

Passive Immunity Against Infectious Bursal Disease More Important Than Ever

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Infectious bursal disease (IBD) is associated with significant immunosuppression, increased mortality, and poor economic performance^{1,2}. The disease is caused by infectious bursal disease virus (IBDV), an agent that is resistant to disinfectants and environmental conditions and is therefore difficult to control by biosecurity, cleaning, and disinfection procedures. Some of the best tools to prevent and control IBD are vaccines of various types. Broiler breeder flocks are primed in the rearing phase, followed by inactivated oil-emulsified vaccines (EOV) administered a few weeks before the production phase. The purpose of early live vaccinations in breeders is to protect them against clinical IBD, whereas the objective of using one or more EOVs is to achieve antibody titers that are as high and uniform as possible to protect the progeny.

Some of the first vaccination strategies against IBD involved field strains that were only partially attenuated and therefore posed significant risks for susceptible chickens³. The potential role of maternal antibodies to protect young chickens became known long before the first inactivated vaccines were developed and used extensively by the poultry industry⁴. Throughout the last 40 years, the benefits of immunizing breeders with a combination of live and killed vaccines have been well established in both research and field settings⁵⁻¹⁰.

Early studies demonstrated that inactivated oil-emulsified vaccines against IBDV could induce up to 100% protection against IBDV certain isolates beginning at 5 weeks post-vaccination in vaccinated chickens. This knowledge was adapted for use in breeders resulting in a number of studies demonstrating the power of immunization using killed vaccines for breeders to achieve high and uniform levels of antibodies transferrable to the progeny as effective passive immunity¹¹⁻¹⁴. This practice has proven to be economically advantageous for the broiler progeny from breeders vaccinated with EOVs¹⁵⁻¹⁷.

The advent of very virulent IBDV strains in various geographic regions during the 1980s prompted industry at some point to consider not hyper-immunizing breeder hens such that the progeny could be vaccinated successfully at a young age without the interference of high maternal antibodies^{18,19}. This strategy has proven unrealistic and unsuccessful because the breeders themselves must be protected from IBDV and because sometimes there may be a proportion of broiler progeny with low or no protection.

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As a bi-segmented double-stranded RNA virus, IBDV has tended to accumulate mutations and genome reassortments resulting in viruses that are not the same as the viruses that circulated years ago²⁰⁻²⁷, a trend that will continue indefinitely due to the nature of IBDV. Because it is not possible to produce a novel vaccine with new strains continuously, a reasonable strategy is to vaccinate the breeders with live and killed vaccines with the intention of rising their antibody levels as high as possible. It has been shown that it is possible to control clinical infection in the progeny even when the challenge virus is non-homologous, provided the virus neutralization antibody titers are high enough¹⁸. High maternal antibodies can prevent clinical infection and the consequences caused IBDV; and even higher maternal antibodies may also prevent or minimize significant bursal damage upon challenge with virulent viruses¹⁸.

It is important that killed vaccines contain a high antigenic mass and that there is antigenic diversity represented in the vaccine, which depends on the inclusion of various vaccine strains intended to broaden the antigenic spectrum and protection provided by the vaccine. Two critical factors should be kept in mind when attempting to generate the best possible immunity in the breeders to be transferred to the progeny: a) antibody quantity; and b) antibody quality. The quantity of antibodies is represented by the antibody titers, which should be as high and uniform as possible. The quality of antibodies is influenced by the antigenic diversity of the vaccine. It is therefore critical to prime the breeders with live vaccines and to hyper-immunize them with killed vaccines containing a high antigenic mass and such mass must be antigenically diverse.

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MAYBE.

Don't lose sight of subclinical IBD.

MAYBE NOT.

