Special Report

Committee on Reporting of Diseases and Terminology to be presented at the annual meeting of the AAAP on July 20, 1964 at Chicago, Illinois

Nomenclature for Chronic Respiratory Disease Problem

The respiratory disease of chickens, turkeys, and other avian species caused by Mycoplasma gallisepticum infection, tending to occur in several different, somewhat characteristic clinical patterns depending upon circumstances, species affected, concurrent and secondary infections, has been known variously as chronic respiratory disease, CRD, complicated CRD, Mycoplasma gallisepticum infection, air sac disease, air sacculitis, infectious sinusitis, deep seated infectious sinusitis, lower form of infectious sinusitis, etc.

Inasmuch as the one consistent necessary etiological agent is Mycoplasma gallisepticum and the different clinical manifestations are actually variations of one disease due to circumstances and species affected, and also in order to include etiological significance to the nomenclature the committee, by majority opinion, recommends:

- 1. That the term Mycoplasmal Respiratory Disease (MRD) be used to designate the Mycoplasma gallisepticum infections of all avian species regardless of location of lesions, clinical severity, or concurrent or secondary infections.
- 2. That if other Mycoplasmal species be identified as causing a similar respiratory disease, they be included under the same term.
- 3. That this nomenclature may be qualified for various reasons as uncomplicated, complicated by named or unnamed viral, bacterial, or fungal agents which may be further designated as concurrent or secondary in nature to identify the particular clinical problem concerned.
- 4. That if other recognized disease producing agents as IBV, NDV, H.gallinarum, Salmonella etc. be identified in such cases, they be considered concurrent infections.
- 5. That if such agents as Escherichia, proteus, pseudomonas, cocci, aerobacter, etc. which are not usually of sufficient pathogenicity to be considered primary etiological agents of disease, they be considered secondary infections and not justification for a secondary diagnosis.

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