 Previous testing of sheep from the Cornell Sheep Flock affected with pinkeye (infectious keratoconjunctivitis) has yielded *Mycoplasma conjunctivae* as the causative agent. This organism is endemic on the farm and resides in the adult sheep in a subclinical carrier state. There is no treatment regimen that has been documented to terminate the carrier state or to eradicate the infection from a farm. No vaccine is available, nor is one likely to be developed in the future. Thus pinkeye can be expected to occur frequently and regularly in this flock.

**Mild cases of pinkeye**

Lambs and adults with mild pinkeye show tearing, reddened and edematous conjunctivae, and mild squinting. The cornea remains clear and the animal eats normally. A nasal discharge may be present. These animals require no treatment, as treatment appears to delay the development of immunity and final resolution of clinical signs.

**Severe cases of pinkeye**

Lambs, and occasionally adults under stress may develop severe pinkeye that requires treatment. These animals have marked tearing from one or both eyes, keep the affected eye mostly closed, and have a cloudy cornea with or without a central ulcer. They are in greater pain and the infection may prevent them from eating and getting around normally. An ulcer, if present, may become secondarily infected with bacterial pathogens and lead to perforation of the cornea. These animals will be treated once with oxytetracycline (5 mL of Biomycin200 SC per 100 pounds body weight). [An alternative treatment, if the lamb is judged to have pneumonia also, is tulathromycin (Draxxin 0.5 ml/33 pounds SC or 1.5 ml/100 pounds).]

The treated animal will be marked and its number recorded. If there is no improvement in 48 hours, treatment with oxytetracycline will be repeated. A 30 day meat withdrawal period will be respected. Severely affected lambs that will be slaughtered within less than 30 days may be treated with Terramycin eye ointment twice a day instead. There is no listed meat withdrawal for this treatment.

If the animal is worse 48 hours after treatment or no better 48 hours after a second treatment or if the cornea is deformed, with a risk of perforation, a veterinarian will be consulted.