

PRACTICAL APPROACHES FOR DIAGNOSIS AND TREATMENT OF POULTRY DISEASES

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Introduction

- The aim of this training workshop is to share our experiences with you
- Some of us here for about 40 years
- Lots of challenges
- Have made mistakes and corrected over the years
- •Will be selfish if don't share with others



Expected outputs

- Increased capacity in poultry post-mortem examination
- improved ability to give proper diagnosis at high-precision
- •Better equipped with various treatments for the diseases and challenges involved
- •More enlightened on emerging and re-emerging poultry diseases



To note

•Farmers do not keep chickens for fun

- •Those in villages may be doing so as a hobby
- •Even then, the chickens help them when in financial need
- •Farmers want birds that are healthy and producing maximally



Layers

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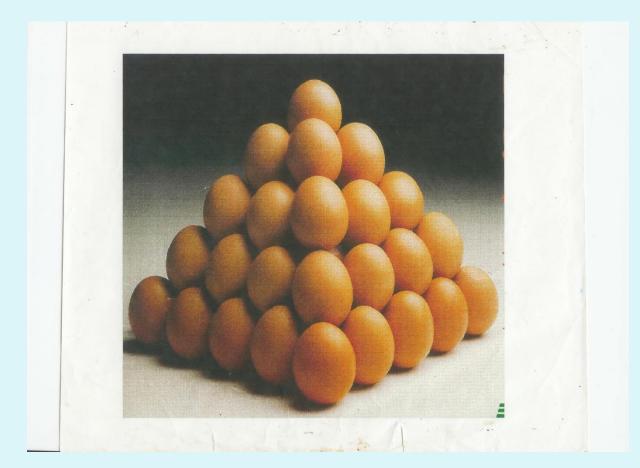
Poultry workshop 2014 vetpathology.uonbi.ac.ke

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Many eggs of good quality

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Layers (cont)

Pullets that start laying at 20 weeks Layers that produce eggs well -65% production should be lowest -The higher the better •Hatched chicks should be healthy ->to produce healthy pullets ->otherwise stunted – take long to mature •Pullets will not start laying until growth is complete



Broilers

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Broilers (cont)

Should be about 2 kgs at 8 weeks
1-1.5 kgs at 6 weeks
Should produce quality meat

no blisters, etc, which will lead to
condemnation at slaughter



Indigenous cocks

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Indigenous hens





Indigenous chicken (cont)

- That are big and healthy
 → fetch good price
- Should produce many eggs
- Should produce healthy chicks
- Chicks survival rate to be high



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- •They have tried to treat the birds all possible treatments
- •They are defeated
- •They are desperate having lost many birds
- •Production levels of the birds are very low
- Expect quick/instant solution from the vet next to a miracle
 Having misused antibiotics, chances are that the disease-causing organisms are resistant to most drugs
- Therefore, don't be surprised if the subscribed treatment doesn't work
 Dr. Mbugua will give an account of usage of antibiotics in the field
 Prof. Mitema will cover various treatments and their challenges



Expected vet's conduct

Don't reprimand the farmer for coming/consulting too late
Exercise patience and public relations
Explain to him/her dangers of indiscriminate treatments
Make him/her understand the disease/condition and how he/she can treat it and prevent future incidences



Disease diagnosis

A few diseases can be diagnosed to high precision easily, e.g. Newcastle disease:
-high mortality of affected birds
-greenish diarrhoea
-on post-mortem examination,
hemorrhages in various organs, especially
the proventriculus and trachea



Hemorrhagic lesions in proventriculus and trachea



Another manifestation of Newcastle disease





Gumboro disease: hemorrhages and enlarged bursa





Gumboro disease (cont)

High mortality
Hemorrhagic streaks on muscles
Enlarged bursa of Fabricius
Whitish diarrhoea



Coccidiosis; intestinal and cecal – hemorrhages (+ blood in feces)



Intestinal

Cecal

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Fowl Pox - pock lesions









Nitritional deficiencies

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Curled toes

Leg paralysis







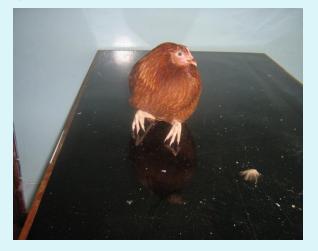
Leg deformity

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For most of the diseases the sick birds present the same

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•So, for most diseases, have to do PM – a major tool towards poultry disease diagnosis •May then have to do laboratory diagnosis - bacteriology -virology -parasitology -histology •For proper diagnosis, one needs to combine: -clinical history (signs) -pre-PM examination -PM examination -laboratory results •Prof. Mbuthia will cover this – "Diagnostic tree"



Can do PM in the field

Not always done in the laboratory
When need be, can do in the field
Need to exercise biosafety and biosecurity measures
We did it at Rachuonyo with Prof. Ogara and Dr. Olwande



PM in the field





•Sometimes we come across **interesting and challenging cases** – we will share a few with you (Drs. Kagunya, J.N. Kuria and Wilson Kuria

•Prof. Nyaga will cover Post-mortem tecniques

•Dr. Odongo will cover **Misdiagnosis of poultry diseases** at neropsy

•Drs. Lucy Njagi and Okumu will be involved in organising **Practical session** in the afternoon

•Dr. Gitao will co-ordinate session on **Technical overview** and **Discussion**

•Other colleagues in the department will help us in various other ways





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THANK YOU