehensive list, nor is it to be considered a recommendation for any of the listed companies over other companies that may be in the marketplace.

**Batch Pasteurizers:**

DairyTech Inc.  
Windsor, CO 80550  
[www.dairytech.org](http://www.dairytech.org)  
T: 866-DTI-COWS

**Continuous Flow Pasteurizers:**

BetterMilk Pasteurizing Systems Inc.  
Winona, MN 55987  
[www.bettermilk.com](http://www.bettermilk.com)  
T: 877-356-6455

Goodnature Products Inc.  
<http://goodnature.com/pasteurizers/milkpasteurizer.html>

**References**

BAMN. Bovine Alliance on Management and Nutrition. 2002. A guide to modern calf milk replacers. Contact information: AFIA, Jim Rydell, 1501 Wilson Blvd., Suite 1100. Arlington, VA, 22209. Tel: 703-524-0810. Email: [jrydell@afia.org](mailto:jrydell@afia.org).

Barto, P.B., L.J. Bush, and G.D. Adams. 1982. Feeding milk containing *Staphylococcus aureus* to calves. J. Dairy Sci. 271-274.

Blosser, T.H. 1979. Economic losses from the national research program on mastitis in the United States. J. Dairy Sci. 62:119-127.

Butler, J.A., S.A. Sickles, C.J. Johanns, and R.F. Rosenbusch. 2000. Pasteurization of discard *mycoplasma* mastitic milk used to feed calves: Thermal effects on various *mycoplasma*. J. Dairy Sci. 83:2285-2288.

Chiodini, R.J. and J. Hermon-Taylor. 1993. The thermal resistance of *Mycobacterium paratuberculosis* in raw milk under conditions simulating pasteurization. J. Vet. Diagn. Invest. 5:629-631.

Clarke, R.C., S.A. McEwen, V.P. Gannon, H. Lior, and C.L. Gyles. 1989. Isolation of verocytotoxin-producing *Escherichia coli* from milk filters in South-Western Ontario. Epidemiol. Infect. 102:253-260.

Davis, C.L. and Drackley, J.K. 1998. The Development, Nutrition, and Management of the Young Calf. Ames, IA, 50014. Iowa State University Press.

Farber, J.M., G.W. Sanders, and S.A. Malcolm. 1988. The presence of *Listeria* spp. in raw milk in Ontario. *Can. J. Microbiol.* 34:95-100.

Foley, J.A., and D.E. Otterby. 1978. Availability, storage, treatment, composition, and feeding value of surplus colostrum: a review. *J. Dairy Sci.* 61:1033-1060.

Gao, A., L. Mutharia, S. Chen, K. Rahn, and J. Odumeru. 2002. Effect of pasteurization on survival of *Mycobacterium paratuberculosis* in milk. *J. Dairy Sci.* 85:3198-3205.

Giles, N., S.A. Hopper, and C. Wray. 1989. Persistence of *S. typhimurium* in a large dairy herd. *Epidemiol. Infect.* 103:235-241.

Grant, I.R., H.J. Ball, and M.T. Rowe. 1996a. Thermal inactivation of several *Mycobacterium* spp. in milk by pasteurization. *Appl. Microbiology.* 22:253-256.

Grant, I.R., H.J. Ball, S.D. Neill, and M.T. Rowe. 1996b. Inactivation of *Mycobacterium paratuberculosis* in cow's milk at pasteurization temperatures. *Appl. Environ. Microbiol.* 62:631-636.

Grant, I.R., H.J. Ball, and M.T. Rowe. 1999. Effect of higher pasteurization temperatures, and longer holding times at 72 degrees C, on the inactivation of *Mycobacterium paratuberculosis* in milk. *Lett. Appl. Microbiol.* 28:461-465.

Godden, S.M., S. Smith, J.M. Feirtag, L.R. Green, S.J. Wells, and J.P. Fetrow. 2003. Effect of on-farm commercial batch pasteurization of colostrum on colostrum and serum immunoglobulin concentrations in commercial dairy calves. *J. Dairy Sci.* *In Press.*

Godden, S., J. Feirtag, L. Green, S. Wells, and J. Fetrow. 2003. Prewaning Health and Performance of Minnesota Dairy Calves Fed Either Pasteurized Waste Milk or a Traditional Milk Replacer Feeding Program. *In preparation.*

Green, L., S. Godden, and J. Feirtag. 2002. Pasteurization Effects on *Mycobacterium paratuberculosis*, *E. coli* 0157:H7, *Salmonella* sp., *Listeria monocytogenes*, and *Staphylococcus aureus*. *Abstr. in Proc. Annu. Meet of the American Dairy Science Association.* July 21-25, 2002. Quebec City, Canada. *J Dairy Sci.* 85 (Suppl. 1):151-152.

Green, L. 2003. Pasteurization of Waste Milk and Colostrum in Commercial On-Farm Pasteurizers. MS Thesis. January, 2003.

Heinrichs, A.J., S.J. Wells, H.S. Hurd, G.W. Hill, and D.A. Dargatz. 1994. The National Dairy Heifer Evaluation Project: a profile of heifer management practices in the United States. *J. Dairy Sci.* 77:1548-1555.

Jamaluddin, A.A. 1995. Effects of feeding pasteurized colostrum and pasteurized waste milk on mortality, morbidity, and weight gain of dairy calves: field trial and economic analysis. PhD Dissertation. 1995. University of California Davis.

Kesler, E.M. 1981. Feeding mastitic milk to calves: review. *J. Dairy Sci.* 64:719-723.

Keswani, J., and J.F. Frank. 1998. Thermal inactivation of *Mycobacterium paratuberculosis* in milk. *J. Food Prot.* 61:974-978.

Keys, J.E., R. E. Pearson, and B.T. Weinland. 1980. Performance of calves fed fermented mastitic milk, colostrum, and fresh whole milk. *J. Dairy Sci.* 63:1123-1127.

Lovett, J., D.W. Francis, and J.M. Hunt. 1983. Isolation of *Campylobacter jejuni* from raw milk. *Appl. Environ. Microbiol.* 46:459-462.

McEwen, S.A., W. Martin, R.C. Clarke, and S.E. Tambllyn. 1988. A prevalence survey of *Salmonella* in raw milk in Ontario, 1986-87. *J. Food Prot.* 51:963-965.

Meylan, M., M. Rings, W.P. Shulaw, J.J. Kowalski, S. Bech-Nielsen, and G.F. Hoffsis. 1995. Survival of *Mycobacterium paratuberculosis* and preservation of immunoglobulin G in bovine colostrum under experimental conditions simulating pasteurization. *Am. J. Vet. Res.* 57:1580-1585.

Reynolds, J. 2002. Pasteurizing waste milk. Wild West Veterinary Conference. Reno, NV. Oct. 12, 2002.

Selim, S.A. and J.S. Cullor. 1997. Number of viable bacteria and presumptive antibiotic residues in milk fed to calves on commercial dairies. *J.A.V.M.A.* 211:1029-1035.

Stabel, J.R., E. Steadham, and C.A. Bolin. 1996. Heat inactivation of *Mycobacterium paratuberculosis* in raw milk using holder-test tube method and lab-scale industrial pasteurization method. Fifth Int. Colloq. Paratuberculosis. Sept. 29-Oct. 4. 1996, Madison, WI.

Stabel, J.R. 1998. Johne's disease: a hidden threat. *J Dairy Sci.* 81:283-288.  
Streeter, R.N., G.F. Hoffsis, S. Bech-Nielsen, W.P. Shulaw, and D.M. Rings. 1995. Isolation of *Mycobacterium paratuberculosis* from colostrum and milk of subclinically infected cows. *Am. J. Vet. Res.* 56:1322-1324.

Stabel, J.R. 2001. On-farm batch pasteurization destroys *Mycobacterium paratuberculosis* in waste milk. *J. Dairy Sci.* 84:524-527.

Steele, M.L., W.B. McNab, C. Poppe, M.W. Griffiths, S. Chen, S. A. Degrandis, L.C. Fruhner, C.A. Larkin, J.A. Lynch, and J.A. Odumeru. 1997. Survey of Ontario bulk tank raw milk for food-borne pathogens. *J. Food Protection.* 60(11):1341-1346.

Streeter, R.N., G.F. Hoffsis, S. Bech-Nielsen, W.P. Shulaw, and D.M. Rings. 1995. Isolation of *Mycobacterium paratuberculosis* from colostrum and milk of subclinically infected cows. Am. J. Vet. Res. 56:1322-1324.

Sung, N., and M.T. Collins. 1998. Thermal tolerance of *Mycobacterium paratuberculosis*. Appl. Environ. Microbiol. 64:999-1005.

Walz, P.H., T.P. Mullaney, J.A. Render, R.D. Walker, T. Mosser, and J.C. Baker. 1997. Otitis media in preweaned Holstein dairy calves in Michigan due to *Mycoplasma bovis*. J. Vet. Diagn. Invest. 9:250-254.

Wray, C., S. Furniss, and C.L. Benham. 1990. Feeding antibiotic-contaminated waste milk to calves – effects on physical performance and antibiotic sensitivity of gut flora. Br. Vet. J. 146:80-87.