

DIETARY AND METABOLIC CONSIDERATIONS FOR IMMUNITY

Matthew R. Waldron
Division of Animal Sciences
University of Missouri-Columbia

INTRODUCTION

Dairy cows experience reduced immune function from about 3 weeks before calving until about 3 weeks after calving. This immunosuppression results in an increased incidence and severity of infections around the time of calving. The cause of periparturient immunosuppression is unknown, but many factors seem to be involved. Among the factors studied, aspects of metabolism including negative energy balance, nonesterified fatty acids, ketones, and calcium appear to play some role in the development of immunosuppression. Careful nutritional management to maximize metabolic health is also currently our best recommendation to maximize periparturient immune function.

PERIPARTURIENT METABOLISM

The periparturient dairy cow experiences a dramatic increase in nutrient requirements that cannot be met by feed intake alone as she transitions from pregnancy into lactation (Bell, 1995). Thus, the animal experiences a period of negative energy and nutrient balance requiring the mobilization of body tissue lipid, protein, and calcium in order to sustain productive function (Goff and Horst, 1997). Feeding strategies to optimize these metabolic adaptations have received significant research attention (Overton and Waldron, 2004), but the incidence of periparturient metabolic disorders and infectious diseases in the dairy industry persists (USDA, 2008).

PERIPARTURIENT IMMUNITY

Infections of the mammary gland (mastitis) or uterus (metritis) are common sources of inflammation in lactating dairy cows, particularly during the periparturient period. Other health disorders common during this period (e.g., milk fever and ketosis) do not arise from infectious organisms, but instead have metabolic origins. Although the etiologies of infectious and metabolic disorders differ, epidemiologists report a significant association between their occurrences. For example, Curtis et al. (1985) reported that cows with milk fever were more than 5 times as likely to contract clinical mastitis as animals without milk fever. These results do not imply cause and effect; however, they suggest an association between the occurrences of one disease with that of a second disorder. Potential causal relationships between periparturient metabolism and immune function have been investigated for about the last 20 years, but this research has intensified recently. More research needs to be performed, but at this time elevated levels of ketones have been the most consistent metabolic variable to negatively impact immunity. Our group is investigating metabolic regulators that may also be important in the regulation of immune function of the transition cow.

IMMUNOSUPPRESSION: AN INTERACTION BETWEEN METABOLISM AND IMMUNOPHYSIOLOGY?

In addition to the potential metabolic disorders associated with negative energy and calcium balance, periparturient dairy cows also undergo a period of reduced immunological capacity during the weeks around calving. This immune dysfunction is not limited to isolated immune variables; rather it is broad in scope and affects multiple functions of various immune cell types (Sordillo and Streicher, 2002). The combined results of these dysfunctions are that dairy cows may be hyposensitive and hyporesponsive to antigens, and therefore more susceptible to infectious disease such as mastitis during the periparturient period (Mallard et al., 1998). Grommers et al. (1989) reported that fewer mammary quarters responded to low-dose *E. coli* endotoxin, and maximum somatic cell count also was somewhat later and less pronounced during early lactation than during mid-lactation. Furthermore, when live *E. coli* were administered into the mammary gland, periparturient cows experienced more rapid bacterial growth, higher peak bacterial concentration, higher fever, and equal or greater proinflammatory cytokine concentrations in foremilk than did midlactation cows (Shuster et al., 1996).

Research results from our laboratory are in agreement with this decreased immune function around the time of calving and perhaps give some insights into which mechanisms may be impaired. Neutrophils (PMN) are recognized as being one of the most important cell types in protecting of the mammary gland and uterus from infection (Paape et al., 2002). We isolated PMN from midlactation (220-350 DIM and 100-200 d of gestation, n = 9), prepartum (12 d prior to calving, n = 8), and postpartum (7 DIM, n = 8) cows and studied various functional activities of these cells. The PMN from postpartum cows produced fewer intracellular (data not shown), extracellular (data not shown), and total (**Figure 1**) reactive oxygen species (ROS). These ROS are compounds such as hydrogen peroxide that kill bacteria upon contact. Production of these ROS is part of how the immune system works to fight infection. This postpartum decrease in ROS expression is in agreement with other reports (Mehrzaad et al., 2001) and could contribute to the attenuated pathogen killing capacity that has been reported after calving (Dosogne et al., 2001). A novel finding from our lab relates to the ability of PMN to produce neutrophil extracellular traps (NETs). These bacteriocidal structures were first reported by Brinkmann et al. (2004) and were subsequently reported to be expressed at similar levels in milk and blood (Lippolis et al., 2006), contrary to other antimicrobial mechanisms. Using the same experimental design as above for the ROS production, we report that PMN NETs expression is increased in PMN incubations isolated from cows 12 d prepartum, compared to PMN from postpartum or midlactation cows (**Figure 2**). This finding, along with the expression of NETs in milk (Lippolis et al., 2006), suggests that NETs expression by PMN is an important protective mechanism for the mammary gland of transition cows.

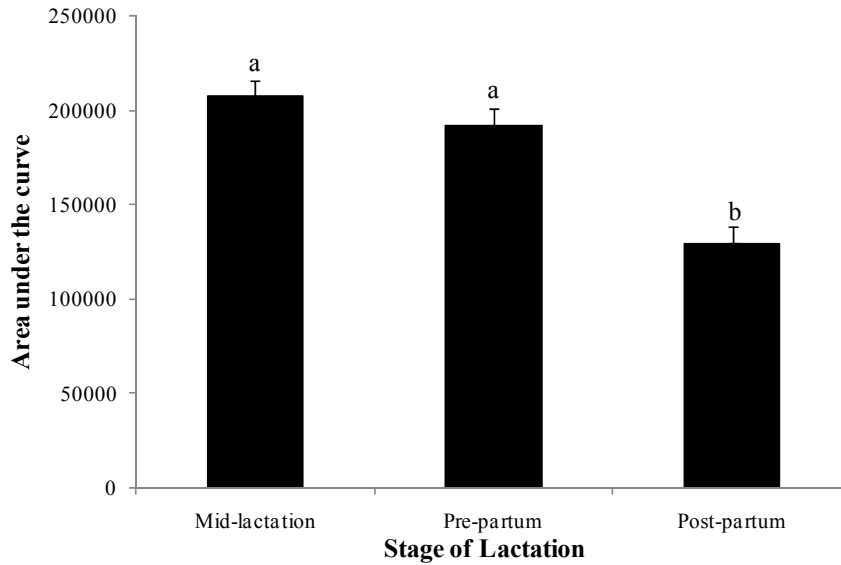


Figure 1. Effect of stage of lactation¹ on bovine neutrophil total reactive oxygen species production measured by luminol-dependant chemiluminescence.*

¹ Neutrophils were collected from midlactation (100-200 days pregnant; n = 9), pre-partum (-12 d; n = 8) and post-partum (7 DIM; n = 8) cows.

* Day of lactation effect, $P < 0.01$. a,b Bars with different letters differ ($P < 0.01$).

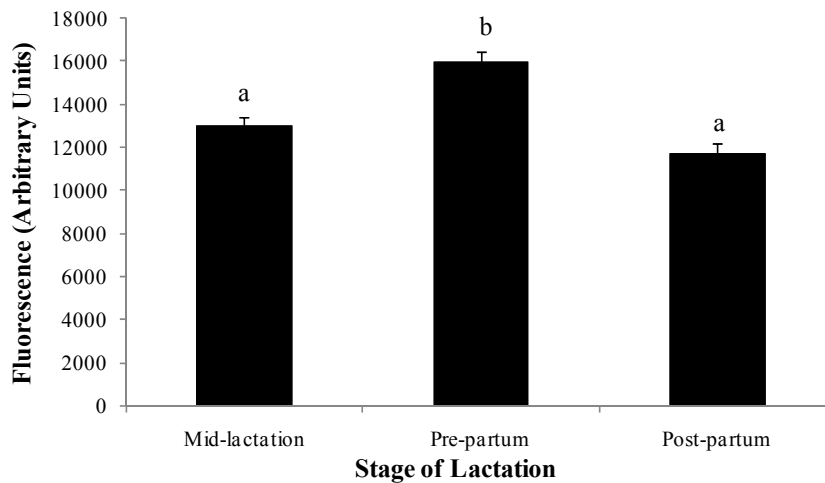


Figure 2. Effect of stage of lactation¹ on bovine neutrophil extracellular trap formation.*

¹ Neutrophils were collected from midlactation (100-200 day pregnant; n = 9), pre-partum (-12 d; n = 8) and post-partum (7 DIM; n = 8) cows.

* Day of lactation effect, $P < 0.01$. a,b Bars with different letters differ ($P < 0.01$).

The cause of periparturient immunosuppression is not known, but is the subject of much research. Research to date suggests that this immune dysfunction appears to be due to a combination of endocrine and metabolic factors. Glucocorticoids (e.g. cortisol), known endocrine immunosuppressants, are elevated around the time of calving, and have been postulated to be at least partly responsible for periparturient immunosuppression (Burton et al., 1995). Furthermore, changes in estradiol and progesterone just prior to calving may directly or indirectly affect immunocompetence (Weber et al., 2001). However, changes in any of these steroid hormones do not overlap with the entire period of immunosuppression, suggesting that other causes are at least partially responsible for immune dysfunction.

EFFECTS OF METABOLISM ON IMMUNOCOMPETENCE

Periparturient negative energy balance has been implicated in contributing to immunosuppression. However, negative energy balance alone had little effect on the expression of adhesion molecules on the surface of bovine leukocytes (Perkins et al., 2001). Furthermore, experimental negative energy balance in midlactation cows did not affect the clinical symptoms associated with an intramammary endotoxin infusion (Perkins et al., 2002). Similarly, Moyes et al. (2009) reported only minor differences in immunocompetence of post-peak cows subjected to nutrient restriction for 5 d prior to intramammary experimental mastitis. These results are contrary to work in periparturient cows where the presence of a mammary gland (vs. mastectomized cows) and its attendant metabolic demands slowed recovery of neutrophil function, suggesting that the metabolic stress of lactation exacerbated periparturient immunosuppression (Kimura et al., 1999). The disagreement between experimental models of nutrient restriction and periparturient dairy cows suggests that other variables during the periparturient period are more likely responsible for immunosuppression than nutrient balance or transient changes in circulating metabolites. Other work has investigated individual metabolic components associated with negative energy balance, and has concluded that although hypoglycemia alone is not likely to exacerbate periparturient immunosuppression (Nonnecke et al., 1992), hyperketonemia appears to have multiple negative effects on aspects of immune function (Suriyasathaporn et al., 2000). Ketosis may increase the risk of mastitis in periparturient immunosuppressed cattle because many immune cell types are negatively affected by metabolite levels typical of a ketotic environment (i.e., low concentrations of glucose and high concentrations of ketone bodies and NEFA). Furthermore, experimental mastitis in ketonemic cows was more severe than mastitis in non-ketonemic cows (Kremer et al., 1993). As reviewed by Suriyasathaporn et al. (2000), impairment of the udder defense mechanism in cows experiencing negative energy balance seems to be related to hyperketonemia.

Another aspect of periparturient metabolism that has the potential to impact immune competence is calcium metabolism. Significant quantities of calcium are required for milk synthesis and an inadequate adaptation to this calcium sink at the onset of lactation results in hypocalcemia (milk fever). Although it is important for milk synthesis, calcium is also important for intracellular metabolism and signaling in most cell types, including the leukocytes of the immune system. Realizing the importance of calcium in leukocyte activation, Kehrli and Goff (1989) hypothesized that low blood calcium around the time of calving could contribute to periparturient immunosuppression. However, they were unable to substantiate this hypothesis when they compared the functional capacity of leukocytes from hypocalcemic cows and cows

that were made normocalcemic through the administration of intramuscular parathyroid hormone. This study squelched the theory of a hypocalcemic contribution to immunosuppression for a number of years, until the same group revealed that mastectomized cows were less immunosuppressed than were animals with an intact mammary gland (Kimura et al., 1999). One of the key variables that was different between mastectomized and intact cows was plasma calcium concentration. This revelation rekindled interest in the potential role for calcium metabolism to be causal toward impaired immunity. Recently, Kimura et al. (2006) reported that calcium stores in mononuclear leukocytes are depleted prior to the development of hypocalcemia in the blood, and that this depletion of intracellular calcium does potentially contribute to immunosuppression. Interestingly, it appears that intracellular calcium stores are a more sensitive measure of calcium stress than is blood calcium concentration.

PRACTICAL CONSIDERATIONS WHEN FEEDING FOR IMMUNITY

Feeding Management

No matter how good the diet is on paper, the nutrients that make it into the blood of the cow are what counts. There is no replacement for watching the cows to truly tell you how good your nutrition program is. Any significant imbalances have the potential to alter immunity. Unfortunately, we don't know all of the imbalances that tip the scale or know how severe the imbalances must be in order to negatively affect immunity.

Stay Ahead of Problems

It's much easier to prevent or catch problems early than to have the proverbial "train wreck".

Avoid Stressors

Stress can be a potent immunosuppressant and the effects of an excellent nutritional program can be negated if the cows are stressed.

Manage for Metabolic Health

At this time, some of the best strategies for us to avoid losses due to infectious disease are to pay strict attention to the details of close-up and fresh cow management such that metabolic disorders are also avoided. Strategies to minimize negative energy balance, and the accompanying fat mobilization and ketone body production, are keys to minimizing immunosuppression. Likewise, management of calcium metabolism to prevent hypocalcemia may have benefits beyond just the avoidance of metabolic disorders. These strategies will minimize nutrient deficiencies and negative metabolic impacts on immune function thereby maximizing the health of the periparturient cow.

CONCLUSIONS

The periparturient dairy cow undergoes a period of immunosuppression around the time of calving. To date, no single factor has been reported to be responsible for this immune dysfunction. Experimental models of under-nutrition have generally failed to reproduce the typical periparturient problem. Aspects of energy metabolism, especially ketones, have been reported to negatively impact immune function. Although not as well understood, high-levels of

circulating NEFA and calcium metabolism may also contribute to periparturient immunosuppression. Given the interplay between metabolism and immunity, strategies to carefully manage metabolic health are also our best recommendation to maximize periparturient immune function of the dairy cow.

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