

German veterinarians advise M. hyo vaccination to remain as standard

Swine producers are great believers in the principle that prevention is better than cure. Vaccination now accounts for a major part of herd health expenditure in most units. This approach has undoubtedly reduced the use of antimicrobial drugs significantly in many herds, and research by animal health companies continues to widen the choice of vaccines that are available.

Unfortunately, the economic resources of pork producers have struggled to keep up with the best intentions of the animal health industry.

The number of swine vaccines has outstripped the budgets of many producers, leading to a situation where a choice has to be made.

PCV2 vaccines

The arrival of PCV2 vaccines has been a case in point. Circovirus infection can have a significant financial impact on production and many producers have decided to add this vaccine to their list of standard operating procedures.

However, with the harsh reality of farm finances adopting a new vaccine has meant discarding another.

In many cases, it has been the Mycoplasma hyopneumoniae (M. hyo) vaccine that has



Improve disease protection and thus maintain animal health.

been set aside, even though M. hyo is the most important cause of economic losses through chronic pneumonia, reduced daily weight gain, bad feed efficiency and lower quality carcasses. Its effects are most pronounced during the fattening stage.

Of course in an ideal world, with limitless budgets, this would not be an issue. Swine producers would simply vaccinate against everything they could. But it is not an ideal world, and budgets are certainly limited. So, choices have to be made.

The interest in PCV2 virus over the past few years has changed the way swine producers decide what vaccines to give, as Dr Karin Blömer, swine veterinarian in Damme, northwest Germany explains:

“Many producers have circovirus infections and are increasingly under pressure from their contract partners to introduce PCV2 vaccination. For financial reasons, other vaccinations are not continued.”

Some producers have dropped vaccination of piglets against M. hyo and/or PRRS in favour of PCV2.

“A year ago, a producer with approximately 3,000 sows who has a closed system but also sells some pigs to one particular fattening unit (one-to-one contract), stopped vaccinating against M. hyo in favour of PCV2, because he had received complaints from his contract partner about PCV2 problems during the fattening phase.

“After only six months, his partner reported recurrent pneumonia problems.

Through thorough examination we could identify M. hyo infections as the cause of the problems.

“There are no exact figures, but without M. hyo vaccination the respiratory symptoms clearly increased in the fattening unit. We could also see obvious lung lesions at slaughter. Vaccination against M. hyo was immediately introduced again.”

Dr Blömer now believes that the ideal vaccination schedule consists of M. hyo vaccination in the first week of life, PCV2 vaccination in week seven and vaccination

of sows against PRRS. Although currently about 80% of her clients vaccinate against M. hyo she is convinced that some are thinking about stopping. She is not the only swine veterinarian who is concerned about producers switching vaccinations.

“Producers do not stop M. hyo vaccination by choice,” Dr Thomas Voss, swine veterinarian in Sögel, also northwest Germany, told International Pig Topics. “The buyers insist that they now vaccinate all their stock against PCV2. They may not tell them to stop vaccinating against M. hyo, but with the market and price situation the way it is, it is no wonder that producers can only introduce the new vaccine by dropping one of the others, PRRS or M. hyo, and M. hyo tends to be the one.”

Diagnostics essential

Dr Voss believes that buyers are responding to the increasing appearance of circovirus infections in fattening units which have sometimes led to 8-10% of losses. As a result, they see vaccination against PCV2 as absolutely necessary.

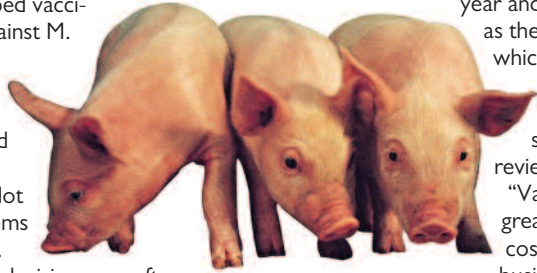
“In my view the main issue is that buyers insist that all their clients introduce PCV2 vaccination without having done any diagnostics on the individual production sites. Sometimes PCV2 vaccination is not necessary.”

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One of the main reasons why M. hyo vaccination is dropped in favour of PCV2 is the fact that M. hyo losses tend to be indirect rather than direct. However, after 7-8 months the first problems start to appear, especially in the fattening unit. Since producers stopped vaccinating against M. hyo, the problem has worsened and still causes a lot of problems on farms.



“These decisions are often made without consulting the veterinarian,” added Dr Voss, “and in nearly all cases it results in an increase in M. hyo and related infections in a short space of time.”

“Last year, we had a closed production system with 280 sows that had an increasing problem with influenza in the nursery. The producer decided therefore to introduce the PCV2 vaccine in piglets with a vaccination of the sows against influenza later on.”

“Due to the increase in costs, he stopped vaccinating against M. hyo. But within only 3-4 months the piglets in the nursery developed health problems.”

“When we checked the lungs at slaughter, we could clearly see an increase in lung

lesions. These will of course lead to runts and an increase in treatment costs.”

According to Dr Voss, the ideal vaccination plan should include M. hyo as standard and that should be supplemented with others according to the results of diagnostics. Blood samples should be analysed every half year and the results should be used as the basis for determining which other vaccinations are necessary.

In addition, the whole schedule should be reviewed on a six monthly basis. “Vaccinations contribute greatly to minimising therapy costs. It is evident that those businesses that do not have an ideal, individualised vaccination plan have higher treatment and medication costs.”

Global disease patterns

There is no doubt that producers need to be aware of changes in regional and even global swine disease patterns, and subsequently adapt their management systems according to the local risk.

There is also no doubt that, for the foreseeable future, the swine industry will have to continue to make compromises driven by financial factors.

All the more reason for these decisions to

be based on a sound assessment of risk/benefit, and not on a knee-jerk reaction.

Spectrum of protection

M. hyo is a ubiquitous pathogen for European swine units; removing protection against it in favour of an alternative threat can only be a short term measure.

The aim should be to make changes to vaccination plans which enhance the spectrum of protection rather than just move its focus. The extra financial burden can be avoided or reduced by basing any changes on sound knowledge of the infection patterns and risks in individual units. This is a principle that must also be accepted by buyers who insist that their suppliers change their vaccination plans.

“It is very important to look at every production site individually,” said Dr Voss, “and not to apply conditions without exception. In some cases it would be sufficient to vaccinate against PCV2 when the pigs enter fattening. However, this should also only be considered after thorough diagnostics.”

It is possible for swine producers to beat the vaccination catch-22. The aim should be to improve disease protection and thus maintain animal health and output quality, but without significantly increasing input costs.

It may not be easy – but it is possible. ■