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## PREVALENCE OF POULTRY DISEASES IN WINTER SEASON IN CHITTAGONG AND EFFICACY OF CHALLENGE VACCINE AGAINST NEWCASTLE DISEASE

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### ABSTRACT

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A study was undertaken to determine the prevalence of poultry diseases as well as the efficacy of challenge vaccine [ND killed (Lasota)] against Newcastle disease (ND) in commercial broiler and layer farms of Chittagong Metropolitan Area (CMA) during the period from December 2016 to February, 2017. A total of 134 birds were examined from 52 commercial broiler farms and 15 layer farms (two from each farm). The diseases of 67 farms were diagnosed based on the history, clinical signs and post-mortem findings and the efficacy of the ND killed (Lasota) vaccine was determined on the basis of hemagglutination inhibition (HI) test before and after vaccination. Sixty blood samples (20 from each of 3 broiler farms) and 48 eggs (16 from each of 3 layer farms) were collected and HI tests were performed. Among the 67 farms, the prevalence of colibacillosis, salmonellosis, necrotic enteritis, Newcastle disease, infectious bursal disease, mycoplasmosis, brooder pneumonia and mixed infections of colibacillosis and coccidiosis were 11.94%, 4.48%, 7.46%, 8.95%, 16.42%, 7.46%, 5.95% and 7.46%, respectively. Due to vaccination with ND killed (Lasota) vaccine at initial stage of infection the mortality rate reduced to zero and HI titre of the broiler farms increased as 5.40 to 7.55, 4.6 to 7.25, 4.65 to 7.70 and in the layer farms as 4.56 to 7.13, 5.0 to 7.81, 4.93 to 8.13. Due to ND challenge vaccine the initial HI titre level significantly ( $p < 0.05$ ) varies from post HI titer level within both broiler and layer farms.

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## INTRODUCTION

The economy of Bangladesh is mainly agro based. About 21.77% of Gross Domestic products (GDP) come from agriculture sector of which livestock alone shares 7.23% (BBS, 2016). Within the livestock sector poultry has the highest contribution in GDP. Poultry industry is an important part of agriculture in our country. Poultry farming is gradually taking the shape of a large industry, and it is now one of the intensive forms of agri-business in our country (Hamid et al., 2017). In order to achieve the Sustainable Development Goal (SDG), Bangladesh is committed to develop the poultry sector. The total poultry population, both backyard and commercial, accounts to approximately 246 million, providing 5400 million pieces of eggs annually and nearly 22-27% of total animal protein (Raihan, and Mahmud, 2008). This sector employs about 5 million people of the country and has experienced a long-term growth rate of about 4.5%, which is one of the highest in the economy and is believed to have accomplished a silent revolution in Bangladesh (BLRI, 2008). Moreover, the farmers of Chittagong have been taking steps to develop poultry farms at industry level. But numbers of devastating poultry diseases act as major constraint for developing the poultry industry. Among the poultry diseases colibacillosis, salmonellosis, necrotic enteritis, Newcastle disease (ND), infectious bursal disease (IBD), mycoplasmosis and coccidiosis have been occurring frequently and hampering the economy of farmers (Sen et al., 2017). Moreover, out of all diseases ND is recognized as one of the most important problems and most serious economic threat to the poultry population of Bangladesh. The causal agent, Newcastle disease virus, is a negative-sense single-stranded RNA virus. ND is a highly contagious viral disease that attacks many species of domestic and wild birds (Al-Garib et al., 2003). The disease causes high economic losses due to high mortality, morbidity, stress, decreased egg production and hatchability (Alexander, 2000). Strategic treatment for NDV is quite difficult and unavailable, but the use of prophylactic vaccines and biosecurity measures reduces the likelihood of outbreaks. Vaccination has been reported as the only safeguard against endemic ND (Orajaka et al., 1999). The current vaccination schedule in Bangladesh directed by the Directorate of Livestock Services (DLS, 2014) includes administration of a live lentogenic vaccine (BCRDV) of F-strain by intra-ocular instillation to chicks followed by a live mesogenic vaccine (RDV) of M-strain by intramuscular injection at 21 days old chicks which is repeated at every six months interval (DLS, 2014). The infection still occurs in Bangladesh every year in the form of epidemic and appears to cause up to 40-60% of the total mortality in poultry population creating one of the major problems in the development of poultry industry in Bangladesh (Sen et al., 2017) Since there is no available antiviral drug for treatment but in field condition ND killed vaccine used as challenge vaccine against ND during disease condition. It is assumed that this challenge vaccine (ND killed) reduces the bird's mortality by developing protective antibody titer and subsequently neutralizes the virus within the host body. But the efficacy of this challenge vaccine has not been explored. Although number of study have been done previously to describe the prevalence of poultry diseases throughout the years but very few studies are available to measure the seasonal prevalence specially winter seasons in Bangladesh. Considering all the facts, the current study was carried out to reveal the prevalence of poultry diseases in winter seasons and efficacy of challenge vaccine against Newcastle disease in Chittagong region of Bangladesh.

## MATERIALS AND METHODS

### Study area

The study was conducted at Chittagong Metropolitan Area (CMA) of Chittagong, Bangladesh. The laboratory work was done in Pathology laboratory, CVASU and Chittagong veterinary laboratory, Khulshi, Chittagong.

### Study population and period

A total of 134 birds brought from different farms of CMA to pathology laboratory, CVASU were examined from 52 commercial broiler farms and 15 layer farms (two from each farm). Postmortem examination of birds was done for diagnosis (Charlton, 2000) and treatment of poultry diseases. The study was conducted in winter season (December, 2016 to February, 2017).

### Diagnosis of diseases

Poultry diseases were diagnosed on the basis of clinical history, clinical signs and postmortem findings (Figure 1).



a) Haemorrhage in tip of gland of proventriculus

b) Button ulcer in intestinal mucosa

**Figure 1.** Postmortem findings of Newcastle disease

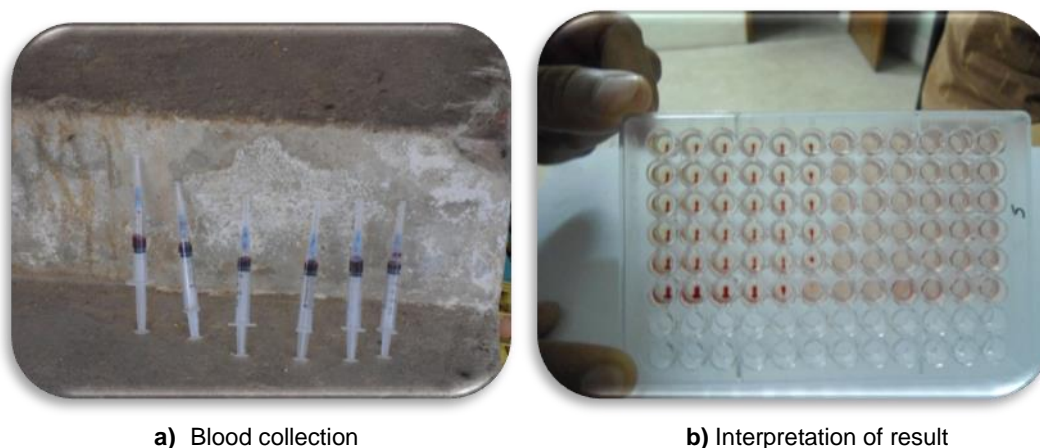
### Sample collection

A total of 60 blood samples were collected from 3 commercial broiler farms; 20 samples from each of the farms. The serum was separated from the blood. HI titre was taken twice for the birds of each farm; one at the time of initial stage of ND infection when birds were vaccinated using ND killed vaccine (Lasota) and after 7 days of the vaccination.

A total of 48 egg samples were collected from 3 commercial layer farms; 16 samples from each of the farms. The egg samples were kept in refrigerator before the test. HI test was performed two times for the birds of each farm; one at the time of vaccination (at initial stage of ND infection)) and another titer was taken after 7 days of the challenge (ND killed, Lasota) vaccination.

### HI test

The serum antibody titer and egg yolk titer was estimated by microtiter method using 4 hemagglutination units of antigens (Figure 2) as recommended by the World Organization for Animal Health (OIE, 2012).



a) Blood collection

b) Interpretation of result

**Figure 2.** HI test procedure

### Statistical analysis

All the laboratory and field data were recorded in Microsoft office excel 2007 data sheet. The data were then cleaned and transported to STATA 11.0 statistical software. Finally Summary statistics were done along with some descriptive analysis.

## RESULTS

Colibacillosis was the most prevalent (11.94%) and salmonellosis was the least (4.48%) prevalent bacterial diseases at winter season in Chittagong (Table 1). IBD was the highest (16.42%) prevalent but the prevalence of ND was at moderate level (8.95%). The prevalence of brooder pneumonia in chicks was 5.95%. Mycoplasmosis was found to be occurred more frequently (7.46%) than CRD (2.99%). Only coccidiosis was found to be prevalent in winter season at the level of 13.43%. The mixed infection of colibacillosis- coccidiosis (7.46%) were relatively higher in winter season than that of mycoplasmosis-colibacillosis (4.48%).

**Table 1.** Prevalence of poultry diseases at winter season in Chittagong (based on post-mortem examination)

| Category of diseases    | Diseases                  | Farms affected, N=67 (%) |
|-------------------------|---------------------------|--------------------------|
| <b>Bacterial</b>        | Colibacillosis            | 08 (11.94)               |
|                         | Salmonellosis             | 03 (4.48)                |
|                         | Omphalitis                | 04 (5.97)                |
|                         | Necrotic enteritis        | 05 (7.46)                |
| <b>Viral</b>            | Infectious bursal disease | 11 (16.42)               |
|                         | ND                        | 06 (8.95)                |
| <b>Fungal</b>           | Brooder pneumonia         | 04 (5.95)                |
| <b>Protozoal</b>        | Coccidiosis               | 09 (13.43)               |
| <b>Mycoplasmal</b>      | Mycoplasmosis             | 05 (7.46)                |
|                         | CRD                       | 02 (2.99)                |
| <b>Mixed infections</b> | Colli +cocci              | 05 (7.46)                |
|                         | Myco +colli               | 03 (4.48)                |
| <b>Others</b>           | Managemental problem      | 02 (2.99)                |

N.B. : Myco + colli = Mycoplasmosis + colibacillosis, Colli + cocci = colibacillosis + coccidiosis

### Mortality rate before and after challenge vaccination

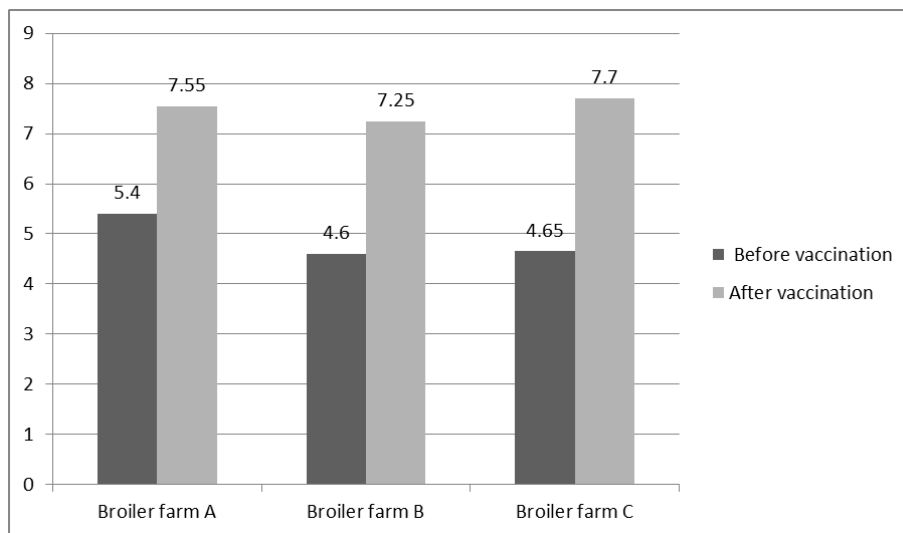
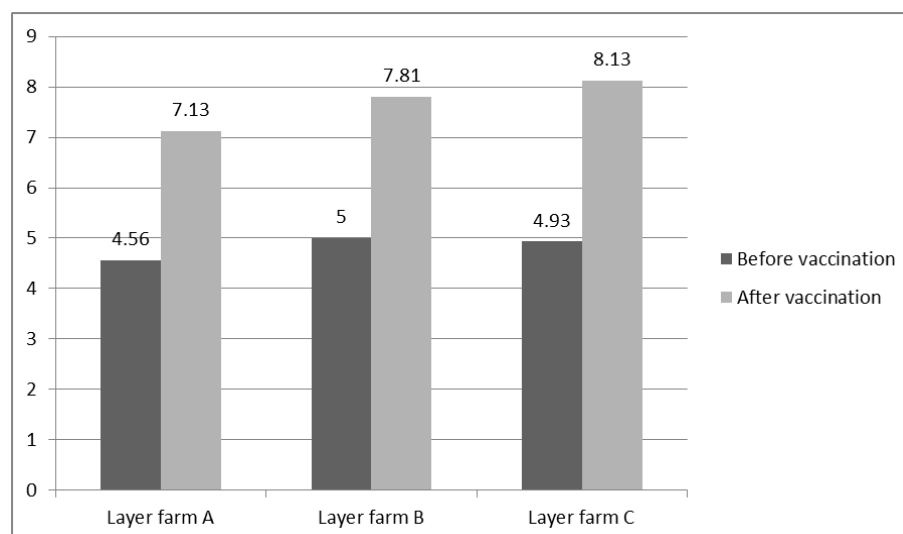
The mortality rates of ND affected flocks were also observed. At the initial stage of infection (before challenge vaccination) the mortality rate was about 5.5%. After challenge vaccination the mortality rate reduced to zero (Table 2). This might be due to increase in the titer level against ND which prevented the infection. Although challenge vaccination was performed in infected farm but in one farm the mortality rate was increased up to 10%. It may be due to the challenge vaccination at later stage of the disease. The observed previous history supports this point.

### Results of HI titre level due to challenge vaccination

A total of 60 blood samples from ND affected 3 broiler farms and 48 eggs from ND affected 3 layer farms were collected for HI test. The titer was taken at initial stage of infection (before challenge vaccination) of the flock and 7 days later of vaccination. At initial stage of infection in broiler farms the range of titer level was 4.5 to 5.5 (Figure 3). But after 7 days of vaccination the range of titer level was increased up to 7.5 to 8.0 9 (Figure 3). In layer farms, before challenge vaccination the range of HI titer against ND was 4.5 to 5.5. After 7 days of vaccination the range of titer level was increased up to 7.15 to 8.15 (Figure 4).

**Table 2.** Mortality number before and after challenge vaccination in ND affected flock

| Name of farms  | Before vaccination | After vaccination |
|----------------|--------------------|-------------------|
| Broiler farm A | 6                  | 10                |
| Broiler farm B | 4                  | 0                 |
| Broiler farm C | 7                  | 0                 |
| Layer farm A   | 8                  | 0                 |
| Layer farm B   | 3                  | 0                 |
| Layer farm C   | 5                  | 0                 |

**Figure 3.** Comparison on HI titre level in broiler (before and after vaccination)**Figure 4.** Comparison on HI titre level in layer (before and after vaccination)

## DISCUSSION

The prevalence of poultry diseases in a particular area mainly influenced by different factors like geographical locations, climatic condition, seasons, biological barrier, immunization status as well as presence of pathogenic strain of organism. There are numbers of poultry disease that causes high mortality of birds as well as huge economic losses in farming condition. Among the poultry ND is considered as one of the greatest devastating poultry disease throughout the developing country (Miller et al., 2010).

In the present study, the prevalence of ND was recorded as 8.95% in winter season (December to February). Other authors reported prevalence of ND in commercial poultry of Bangladesh which ranged from 4.87% to 18.7% (Bhattacharjee et al., 1996; Islam et al., 1998; Talha et al., 2001). Similar prevalence of ND were also reported by other authors from Bangladesh and elsewhere ((Islam et al., 2003, Bell et al., 1990, Courtecuisse et al., 1990, Aini and Ibrahim, 1990) However, the prevalence of ND we reported was in contrast with other authors (Bell and Moulodi, 1988, Ezeokoli et al., 1984). On the other hand, seasonal variation of ND was reported from different countries. Munmun et al., (2016) reported that ND occurred throughout the year but the highest ND infection found at summer season in Bangladesh.

Among the broiler and layer diseases, 11.94% cases were diagnosed as colibacillosis which was similar to Talha et al., (2001). The causal agent of colibacillosis is *E. coli* which is considered as an opportunistic bacterium. The incidence of colibacillosis is mainly dependent on management faults in poultry farm especially water and feed are considered as potential source of pathogens.

The prevalence of salmonellosis was recorded as 4.48% which was supported by Sikder et al., 2005. However, several authors in Bangladesh reported variable prevalence of salmonellosis which ranged from 6.73 to 13.12% ((Islam et al., 2003, Bhattacharjee et al., 1996, Islam et al., 1998 and Talha et al., 2001). The present finding indicates that prevalence of salmonellosis is lower than previous records; it may be due to small sample size or better managements of birds because salmonellosis is mostly caused by poor management practices.

The prevalence of IBD was 16.42% in this study which agrees with other reports (Islam et al., 1998 and Talha et al., 2001). Although vaccination is available against the IBD but infection is still remaining in farming condition it may be due to vaccine failure or management faults. At the same time, the prevalence of coccidiosis was revealed 13.43% in broiler. Other authors reported dissimilar prevalence of IBD than our result (Ayaz et al., 2003 and Das et al., 2004). This variation may be due to variation of geographical location and poor management practices. The prevalence of mycoplasmosis we reported was similar to that published by Hassan et al., 2016). The prevalence of mycoplasmosis and colibacillosis mixed infection in present study was 4.48% which is also similar with previous study of Das et al., (2004).

In the present study at the initial stage of ND infection the serum antibody titer level varied from 4.5 to 5.5 and the serum antibody titers were too low to protect the birds from the NDV infection. Similar results have been described by (Fentie et al., 2014). This result indicates that the serum antibody titers were too low to protect the birds from the Newcastle disease infection and the birds were susceptible to infection. There are several possible reasons for this low level of serum antibody titer to protect the birds, such as chronic infection of birds with low pathogenic NDV, or poor vaccine quality, improper vaccination schedule or route of vaccination, impaired immune-competence due to immunosuppressive drugs and feed or to immunosuppressive diseases (Rahman, 2002). For this reasons the serum titer level was unable to protect the birds from NDV infection and the flock was then suffering from ND infection.

Within the ND infected poultry flock when ND killed vaccine was administered as a challenge vaccine the serum antibody titer level was sharply increased up to 7.15 to 8.15 from 4.5 to 5.5 and it was most protective HI titer level for the birds and decreases the mortality up to 0%. This result was strongly supported by other authors (Boven et al., 2008 and Awang et al., 1992) who experimentally explained that when serum antibody titer increased up to 5 to 9 with challenge vaccination against ND, it reduced the mortality up to 0%. Due to challenge vaccination the HI titre level against ND shift from unprotective level to protective level in broiler flocks (Figure 3) and in layer flocks (Figure 4) when the titre was determined after 7 days of infection. Although challenge vaccination was performed in infected farm but in one farm the mortality rate was increased up to 10%. It may be due to the challenge vaccination at later stage of the disease and this vaccine fail to produce protective antibody titer. The observed previous history supports this point.

The wider range of serum antibody titers in birds was due to challenge vaccination with killed vaccine which is known to produce higher antibody titers than natural low pathogenic NDV infection and this logic is supported by Fentie et al., 2014 and Boven et al., 2008.

## CONCLUSION

Control of highly prevalent poultry disease like ND, IBD and coccidiosis in winter season should be emphasized. However, an excellent biosecurity as well as vaccination strategy can be reduced the current prevalence of poultry diseases. In case of ND in poultry flock, administration of challenge vaccine raised the protective antibody titer level in the flock immediately against ND when the flock was previously vaccinated with any short of ND vaccine. Ultimately, it reduced the mortality rate by establishing immunological defense against ND. So, further details and strategic study is recommended on this type of challenge vaccination.

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## CONFLICT OF INTEREST

The authors declare that they have no competing interests.

## REFERENCES

1. Aini I, AL Ibrahim, and PB Spradbrow, 1990. Field trials of a food-based vaccine to protect village chickens against Newcastle disease. *Research in Veterinary Science*, 49.2: 216-219.
2. Alexander DJ, 2000. "Newcastle disease and other avian paramyxoviruses." *Revue Scientifique et Technique-Office International des Epizooties*, 19.2: 443-455.
3. Al-Garib SO, ALJ Gielkens, E Gruys, and G Kochi, 2003. Review of Newcastle disease virus with particular references to immunity and vaccination. *World's poultry science journal*, 59: 185-200.
4. Awang IPR, WS Wan-Ahmad-Kusiry, and J AbdulRasak, 1992. Detection of maternal antibody against Newcastle disease virus in chicks using an indirect immunoperoxidase test. *Journal Veterinary Malaysia*, 4: 19-23.
5. Ayaz MM, M Akhtar, CS Hayat, MA Hafeez and A Haq, 2003. Prevalence of coccidiosis in broiler chickens in Faisalabad, Pakistan. *Pakistan Veterinary Journal*, 23: 51-52.
6. BBS, 2016. Bangladesh Bureau of Statistics. *Livestock survey in 2015-2016*.
7. Bell JG, M Kane and C Lejan, 1990. An investigation of the disease status of village poultry in Mauritania. *Preventive Veterinary Medicine*, 8: 291-294.
8. Bell JG and S Mouloudi, 1988. A reservoir of virulent Newcastle disease virus in village chicken flocks. *Preventive Veterinary Medicine*, 6: 37-42.
9. Bhattacharjee PS, RL Kundu, RK Biswas, JU Mazumder, E Hossain and AH Miah, 1996. A retrospective analysis of chicken diseases diagnosed at the Central Disease Investigation Laboratory, Dhaka. *Bangladesh Veterinary Journal*, 30: 105-113.
10. BLRI, 2008. A Study on Highly Pathogenic Avian Influenza in Bangladesh, Bangladesh Livestock Research Institute, Savar, Dhaka.
11. Boven MV, A Bouma, THF Fabri, E Katsma, L Hartog, G Koch, 2008. Herd immunity to Newcastle disease virus in poultry by vaccination. *Avian Pathology*, 37:1-5.
12. Charlton BR (2000). *Avian disease manual*. 5th edition the American association of avian pathology, USA.
13. Courtecuisse C, F Japiot, N Bloch and I Diallo, 1990. Serological survey on Newcastle and Gumboro diseases, pasteurellosis and pullorosis in local hens in Niger. *Revue d'Elevageet de Médecine Vétérinaire des pays Tropicaux*, 43: 27-29.

14. Das PM, DMM Rajib, M Noor and MR Islam, 2004. A retrospective analysis on the proportional incidence of poultry diseases in greater Mymensingh district of Bangladesh. In Proceedings of Seminar, vol. 2005, p. 33.
15. Directorate of Livestock Services (DLS), 2014. Annual report on livestock, Division of Livestock Statistics, Ministry of Fisheries And Livestock, Farmgate, Dhaka, Bangladesh.
16. Ezeokoli CD, JU Umoh, AA Adesiyun and P Abdu, 1984. Prevalence of Newcastle disease virus antibodies in local and exotic chicken under different management systems in Nigeria. Bulletin of animal health and production in Africa, Bulletin des santeet production animales en Afrique.
17. Fentie T, K Dadi, T Kassa, M Sahle, G Cattoli, 2014. Effect of vaccination on transmission characteristics of highly virulent Newcastle disease virus in experimentally infected chickens. Avian Pathology, 43:420- 426.
18. Hamid MA, MA Rahman, S Ahmed and KM Hossain, 2017. Status of poultry industry in Bangladesh and the role of private sector for its development. Asian Journal of Poultry Science 11: 1-13.
19. Hassan, M Kamrul, MH Kabir, MAA Hasan, S Sultana, MSI Khokon and SML Kabir, 2016. Prevalence of poultry diseases in Gazipur district of Bangladesh. Asian Journal of Medical and Biological Research, 2: 107-112.
20. Islam MR, BC Das, K Hossain, NS Lucky and MG Mostafa, 2003. A study on the occurrence of poultry diseases in Sylhet region of Bangladesh. International Journal of Poultry Science, 2: 354-356.
21. Islam MR, MAHNA Khan, PM Das and ASM Bari, 1998. Poultry diseases diagnosed at necropsy in 1997 and 1998 on the Department of Pathology of Bangladesh Agricultural University, Mymensingh. Proceedings of the 5th BSVER Annual Scientific Conference, December 3-4, 1998, Bangladesh Agricultural University, Mymensingh.
22. Kamal AHM and MI Hossain, 1998. Pathological investigation on the mortality of chickens in Bangladesh Agricultural University Poultry Farm. M. Sc. (Vet. science) Thesis, Department of Pathology, Bangladesh Agricultural University, Mymensingh.
23. Martin PAJ, 1992. The epidemiology of Newcastle disease in village chickens. In: SPRADBROW, P.B. (Ed.). Newcastle Disease in Village Chickens, Control with thermostable oral vaccines. Proceedings, International Workshop held in Kuala Lumpur, Malaysia, 6-10 October 1991, Centre for International Agricultural Research (ACIAR), Canberra, pp. 40-45.
24. Miller PJ, EL Decanini and CL Afonso, 2010. Newcastle disease: evolution of genotypes and the related diagnostic challenges. Infection, Genetics and Evolution, 10: 26-35.
25. Munmun T, KMF Islam, S Jalal, T Das, R Tofazzol, et al. 2016. Investigation of Proportionate Prevalence of Newcastle Disease in Chicken, Pigeon and Duck at Selected Veterinary Hospitals in Bangladesh and India. Journal of Dairy Veterinary and Animal Research, 4(2): 00118.
26. OIE, 2012. Manual of diagnostic tests and vaccines for terrestrial animals: mammals, birds and bees. Paris: Biological Standards Commission, v.1, p.1–19.
27. Orajaka LJ, EDF Adene, BM Anene and EA Onuoha 1999. Seroprevalence of Newcastle disease in local chickens from Southeast derived savannah zone of Nigeria. Revue Elevage Mèdecine Vètérinaire Pays Tropicaux, 52: 185- 188.
28. Rahman MM, M Mostafizur, ASM Bari, M Giasuddin, MR Islam, J Alam, GC Sil and MM Rahman, 2002. Evaluation of maternal and humoral immunity against Newcastle disease virus in chicken. International Journal of Poultry Science, 5:161-163.
29. Raihan S and N Mahmud, 2008. Trade and poverty linkages: A case study of the poultry industry in Bangladesh. Cuts Citee Working Paper No. 6. <http://www.cuts-citee.org/pdf/wp08-06.pdf>.
30. Sen A, A Torab, SMA Salam, B Halder and MD Alauddin, 2017. Comparative Study on Newcastle Disease and Infectious Bursal Disease in Chicken Submitted to Upazilla Veterinary Hospital, Bogra Sadar. Bangladesh Journal of Veterinary Science and Technology, 8: 2.
31. Sharma RN, NA Hussein, GS Pandey and MN Shandomo, 1986. A study of Newcastle disease outbreaks in Zambia, 1975-1984. Revue Scientifiqueet Technique de l'OIE (France).
32. Sikder AJ, MA Islam, MM Rahman, MB Rahman, 2005. Seroprevalence of Salmonella and Mycoplasma gallisepticum infection in the six model breeder poultry farms at Patuakhali district in Bangladesh. International Journal of Poultry Science, 4: 905-910.
33. Talha AFSM, MM Hossain, EH Chowdhury, ASM Bari, MR Islam and PM Das, 2001. Poultry diseases occurring in Mymensingh district of Bangladesh." The Bangladesh Veterinarian 18: 20-23.