Evaluation of Four Commercial Anti - Infectious Bursal Disease (IBD) Vaccines under Sudan Conditions

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Abstract: The potency of four anti-infectious bursal disease vaccines commercially available in Sudan was evaluated. For this purpose 125 layer chicks were divided into five groups of 25 birds each. Group A, B, C and D were vaccinated with 228E, D78, Bio-Gumboro and Gumboro3 strain vaccines respectively. 228E strain is a hot vaccine while the rest are intermediate strain vaccines. While group E remain without vaccination and acted as a negative control Vaccination for each group was done twice at day 21 and 28 via drinking water route. ELISA test performed 15 days later revealed that vaccination using 228E vaccine induced the highest antibody titre and protected birds challenged at day 43 from clinical disease, postmortem gross lesions and mortality. In contrast birds vaccinated with Gumboro3 vaccine induced the lowest antibody titre. All vaccines used in the present study, except 228E vaccine, failed to protect birds fully from clinical signs, postmortem gross lesions and mortality caused by artificial challenge. The mean antibody titre of different groups was; 12521±2014.14, 4790±1234.95, 9903±966.91 and1587±824.80 and the mortality rate was 00%, 40%, 12% and 40% for group A, B, C and D respectively compared to antibody titre of 363±196.22 and mortality rate of 64% for the control group.

Key words: IBD, vaccine, ELISA, protective efficacy, hot strain and intermediate strain

Introduction
Infectious bursal disease (IBD) is an acute highly contagious viral infection of young chickens associated with high morbidity and high mortality (Parkhurst, 1964; Lukert and Saif, 1991). It is a major poultry pathogen in the poultry industry (Hein et al., 2002). One of the significant components of the control of the disease is its vaccination which if improved may help in lowering the incidence of the disease in poultry (Zaheer et al., 2003). In practice different vaccination schedules have been recommended and used, but despite these vaccination schedules outbreaks of IBD are still reported throughout Pakistan (Zaheer and Saeed, 2003). Up to date more than 46 strains of imported IBD vaccines are used to control the disease in west Malaysia (Chin, 1993). In Pakistan a variety of imported IB vaccine strains have been devised for their use. (Zaheer et al., 2003). Two types of vaccines are used to control IBD. These are attenuated vaccine and inactivated oil emulsion vaccines (Thornton and Pattison, 1975). Recently recombinant vaccine expressing IBDV antigens has also been licensed (Wu et al., 2004). Live attenuated vaccines are produced from fully or partially attenuated strains of the virus known as mild (intermediate) or hot (intermediate plus) respectively (Skeelles et al., 1978).The mild (intermediate) strain vaccine was found to be unable to neutralize high level of maternally derived antibodies (MDA) in chickens and failed to induce IBD antibodies. In contrast hot (intermediate plus) strain vaccine cause severe bursal lesions similar to those observed in IBD field outbreaks (Hair-Bejo et al., 2000). The time of vaccination, type of the vaccine, maternally derived antibodies in the progeny chicks and pathogenicity of IBDV field challenge are the important factors determining the efficacy of the vaccination (Hair-Bejo et al., 2004).

Suspicious about the efficacy of the vaccination in commercial poultry arise from the occurrence of low or high serological titre, clinical disease, reduced productivity and/or abnormal vaccine reaction. One of the important factors that can cause vaccination failure could be the vaccine itself. It is self evidence that the live virus vaccine must have an adequate titre and this titre must have sufficient stability (Mc Mullin, 1985). In Sudan up to date more than five IBD intermediate strain and two intermediate plus strain vaccines have been used to control the disease. But the disease despite vaccination occurred in poultry. This study is an effort to evaluate the serological and protective efficacy of four of these vaccines under Sudan condition.

Materials and Methods
Experimental birds: A total of one hundred and twenty five day old commercial layer chicks of Hisex strain were reared in isolated pens for 21 days after which birds were divided into five groups based on infectious bursal disease (IBD) vaccine strain used for each group. Group A, group B, group C and group D birds were vaccinated using 228E, Nobilis D78, Bio-Gumboro and Gumboro3 strain vaccines respectively. 228E strain vaccine is a hot
vaccine, while the other strains are intermediate strain vaccines. Group E birds were not vaccinated and acted as negative control. 228E and Nobilis D78 vaccines were obtained from Detasi company and manufactured by Intervet company-Holland. Bio-Gumboro vaccine was obtained from Coral company and manufactured by Merial company - France. Gumboro3 vaccine was obtained from Dr. Aiad company and manufactured by Abkaras company-Italy. Vaccination of birds in each group was done via drinking water route twice at day 21 and day 28.

Sampling strategy and Sera collection: At day1, 5 birds were bled and blood was collected to measure MDA. At day 17, 5 birds were bled for sampling to insure that MDA has become low enough to vaccinate. At day 43 (15 days post booster dose of anti-IBD vaccination) 5 birds in each group were bled and blood samples were collected from wing vein and kept overnight and sera were then collected and stored at -20°C till used for serology.

Serology: Enzyme Linked Immuno-sorbent Assay (ELISA) technique was performed as described by the manufacturer of ELISA reader and infectious bursal disease ELISA kit that obtained from Bio - Check company - Holland Serum samples that preserved at -20°C were tested. The absorbance values were measured and recorded at wavelength 405nm using ELISA reader. IBD antibodies titre and sample absorbance to positive control absorbance (S / P) ratio of samples were calculated to interpret the results. Coefficient of variation of titres % (CV%) among birds in each group was calculated.

Inoculum preparation: IBDV inoculum for artificial challenge was prepared and performed as described by Khan et al. (1998) and Zaheer and Saeed (2003) bursae of Fabricious were collected from IBDV infected chicks. A 20% (W/V) bursae homogenate was prepared at the faculty of veterinary medicine - university of Khartoum and stored at -20°C till used. Each bird in each group was injected subcutaneously with 1 ml of the homogenate.

Mortality, clinical signs and gross lesions: Mortality was calculated as a percentage of the initial number of the birds. Clinical signs of Gumboro disease was considered as positive of negative. Postmortem gross lesions observed in every dead bird in each group were recorded and subjectively graded as normal (0), mild (1), mild to moderate (2) moderate (3) moderate to severe (4) and severe (5) based on the severity of the lesions on the bursa of Fabricious, body skeletal muscles surfaces, kidneys, erosions and hemorrhages of the mucosa of proventriculus (OIE manual, 2004).

Bursa to body weight (×10^2) ratio: bursae of Fabricious were removed and their weights were determined using a sensitive balance and the weight was calculated. as a ratio of the body weight multiplied by 10^2, and the bursae were preserved for histopathologic examination.

Histopathologic examination: bursae tissues were histopathologically examined and the pathologic changes were subjectively graded as normal (0), mild (1), mild to moderate (2) moderate (3) moderate to severe (4) and severe (5). This method was described by Hair-Bejo et al. (2000) as a modified old method.

Results and Discussion

Serology(ELISA): Serum samples tested at day 43 (15 days post booster dose of IBD vaccine) among different groups demonistrated that vaccination using 228E strain vaccine (group A) induced the highest anti-IBD antibody mean titre and S/P ratio mean value, followed by birds vaccinated using Bio-Gumboro strain vaccine (group C). CV% was low in these two groups. Antibody titre levels of group A and group C were significantly (P<0.05) higher than other groups. D78 vaccine (group B) induced an acceptable antibody titre. Group D showed low antibody titre with high CV% indicating poor uniformity. Unusual low titre in group D indicates that the vaccine did not raise the antibodies to acceptable level and hence suspicious about the efficacy of an immunization program (Mc Mullin, 1985).

The results also showed that all vaccine strains used in

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Table 1: Results of serologically (ELISA) tested serum samples for IBD antibody titre at day 1 and day 17

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean Titre</th>
<th>Min and Max Titre</th>
<th>CV%</th>
<th>S/P Ratio</th>
<th>N/S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>2562.3±300.61</td>
<td>18674-33888</td>
<td>26 (OK)</td>
<td>8.94±0.956</td>
<td>0/0/5</td>
</tr>
<tr>
<td>17 days</td>
<td>732.3±282.09</td>
<td>343-18442</td>
<td>86 (High)</td>
<td>2.82±0.979</td>
<td>0/0/5</td>
</tr>
</tbody>
</table>

N = Negative, S = Suspicious, P = Positive, CV% = Coefficient of Variation, S/P Ratio = Sample to Positive Ratio.

Table 2: Results of serum samples serologically (ELISA) tested of different groups of birds gathered according to vaccine strain used

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean Titre</th>
<th>Min and Max Titre</th>
<th>CV%</th>
<th>S/P Ratio</th>
<th>N/S/P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>12521.1±201.14 (OK)</td>
<td>4665-15426</td>
<td>36 (OK)</td>
<td>4.85±0.795</td>
<td>0/0/5</td>
</tr>
<tr>
<td>B</td>
<td>4790.9±123.94 (OK)</td>
<td>63-7027</td>
<td>58 (High)</td>
<td>1.92±0.847</td>
<td>1/0/4</td>
</tr>
<tr>
<td>C</td>
<td>9903±966.94 (OK)</td>
<td>7872-13349</td>
<td>22 (OK)</td>
<td>3.97±0.311</td>
<td>0/0/5</td>
</tr>
<tr>
<td>D</td>
<td>1587±824.80 (low)</td>
<td>63-3933</td>
<td>116 (High)</td>
<td>0.678±0.339</td>
<td>2/0/3</td>
</tr>
<tr>
<td>E</td>
<td>363±196.22 (low)</td>
<td>63-1031</td>
<td>121 (High)</td>
<td>0.170±8.92E-02</td>
<td>3/0/2</td>
</tr>
</tbody>
</table>

Protective efficacy: Artificial challenge 15 day post the booster dose of vaccination results in appearance of IBD clinical signs in all groups except group A. Severe clinical signs were observed in group B, D and the control causing mortality of 40%, 40% and 64% respectively. This finding disagreed with Hassan et al. (2004) who has reported that white leghorn birds vaccinated with a live intermediate vaccine did not lead to mortality when challenged 10 days later with vvIBDV. But agreed with Zaheer et al., 2003 who observed outbreaks of IBD in flocks vaccinated with a variety of vaccines.

In contrast only moderate signs were seen in group C causing 12% mortality. No clinical signs and no mortality were reported in group A. Group A also showed no postmortem gross lesions. Challenge of birds in group C lead to mild to moderate lesions. which is significantly (P<0.05) lower than in group B, D and the control. The greatest bursa to body weight (×10⁻³) ratio was reported in group D. All groups showed histopathologic changes in the bursae tissues (Table 3). Type of the vaccine is one of the important factors that determined the efficacy of IBD vaccination (Hair-Bejo et al., 2004).

Vaccination against IBD with 228E strain gave a solid protective immunity which is obvious when considering that 228E vaccine is a hot (intermediate plus) vaccine compared to other mild (intermediate) vaccines and it is recommended for use when MDA is high or moderate.

References


