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TITLE

A POSITIVE SAMPLE FOR M. HYOPNEUMONIAE IN REARING GILTS: WHEN TO START VACCINATION?

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CONTENT

Background and objectives- A 600 sow partly closed breeding herd experienced a sudden rise in mortality and respiratory problems in one group of fatteners. Pathology and cross sectional bloodsampling of the herd led to the diagnosis APP. One of the rearing gilts was also sampled positive for *M. hyopneumoniae*, but based on pathological findings this result was ignored initially. After 4 months of no respiratory problems, an acute outbreak of *M. hyopneumoniae* was seen in weaner pigs. What to do with one positive sample, when it seems to be a coincidence?

Material and methods- When respiratory problems occurred in the fatteners, pathology was performed at the slaughterhouse and cross sectional blood sampling was done at the farm. Four months later, pathology and blood sampling was repeated in weaners with acute respiratory problems.

Results- Based on pathology and blood sampling the first group of fatteners were diagnosed with APP. No lesions of *M. hyopneumoniae* were found. Low antibody titres were found for PRRS and Influenza. One of eight rearing gilts sampled was also positive on *M. hyopneumoniae*. After treatment for APP no respiratory problems were seen on the farm. Four months later, weaners had acute respiratory problems. Positive antibody titres were found for *M. hyo* at 5 and 10 weeks of age, but only at 14 weeks of age for PRRS. Pathology showed no signs of APP. No signs of PRRS were seen in sows or newborn piglets.

Conclusion and discussion- The second outbreak of respiratory problems seems to be a result of *M. hyopneumoniae*. After intensive vaccination of all animals, no respiratory problems were seen on this farm. Could problems have been prevented by vaccination 4 months earlier? What to do with a positive sample in a cross sectional when clinical signs and pathology tell you something else?