

# TECHNICAL BULLETIN

Central Veterinary Laboratory (CVL)
Tripureswor, Kathmandu

Year II-2079 Volume 2

## **Avian Leucosis Complex**

#### Introduction

Avian Leukosis Complex (ALC) is a complex of viral diseases with various manifestations such lymphoid leukosis, myeloblastosis (Type J), erythroblastosis, myelocytomatosis osteopetrosis, myxosarcomas, fibrosarcomas, other tumours caused by avian leucosis virus (ALV). ALV belongs to the Alpharetrovirus genus of the family Retroviridae. It is divided into subgroups A, B, C, D and J as exogenous and E, F, G, H and I as endogenous, depending on their viral envelope proteins which determine immune response and host range. ALC affects chickens worldwide with susceptibility varying considerably among different poultry species. However, it infects mainly chickens but can also infect pheasants, partridges and quail. It generally affects the chickens of approximately 16 week of age and older. The mortality due to ALC accounts for 1-2% of birds, with occasional losses of ≥20%.

#### **Disease Transmission**

Avian Leukosis Complex can be transmitted horizontally and vertically. Horizontal transmission (spread from bird to bird) can also occur by the faecal-oral route, especially in young birds. The virus can be vertically transmitted (passed directly from parent to offspring). Hens are able to shed the virus or viral components into eggs. Chickens infected at hatching shed virus their entire lives.

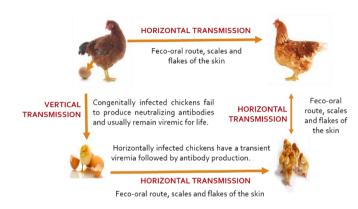


Figure 1 Mode of transmission of ALC.

### **Symptoms**

In many of the cases, the birds remain asymptomatic. However, loss of appetite, weakness, diarrhea, dehydration, weight loss, enlarged abdomen (due to enlarged liver) and persistent low mortality may be seen. Infected birds may not necessarily develop tumours, but they may lay fewer eggs.

## ALC in the context of Nepal

The disease status of ALC in Nepal is not much recorded and reported. However, field veterinarians have been reported the presence of disease since many years. Central Veterinary Laboratory (CVL) has also encountered the cases since many years, however, number of cases of ALC has much increased these days, especially in local hens and pheasants. Below are the detail cases of ALC brought at CLV during the first three month of the fiscal year 2078/079.

## **Diagnosis**

Currently, several methods are available for the diagnosis of ALC. Standard criteria is based on history and clinical signs, gross pathology and histopathology. Similarly, advanced criteria are based on serological tests (ELISA), virus isolation and polymerase chain reaction (PCR). Among them, the PCR has been found to be specific and sensitive comparative to other tests. However, at CVL we diagnose it by post mortem lesions and ELISA test.

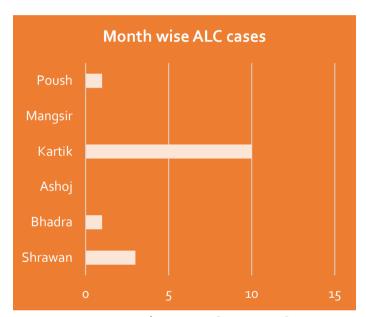


Figure 2 Month wise ALC cases at CVL.

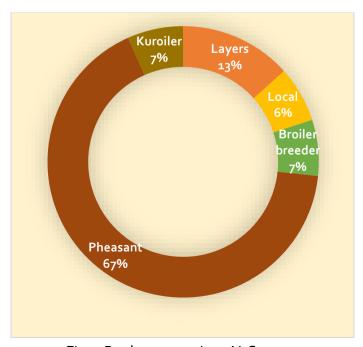


Fig. 3 Poultry type wises ALC cases.

#### **Post-mortem Lesions**

Most common post-mortem lesions observed in local poultry are: hepatomegaly with varying degree of tumors in liver, splenomegaly with diffused necrosis. Most common lesions in pheasants are tumors on skin and muscles. Mortality rates in local poultry are very low (1-2 birds per day to per weeks) but continuous mortality and high mortality observed in pheasants. Many literatures suggest that tumors on skin and muscle are generally absent in ALC. However, we observed numbers of tumors on skin and muscle in pheasants.



Fig. 4 Hepatomegaly with diffused tumors. (Kuroiler)



Fig. 5 Presence of tumors on chest muscles. (Pheasant)

## **Differential Diagnosis**

It is very important to differentiate ALC with few other poultry diseases. Marek's Disease (MD) is one of the most important disease to be differentiated from ALC. MD generally affects chicken below 16 weeks of age whereas ALC affects chicken above 16 weeks. Tumors on skin are absent in ALC whereas it is very frequent in MD. Central nervous system (paralysis) is affected in MD while it remains unaffected in ALC.

#### **Treatment**

There is no any specific treatment for ALC.

#### **Prevention and Control**

As discussed earlier, ALC is primarily a vertically transmitted disease. Thus, it is very important to identify breeder farms free from ALC. Vaccines are not commercially available to use it in Nepal. So, it is very important to follow the preventive and control measures to keep the poultry farm free from disease. Below are three basic approaches for the prevention and control of ALC in the farm and hatcheries.

Critical Farm Farm biosecurity practices

### Critical hatchery practices

- Regular screening of breeder flocks for evaluation of infection.
- Separate infected and uninfected lines.
- Handle clean lines before infected lines, preferably on separate hatch days and in separate machines.
- Eggs from the shedder hens should be discarded.
- Minimize stress.

#### Farm practices

- Brood and rear lines separately and maintain separate for as long as possible.
- Minimize group sizes.
- Vaccination with recombinant vaccines.
- Avoid migration errors (birds unintentionally moving between pens).

#### Farm biosecurity

- Regular disinfection in and outside the farm.
- Use of footbath in the gate of the farm.
- Restrict the movement of litter and other equipment of the infected farm.

#### References

Gowda, R. N. S. (2012) Outlines of Poultry Diseases, Poultry punch Publications Pvt. Ltd, New Delhi, India

MSD Veterinary Manual (2022) Retrieved from the website:

www.msdvetmanual.com/poultry/neoplasms/lymphoid-leukosis-in-poultry

The Poultry Site (2022) Retrieved from the website: www.thepoultrysite.com/disease-guide/avian-leukosis-lymphoid-leukosis-leukosis-sarkoma-group

Poultry DVM (2022) Retrieved form the website: www.poultrydvm.com/condition/lymphoid-leukosis

Pirbright (2022) Retrieved from the website: www.pirbright.ac.uk/viruses/avian-leukosis-virus

## **Acknowledgements**

- Internee students of HICAST
- Poultry farmers

# जानकारी

## पुशपन्छीहरूमा लाग्ने रोगहरुको प्रयोगशाला परिक्षणका लागि नमूना संकलन गर्ने तथा संरक्षण र सम्प्रेषण

ऋ.स.	रोगको नाम	उपयुक्त नमुना संकलन	संरक्षण र सम्प्रेषण
٩	लम्पि स्किन डिजिज	छालामा हुने ग्रिखा घाउको पाप्रा	भि.टि.एम.वा पि.बि.एस. १०%Glycerine मा राखी आईस सहितको
		तन्तु वा स्वाब,	कुल बक्समा राखेर पठाउने।
		रगत	३ ml EDTA मा नमुना लिई आईस सहितको कुल बक्समा
			राखेर पठाउने।
		सिरम	२ ml सिरम को नमुना लिई आईस सहितको कुल बक्समा राखेर
			पठाउने।
२	पि.पि.आर.(PPR)	आँखा नाकबाट निस्के को श्रावको	0.5 –1.0 ml P.B.S. भायलमा राखी कूलवक्समा Ice Pack समे त र ाखे र पठाउने
		स्वाब (Ocular/Nasal Swab)	Sterile Bottle वा Zip Lock Bag मा राखी कूलवक्समा Ice Pack
		मरेको भेडा वाखाको लिम्फनोड, फियो , फोक्सो , कले जो आदि	समेत राखेर पठाउने
37	पि.आर .आर .एस	सिरम	सिरम भायलमा राखी कूलवक्समा Ice Pack समेत राखेर पठाउने
	(PPRRS)		
४	क्लासिकल सवाइन फिवर र अफ्रिकन स्वाई	मरेको बंगुर सुंगरको लिम्फनोड, फियो , फोक्सो , कलेजो आदि	Sterile Bottle वा Zip Lock Bag मा राखी कूलवक्समा Ice Pack समे त राखेर पठाउन
	न फिवर -CSF and	रगत र सिरम	रगत EDTA भाईल र सिरम सिरम भायलमा राखी कूलवक्समा Ice Pack
	ASF		समेत राखेर पठाउने
X	वर्ड फ्लू (AI) र	Tracheal / Swab / Cloacal	$0.5-1.0~{ m ml}~{ m P.B.S.}$ भायलमा राखी कूलबक्समा ${ m Ice~Pack}$ समेत राखे र पठाउने
	रानीखेत रोग (ND)	Swab (जंगली पन्छीहरुको सुली/सुलीको स्वाब) मरेको क्ख्रा वा अन्य मरेको पन्छी	पठाउन
६	रेविज (Rabies)	मरेको पशुको गिदी वा सिङ्गो टाउका	गिदीलाई Sterile Bottle मा र टाउको लाई प्लास्टिक व्यागमा प्याक गरी
			कूलबक्समा Ice Pack समेत राखेर पठाउने
9	ग्ल्यान्डर्स (Glanders)	घाउहरुबाट निस्कने पिप/स्वाब/तन्त	Sterile Bottle वा भायलमा 0.5 –1.0 ml P.B.S. राखी कूलबक्समा Ice
			Pack समेत राखे र पठाउने
ζ	थुनेलो (Mastitis)	दुधको नमूना	प्रत्येक थुनको १०-१४ml दुधको नमूना अलग अलग Sterile Bottle मा राखी कुलबक्समा Ice Pack समेत राखेर पठाउने
	<u>ब्र</u> सेलोसिस	मुख्य बर्वेचरे २ बाब्य मुस्स्तिने विकास	
3	ब्रुसलासस (Brucellosis)	पशु तुहेको ३ हप्ता पछिको सिरम	सिरम भायलमा राखी कूलवक्समा Ice Pack समेत राखेर पठाउने



नेपाल सरकार कृषि तथा पशुपन्छी विकास मन्त्रालय पशु सेवा विभाग

## केन्द्रीय पशुपन्छी रोग अन्वेषण प्रयोगशाला

त्रिपुरेश्वर, काठमाण्डौं

Email: cvlgov01@gmail.com; info@cvl.gov.np, Phone No. 01-5312143, 5351190, 5361938