Presentation:
- **ONLY** chickens, most severe in young adults. High morbidity
  - Depression, inappetence, sneezing
  - Ocular and nasal discharge, Conjunctivitis with adherence of eyelids
  - Swollen infraorbital sinuses, facial edema
  - Pneumonia and air sacculitis IF complicated by secondary infection

Test of choice:
- Field diagnosis – clinical signs
- Necropsy
  - Catarrhal or necrotizing sinusitis
  - Infraorbital sinus contains caseous exudate
  - Fibrinosuppurative conjunctivitis
  - Facial edema
- Microscopic exam of sinus exudates: **Gram stain negative** bipolar rod, tendency to form filaments
- **Bacterial culture** - Microaerophilic, grows on blood agar, but requires 'nurse' colony of *Staphylococcus aureus* (excretes V-factor); Catalase negative
- **Serology** - Hemagglutination-inhibition and immunodiffusion tests
- **PCR**

Rx of choice: Supportive care, antibiotics

Prevention:
- Depopulate carriers
- Vaccination
- Strict biosecurity and sanitation protocols

Pearls:
- *Avibacterium (Haemophilus) paragallinarum*: microaerophilic Gram neg, bipolar rod, filament forming
- Transmission by direct contact, fomites, airborne, contaminated food and water
- Recovery within a few weeks unless complicated by secondary infection
- **Chronically ill / healthy carrier birds are reservoirs**

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Classic Question(s)

List 5 common clinical signs expected in a chicken with infectious coryza.

What necropsy findings are consistent with infectious coryza?

What is the reservoir for transmission of infectious coryza to healthy chickens?

What is the causative agent of infectious coryza?