

Strategies to minimise the anticoccidial resistance in the commercial chicken farms

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Chemoprophylaxis and Immunoprophylaxis of chicken coccidiosis

Curative and prophylactic drugs

Anticoccidial drugs – Classification & Mode of action

Common anticoccidials :
Chemicals Vs Ionophorous Antibiotics

Immunoprophylaxis : Need for Anticoccidial vaccine

Live, Attenuated , Precocious line vaccines

Recombinant / Sub unit vaccine



Strategies to minimise the anticoccidial resistance in the commercial chicken farms

Why Chicken coccidia are very prone to resistance?

Anticoccidial resistance (ACR) – Types and Factors

Methods for detection of Anticoccidial Resistance

Anticoccidial programs - Rotation, Shuttle and Immuno shuttle program

Six Golden Rules to minimize the AC resistance



Anticoccidials and Resistance

- ▶ **Continuous use** of anticoccidial drugs promotes the emergence of drug-resistant strains of coccidia.
- ▶ While there is **little cross-resistance** to anticoccidials with **different** modes of action, there is widespread resistance to most drugs.
- ▶ Coccidia can be **tested in the laboratory** to determine which products are most effective.



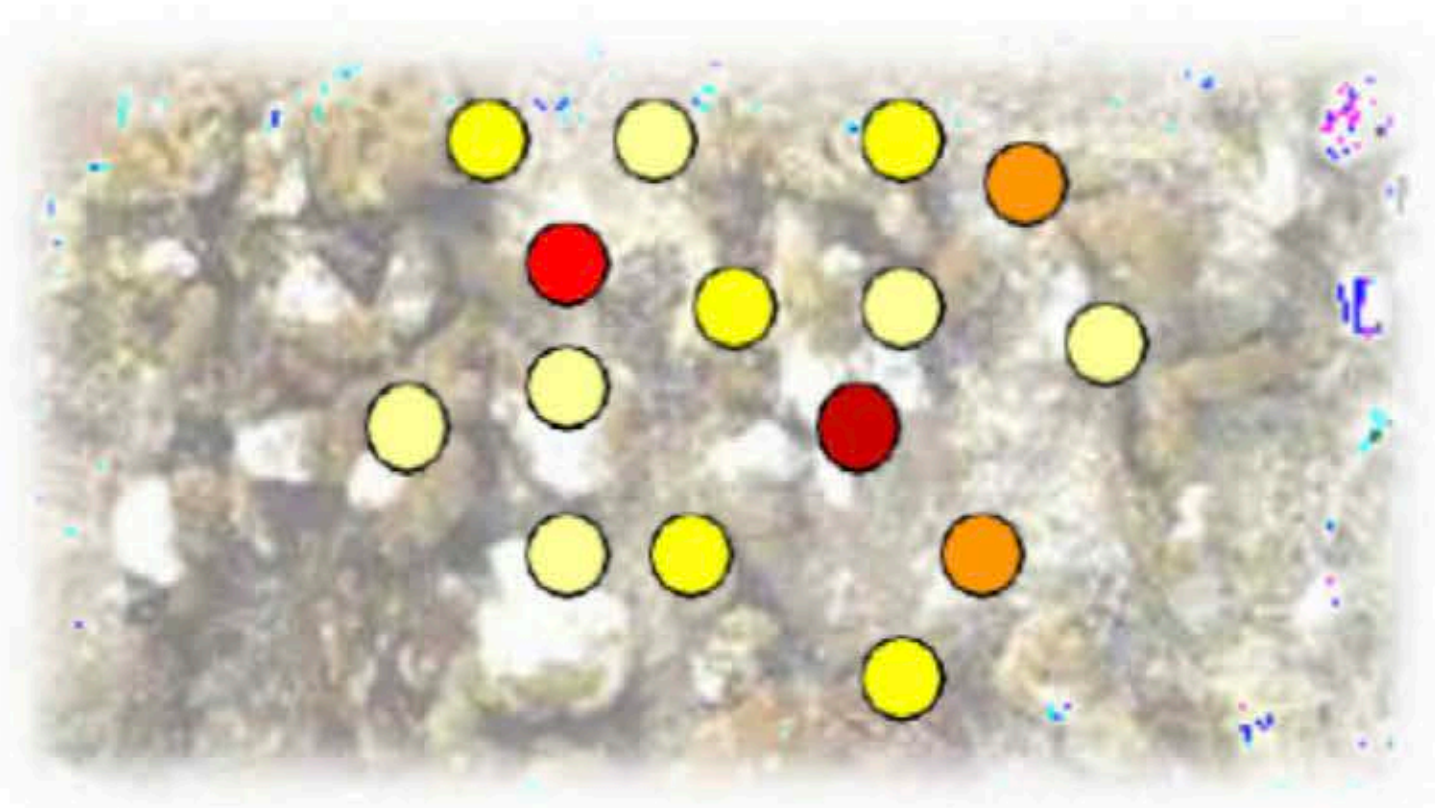
Why Chicken Coccidia Sp. are more prone to Resistance to Anticoccidials?

- ▶ The control of avian coccidiosis has relied almost entirely on **chemotherapy**, as is evident from the fact that most **intensively reared chickens are fed an anticoccidial agent** in the diet throughout their period of growth.
- ▶ **Feed medication** is a convenient and cost effective method of enabling large numbers of chickens to be reared under intensive conditions.
- ▶ The practice of including drugs in the feed **throughout the life of the bird** has ensured that few parasites escape the effects of medication.
- ▶ In such an environment, parasites are exposed throughout their life cycle to agents designed for their removal and this has **inevitably resulted in the development of resistance**.

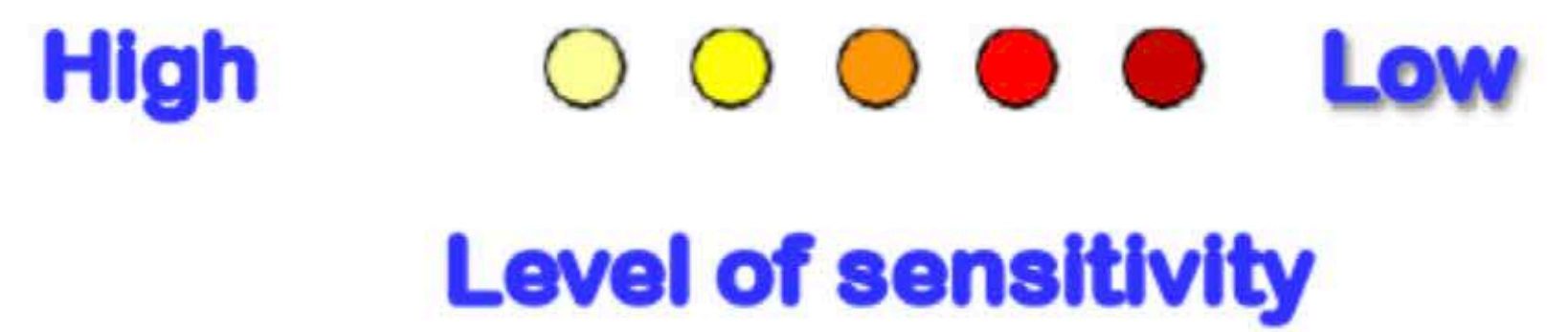


Reduced Sensitivity / Resistance

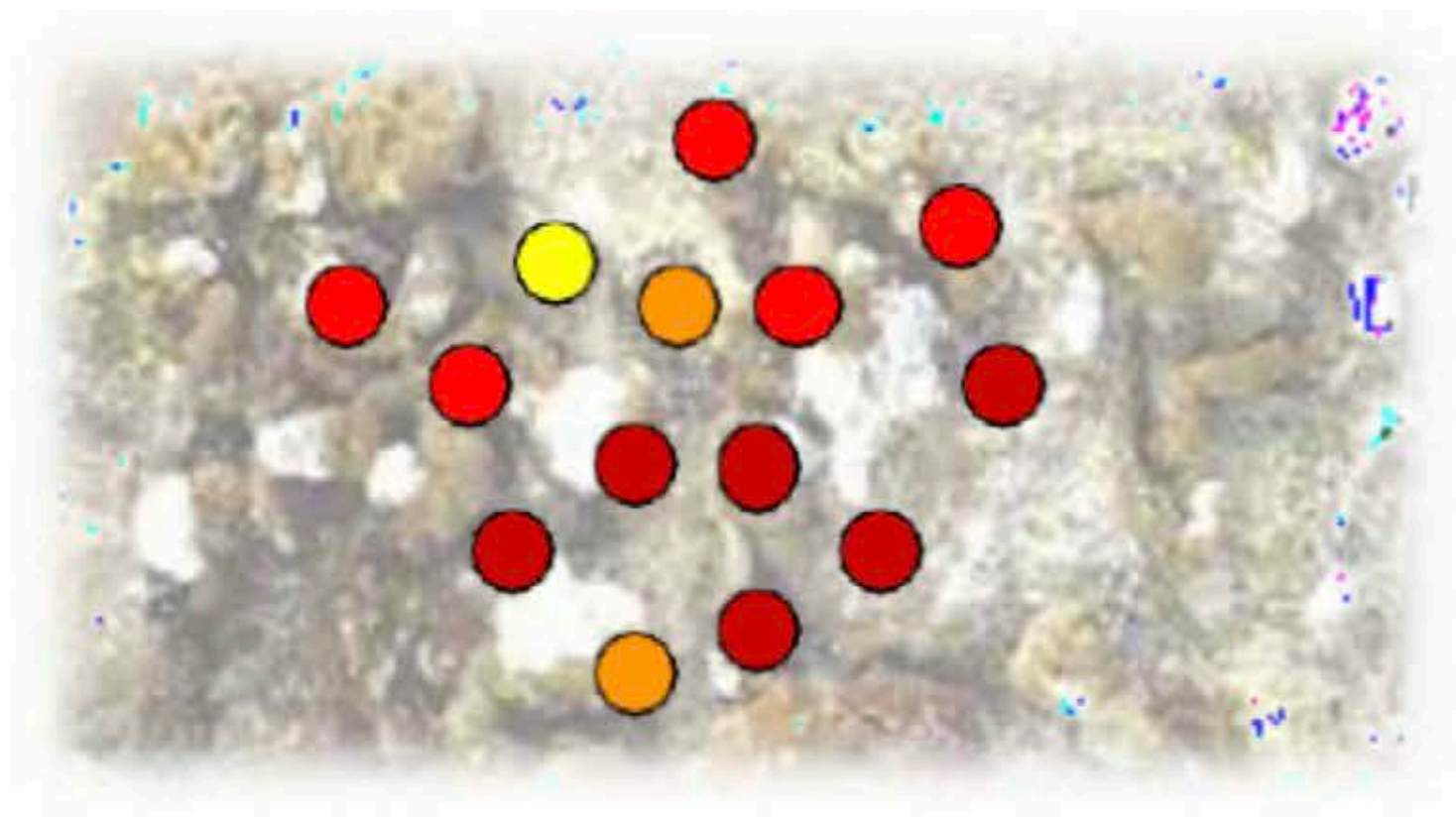
After some time of use, the efficacy of anticomocidials decreases.



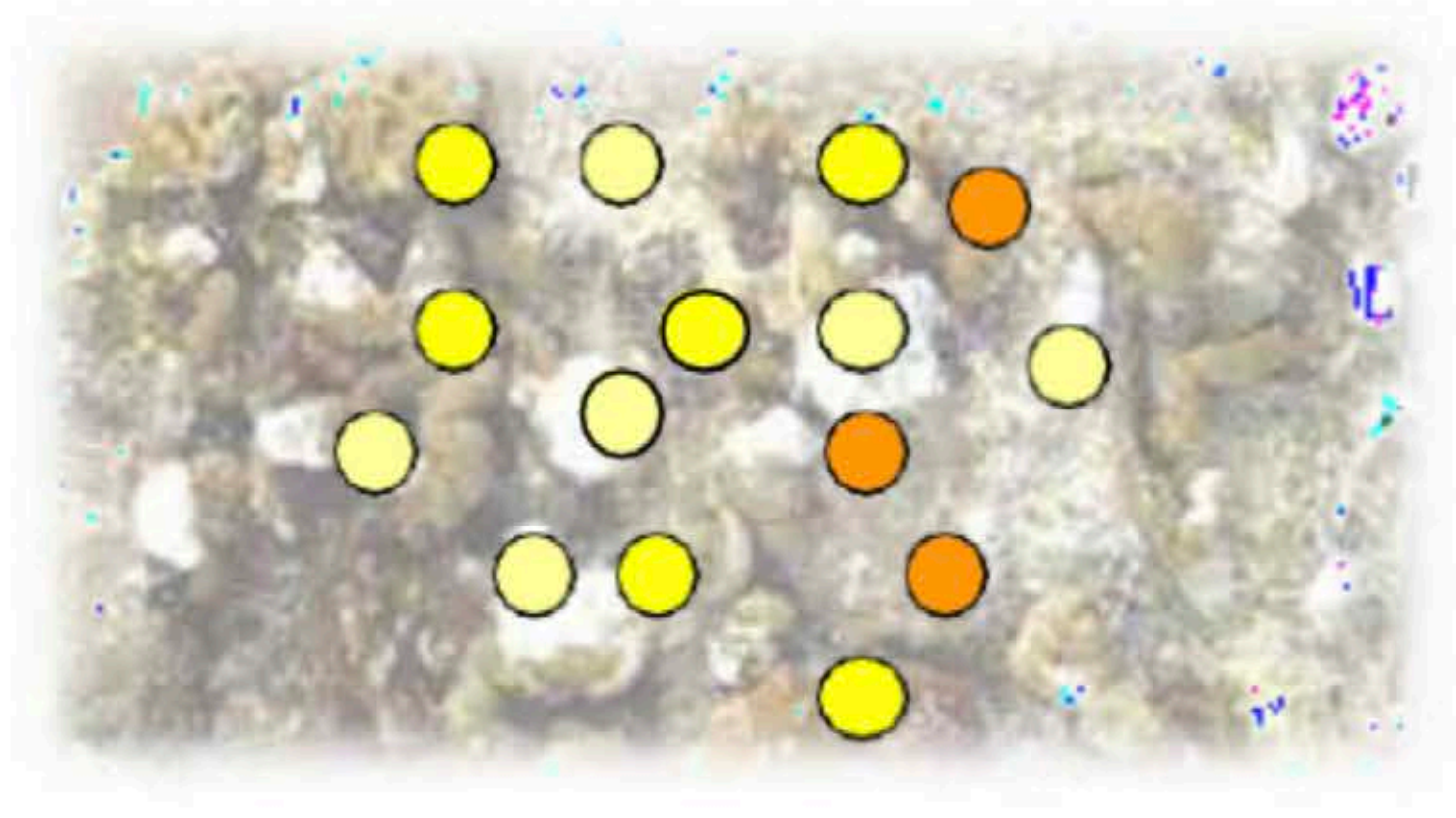
Parasite population



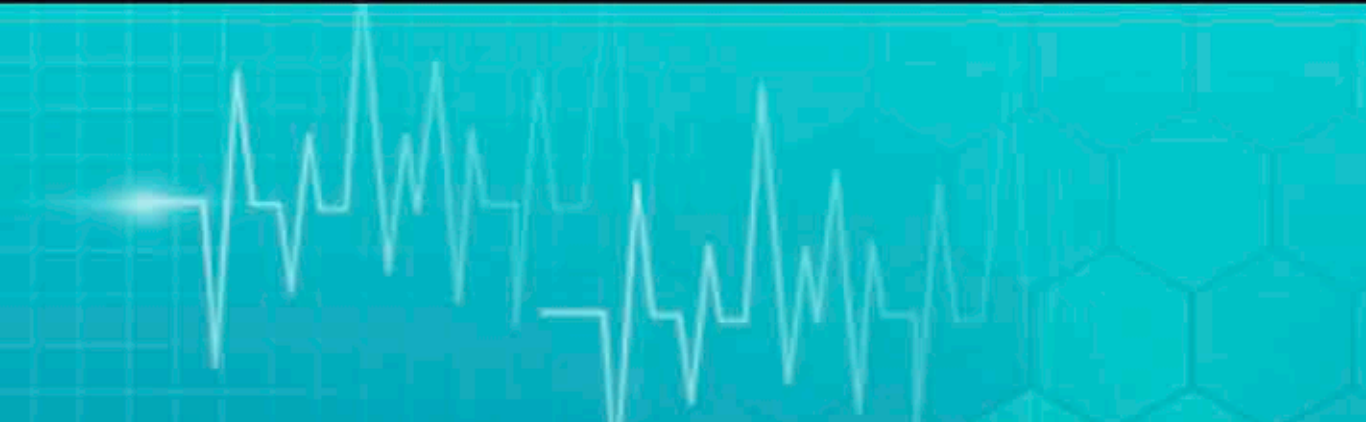
Anticomocidial X



No anticomocidial



(Mathis *et al.*, 1984; Chapman, 2007)



Resistance and Cross Resistance

Reduced sensitivity / resistance

After some time of use



The efficacy of
anticoccidials
decreases

Cross-resistance

If resistance to one
product arises



Other similar products
will also work less
efficient



Cross Resistance

Chemicals:

- Very different targets to kill *Eimeria* sp
- Occurrence of cross-resistance.
- Repeated usage within 3 years - resistance

Ionophores:

- Have a common mode of action.
- Cross-resistance can be a problem.
- However, big differences between different classes of ionophores
→ implications for cross-resistance
MULTIPLE RESISTANCE



Factors involved in AC resistance development

- ▶ Genetic Factors
- ▶ Operational Factors
- ▶ Biological Factors

Genetic Factors

- ▶ Dominance of resistance alleles
- ▶ Number of genes involved
- ▶ Initial frequency of resistance genes
- ▶ Genetic diversity of population
- ▶ Relative fitness of resistant organisms
- ▶ Chance of linkage disequilibrium
- ▶ Opportunity for genetic recombination

(Chapman, 1997)



Common anticoccidial drugs with their mode of action

Anticoccidial Drugs	Mode of action	Affected life cycle stages	Species studied	References
Sulfonamides	Inhibition of folic acid pathway	Second and later schizonts	<i>E. tenella</i>	Wang <i>et al.</i> , 1975
Amprolium	Thiamine antagonist	Second generation schizont	<i>E. tenella</i>	James, 1980b
Decoquinate	Inhibit respiration by blocking electron transport in the parasite mitochondrion	Sporozoite	<i>E. tenella</i>	Wang, 1975
Clopidol	Affects electron transport	Sporozoite	<i>E. tenella</i>	Fry and Williams, 1984
Benzencamines	Uncouple oxidative phosphorylation	Sporozoites	Various species	Bafundo <i>et al.</i> , 1989
Monensin	Influx of sodium ions	Sporozoite	<i>E. tenella</i>	Smith and Galloway, 1983
Robenidine	Bind to proteins and cause the uncoupling of the parasite mitochondria	Multiple stages	Various species	Wang, 1982
Halofuginone	Unknown	Asexual stages	Various species	Kitandu and Juranova, 2006
Ionophores	Cation transport across cell membrane	Sporozoites & merozoites	Various species	Smith and Galloway, 1983
Diclazuril	Nuclotide analogue	Both sexual and asexual stages	<i>E. tenella</i>	Maes <i>et al.</i> , 1988
Toltrazuril	Act against plastid like genome	Multiple stages	Various species	Hackstein <i>et al.</i> , 1995

Table Source : Abbas *et al.*, 2011



Report on Resistance to Chicken Anticoccidials

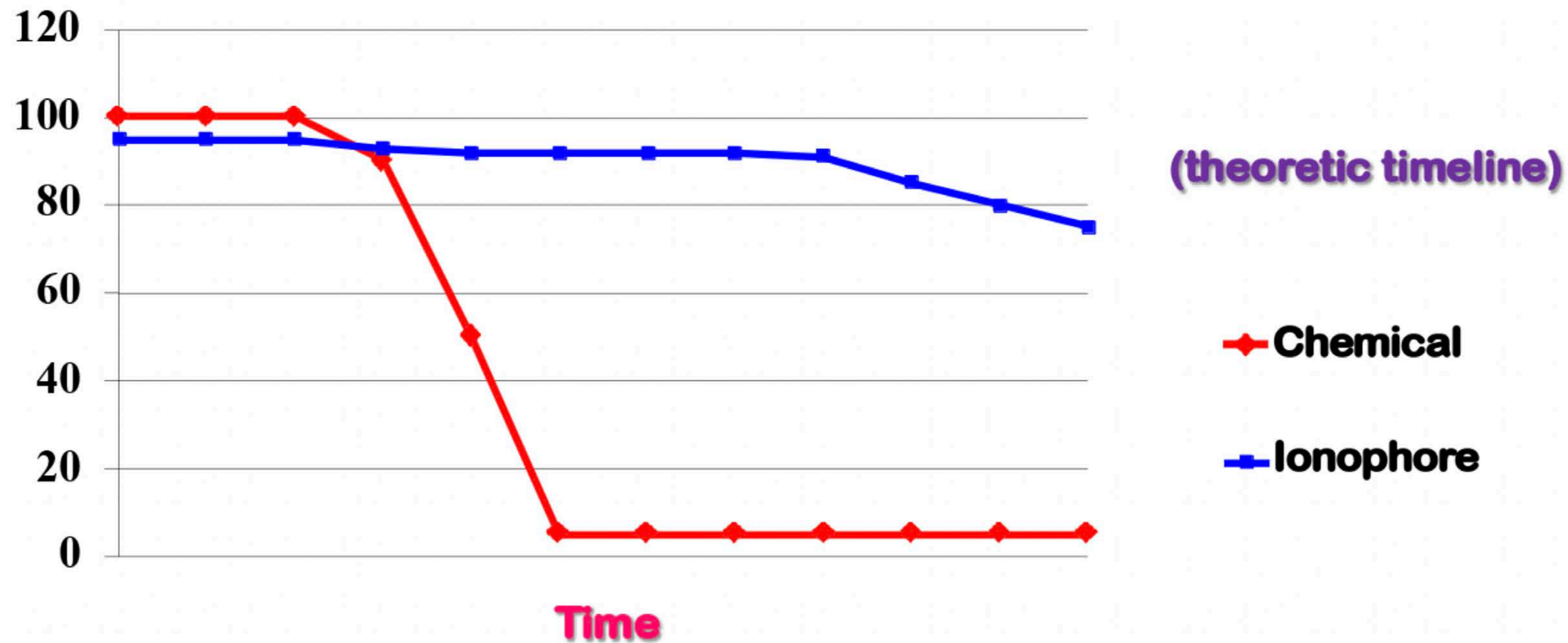
Drug	Country	Resistance described	Year
Sulphaquinoxaline	USA	Waletzky <i>et al.</i>	1954
	India	Gill and Bajwa	1979
Nitrofurazone	USA	Cuckler and Malanga	1955
	India	Gill and Bajwa	1979
Nicarbazin	Britain	Hemsley	1964
	India	Gill and Bajwa	1979
	Germany	Stephan <i>et al.</i>	1997
Dinitolmide	Britain	Hemsley	1964
Amprolium	Britain	Hemsley	1964
	India	Gill and Bajwa	1979
Clopidol	India	Gill and Bajwa	1979
Buquinolate	USA	McManas <i>et al.</i>	1968
Monensin	USA	Jeffers	1974
	Gt. Britain	Chapman	1982
	Germany	Stephan <i>et al.</i>	1997
Robenidine	USA	Jeffers	1974
	Germany	Stephan <i>et al.</i>	1997
Halofuginone	France	Hamet	1986
	Germany	Stephan <i>et al.</i>	1997
Lasalocid	USA	Weppelman <i>et al.</i>	1977
Arprinocid	Britain	Chapman	1982
Salinomycin	USA	Jeffers	1989
	Germany	Stephan <i>et al.</i>	1997
	India	Yadav and Gupta	2001
	Pakistan	Abbas <i>et al.</i>	2008a
Narasin	USA	Weppelman <i>et al.</i>	1977
Maduramicin	USA	McDougald <i>et al.</i>	1987
	Germany	Stephan <i>et al.</i>	1997
	Pakistan	Abbas <i>et al.</i>	2008a,b
Diclazuril	Brazil	Kawazoc and Fabio	1994
Toltrazuril	Germany	Stephan <i>et al.</i>	1997
	Netherlands	Vertommen and Peek	1993
	Germany	Stephan <i>et al.</i>	1997

Source : Abbas et al, 2011



Timing of Resistance Development (theoretic timeline)

Efficacy





Evaluation of Anticoccidial Resistance // Methods for detection of ACR

► **Four different indices** to evaluate the anticoccidial efficacy :

1. **Global Index (GI)** by Stephan *et al.* (1997)
2. **Optimum Anticoccidial Activity (OAA)**
3. **Anticoccidial Sensitivity Test (AST)**
4. **Anticoccidial Index (ACI)**

► **Holdsworth et al., 2004 *Vet Parasitol.* 121: (3-4)189-212**
WAAVP Approved Protocol



Global Index – GI by Stephan *et al.* (1997)

- ▶ **Weight gain**
- ▶ **Feed conversion** for the treatment group and the negative control (NNC)
- ▶ **Lesion score** for the treatment group and the infected/non-medicated control (INC).
- ▶ **Oocyst index**
- ▶ An oocyst index of 0 to 5 was determined by examination of scrapings from each four segment of intestine for birds sacrificed for lesion score at 7th day post- inoculation.
- ▶ The **GI for each dietary treatment** was calculated as percentage of the **GI for the negative control group NNC**

$$GI = \%WGNNC - [(FM - FNNC) \times 10] - (OIM - OIINC) - [(LSM - LSINC) \times 2] - (\%mortality/2)$$



Global Index – GI by Stephan *et al.* (1997)

- ▶ The **GI for each dietary treatment** was calculated as percentage of the **GI for the negative control group NNC** according to the following 5 categories:
- ▶ **≥90% GI : Very good efficacy**
- ▶ **80-89% GI : Good efficacy**
- ▶ **70-79% GI : Limited efficacy**
- ▶ **50-69% GI : Partially resistant**
- ▶ **<50% GI : Resistant**



Optimum Anticoccidial Activity (OAA)

- ▶ In this index, a **GROWTH AND SURVIVAL RATIO (GSR)** is used to calculate the percentage of **OAA** -Optimum Anticoccidial Activity for each treatment as follows:
- ▶ Resistant if $\leq 50\%$,
- ▶ Partially resistant if $51\%-74\%$
- ▶ Sensitive if $\geq 75\%$



Anticoccidial Sensitivity Test (AST)

- ▶ The **AST** -Anticoccidial Sensitivity Test is calculated based on the **reduction of mean lesion score of the treatment group** compared with the infected non-medicated group (**INC**).
- ▶ **A reduction of**
- ▶ **0 to 30%** - Resistance
- ▶ **31- 49%** - Reduced sensitivity / Partial resistance
- ▶ **at least 50%** - Full sensitivity



Anticoccidial Index (ACI)

- ▶ **ACI index** = (Relative weight gain rate + survival rate) - (Lesion score x 10 + oocyst value/score).
- ▶ Value of **180 or higher** indicate that drug is **very effective**
- ▶ value **<120** indicate that the drug is **not effective**.



Solution to ACR : Best use of existing drugs

- The control of coccidiosis is likely to continue to depend on **chemotherapy**
- **Immunoprophylaxis**, are now established and offer a practical alternative.
- Until now, as resistance has developed to the older compounds, **new ones have been discovered** to replace them.
- **It is doubtful whether this situation will continue.**
- It is important therefore that **strategies** be devised to obtain the **best use of existing drugs.**



Effect of higher dose on AC Resistance ?

- It has been shown that parasites resistant to the recommended levels of certain anticoccidial drugs may be **suppressed** if the **concentration of drug is increased**.
- Resistance to these **higher concentrations**, however, is likely to **develop rapidly** after further selection.
- Increasing the concentration of a drug may therefore only be of **use in the short term**
- Further more would **not be practical** because most anticoccidial drugs are used at levels close to those that are toxic to the chicken.



Lower Dose, Frequency and AC Resistance?

- **Resistant strains may emerge** if anticoccidial drugs have been employed at **concentrations lower than** those normally recommended for control.
- It would therefore appear to be important to **maintain adequate drug levels in the field** in order to reduce the possibility of selecting resistant strains.
- A **reduction in the use of drugs** is desirable since it is generally accepted that the selection of genes for resistance will occur **more rapidly as the frequency of treatment is increased**.
- Control of coccidiosis may be achieved by giving drugs **intermittently**, the objective being to prevent the buildup of infection in a poultry house.
- However, such a **policy would be unacceptable to the poultry industry** because of, for example, **the impairment of food conversion that would probably result**.



Overcoming Resistance

- ▶ Resistance presents a major problem.
- ▶ Various programs are used in attempts to slow or stop selection of resistance.
- ▶ **ROTATION vs SHUTTLE PROGRAMMES**



Shuttle Programs

- ▶ In which one group of chickens is treated sequentially with different drugs (**usually a change between the starter and grower rations**), are common practice and offer some benefit in slowing the emergence of resistance.



Step up or Step down Programmes

- ▶ In a **'step up'** programme, **ionophores** are used at a low concentration in starter feed and used at higher concentration in finisher feed or vice versa in a **'step down'** programme.
- ▶ **Monensin and Salinomycin** are used in a step-down fashion to aid in the development of immunity.
- ▶ **Salinomycin** was given to **broiler** at 60 parts /10⁶ from 0 to 4 weeks and at 40 parts/10⁶ from 4 to 6 weeks.
- ▶ Similarly, we can design it for commercial layers, broiler breeders and layer breeding stock.

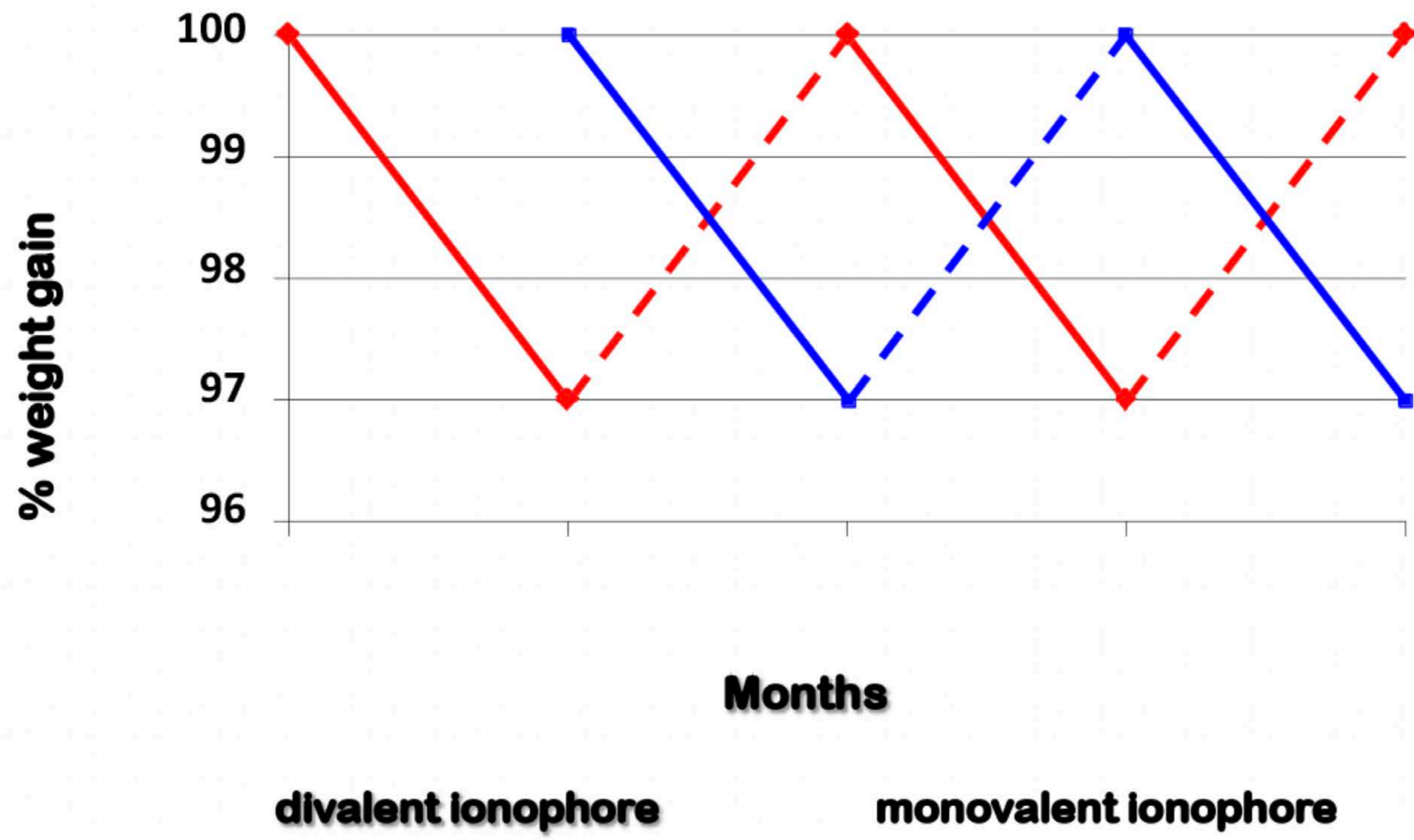


Rotation Program

**Changing the anticomocidial drug to
one of another class after a few cycles
(can be in shuttle or full program)**



Rotation = Resting Helps Anticoccidials To Recover Efficacy



(Chapman and McFarland, 2003)



Rotation Basics

- ▶ **Ionophore** : up to 6 months
- ▶ **Chemical full** : 3 months (1 cycle)
- ▶ **Chemical in shuttle** : 4.5 months (2 cycles)



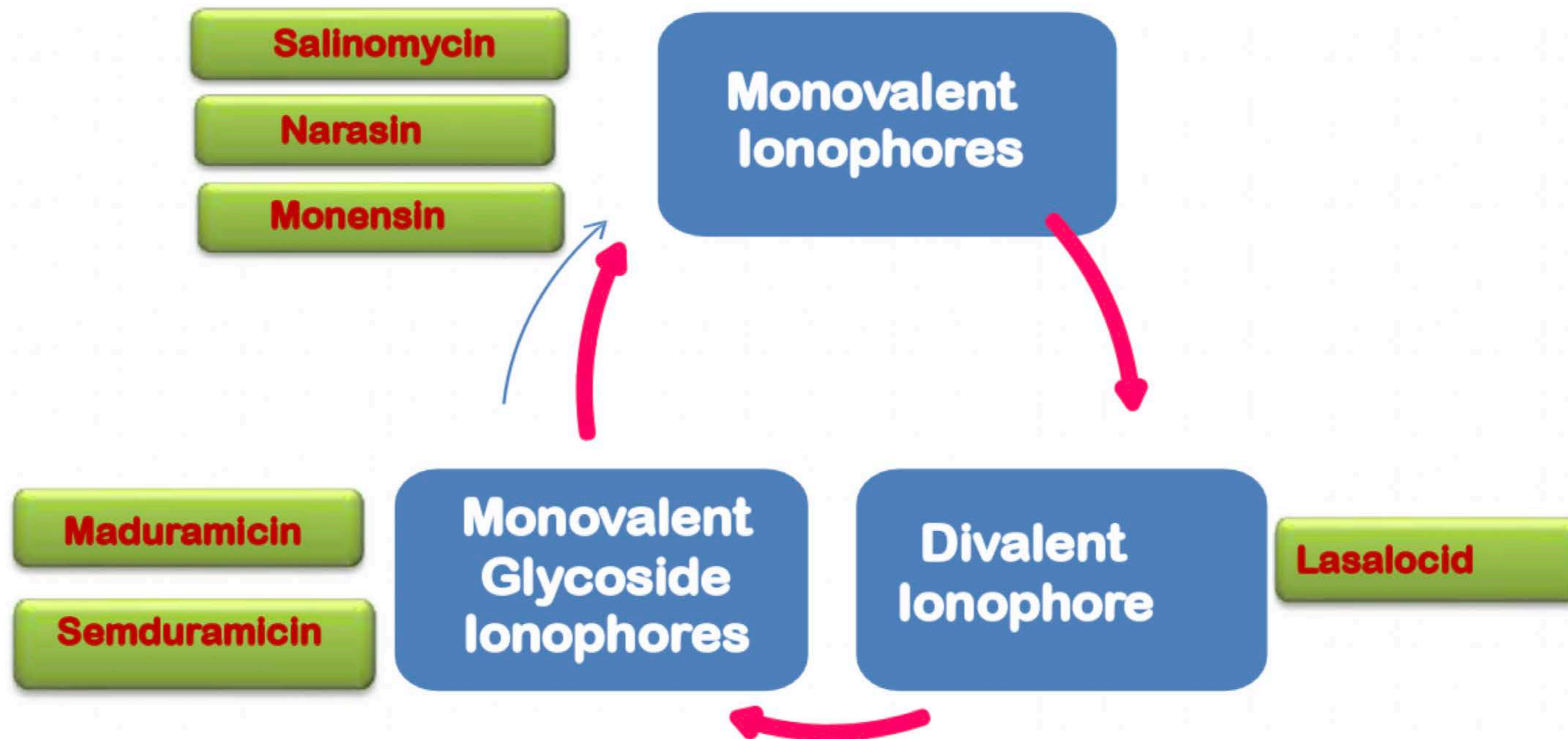
Caution for using ionophores / Chemicals

- ▶ **After using an ionophore**
 - Do not use it again for at least 6 months
 - (or other ionophore from same class)

- ▶ **After using a chemical**
 - Limit use of particular chemical to once a year, if used 3 months in full, give 9 months rest.
 - You can use other chemicals.



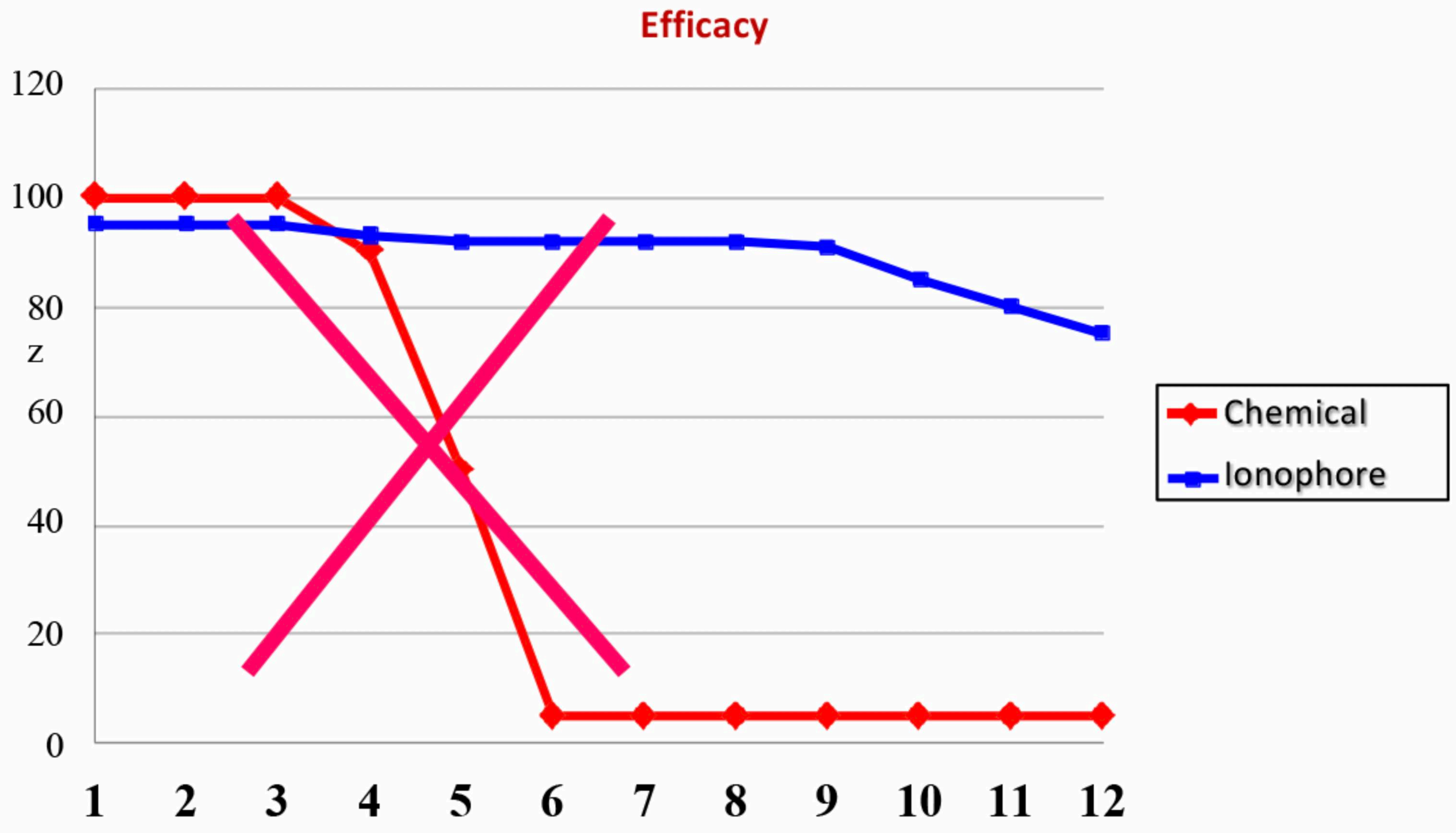
Correct Rotation



Don't forget cross-resistance



Rotation Reduces The Risk For Developing Resistance !!!





Alternating cycle of drugs and vaccines

IMMUNO-SHUTTLE

or

BIO-SHUTTLE



IMMUNO-SHUTTLE or BIO-SHUTTLE

- In this approach, anticoccidial vaccines and drugs are administered alternatively during different age groups of birds.
- On **Day 1**, **Anticoccidial vaccine** is administered,
- On **Day 14-28**, **Anticoccidial drug** is given in **grower** feed and
- On **Day 28-38**, the same anticoccidial **drug** or a different anticoccidial drug in **finisher** feed at **low dose** is administered.
- For example **Advent®** which is a **live vaccine** containing oocysts of *E. tenella*, *E. maxima* and *E. acervulina* is administered on day 1
- Followed by **Salinomycin** (60 g/ton) on day **14-28** and
- **Lincomycin** (4 g/ton) on day **28-38**.
- Results revealed improvement in Feed conversion ratio and an increase in body weight gain



Commercially available anticoccidial vaccines

1. **Advent**
2. **Coccivac-B**
3. **Coccivac-D**
4. **Coccivac-T**
5. **Eimeriavax 4M**
6. **Inovocox**
7. **Immucox I, Immucox II, Immucox T**
8. **Hatchpak Cocci III**
9. **Paracox 5, Paracox 8**
10. **Livacox Q, Livacox T**
11. **Coxabic**
12. **Hipracox**



The Integrated Approach Chapman, 2000

- Anticoccidial drugs
- Shuttle programme / Rotation programme / step up – or down
- **Vaccination** - Live vaccines Non attenuated or Attenuated /Egg adopted or Precocious line vaccines
- **Live vaccines with anticoccidial - Immuno Shuttle**
- **Botanical anticoccidials**
- **Non-chemical control** may involve the integration of botanical **anticoccidials** with **vaccination** for control of coccidiosis. **ORGANIC FARMING PRACTICES**
- Feeding natural dietary supplements or probiotics to animals to enhance their innate defense mechanisms could effectively reduce or eliminate the need for therapy of these enteric infections
- Ethnoveterinary bioactive products - plant essential oils (**EOS**)



Conclusions

- ▶ Although the appearance of resistance might be delayed
Acquisition of **multiple resistances** in chicken coccidia
- ▶ To combat, combine field monitoring and sensitivity testing
- ▶ In **field monitoring**, practical diagnostic techniques can be used such as **lesion scoring, faecal oocyst counts and litter oocyst counts.**
- ▶ **Lesions scores** are indicative for the severity of the coccidiosis infection and can be made on an average of 5 birds/20,000 on day 21 and 35.
- ▶ Periodically **faecal oocyst counts** OPG on day 14, 21, 28 and 35 in a flock.



Conclusions

- ▶ Testing the retention sample (500g) of every feed delivery to **check the feed anticoccidial content** and **Anticoccidials sensitivity test** also helps.
- ▶ **Regular monitoring** of *Eimeria* species for development of resistance against different anticoccidial groups has a crucial role in the management of resistance and making a correct choice of an effective drug.
- ▶ Use of **vaccines, synthetic and botanical anticoccidials** in combination and **educating the farmers** about recommended coccidiosis control practices as strategic and / or tactic measures for the control of coccidiosis would be rewarding.
- ▶ **Integration** of currently available options for the management of drug resistance and control of coccidiosis is suggested.
- ▶ It would be worthwhile in future for researchers to focus on **evaluation of such integrated programmes.**



Anticoccidial Programs: SIX Golden Rules

- 1. Do not to use same anticoccidial for too long.**
- 2. Give product a sufficiently long rest period after each period of use.**
- 3. Rotate between products of different classes.**
- 4. Use a chemical clean up once a year, it gives a very good reduction infection pressure.**
- 5. Practice Bio / Immuno Shuttle Program**
- 6. Integrated approach with botanicals / Natural products / EO's / Probiotics / Feed additives n-3FA**



CONCLUSION

Why Chicken coccidia are very prone to resistance?

Anticoccidial resistance (ACR) – Types and Factors

Methods for detection of Anticoccidial Resistance

Anticoccidial programs - Rotation, Shuttle and Immuno shuttle program

Six Golden Rules to minimize the AC resistance



Trends in the diagnosis and control of chicken coccidiosis

1. Basics in biology of chicken coccidia
2. Post mortem diagnosis of chicken coccidiosis
3. Recent techniques for diagnosis of chicken coccidiosis
4. Chemoprophylaxis and Immunoprophylaxis of chicken coccidiosis
5. Strategies to minimise the anticoccidial resistance in the commercial chicken farms



Thank you