

Construct your electronic library on poultry health

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Pathology

In the cutaneous form, the typical lesion is epithelial hyperplasia that progresses into nodule formation. In chickens these can appear as early as the fourth day of infection. Papules arise on days five and six and then a vesicular stage and coalescing of lesions occurs. After two weeks scabs are formed, which ultimately are shed.

In the diphtheritic form, depressed white opaque nodules or yellow patches develop on the lining of the mouth, tongue, oesophagus and/or trachea. Nodules merge to become necrotic, pseudodiphtheritic or diphtheritic membranes with an eroded surface underneath. This inflammatory process can involve the sinuses and voice box (larynx) and cause respiratory distress.

In turkeys the first lesions are often tiny yellowish eruptions on the snood and dewlap.

Diagnosis

Diagnosis is based on clinical picture, pathological findings and, if necessary, virus isolation. Modern molecular tests, such as PCR, are available.

Differential diagnosis

The differential diagnosis for fowl pox should include infectious laryngotracheitis, deficiencies of pantothenic acid or biotin, T-2 toxin and *Trichomonas gallinae* infection.

Treatment

There is no treatment for pox in poultry.

Control

The main means of control is via vaccination and over the years various vaccines have been used in chickens, including fowlpox, pigeonpox, canarypox and quailpox vaccine. Trials with in ovo vaccine have produced encouraging results and avianpox viruses have contributed a lot to our understanding of recombinant polyvalent vaccines.