

Injection Site Lesions – How Are We Doing?

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The short answer to the question about how we are doing is that we have made some progress. In a recent Journal of Dairy Science article, the authors report that in the packing plant audits of 1998, 1999 and 2000 that the number of injection site lesions in dairy cow rounds has been significantly reduced. From 1998 to 1999, the number of site dropped by 9% and it dropped another 16% from 1999 to 2000. In dairy cows, most of the injection site lesions were noted between the pins and the hocks. This is good progress, however, the dairy livestock industry need to keep after it!

Compared to the beef industry, the dairy industry has significantly more injection site lesions in the primal cuts, especially the outside round muscle. This muscle is located between the hooks and pins just to outside of the tail head. This may not be just an indication that this area is used more in dairy cows than beef cow. It may just reflect that fact that dairy cows get many more injections than beef cows and this is a convenient location to inject dairy cows in lockups. Dairy cows also had more injection site lesions in the upper 2/3's of the area between the pins and hocks compared to beef cows. This again may reflect injection site preference in lockup, however, it may perhaps be due to injection given while cows are in the milking parlor.

The character of the injection site lesions may also give some indication of when the injections took place. For instance, clear lesions and woody calluses result from injections given early in life as calves or at least before weaning. Cystic lesions are often due to injections given to heifers around breeding or during gestation. In marketed dairy cows, cystic lesion in the muscles of rounds damaged more saleable meat than did any other type of lesions.

During the most recent of these audits, more than one in three dairy cattle rounds still had injection site lesions. In the 1998 NAHMS study, 47% of dairy producers were still giving injections in rear leg. Surprisingly, 37% of veterinarians also reported they used this location for injections. Recent injection site demonstrations supported by pharmaceutical companies have served to draw continued attention to this problem. Very few if any injectables result in no lesion at the site of injection. It really is time to take this problem very seriously. Injection should be given subcutaneously in the neck whenever it is possible. Or move down to the third of the rear leg just above the hock to that only minor damage will occur to the high priced cuts of beef.