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## The disease

Erysipelas is characterised by sudden deaths or a short illness characterised by scour and death. The disease is typically seen in turkeys although it is making reappearances in some parts of the world in free range chickens. In turkeys typically the head is cyanosed (purple colour) and the snood is turgid. In ducks congestion of the foot webs can be seen. Mortality can be anything up to 50%.

## Lesions

Apart from the skin lesions noted above, there is a congestion of the whole carcass in affected turkeys. Pin point haemorrhages (petechiae) can be seen in the myocardium, heart fat, epicardium, mesentery, gizzard lining, liver and other visceral organs. If enteritis is present it is typically seen as a catarrhal inflammation of the intestines. In very acute cases of sudden death there may not be time for lesions to develop.

In the chronic form of erysipelas vegetative endocardial lesions and a fibropurulent arthritis are often seen.

## Diagnosis

Diagnosis is made on the basis of clinical picture, pathological lesions and the isolation of the causative bacterium *Erysipelothrix rhusiopathiae*. There may be a history of contact with sheep or pigs. This bacterium is slender Gram positive rod and the identification of such a bacterium on stained tissue smears is a quick indication of erysipelas. When culturing for *E. rhusiopathiae* agar plates should be incubated for at least two days.

## Control

Hygiene is paramount and good clean outs between flocks are essential on farms with a history of erysipelas. Rats and mice should be controlled.

Most strains of *E. rhusiopathiae* are sensitive to penicillins, erythromycin and clindamycin and medication with amoxicillin is usually effective. In turkeys injection with a combination of long and quick acting penicillins can sometimes be warranted.

## Vaccination

Vaccination is often practised in turkeys and more recently in free range chickens using either a bacterin or a live vaccine on farms where infection reoccurs. In breeding turkeys a regimen of two doses (or more) at monthly intervals is recommended in rear. It should be noted that bacterins may give false positive mycoplasma agglutination tests and so blood testing for *Mycoplasma gallisepticum* or *M. meleagridis* should be avoided for 3-4 weeks post vaccine administration.