Clinical Laboratory Outbreak Investigation of Sudden Death Syndrome in Broiler Chicken in Kathmandu Valley Nepal 2010

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ABSTRACT
The incidence of death of broiler birds above 40 days suddenly increased in the month of July-October 2010 in Kathmandu valley. Birds that were presented for post-mortem examination at the Central Veterinary Laboratory Tripureswor Kathmandu were usually found dead on their backs with wings out-stretched. Gross abnormalities recorded on post mortem examinations were: muscle oedema, pulmonary, renal and liver congestion, dark black to pale yellow streaked liver bile filled gall bladder and congestive splanchnomale, blood clot in atrium haemorrhage in duodenal muscle, whitish yellow pasty fluid in proventriculus gland, greenish coloration marked intact feed particles in gizzard and excessive mucous filled swollen intestine. Incidence rate was recorded between 1.5 to 2.5% of the flock. The mean mortality rate due to sudden death syndrome was 1.3 - 9.6%. Penicillium spp., Aspergillus spp., with CFU ranging from 56*10^5 - 62*10^6 to uncountable mold count. E.coli, Streptococcus spp. and Staphylococcus spp. were the usual organisms isolated from culture samples of liver, lung, spleen and proventriculus. The condition seems to be related to mycotoxicosis. Reduction of mortality was achieved by feed restriction, with 8-10% reduction in nutrient density. Supplementation of glucose containing electrolyte, liquid toxin binder, Immunomodulator, acidifier and antibiotic therapy.

Key word: Sudden death syndrome, broiler birds, Kathmandu Valley, Penicillium, CFU, ranging from 56*10^5 - 62*10^6 gm, uncountable mold count

INTRODUCTION
Sudden death syndrome (SDS) has been recognized for over 30 years, and is also referred to as acute death syndrome or “flip-overs”. It is most common in males when their growth rate is maximized. Mortality may start as early as 3-4 days, but most often peaks at around 3-4 weeks of age, with affected birds being found dead on their back. Mortality may be found at 1.5 to 2.0% in mixed-sex flocks and as high as 4% in male flocks only [1]. Sudden death syndrome has developed into a major problem to the broiler industry in many parts of the world. Broilers of all ages are affected starting as early as 2 days of age and continuing through to market age. Peak mortality usually occurs between 3 and 4 weeks of age. The syndrome has been reported to cause between 1.31 and 2.46% per cent mortality with males more commonly affected than females, however proud foot and Hulan [2] reported 0.90 to 3.61 per cent mortality due to SDS in broilers. Ononiwu et al., [3] reported 1.0 per cent mortality due to SDS is broilers. 70-80 per cent of male mortality and 20-25 per cent of female broilers chickens mortality could be attributed to acute death syndrome or “Flip-Over Disease”. Thus, SDS is a leading contributor to mortality in broiler chicken production. Although the precipitating event has yet to be ascertained, “Cardiovascular failure” appears to be the immediate cause of death [4].

Background of outbreak of Sudden Death Syndrome in Kathmandu Valley
From the first week of July to October 2010 there was a sudden increase in mortality of broilers above 6 week age (Table 1) in Kathmandu valley. There were no premonitory signs. Just before death, birds appear normal and it is common to observe the birds use to eat, drink or walk normally. Then birds use to exhibit clinical signs such as extending their neck, squawk and start wing beating as well as leg extension before falling on their back.

Table 1. Epidemiology of Affected flock with sudden Death Syndrome in July-October 2010:

<table>
<thead>
<tr>
<th>Observation/</th>
<th>no. of Population at</th>
<th>Morbidity</th>
<th>Mortality</th>
<th>No. of samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>farmers/flock</td>
<td>at risk</td>
<td>(%)</td>
<td>(%)</td>
</tr>
<tr>
<td>July</td>
<td>63</td>
<td>16620</td>
<td>4250 (25.57%)</td>
<td>369 (2.22%)</td>
</tr>
<tr>
<td>August</td>
<td>51</td>
<td>15450</td>
<td>1235 (7.99%)</td>
<td>232 (1.50%)</td>
</tr>
</tbody>
</table>
Postmortem finding of SDS birds:
Gross abnormalities recorded on post mortem examinations were muscle oedema, pulmonary, renal and liver congestion, dark black to pale yellow streaked liver bile filled gall bladder and congestive splenomegaly, blood clot in atrium haemorrhage in duodenal muscle, whitish yellow pasty fluid in proventriculus gland, greenish coloration marked intact feed particles in gizzard and swollen intestine with excessive mucous filled. All these post mortem observations conform to the descriptions of the syndrome made by Ononiwu et al. [5].

Laboratory finding of Mycobiota and Microbiota of Postmortem tissue samples:
A total 176 tissue samples of lung, liver, spleen, proventriculus and gizzard, were collected during postmortem examination and were subjected for both bacterial and mycological culture. Results of microbiological examination are given in Table 2.

<table>
<thead>
<tr>
<th>No. of samples</th>
<th>Bacterial isolated</th>
<th>Fungi isolated</th>
<th>Positive no.</th>
<th>negative no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>176</td>
<td>E.coli, Streptococcus, Staphylococcus</td>
<td>35</td>
<td>141</td>
<td></td>
</tr>
<tr>
<td>176</td>
<td>Aspergillus, Penicillium,</td>
<td>145</td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

Rapid test for AI, ND, IBD

<table>
<thead>
<tr>
<th>No of samples</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>ND</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>IBD</td>
<td>0</td>
<td>20</td>
</tr>
</tbody>
</table>

Treatment and Preventive measure given to the rest of birds in flock:
All birds remaining in flocks were subjected to restricted feed up to 8-10% these percentages differ from the ones in the abstract, and fed twice daily. Supplementation with glucose containing electrolyte, liquid toxin binders, immunomodulator, and simple broad-spectrum antibiotics and acidifiers were provided in water. Vitamin B complex supplementation was totally withdrawn. All birds remaining in all affected farms responded well to the above management and there was a marked improvement in the overall condition of the flock.

RESULTS AND DISCUSSION
Sudden Death Syndrome (SDS) is an acute heart failure disease that affects mainly fast growing male chickens that seem to be in good condition. Although a common feature in fast growing birds, the pathogenesis remains unclear [3]. Cardiac arrhythmias are involved in the pathogenesis of SDS with ventricular arrhythmias (VA) being the most common observation representing premature ventricular contractions and fibrillation [6-7]. It has been reported that broilers fed with high vitamin D3 diet above the recommended levels in an attempt to prevent commonly occurring leg problems were 2.5 fold more likely to succumb to acute heart failure and die of SDS [8] SDS was also experimentally induced by feeding diets containing the mycotoxin moniliformin that resulted into cardiac injury with subsequent alterations in cardiac electrical conductance [9] suggesting the possible role of chronic mycotoxicosis to the causation of SDS. Other implicated causes of SDS include continuous artificial lighting [5], deviations in dietary calcium and phosphorus [10], feeding crumble-pellet diets [2], dietary fat content [11] and feeding frequency [12]. The latter recommendation of restricted feeding supports
well the previous observation that abdominal fat deposition increases the risk of SDS such those restrictions on calorie: protein ratio decreases the incidence of SDS [13].

RECOMMENDATION
The present investigation indicates that broilers in good body weight condition when not harvested timely and remaining in poultry shades for prolonged periods suffer stressful events and even die sudden. Also, it is possible that increased humidity and hot seasons favors the growth of mold and fungus in stored feeds increasing the risk of birds to mycotoxicosis.

REFERENCES