



About us

Deltamune, with a history dating back to 1977, is a Gauteng based South African company focusing on veterinary public health. Inactivated vaccines focusing on South African strains have been produced since 1980. The development of ELISA tests for various poultry diseases commenced in 1985. At Deltamune we support our customers to

achieve their production goals, backed by state of the art vaccines research and development, manufacture of biological products. Supported by an ISO 17025 (SANAS V.0007) accredited and Department of Agriculture, Forestry and Fisheries (DAFF) approved test laboratory.

Product Range and Capabilities

	Avian Influenza (AI)	E.coli	E.coli 0157	Egg Drop Syndrome (EDS)	Fowl Pox	Infectious Bronchitis (IB)	Infectious Bursal (IBD)	Infectious Coryza (COR)	M. gallisepticum (MG)	Newcastle Disease (ND)	Ornithobacterium rhinotracheale (OR)	Pasteurella multocida (PM)	Pigeon Pox	Salmonella Enteritidis (SE)	Salmonella Gallinarum (SG)	Salmonella Infantis (SI)	Salmonella Muenchen (SM)	Salmonella Typhimurium (ST)	
Registered Products	AVIVAC® AI	X																	
	AVIVAC® COR/EDS			X				X											
	AVIVAC® CORYZA							X											
	AVIVAC® ND									X									
	AVIVAC® SE													X					
	STRUVAC ND PLUS									X									
	Autogenous vaccine solutions provided through veterinarians include:	X	X		X	X	X	X	X		X	X	X	X	X	X	X	X	X
	Vaccine support products																		

Contact us for solutions to your vaccination and laboratory needs

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Registration holder: DELTAMUNE (PTY) LTD Reg.1994/005981/07
 AVIVAC® COR/EDS is distributed by: Immuno-Vet Services CC (Reg. No. 1988/025418/23)
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 Website: www.immunovet.co.za Email: info@immunovet.co.za



AVIVAC® CORYZA/EDS

Reg. No. G 2081 Act 36/1947

South African developed double action vaccine to prevent reduction in egg production

An oil-emulsion of inactivated EDS'76 virus ($\geq 1 \times 10^{8.5}$ EID₅₀ before inactivation) and inactivated Avibacterium paragallinarum containing at least 1×10^8 colony forming units per dose of both serotypes A and C3 (local isolates)



What are Coryza and Egg Drop Syndrome (EDS)?

Infectious Coryza is an acute, highly contagious disease affecting the upper respiratory tract mainly of adult fowls. The causative bacterium is *Avibacterium (Haemophilus) paragallinarum*. The main source of infection is clinically affected and carrier birds. The bacterium can be transmitted via the drinking water or feed contaminated by nasal discharge, by aerosols over short distances, by contaminated equipment as well as by people. Lateral transmission occurs readily through direct contact. Infectious Coryza has a short incubation period of 1 to 3 days and therefore spreads rapidly through a flock. Most susceptible birds will contract the disease but unless complicated by secondary infections the mortality remains low. The most prominent clinical signs are seromucoid nasal and ocular discharges and facial oedema. In severe cases marked conjunctivitis with closed eyes, swollen wattles and difficult breathing can be seen. In layers and breeders a drop in egg production of 10% to 40% can be expected and an increase in the number of culls. Recovered birds remain carriers of the bacterium.

Egg Drop Syndrome is an infectious disease of laying hens caused by a hemagglutinating adenovirus and characterised by thin shelled and shell less eggs in otherwise healthy birds. The natural hosts for EDS virus are ducks and geese, but

has become a problem with egg producing fowls. The disease is most severe in broiler breeders and brown egg layer strains. EDS was first introduced into fowls through contaminated vaccine. Transmission occurs by any of the conventional methods of disease spread. Infected birds excrete the virus in the feces. Vertical transmission is considered the primary mode of spread. Clinical signs are loss of color in pigmented eggs, followed by thin shelled or shell less eggs. Egg production drops by 40%. There is no successful treatment. Molting will restore egg production in layers.

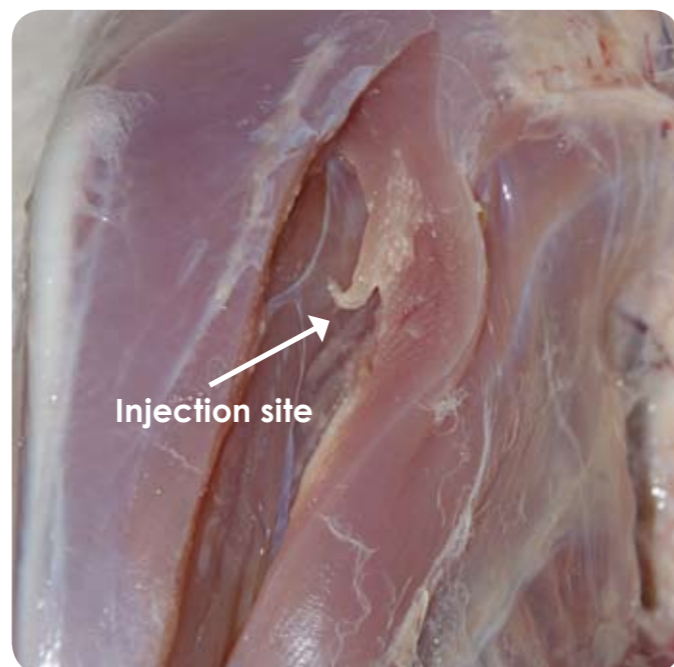
In addition to effective immunisation with a suitable vaccine, strict biosecurity should be applied where known infections occur. Water from open water sources where waterfowl can contaminate the water should be treated to inactivate the virus to prevent outbreaks. Spread of the infection via vertical transmission should be prevented.

Development of this vaccine was done according to GLP guidelines and animal studies performed following GCP guidelines. Manufacturing of the vaccine is conducted in a facility that adheres to European GMP guidelines. Sterility testing is performed in the Deltamune ISO 17025 accredited laboratory (SANAS V.0007: VAC-QCD-ME-019 method).

Advantages of using AVIVAC® CORYZA/EDS

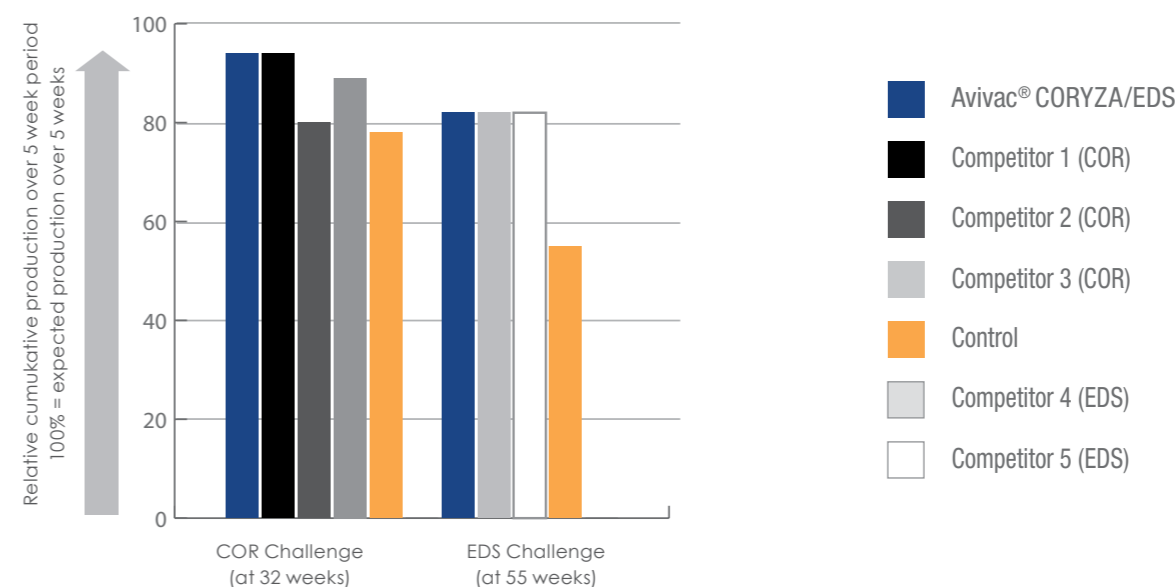
- **Cost and labour saving** through combination of Coryza and EDS in a single vaccine
- High virus titre **increases immune response** against EDS
- Local COR strains **increases efficacy**
- Oil adjuvated vaccine ensures **high immune response** and long duration of immunity
- **Dual acting protection** to minimise egg production losses in the event of an outbreak
- **Ease of application** through IM route
- Antigen components selected to have the **most immunogenic effect**
- **World-class technical and laboratory support** for the product provided by Deltamune

AVIVAC® CORYZA/EDS is indicated for preventive immunisation of healthy fowls against infectious Coryza and egg drop syndrome (EDS'76). The immunity induced should reach a maximum 4 weeks after the administration of the vaccine and continue to give protection for the remainder of the production lifecycle.

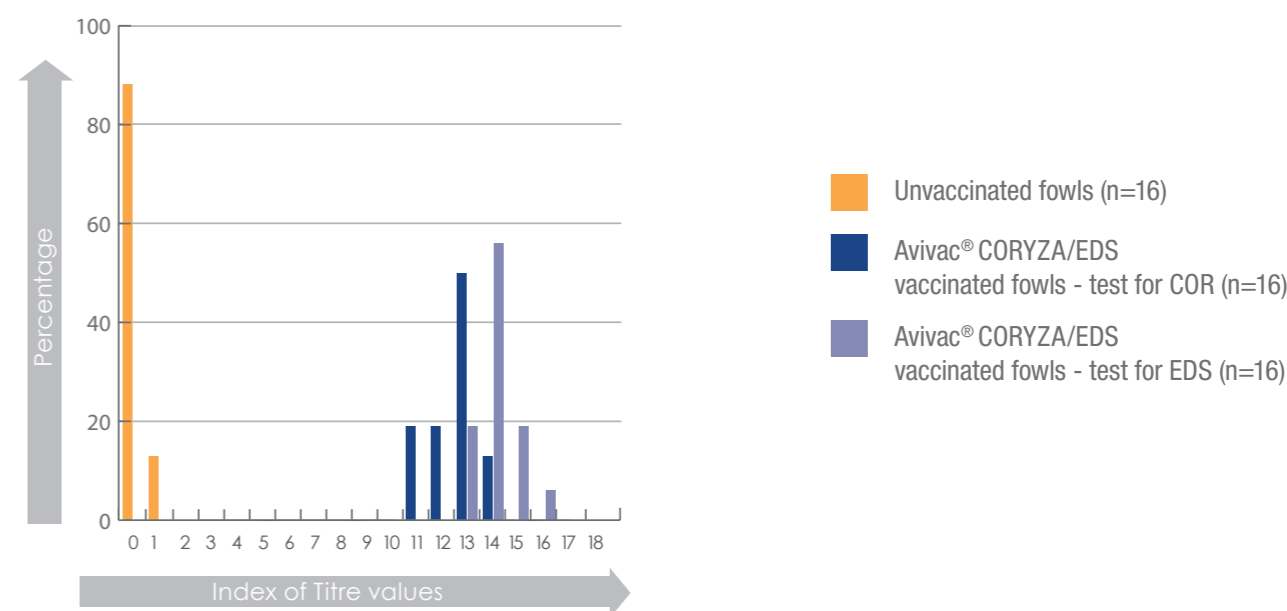


Mild granulomatous reaction at injection site observed 4 weeks after vaccination

AVIVAC® CORYZA/EDS provides superior protection against egg production losses when compared to monovalent vaccines



AVIVAC® CORYZA/EDS administration monitoring can be performed with ELISA tests



- **AVIVAC® CORYZA/EDS provides long term protection against both Coryza and EDS over the productive life of the fowl**
- **Maximum safety ensured during manufacturing process with in-process sterility testing of antigen and final product**

Recommended dosage

For breeders and replacement pullets between 6-10 weeks of age: A dose of 0,5 ml injected intramuscularly into the breast muscle. A booster vaccination administered at least 4 weeks after the first one but not within 4 weeks of onset of lay.

Alternative dosage

For breeders and replacement pullets between 13-16 weeks of age: One dose of 1,0 ml injected intramuscularly.