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## Prevention

Prevention has two key components – good biosecurity and vaccination. At broiler level current practices of shortened turn round times with limited cleaning and disinfection favour infectious bronchitis, while large multi-age table egg layer complexes do the same. Hence, a heavy emphasis has to be placed on vaccination.

A susceptible laying flock will experience significant losses if challenged by this disease in lay so adequate levels of immunity against infectious bronchitis are required by point of lay.

## Vaccination

In broilers live infectious bronchitis vaccines are used. Typically, the first dose is given by spray in the hatchery with follow up doses being given on the broiler farm, usually between 10-18 days of age. If broilers are being taken through to heavy weights (roasters) an extra vaccination can be administered.

In table egg layers and breeders the approach is a live priming regimen in rear followed by a killed, adjuvanted (inactivated, oil emulsion) vaccine pre-point of lay.

Historically, vaccination was based on Massachusetts vaccinal strains but as new types of virus were isolated other vaccine types based on Arkansas, D274 and 4/91 (793/B) have come on stream. The best protection is provided by administering a vaccine made from a homologous strain. Where this is not possible mixed vaccine programmes have been used with some success.

In live vaccines, such as H120 and H52, the number refers to the number of passages or cycles of attenuation the seed vaccine has been submitted to. Thus, the higher the number the milder the vaccine. If using H52 vaccine the flock should first be primed with a dose of H120 vaccine. If H52 is given to a naïve laying flock an 'IB egg drop' is often triggered.

Other (local) vaccines are sometimes used in Asia. In Australia only vaccines based on local strains are allowed.

The efficacy of inactivated, oil emulsion vaccines depends very much on appropriate and adequate priming with live vaccine. In addition, it should be remembered that inactivated vaccines have to be injected into each bird and a bird not receiving its dose (escapes or double piercing of the skin with the needle so vaccine is shot into the litter) will not be protected.

Vaccination protection can be assessed by blood testing.

It should be remembered that all vaccines 'work' if vaccinated birds are not challenged! Thus, it is foolhardy to categorically say that the vaccination programme is working if no disease is seen.

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