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Review Article

Predominant Bacterial Respiratory Diseases Impacting Broiler Health and Performance

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Abstract

Bacterial respiratory diseases constitute a major health challenge in broiler chicken's production worldwide, leading to significant deterioration in flock health and considerable economic losses. The principal bacterial pathogens involved include *Mycoplasma gallisepticum*, *Escherichia coli*, *Pasteurella multocida*, *Avibacterium paragallinarum* and *Ornithobacterium rhinotracheale*. Clinical manifestations range from mild nasal discharge to severe pneumonia and systemic infections, adversely affecting growth rates, feed conversion efficiency, and mortality rates. Disease severity is often exacerbated by environmental stressors and suboptimal management practices. Therefore, early and accurate diagnosis, coupled with appropriate antimicrobial therapy and strict biosecurity measures, is essential for effective disease control. Continued research focusing on vaccine development and antimicrobial resistance mitigation remains critical to ensuring the sustainability of broiler production systems.

This article provides an updated summary of the most economically significant bacterial respiratory pathogens affecting broilers, along with current strategies for their prevention and control.

Introduction

Poultry industry represents a fundamental pillar of global food security by providing an economical and high-quality source of animal protein to meet the demands of a growing population (Abd El-Hack *et al.*, 2022; Abd El-Fatah *et al.*, 2023). However, bacterial respiratory diseases constitute a significant health challenge in broiler production, causing substantial

economic losses due to reduced growth rates, impaired feed conversion efficiency, increased mortality, and elevated treatment costs (Jordan *et al.*, 2018; Saif *et al.*, 2019).

Broiler respiratory system consists of nasal passages, trachea, bronchi, two lungs and nine air sacs (one cervical, two interclavicular, two anterior thoracic, two posterior thoracic and two abdominal). This system which is differ

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from mammalian respiratory system as exchanging air through air sacs allows highly efficient gas exchange and thermoregulation also **Khamas and Smodlaka (2024)**.

Predominant bacterial pathogens responsible for respiratory infections in broilers include *Mycoplasma spp.*, *Escherichia coli*, *Pasteurella multocida*, *Ornithobacterium rhinotracheale*, and *Avibacterium paragallinarum* (**Nair et al., 2020; Glisson et al., 2021**). Clinical manifestations range from mild upper respiratory symptoms to severe pneumonia and systemic infections, often exacerbated by environmental stressors and suboptimal management practices (**Wideman et al., 2018**).

Effective diseases control requires integrated strategies involving early and accurate diagnosis, appropriate antimicrobial therapy, vaccination, and stringent biosecurity measures to limit pathogen transmission and mitigate antimicrobial resistance (**Davies and Wray, 2016; Hafez, 2018**). Continued research efforts are essential to develop sustainable interventions that safeguard broiler health and optimize production efficiency.

Predominant Bacterial Respiratory diseases in broiler:

Common bacterial agents responsible for respiratory infections in broilers include:

1- *Mycoplasma gallisepticum*:

Mycoplasma species, classified within the class Mollicutes, are distinguished phenotypically from other bacteria by their lack of a cell wall and their extremely small cell size. These organisms require specialized growth conditions, and typically need up to three weeks for visible colony formation on culture media (**Manimaran et al., 2019; Burgos et al., 2023**). Their unique biology makes them inherently resistant to antibiotics targeting cell wall synthesis.

Mycoplasmas represent a genus of extremely small bacteria comprising over 25 species. They are uniquely characterized by the absence of a cell wall, being enclosed only by a flexible plasma membrane. Among these species, *Mycoplasma gallisepticum* and *Mycoplasma synoviae* are the most prominent pathogens known to cause respiratory and synovial infections in poultry (**Marouf et al., 2022**).

In addition, MG infection also exaggerates vi-

ral infections and secondary bacterial complications and adversely affects the efficacy of avian viral vaccines (**Fathy et al., 2017**).

This bacterium causing haemagglutination of turkey and chicken RBCs (**Samy and Naguib, 2018**).

Pathogenesis

The incubation period ranged from several days to weeks, *Mycoplasma gallisepticum* is transmitted through both **horizontal** (via respiratory aerosols, direct contact, and contaminated equipment) and **vertical** (transovarian) routes. Once a bird becomes infected, it may develop a **chronic carrier state**, acting as a continuous source of infection within and between flocks. Primary infection with *Mycoplasma* compromises mucosal integrity and impairs local immune responses in the respiratory tract, which facilitates colonization by secondary pathogens, most notably *Escherichia coli*. This co-infection leads to the development of **complicated chronic respiratory disease (CCRD)**, a condition associated with higher morbidity, reduced performance, and increased economic losses (**El-Gazzar, 2024**).

Clinical signs and postmortem lesions:

The most observed clinical signs are coughing, mouth gasping, general gauntness, swollen head and nasal secretion. It also can reduce fertility and egg production in adult birds (**Swayne et al. 2013**). It also causes conjunctivitis, lacrimation increased carcass condemnation and embryonic mortality, and reduced egg production, hatchability, feed conversion rate, and weight gain (**Marouf et al., 2020**). The most observed post mortem lesions were hemorrhagic secretion in the trachea and bronchi also cheesy secretion in the air sacs, liver, lung and heart (**Karthik et al., 2018; Basi et al., 2021**). *Mycoplasma* makes destruction of cilia of respiratory system causing hyperplasia in epithelial cells causing rales, sneezing, infraorbital sinusitis, air sacculitis and coughing that in severe cases leads to condemnation of carcasses (**Felice et al., 2020**).

Several studies in broilers recorded the isolation of M. G as:

Emam et al., (2020) recorded that *Mycoplasma gallisepticum* prevalence in winter and autumn (9.85 %). **Abd El-Hamid et al., 2019** recorded the incidence of MG was 29.4% from

tracheal samples. MG detected in 43.5% of broiler flocks by PCR (Marouf *et al.*, 2022).

Virulence factors in *Mycoplasma* in broilers:

Adhesion proteins for attachment, cysteine protease, motility for tissue penetration, factors for host cell destruction, nitric oxide and sialidase, all mentioned factors are enabling colonization and evasion the host immune system and leading to disease.

Diagnosis:

based on isolation, identification, and polymerase chain reaction (PCR). Real time PCR is the most reliable technique for diagnosis of *Mycoplasma* due to the fastidious character of this micro-organism as these tests are more specific, sensitive and fast also history of disease and serological tests as agglutination and ELISA more used for surveillance (El-Gazzar, 2024).

Control of *Mycoplasma* spp. Infections in Broilers

Controlling *Mycoplasma* infections in broiler production systems requires a **multifactorial approach**, combining biosecurity, early diagnosis, vaccination (mainly in breeders), and prudent use of antimicrobials. Due to the **chronic carrier state** and potential for both vertical and horizontal transmission, prevention is far more effective than treatment (El-Gazzar 2024).

2- Avian colibacillosis (*E. coli*):

one of the most economically important bacterial diseases of poultry worldwide. In broilers, colibacillosis is usually regarded as a secondary infection, occurring after respiratory tract damage induced by *Mycoplasma gallisepticum*, viral infections such as NDV or IBV, or poor environmental conditions including high ammonia and dust levels (Nolan *et al.*, 2020). Avian colibacillosis occurs worldwide, with prevalence rates varying from 10% to 50% in broiler respiratory disease cases depending on diagnostic approaches (Kabir, 2010).

Transmission is both horizontal (fecal–oral, contaminated litter, water, and equipment) and vertical through infected breeder hens leading to yolk sac infection in chicks (Dziva and Stevens, 2008).

Poor sanitation and another respiratory viral agent, overcrowding and poor manipulation of birds are most common causes for

pathogenicity of *E. coli*. (Eid *et al.*, 2016).

Etiology and Pathogenesis:

It is caused by avian pathogenic *Escherichia coli* (APEC) and it cause significant mortality and production losses in broiler flocks (Nolan *et al.*, 2020; Mellata, 2013). APEC strains have several virulence factors, including adhesins, invasions, iron acquisition systems, and toxins, which facilitate colonization and systemic infection (Ewers *et al.*, 2007).

Escherichia coli is the causative agent of avian colibacillosis in spite of its normal inhabitant in the intestinal flora. This bacterium is gram-negative, non-sporulated bacilli, motile by peritrichous flagellum (Nolan *et al.*, 2013). *E. coli* grows at 37°C also it takes twenty minutes to reproduce in considerable condition some strains possess polysaccharide capsule (Kohler Do-brindt, 2011).

Epidemiology and Transmission:

Virulence factors of avian pathogenic *E. coli* (APEC):

There are many virulence factors of (APEC) as fimbriae that attaches to epithelial cells of respiratory tract, also iron acquisition systems to scavenge iron, also toxins and hemolysins that make tissue damage, that is called serum resistance factors (iSS and TraT) which survive defence system. also capsule that survive phagocytosis. All these factors make this bacteria to colonize and persist infection in respiratory system (Sagib *et al.* 2024).

Clinical Signs and P.M lesions::

The most dominant signs of this disease is acute septicemia, enteritis, arthritis, swollen head syndrome and oophoritis. Airsacculitis, pericarditis and perihepatitis are the most detected in P.M changes (Mellata, 2013).

Several studies have demonstrated Avian colibacillosis in Egypt, the predominant cause of respiratory signs in broilers flocks, as the most detected signs coli septicemia within the examined birds. From 82 broiler chicken flocks there were 12 APEC strains from 219 *E. coli* strains and the detected signs were swollen head syndrome, air sacculitis (Hussein *et al.*, 2013). in another study in Egypt by AbdElTawab *et al.*, (2014) founded that incidence of colibacillosis was 38% in infected flocks and the incidence was 11, 10.1, 8.2 and 8.7 in different localities in Benha governorate. another

study made by **Amser et al. (2018)** the incidence of avian colibacillosis was 61%. In addition to, **Ramadan et al., (2018)** founded that the incidence of colibacillosis was 48% of human cases and 50% of chicken samples. **Enany et al., (2019)** recorded that the incidence of *e coli* 50.4% from diseased broilers and the most serotypes were O78, O1, O126 and O91.

Control:

The drug of choice for managing colibacillosis in broilers was cefquinone in a study done by **El-Tahawy et al., (2022)** by using antibiotic sensitivity testing and they advised that good biosecurity and selection of good drug thereby based on antimicrobial sensitivity testing. **Abdel Mawgoud et al., (2020)** mentioned that the live attenuated vaccine was more successful in decreasing the clinical and mortality rates of challenged broilers. Also **Kathayat et al., (2021)** stated that Live attenuated O78 vaccines and autogenous vaccines have shown protective effects. However, antimicrobial resistance is widespread, with resistance reported against tetracyclines, sulfonamides, and fluoroquinolones (**Mellata, 2013**). As a result, alternatives such as probiotics, prebiotics, bacteriophages, and essential oils are being investigated (**Nolan et al., 2020**).

3- *Ornithobacterium rhinotracheale* (ORT):

Ornithobacterium rhinotracheale (ORT) is a Gram-negative, non-motile, pleomorphic rod belonging to the family Flavobacteriaceae. Since its first recognition in the early 1990s, ORT has been identified as an emerging and economically important respiratory pathogen in commercial poultry, including broiler chickens (**van Empel and Hafez, 1999**). Mortality in broilers is usually low to moderate (2–10%), but morbidity is high. The main economic losses are due to impaired feed conversion, reduced weight gain, increased condemnations at slaughter, and higher treatment costs (**Thieme et al., 2016**).

Epidemiology:

ORT is distributed worldwide, with outbreaks reported in Europe, Asia, Africa, and the Middle East (**Tsai and Huang, 2006; Chaudhry et al., 2012**). Transmission occurs horizontally via aerosols and direct contact, with poor ventilation, high ammonia, and concurrent infections (*Mycoplasma gallisepticum*, *Avibacte-*

rium paragallinarum, or respiratory viruses such as NDV and IBV) acting as predisposing factors (**Schuijffel et al., 2006**).

Virulence factors for *Ornithobacterium rhinotracheale*:

Glycoprotein destruction is done by neuraminidase, hemolysins that make pores in tissues and help in adhesion, another factors as plasmid and small colony variants and biofilm formations ;all these factors enable ORT bacteria for attachment and disease appearance (**Jennifer et al. 2025**).

Clinical signs and P.M. lesions:

In broilers, ORT infection usually manifests between 3–6 weeks of age, with signs such as sneezing, nasal discharge, dyspnea, open-mouth breathing, decreased feed and water intake, and retarded growth (**Hafez, 2011**). Post-mortem lesions include fibrinous pneumonia, pleuritis, pericarditis, and air sacculitis, which are often indistinguishable from lesions caused by *E. coli* or *Pasteurella multocida* (**Devriese et al., 2001**).

Diagnosis:

The diagnosis of ORT infection in broiler chickens requires a combination of clinical, pathological, and laboratory findings, as the disease is often complicated by co-infections with other respiratory pathogens. Case history, clinical signs, P.M. lesions, isolation and identification of bacteria, the organism grows slowly on blood agar under microaerophilic conditions (5–10% CO₂) and may be outcompeted by other bacteria. Colonies are small, grayish, and non-hemolytic (**Hafez, 2011**). ELISA and PCR are useful tools in diagnosis.

Control and preventions:

Treatment with antimicrobials may provide short-term improvement, but resistance against tetracyclines, macrolides, and fluoroquinolones has been widely reported (**Devriese et al., 2001**). Vaccination using inactivated or autogenous bacterins has shown variable efficacy depending on serotype and field strain variability (**Schuijffel et al., 2006**). Therefore, integrated control measures including strict biosecurity, environmental management, and vaccination are considered essential in endemic areas (**Hafez, 2011**).

4- Infectious coryza. (*Avibacterium paragallinarum*):

Infectious coryza is an acute to subacute respir-

atory disease of chickens caused by *Avibacterium paragallinarum*, a Gram-negative bacterium belonging to the family Pasteurellaceae (Blackall & Soriano-Vargas, 2020). The disease is traditionally more important in layers and breeders, but in endemic regions, broiler flocks may also become affected, leading to significant economic losses due to morbidity, growth retardation, and secondary infections (Chukiatsiri *et al.*, 2022).

Epidemiology

Avibacterium paragallinarum is a Gram – negative, non-motile, capsulated coccobacilli bipolar bacteria called Avian infectious coryza. It affects the upper respiratory tract; this bacterium causes economic losses due to decrease in egg production. The disease is globally distributed, with higher prevalence in regions with poor biosecurity, high stocking densities, and multiple-age poultry farms (Nakamura *et al.*, 2021). Transmission occurs mainly through horizontal transmission via direct contact, aerosols, and contaminated drinking water. Carrier birds play an important role in disease persistence within flocks (Soriano-Vargas *et al.*, 2020).

Clinical signs and P.M. lesions:

The most recorded signs are facial edema, nasal discharge, lacrimation and diarrhea with high morbidity from 20-50% and up to 20 % mortality (Byarugaba *et al.*, 2007; Blackall and Soriano, 2013). The infected bird stills carriers and is considered as a source for infection the clinical signs differ according to age and the course of disease as in acute states there is a large number of dead birds without previous signs and there are high mortalities. In Egypt (Awad Alla *et al.*, 2009) isolated infectious coryza from Dakahlia governorate were 12 isolates from commercial broiler and layers and native breed. The most recorded signs sneezing, lacrimation, facial swelling anorexia and nasal discharge. From isolated strains the serotype A was the most predominant. also, depression, anorexia, reduced feed intake, growth retardation and reduced weight gain (Chukiatsiri *et al.*, 2022).

Diagnosis:

Case history and clinical signs are suggestive, while Bacteriological culture on chocolate agar or NAD-supplemented media remains the gold

standard. PCR assays allow rapid and sensitive identification of *A. paragallinarum* (Paudel *et al.*, 2020).

Control and Prevention

Guo *et a l.*, (2022) founded that oxytetracycline hydrochloride, amoxicillin, ampicillin and ceftiofur were the drug of choice against *A.paragallinarum* for prevention and control this disease, accurate management, vaccination and treating with certain antibiotics after sensitivity testing performing (Tabbu, 2000), Good ventilation, stocking density control, and minimizing stressors.

Virulence factors of *Avibacterium paragallinarum*:

There are many factors infeulencing pathogenicity of infectious coryza microorganisms included in; hemagglutinin like components, capsule, outer membrane proteins, iron acquisition proteins and putative RTX proteins all these factors helping in attatchment and colonization of this bacteria to the respiratory epithlia (Mohammed *et al.*, 2025).

5- *Pseudomonas*:

Aubiquitous m.o which is found in soil, water, and damp environoment. elevated humidity inthe farm also play important role in pseudomonas respiratory manifestation Awad and Hafez (2024).

Epidemiology:

Pseudomonas is motile non spore forming ,gram negative and non capsulated aerobic bacilli. *P.aeruginosa* is beta haemolytic on blood agar also non lactose fermenter El-Gohary *et al.* (2012).

Clinical signs

Clinical signs depending on either localized or systemic infection ,mortality and morbidity range from 2-10% and may reach to 100%in severe condition Eraky *et al.* (2020). Beside respiratory manifestation pseudomonas can cause airsacculitis, sinusitis, keratitis and septicemia, it also cause omphalitis especially yolk sac causing mortality from 0-90% Walker *et al.* (2002).

Controle measures of *Pseudomonas*:

Applying hygienic measures as disinfection and cleaning of equipment and prevent pseudomonas infection is needed, also before treatment antimicrobial susceptibility testing is needed as pseudomonas spp. develops antimi-

crobial resistance due to efflux mechanisms that get antimicrobial out the bacterial cell (Loughlin *et al.* 2002). Identification of bacterial diseases involve specialized culture media, molecular diagnosis as rt-PCR apply high sensitivity and faster results than traditional methods also researchers develops new luminal suspension microarray that uses multiplex PCR that gives 100,%sucess rate also quantitative PCR that identify 15 respiratory pathogen including bacteria, viral and fungi associated with respiratory diseases Xie *et al.* (2014).

6-Proteus

Sporadic bacteria occasionally cause embryonic death in young chickens .it occured in quails and broilers however reports of proteus spp. occasionally cause arthritits, salpingitis, airsacculitis, granulomatous inflammation and septcemia have been recorded reports of proteus as causative agent of poultry disease are scanty (Dadheech *et al.* 2015).

Antimicrobial resistance (AMR):

Prolonged use of antibiotics and non response to antimicrobial agents for viruses, bacteria, fungi and parasites makes infection difficult in treatment and increasing spreading of diseases, severe illness and death (WHO, 2025). Antimicrobial-resistant bacteria transmits its genetic traits to the environment and circulate within the farm. contamination of poultry food with these resistant bacteria so may transmits to human Much *et al.* (2010).

Conclusion

Bacterial respiratory diseases continue to impact broiler health and productivity worldwide. They act either as primary pathogens or exacerbate viral infections, leading to major economic consequences. An integrated control programme involving biosecurity, vaccination, and responsible antimicrobial use remains essential for sustainable broiler production.

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