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Control

Obviously the best scenario is to stay free of *M. gallisepticum* and this can be done by knowing the *M. gallisepticum* status of your supply flock(s) and good biosecurity. There are various examples of successful mycoplasma control programmes around the world. The greatest chance of success lies with all in, all out sites. In many countries the level of infection or general management standards may be such that continual *M. gallisepticum* freedom is an unrealistic goal.

Medication

M. gallisepticum is sensitive to a variety of antibiotics including tetracyclines, macrolides, tiamulin and fluoroquinolones, but resistant to others such as the penicillins.

Another consideration is whether or not concurrent colisepticaemia is present as some of these antibiotics, for example tiamulin and the macrolides, tylosin, are not active against *E. coli*. In this scenario the antibiotics of choice are probably the fluoroquinolones, but in many parts of the world their use is somewhat restricted.

Medication programmes involving infected breeders also involve egg and/or progeny treatments. Certain antibiotics can be administered to large numbers of eggs by a technique known as pressure differential egg dipping.

Vaccination

Vaccination has been used successfully to control *M. gallisepticum* infection in the field but it should always be remembered that vaccination programmes often greatly reduce mycoplasma numbers and their vertical and horizontal spread but do not necessarily guarantee elimination of the organism.

Killed *M. gallisepticum* bacterins have been used with some success on large, multi-age table egg layer complexes. For optimal protection bacterins need to be administered to a flock more than once.

Live *M. gallisepticum* vaccines include the relatively mild F strain vaccine. The F strain can be pathogenic to turkeys. Other strains of vaccine are available including 6/85 strain which has minimal virulence, can be administered by spray, gives good protection but its use is often associated with a failure to generate a serological response, although it remains in the upper respiratory tract for 4-9 weeks.

The ts-11 vaccine is based on a *M. gallisepticum* isolate that is temperature sensitive and is a safe and effective vaccine. In situations where the strain of *M. gallisepticum* causing the disease is very virulent the use of F strain vaccine for a couple of production cycles can be followed by switching to 6/85 or ts-11.

Vaccines are not often used in turkeys.