In endemic areas, surveillance should be activated, using strict rules and regulations regarding proper vaccination of all chickens.

**Vaccine**

There are several types of vaccines available to prevent infectious laryngotracheitis. Certain recombinant/vectored or modified live/tissue culture vaccines are approved for use in Texas without restriction. However, Chick Embryo Origin vaccine (CEO) is restricted and may only be used upon written case-by-case approval from the TAHC. CEO-vaccinated birds can shed the ILT virus even though they do not appear sick. This can then cause illness in unvaccinated chickens. Therefore, the CEO vaccine is generally used only as part of a flock management plan after confirmed diagnosis of the disease, and vaccinated birds are considered to be infected.

**Summary**

- To prevent the introduction or movement of the ILT virus to new locations, producers must follow strict biosecurity procedures. Emphasis must be placed on isolation of infected flocks. Disease control is expensive but failure to control it can be disastrous.
- The ILT virus can be “mechanically transmitted”, or carried from one site to another. Therefore, ongoing efforts should be made to control flies and rodents. Wild birds and pets should be prevented from entering poultry facilities. Backyard birds should not be maintained near commercial poultry operations.
- The ILT virus can survive for long periods on surfaces, depending on moisture and temperature.
- Houses that contained ILT-positive flocks should be thoroughly sprayed with a disinfectant.
- Recovered or carrier birds may continue to shed the virus for prolonged periods of time and are often a source of infection for other flocks, or new birds added to the flock.
- Vaccination can prevent loss. When possible and practical, the modified tissue culture vaccine should be used.
- Not all outbreaks of ILT are of the same severity. Parental immunity, age, vaccination history and the virulence of the particular ILT virus can influence the severity of the disease observed.
- ILT can affect the trade status of Texas poultry exports, and is therefore an import disease to control and quickly eradicate when detected.

What is Infectious Laryngotracheitis (ILT)?

Infectious Laryngotracheitis (ILT) (pronounced la-reen-go-tray-key-eye-tis), is an acute, highly infectious, respiratory disease in poultry caused by a herpesvirus. ILT is a disease that must be reported to the Texas Animal Health Commission (TAHC).

**Species Affected**

ILT usually affects chickens, but in rare cases has been found in pheasants, peafowls and turkeys. The virus has never been recovered from other avian species. ILT does not affect humans.

**How ILT Affects Birds**

The virus usually enters a flock by exposure to or the introduction of carrier birds. Carrier birds are birds that carry the disease, but show no clinical signs. ILT can also be introduced to a flock by the movement of personnel, visitors, or equipment.

Once introduced to a susceptible flock, the ILT virus spreads rapidly by contact. Birds which recover from the disease may continue to shed the virus for prolonged periods of time.

The virus will enter a bird’s respiratory system or eye area, replicating in the cells which line the larynx and trachea. This causes cells in this area to die. As the lining is sloughed, the underlying blood vessels are exposed, causing infected birds to have difficulty breathing.

**Infected birds exhibit a number of signs, which may include:**

- Coughing and gasping
- Watery eyes
- Swollen sinuses
- Nasal discharge
- Bloody secretions from the trachea

The most typical sign of ILT is gasping for air. The infected birds must stretch their necks forward and upward with each breath. They may cough out blood, with visible signs on walls and floors.

Many present day outbreaks of ILT are of a mild nature, resembling a mild outbreak of infectious bronchitis or other poultry respiratory diseases. However, disease loss in affected flocks may be severe due to lowered production (both egg and meat), as well as death loss (up to 50% in severe outbreaks).

**Incubation Period**

The incubation period of ILT is usually 6 to 15 days, but evidence of the disease has been seen as soon as 2 days following natural exposure.