AAAP Mycoplasmosis Committee 1973-74 Report

The topic most often brought to our attention during the past year concerns the occurrence of "atypical reactions" in $\underline{\mathsf{M}}$. $\underline{\mathsf{gallisepticum}}$ and $\underline{\mathsf{M}}$. $\underline{\mathsf{synoviae}}$ testing programs. In too many cases, the cause(s) of these reactions have not been determined. Because of these unexplained reactions, it has been difficult for the committee to propose specific recommendations.

We are concerned that too often, weak, slow reactions on the serum plate test may be discounted as being non-specific. These reactions should be viewed with concern, because all too often they represent true reactions in a flock that may take weeks to become obviously positive serologically. This is especially true for MG, although there have also been a large number of "atypical" reactions with MS antigens. We have also observed several instances in breaks with either MS or MG, in which positive HI titers are delayed several weeks after the first serum plate reactions are detected. These delays tend to be expensive, in terms of both time and money.

Therefore, I would like to make the following suggestions:

- 1. Increased use of cultural techniques for M. gallisepticum and M. synoviae in serologically suspicious flocks. With MS, tracheal swabs from infected flocks, plated on Frey's agar medium supplemented with NAD leads to a 90% plus isolation rate within 4 to 5 days. MG is more difficult to isolate, but it often leads to a solution to the problem long before the HI tests become obviously positive. Both MG and MS can be quickly identified on agar plates by fluorescent antibody techniques. Unfortunately, few laboratories are geared for mycoplasma isolation and identification, but cultural techniques can definitely be a powerful tool.
- 2. Perhaps a search should be made for new MG and MS strains for antigen production. Antigenic variations among isolates of MG have been reported. A search for more sensitive, specific serologic tests should be made.
- 3. Many AAAP committee members feel that it is time for a workshop on mycoplasma testing programs. Perhaps a workshop at the Anaheim meeting would be in order, if one cannot be held earlier.

Respectfully submitted,

SAKlenn

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