



Important Diseases in the modern Layer Industry

Diseases of Poultry

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865

391

.971

989

1011

1025

1067

Important diseases in US

Rank	Caged layer		Cage free layers	
	Prevalence	Importance	Prevalence	Importance
1	Escherichia coli /1.91	Eschericia Coli /2.17	Cannibalism / 2.19	Escherichia Coli / 2.29
2	Mycoplasma Synoviae /1.65	Mycoplasma gallisepticum / 1.87	Escherichia coli / 2.10	Cannibalism /2.24
3	Mycoplasma galllisepticum/ 1.48	IBV & Cannibalism / 1.65	Ascarids / 1.67	vILT & Mg / 1.86

AVEP 2017 Layer health survey



Important diseases in EU

PROHEALTH

Losses due to three controlled & uncontrolled production diseases in laying flocks (€/bird)





Which of this diseases are concerning you more?

- 1. Avian Influenza
- 2. Newcastle Disease
- 3. Infectious Bronquitis
- 4. Mycoplasma
- 5. Red Mite
- 6. Salmonella gallinarum
- 7. Infectious Laringotracheitis
- 8. Marek Disease
- 9. Spotty Liver Disease
- 10. Fowl Cholera
- 11. Gumboro Disease
- 12. I don't care







Avian influenza



AI RESERVOIR & SPREAD



- Wild aquatic birds
- Majority are represented by two Orders
 - Anseriformes (ducks, geese, and swans)
 - Charadriiformes (gulls, terns and shorebirds)





AI ECOLOGY



INTERNATIONAL





HPAI Ubiquitous proteases



HA	H1-H16	Only H5 & H7
Infection	Only in respiratory and intestinal gut	Systemic
Clinical signs	 High morbidity (>50%) and low mortality (<5%). Mild respiratory signs with lethargy, decreased consumption. Bird in production: Egg lay drop (10-50%) Decreased egg quality 	 Acute disease, Very high mortality rates(100%). Multiorgan failure. Birds in Egg production Decreased or cessation of egg production Decreased egg quality



HPAI LESION



Spectacular lesion but laboratory analysis needed to confirm diagnostic



H5N8 HPAI



- The first outbreak report in domestic ducks was in South Korea on January 2014
- In Europe, the first affected holding was reported on the 4 November 2014 in the Mecklenburg-Vorpommern (Germany)
- To date, there have been no reports of human cases
- Highly pathogenic even for ducks and wild birds



LPAI H9N2

H9N2 LPAI

- Presence in North Africa, Middle East and Asia. Presence in Morocco since 2016
- Low pathogenicity strain but strong impact in birds:
 - Breeders:
 - Flocks from 1 to 5 weeks old: High mortality
 - Flocks in production:
 - Mortality: 8-9%
 - Egg production drop: 30-70%
 - Fertility drop: 6%-10%
- Vaccination protect against clinical signs but not avoid disease spreading







AI CONTROL

- **1.** Education
- **2.** Biosecurity
- **3.** Diagnostics and Surveillance
- 4. Elimination of infected poultry (stamping-out)
- 5. Decreasing host susceptibility (immunity against AIV):
 - Vaccination
 - Maternally derived antibodies (MDA)





BIOSECURITY Average ranking criteria for the Production Zone 18 EFSA Journal 16 14 No wild contacts Hygiene lock Clean waste transp. 12 Seperate species Effectiveness Entry/Spread No wild birds No mammals No feacal droppings Filter air Clean equipm. Managements Protect waste Poultry contact Clean water Restr. access No feed transp. BS training 6 Health monitor. Carcass disposal 4 2 0 0 2 4 6 8 10 12 14 16 18 Feasibility/Sustainability



AI DIAGNOSTIC

- Outbreak confirmation
 - PCR
 - Virology





- Surveillance program
 - Serology



STAMPING OUT

- Avoid further infected farms
 - Protection zone
 - Vigilance zone
- Complete depopulation & carcasses destruction
- Special C&D and repopulation protocol







STAMPING OUT

2014-2015 H5N2 outbreak in EEUU





VACCINATION

STRENGTH

- Increase resistance to AIV
- infection
- Reduce replication of AIV in respiratory & GI tract
- Prevent illness and death in poultry
- Reduce transmission to birds and humans

WEAKNESS

- Do not prevent infection
- Do not prevent shedding
- Protect only from field viruses within the same hemagglutinin subtype
- Make monitoring much more complicated (DIVA)



VACCINATION

- Al vaccines
 - Oil-emulsified inactivated whole AIV
 - Recombinant live virus vectors with AI HA gene insert
- Al vaccination program
 - Specific prime 2 doses protocols as minimum
 - Long life birds should be re vaccinated for maintaining protective immunity (each 6 months?)
 - Targeted population
 - High risk production (Free-range ducks, ...)
 - Ring vaccination zone after outbreak
 - Routine





Mexico

- Routine H7 vaccination
- Still outbreak almost every year







NEWCASTLE DISEASE

ND VIRUS



- <u>1 segments of single-stranded,</u> <u>negative-sense RNA:</u>
- More stable virus!!!

<u>1 main surface protein1 (H/N):</u>

- Less antigenic variability
- Only one serotype

Enveloped virus by a lipid bylayer

- Relatively unstable in the enviroment
- Sensible to heat, pH, dryness, detergent and chemical disinfectant



Classification of NDV strains



- <u>Velogenic</u> (in green): Until 80% mortality
 - Neurotropic (II)
 - Viscerotropic (III-IX)
- <u>Mesogenic</u> (in orange) Until 10% mortality. Respiratory sign
- <u>Lentogenic</u> (in red) Mild or inapparent respiratory sign
- <u>Apathogenic</u> (in blue)



Source: T Van der Berg

ND CLINICAL SIGNS AND LESION

- Drop in egg production
- Edema of head, especially around eyes
- Greenish-dark watery diarrhea
- Respiratory and neurological signs









ND Control

BIOSECURITY

Same programs as in AI

- Pay attention to dead birds and manure
- VACCINATION
 - Good immunity will protect against the clinical sign and shedding
 - Live and inactivated vaccines available
 - > One serotype (?)





Vacination

Antibody titers against ND after vaccination program (2 live vaccines + 1 inactivated vaccine in rearing. No vaccination in production)









INFECTIOUS BRONCHITIS

Infectious bronchitis



- A coronavirus; single- stranded RNA virus
- Worldwide importance
- Huge capacity to mutate. Therefore able to change continually by:
 - random mutation
 - genetic recombination
- A highly infectious disease of chickens of all ages and type



IB SPREAD



- Transmission of IBV:
 - Highly infectious
 - Spread by aerosol and faeces
 - May persists in the chicken for many weeks
 - May survive in litter for many days •



IB VARIANTS



- Result from mutation or genetic mutation
- A new variant is recognised in the laboratory by:
 - Serotyping (traditional method)
 - Genotyping (increasingly used)
- Different pathotypes



IB CLINICAL SIGN & LESIONS

1. Primary infection site – upper respiratory tract





IB DIAGNOSTIC

Mean Titer Ref. Controls:

Diagnosis:

- Virus isolation in embryo culture
- PCR
- Antibody detection:
 - AGP and ELISA: group specific
 - HI and SN: serotype specific



Assay: IBV Bleeding Date: 25-08-	Lot: FS4912 009 Testing Date: 25-08-	8 2009
Mean Titer:	5 297	
Min Max Titer :	2 939 - 9 863	
G.M.T.:	4 985	
%CV:	37	
Target Titer:	1000 - 2000	
Target %CV:	40 - 70	
VI Index:	143	
VI Target Range:	10 - 90	
Interpretation VI Inde	HIGH	

mer Group	

Details Vaccination Program:							
Vaccine	Method	Age Vacc.Batch/Applicator					
H120	SPRAY	01D					
H120	DR. WATER	09D /					
Titer Range Ref. Controls: CR (4500-8000) · F1 (1000-4000) · F8 (2000-6000)							

CR= 6301 ; F1= 1766 ; R8= 4334



IB CONTROL

BIOSECURITY

Corner stone but not enough!!!

- VACCINATION
 - Live and inactivated vaccines available
 - 02 or 3 live vaccines + inactivated vaccine
 - Our Use different strains if available → protectotype
 - Protect chicks from day 1 !!!


PROTECT TYPE CONCEPT



Source: J. Cook

- Use two or more highly immunogenic and not related vaccines
- Variant vaccine are said to provide a better protection against similar field virus
- BUT real protection is only know after lab or field trials









MYCOPLASMOSES

Mycoplasma gallisepticum



- Class mollicutes (No wall)
- Extremely resistant in the host.
- Very unstable in the enviroment
- Typically associated with CRD in laying hens with another virus or bacterias (E. Coli)



MG SPREAD



- Vertical transmission can also occur in eggs laid by infected hens
- Pulsatile excretion

Cotton: 4 days Feathers: 4 days Hair: 3 days Straw: 2 days Rubber: 2 days Nose: 1 day Wood: 1 day Shavings: 8 hrs Feed: 4 hrs Ear: 4 hrs Skin: <4 hrs



The route of infection is through the upper respiratory tract and/or conjunctiva



MG CLINICAL SIGN & LESION

- Drop in production
- Egg shell thickening
- Depression
- Rales, Coughing, Sneezing, Nasal discharges





MG CONTROL

BIOSECURITY

PS should be remain uninfected

Biosecurity level should be improved

VACCINATION

Live and inactivated vaccines available

ANTIBIOTHERAPY

MG is sensible to many AB (Tetracyclines, macrolides, …)

OAB treatment will decrease clinical sign for a time

Infected bird WILL continue as carrier in spite of AB treatment



MG Vaccines

	Ability to Spread	Antibody response	Pathogenic to turkeys	Route of Administration
Bacterins	No	+++	No	Injection
F-strain	Yes	++	Yes	Spray/Eyedrop
6 / 85	No	-	No	Fine spray
TS - 11	No	+	No	Eyedrop

Source: A. Mazaheri



Antibiotic treatments



MYCOPLASMA SYNOVIAE



- Causes infectious synovitis and respiratory disease
- Pathogenicity depending on the virulence ant tropism:
 - Strain apathogenic alone
 - Strain affecting respiratory tract
 - Strains affecting synovial membranes
 - Strains affecting oviduct



LESION CLINICAL SIGN & LESION

- Respitory tract
- Articular lesion with amyloid
- Keen bone bursa inflammation
- Abnormal apex eggs





MG APEX ABNORMAL EGGS

- Up to 10% AA eggs
- Decreaded egg size
- Egg shell thickening





MS CONTROL

- Same as in MG control!!!
- Different vaccines available

Vaccine	Strain	Route of administration	Storage
Vaxsafe MS-HH	MS-H	Eye droplet	Dried ice
Nobilis MS Live	MS1	Spray	2-8 C









AVIAN PNEUMOVIRUS

AMPV

- Avian metapneumovirus
 - Related to Paramixovirus
 - Two serotypes in Europe (A and B) and one more in NA (Colorado)
- Highly pathogenic in turkeys
- Some strain causing pathology in chickens
- Role in respiratory health



AMPV



- Swollen head syndrome → in turkeys not so clear in hens
- Production drop
- White eggs in brown layer





AMPV

- BIOSECURITY
- VACCINATION
 - Live vaccines (1-3 doses depending on field challenge) + inactivated (1 doses)
 - Vaccine strain from turkey and hens isolated virus
 - Good cross protection between serotypes









Escherichia Coli

Escherichia coli



- <u>Etiologic agent:</u>
 Eimeria Spp.
- Gram bacteria. High variability in genetic material
- Opportunistic pathogen most of times
- It is shared with other species.



Escherichia Coli







- Peritonitis,
- pericarditis,
- oophoritis,
- salphingitis,
- perihepatitis



An opportunistic bacteria?

- Routinely isolated from gut flora of healthy hens
- Pathogenic and nonpathogenic isolates of E. coli are similar in biochemical characteristics
- A number of potential virulence factors have been identified in APEC strains

Virulence factors

- Certain O serotypes (O1, O2, O78)
- K80 capsular antigens
- Colicin production (esp. ColV)
- Presence of siderophores (aerobactin)
- Fimbria
- Non-fimbrial adhesins
- Motility Outer membrane proteins (traT, iss)
- Enterotoxins (STx,VTx,LT,ST)



Route of infection

Egg-producing brown layers of various ages challenge by APEC



Oxidative stress



CONTROL

- Good husbandry
- Good tracheal health
- Vaccination
 - Live vaccines
 - Autogenous inactivated vaccines
- Antibiotics (not in Europe, not in the future)



Epidemiology

Case control study in 40 commercial caged layer flocks

Statistically Significant variables (14/42)

- ✓ Rodents having access to the henhouse
- ✓ Regular treatment against flies
- Pattern of light increase at the beginning of the batch
- ✓ Pre-lay feed offered
- Number of other poultry farms within a 1 km radius
- Percentage in lay at 22 weeks versus the target
- ✓ Number of visitors entering the hen house
- ✓ Frequency of water disinfectant use per year
- ✓ Number of hens in the flock
- 🗸 Well depth
- ✓ Distance to the nearest poultry farm
- Age of beak trimming
- ✓ Volume per hen

Non Statistically Significant variables (28/42)

- ✓ Biosecurity score
- House cleaning method between batches
- Disinfectant used on house between batches
- ✓ Use of feed supplements
- Duration house empty between two batches
- Only poultry kept on the farm
- Production parameters
- ✓ Extra vaccinations





Vandekerchove 2004

Autogenous inactivated vaccines

Brown layers vaccinated with an E. Coli autogeneous vaccine and challenged by homologous and heterologous E. Coli strains



Landman 2017





Vaccine program

Vaccine programs



Week 16

Vaccine programs



Vaccine programs













INFECTIOUS LARINGO TRACHEITIS

ILT INFECTIOUS AGENT





• Low thermostabilty

ILT DISEASE

- Highly contagious
- Highly virulent depending on the strain and age
 - Mortality up to 50%
 - Egg drop
- Acute respiratory disease:
 - Nasal discharge
 - moist rales
 - coughing and gasping
 - expectoration of blood-stained mucus
- Virus can remain latent in infected birds for life



Pictures from Dinev






Pictures from Dinev and Betti

INFECTION CRONOLOGY







ILT CONTROL

- 1. Education
- 2. Biosecurity
- 3. Diagnostic & Coordinated industry response
- 4. Vaccination:
 - ✓ Live vaccine
 - Recombinant vaccine





DIAGNOSTIC

- Gross lesion are very revealing but lab confirmation is still needed
- Lab confirmation:
 - Histopathology: Intranuclear inclusion bodies in respiratory epithelial cells
 - PCR
 - Viral isolation: in chicken embryo
 - Virus antigens detection in tracheal tissues or respiratory mucus
 - Serology ???



Pictures Diseases of Poultry



IMMUNITY AGAINST ILT





ILT VACCINES TYPES

Vaccine type	Protection	Reaction	Shedding	Latency	Administration
CEO (Chicken Embryo Origin live attenuated vaccine)	++++	+++	-	+	Eye drop, spray,water
TCO (Tissue Culture Origin live attenuated vaccine)	+++	++	+	+	Eye drop
HVT-LT (HVT Marek virus + ILT recombinant vaccine)	++	-	++	-	SC Injection, In ovo
POX-LT (Fowl pox virus + ILT recombinant vaccine)	+	-	+++	-	Web wing, In ovo
Inactivated (killed whole virus vaccine)	-	+	-	-	IM injection



ILT VACCINES

Protection induced by different vaccines types & viral shedding in 35 day old broilers





Adapted from A. Vagnozzii

LIVE ATTENUATED VACCINES

Vaccines:

- CEO (Embryo origin)
 - Best protection, no shedding
 - Different strains, different attenuations level in the market
 - Administration by drinking water, spray and eye droplet
- TCO (Tissue origin)
 - Good protection, low shedding
 - Only can be administered by eye droplet







REVERSION TO VIRULENCE



REVERSION TO VIRULENCE







Source: K. Menedez

LIVE VACCINES ADMINISTRATION

- Vaccination technique is CRITICAL
 - Immunity is dose dependent
 - Thermolabile vaccine → Cold chain !!!
 - Do not vaccinate earlier than 14 days
 - NDV and IBV vaccines interfere with live ILT vaccines
 - Avoid direct or indirect contact between vaccinated and non-vaccinated flocks
 - Ensure high coverage



LIVE VACCINES ADMINISTRATION

SPRAY	DRINKING WATER	EYE DROPLET
Rapid, mass	Rapid, mass	Slow, individual
Low coverage	Medium coverage	Total coverage
High risk of	Higher vaccine	Crew training is
reaction	concentration needed	critical



LIVE VACCINES ADMINISTRATION





Source: R. Fulton

RECOMBINANT VACCINES

- HVT-ILT (Marek virus)
 - Good & long lasting protection
 - Dose dependent protection: administration is critical
 - Interfere with other HVT vaccines
 - Administration in ovo or DOC by injection
- POX-ILT (POX virus)
 - Medium protection, high shedding
 - Administration in ovo or 8 week old chicks by wing web





RECOMBINANT VACCINES

Protection induced by different recombinant vaccines in 35 day old broilers





RECOMBINANT VACCINES





VACCINNE PROGRAMS









Coccidiosis

Coccidiosis

Etiologic agent:

Eimeria Spp.

- It is a protozoa that needs to cycle in the environment and in the poultry gut
- Different species produces different lesion in the gut
- It is present worldwide







EIMERIA CYCLE





POULTRY COCCIDIA





Eimeria species























Gut health & Coccidia

60 days old broilers





Alnassan 2014

CONTROL





Vaccines

Different vaccines types Type of birds Type of birds Short life birds Live Attenuated vaccines • Eimeria acervulina, • Embryonated egg Eimeria maxima, Eimeria passages (E. Tenella) Tenella, Eimeria Mitis, ... • Precocious strains Live Non-attenuated Long life birds vaccines • Eimeria acervuline, Eimeria maxima, Eimeria Never mix Tenella, Eimeria Mitis, different Eimeria Brunetti, commercial Eimeria Praecox, Eimeria vaccines Necratix



Coccidia vaccines

1 day old broilers





Adapted form M. Dardi

Attenuation by precocity





Vaccine adminsitration



Vaccine recirculation








Spotty liver

Spotty liver

- Etiologic agent: Campylobacter hepaticus
- Increased mortality of laying hens that are in good condition, often decreased production
- Multiple small foci of necrosis and inflammation
- Mostly in free range hens





A new disease ?





- 1950 USA. Similar disease in layer
- 1980 Australia. Similar disease reported
- 2000 Australia. Unknown etiology disease outbreaks
 - Vibrionic hepatitis ?
 - Helicobacter pullorum ?
- 2017 Etiologic agent: Campilobater hepaticus



CONTROL

Antibiotics

- Chlortetracycline 3-5 days
- Lincomycin and spectinomycin
- Medium chain fatty acids (as preventive)
- Good husbandry
- Vaccine ??



MAREK DISEASE VACCINATION



MAREK DISEASE





MAREK DISEASE





MD VACCINES



HVT vectored vaccines









MD VACCINATION: STORAGE





Cell associated MD vaccine should be stored in liquid nitrogen

Liquid nitrogen levels should be checked periodically and record

Diluent must be stored properly

- Diluent should be clear, not cloudy
- Do not store at over 27° C



MD VACCINATION: THAWING



Only expose the ampoules that are going to be used immediately

Thaw the ampoules in a 27 C water bath

Use distilled water and keep it clean

Gently swirl in bath for 60 seconds

Complete melting process in 90 sec or less



MD VACCINATION: PREPARATION





Use only sterile recommend vaccine diluent

Use sterile gloves to manage the vaccine

Use needles18 gouger o wider to remove the vaccine from the ampoule

Rinse the ampoule with diluent to ensure that all vaccine is transfer

Mix vaccine and diluent gently

Record the time the vaccine has been reconstituted



MD VACCINATION: ADMINISTRATION



Refrigeration: reduced to 76% within 1h

The vaccine titer will decrease from the moment of preparation

Maintain vaccine under refrigeration

Use the vaccine for no longer than 60 minutes

Mix gently the diluent/vaccine every 15 min





MD VACCINATION: ADMINISTRATION





By hand

- SC (neck) / IM (leg) injection
- Injection volume depends on manufacturer (Normally 0,2 ml)

Automatic machines

- Vaccination in the same process of beak treatment
- Normally SC injection in neck

In ovo

- Better protection
- During the transfer



MD VACCINATION: PROCESS REVIEW







Avian influenza

AI VIRUS



<u>8 segments of single-stranded, negative-</u> sense RNA:

- High mutation rate (RNA)
- High recombination capacity (8 segments)
- Lord of change !!!

2 main surface proteins:

- Hemoaglutinase (1 16). Highly related to the pathogenicity.
- H5 H7: normally High pathogenic
- All the other: low pathogenic
- Neuronidase (1 -9)

Enveloped virus by a lipid bylayer

- Relatively unstable in the enviroment
- Sensible to heat, pH, dryness, detergent and chemical disinfectant
- High survival capacity in water



AI RESERVOIR & SPREAD

- Wild aquatic birds
- Majority are represented by two Orders
 - Anseriformes (ducks, geese, and swans)
 - Charadriiformes (gulls, terns and shorebirds)







AI ECOLOGY



LPAI VS HPAI



HA	H1-H16	Only H5 & H7
Infection	Only in respiratory and intestinal gut	Systemic
Clinical signs	 High morbidity (>50%) and low mortality (<5%). Asymptomatic Or mild respiratory Signs with lethargy, decreased consumption. Bird in production: Egg lay drop (10-50%) Decreased egg quality Replication can be systemic and mortality higher if young birds, or if concomitant pathogens or if stressed birds 	 Acute disease, Very high mortality rates(100%). Multiorgan failure. Birds in Egg production Decreased or cessation of egg production Decreased egg quality





H5N8 outbreaks in 2014-2015

<u>H5N8 HPAI</u>

- The first outbreak report in domestic ducks was in South Korea on January 2014
- In Europe, the first affected holding was reported on the 4 November 2014 in the Mecklenburg-Vorpommern (Germany)
- To date, there have been no reports of human cases
- Highly pathogenic even for ducks and wild birds





ELD LAYER DISTRIBUTION

Avian influenza





HPAI LESION



Spectacular lesion but laboratory analysis needed to confirm diagnostic



AI DIAGNOSTIC

- PCR
- Virology
- Serology (surveillance)





LPAI in Morroco

H9N2 LPAI

- Presence in North Africa, Middle East and Asia. Presence in Morocco since 2016
- Low pathogenicity strain but strong impact in birds:
 - Breeders:
 - Flocks from 1 to 5 weeks old: High mortality
 - Flocks in production:
 - Mortality: 8-9%
 - Egg production drop: 30-70%
 - Fertility drop: 6%-10%
- Vaccination protect against clinical signs but not avoid disease spreading







AI CONTROL

- **1.** Education
- **2.** Biosecurity
- **3.** Diagnostics and Surveillance
- 4. Elimination of infected poultry (stamping-out)
- 5. Decreasing host susceptibility (immunity against AIV):
 - Vaccination
 - Maternally derived antibodies (MDA)



BIOSECURITY

Average ranking criteria for the Production Zone



VACCINATION

- Al vaccines
 - Oil-emulsified inactivated whole AIV
 - Recombinant live virus vectors with AI HA gene insert
- AI vaccination program
 - Specific prime 2 doses protocols as minimum
 - Long life birds should be re vaccinated for maintaining protective immunity (each 6 months?)

STRENGTH	WEAKNESS
Increase resistance to AIV infection Reduce replication of AIV in respiratory & GI tract Prevent illness and death in poultry Reduce transmission to birds and	Do not prevent infection Do not prevent shedding Protect from field viruses within the same hemagglutinin subtype Make monitoring much more complicated (DIVA)
humans	







NEWCASTLE DISEASE

ND VIRUS



- <u>1 segments of single-stranded,</u> <u>negative-sense RNA:</u>
- More stable virus!!!

<u>1 main surface protein1 (H/N):</u>

- Less antigenic variability
- Only one serotype

Enveloped virus by a lipid bylayer

- Relatively unstable in the enviroment
- Sensible to heat, pH, dryness, detergent and chemical disinfectant



Classification of NDV strains



- <u>Velogenic</u> (in green): Until 80% mortality
 - Neurotropic (II)
 - Viscerotropic (III-IX)
- <u>Mesogenic</u> (in orange) Until 10% mortality. Respiratory sign
- <u>Lentogenic</u> (in red) Mild or inapparent respiratory sign
- <u>Apathogenic</u> (in blue)



Source: T Van der Berg

ND CLINICAL SIGNS AND LESION

- Drop in egg production
- Edema of head, especially around eyes
- Greenish-dark watery diarrhea
- Respiratory and neurological signs









ND Control

BIOSECURITY

Same programs as in AI

Pay attention to dead birds and manure

VACCINATION

- Ocod immunity will protect against the clinical sign and shedding
- Live and inactivated vaccines available
- One serotype



Vacunacion

Títulos de anticuerpos contra ND tras programa de vacunación de dos vacunas vivas y una inactivada en levante + no revacunación en producción






Infectious bronchitis

Infectious bronchitis

- A coronavirus; single- stranded RNA virus
- Worldwide importance
 W (Protéine Membranaire Intégrée) autre conformation
 Huge capacity to mutate.
 Therefore able to change
 HE (Hémaglutinine Estérase) continually by:
 - rane) random mutation
 - genetic recombination
 - A highly infectious disease of chickens of all ages and type



IB SPREAD



- Transmission of IBV:
 - Highly infectious
 - Spread by aerosol and faeces
 - May persists in the chicken for many weeks
 - May survive in litter for many days •



IB VARIANTS



- Result from mutation or genetic mutation
- A new variant is recognised in the laboratory by:
 - Serotyping (traditional method)
 - Genotyping (increasingly used)
- Different pathotypes



IB CLINICAL SIGN & LESIONS

1. Primary infection site – upper respiratory tract





IB DIAGNOSTIC

Diagnosis:

- Virus isolation in embryo culture
- PCR
- Antibody detection:
 - AGP and ELISA: group specific
 - HI and SN: serotype specific



issay : Sleeding Date :	IBV 25-08-2009	Lot: Testin	ıg Da	FS4918 nte: 25-08-2009
Mean Titer:		5 297		
Min Max Tite	er:	2 939	-	9 863
G.M.T.:		4 985		
%CV:		37		
Target Titer:		1 000	-	2 000
Target %CV:		40	-	70
VI Index:		143		
VI Target Rang	e:	10	-	90
Interpretation	VI Index:	HIGH		

Titer Group

Method

SPRAY

Details Vaccination P	rogram:
Vaccine	м
	-
H120	S
H120	D

Age Vacc.Batch/Applicator 01D DR. WATER 09D /

Titer Range Ref. Controls:	CR (4500-8000) ; F1 (1000-4000) ; R8 (2000-6000)
Mean Titer Ref. Controls:	CR= 6301 ; F1= 1766 ; R8= 4334



IB CONTROL

BIOSECURITY

Corner stone but not enough!!!

- VACCINATION
 - Live and inactivated vaccines available
 - 02 or 3 live vaccines + inactivated vaccine
 - Our Use different strains if available → protectotype
 - Protect chicks from day 1 !!!



PROTECT TYPE CONCEPT



Source: J. Cook

- Use two or more highly immunogenic and not related vaccines
- Variant vaccine are said to provide a better protection against similar field virus
- BUT real protection is only know after lab or field trials







MYCOPLASMOSES

Mycoplasma gallisepticum



- Class mollicutes (No wall)
- Extremely resistant in the host.
- Very unstable in the enviroment
- Typically associated with CRD in laying hens with another virus or bacterias (E. Coli)



MG SPREAD



- Vertical transmission can also occur in eggs laid by infected hens
- Pulsatile excretion

Feed: 4 hrs Cotton: 4 days Feathers: 4 days Hair: 3 days Straw: 2 days Rubber: 2 days Nose: 1 day Wood: 1 day Shavings: 8 hrs Ear: 4 hrs Skin: <4 hrs

The route of infection is through the upper respiratory tract and/or conjunctiva



MG CLINICAL SIGN & LESION

- Drop in production
- Egg shell thickening
- Depression
- Rales, Coughing, Sneezing, Nasal discharges





MG CONTROL

BIOSECURITY

PS should be remain uninfected

Biosecurity level should be improved

VACCINATION

Live and inactivated vaccines available

ANTIBIOTHERAPY

MG is sensible to many AB (Tetracyclines, macrolides, …)

OAB treatment will decrease clinical sign for a time

Infected bird WILL continue as carrier in spite of AB treatment



MG Vaccines

	Ability to Spread	Antibody response	Pathogenic to turkeys	Route of Administration	
Bacterins	No	+++	No Injectio		
F-strain	Yes	++	Yes	Spray/Eyedrop	
6 / 85	No	-	No	Fine spray	
TS - 11	No	+	No	Eyedrop	

Source: A. Mazaheri



MYCOPLASMA SYNOVIAE



- Causes infectious synovitis and respiratory disease
- Pathogenicity depending on the virulence ant tropism:
 - Strain apathogenic alone
 - Strain affecting respiratory tract
 - Strains affecting synovial membranes
 - Strains affecting oviduct



LESION CLINICAL SIGN & LESION

- Respitory tract
- Articular lesion with amyloid
- Keen bone bursa inflammation
- Abnormal apex eggs





MG APEX ABNORMAL EGGS

- Up to 10% AA eggs
- Decreaded egg size
- Egg shell thickening





MS CONTROL

- Same as in MG control!!!
- Different vaccines available

Vaccine	Strain	Route of administration	Storage	
Vaxsafe MS-HH	MS-H	Eye droplet	Dried ice	
Nobilis MS Live	MS1	Spray	2-8 C	







AVIAN PNEUMOVIRUS

AMPV

- Avian metapneumovirus
 - Related to Paramixovirus
 - Two serotypes in Europe (A and B) and one more in NA (Colorado)
- Highly pathogenic in turkeys
- Some strain causing pathology in chickens
- Role in respiratory health



AMPV



- Swollen head syndrome → in turkeys not so clear in hens
- Production drop
- White eggs in brown layer





AMPV

- BIOSECURITY
- VACCINATION
 - Live vaccines (1-3 doses depending on field challenge) + inactivated (1 doses)
 - Vaccine strain from turkey and hens isolated virus
 - Good cross protection between serotypes







INFECTIOUS LARINGO TRACHEITIS

ILT



- Gallid Herpes virus causes respiratory disease in chickens
- Highly contagious
- Highly virulent
 - Mortality up to 50%
 - Egg drop
- Lesion in trachea
- Virus can remain latent in infected birds for life



ILT CONTROL

BIOSECURITY

- VACCINATION
 - CEO vaccine can revert to virulence

Vacuna	Virulencia	Protección	Reacción	Vía	Inicio de Protección	Costo
CEO	+++++	+++++	+++	Ind./Mas.	10 d	\$
тсо	++	++++	++	Ind.	14 d	\$\$
HVT-LT (1)	-	+++	-	Mas.	28 d	\$\$\$
HVT-LT (2)	-	++	-	Mas.	28 d	\$\$\$
POX-LT	+	+	+	Mas.	21 d	\$\$\$
Inactivada	+	-	+	Ind.	?	\$\$



Source: G. Zabala

ILT CONTROL





Source: G. Zabala

ILT CONTROL













