



## REVIEW ARTICLE

### Infectious Bursal Disease: Distribution, Pathogenesis and Pathology

Xiaoxia Du<sup>1</sup>, Latif Ahmad<sup>2</sup>, Baojie Wang<sup>1</sup>, Mengsong Ding<sup>1</sup>, Fahmy Gad Elsaid<sup>3</sup>, Huamei Wen<sup>1</sup>, Jinbao Yang<sup>1</sup> and Ahrar Khan<sup>1\*</sup>

<sup>1</sup>Shandong Vocational Animal Science and Veterinary College, Weifang, Shandong, China

<sup>2</sup>Pathology Department, Baqai Medical University (Veterinary Campus), Karachi-75340, Pakistan

<sup>3</sup>Biology Department, College of Science, King Khalid University, Asir, Abha, Al-Faraa, P.O. Box: 960-Postal Code: 61421, Saudi Arabia

\*Corresponding author: ahrar1122@yahoo.com

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#### ABSTRACT

Infectious bursal disease (IBD) or Gumboro disease is caused by the genera *Avibirnavirus* and the family *Birmaviridae*. For the last 66 years, this disease has been causing huge morbidity and mortality leading to huge economic losses throughout the world. For this review, we collected data from PubMed, CNKI, and Google Scholar, especially for the last decade. Articles containing significant information were thrashed, extracted, and information being presented. IBD virus (IBDV) could be attenuated, virulent (vIBDV), and very virulent (vvIBDV). The host range is very wide including chickens, turkeys, Baltic ducks, pigeons, speckled pigeons, Herring gulls, ostriches, pied cordon blues, laughing doves, Antarctic penguins, and sparrows. The incubation period is very short, i.e., 2-3 days. The virus occurs worldwide, and prevalence varies from 8 to 100%. IBDV has a great affinity with lymphatic tissues. This disease is characterized by lesions of bursal hemorrhagic and inflamed lesions followed by atrophy thus leading to immunosuppression. Effective vaccination programs and strict biosecurity measures are mandatory for its prevention and control. The starring role of wild birds in the epidemiology of the IBD needs to be clarified as wild birds have indirect or direct contact with commercial chicken rearing. We concluded that infectious bursal disease is still a havoc in the poultry industry throughout the world. Vaccination is a successful tool to control and inhibit IBD. Vaccination failure could occur; however, farmers' education is necessary for successful vaccination and disease prevention/control.

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#### INTRODUCTION

Commercial poultry production in Pakistan started in the 1960's and has been playing a key role in decreasing the difference between the demand and supply of animal protein as well as providing an efficient source of income at a small scale (Gul and Alsayeqh, 2022). The poultry industry is an important part of the livestock sector and affords employment chances to over 1.5 million people in Pakistan. This sector has undergone extraordinary growth (7.3% annual growth rate) with investments of more than Rs 1,056 billion (Anonymous, 2022-2023).

Poultry meat is a cheap source of rich proteins (Akhtar *et al.*, 2023), however, so many diseases are hampering it such as bacterial, viral, parasitic, or fungal in origin (Mehmood *et al.*, 2020; Lebdah *et al.*, 2022; Ahmed *et al.*, 2022; Raza *et al.*, 2022; Tchoupou-

Tchoupou *et al.* 2022; Bastamy *et al.*, 2022; Ahmed *et al.*, 2023; Du *et al.*, 2023; Mehnaz *et al.*, 2023; Qadir and Irum, 2023). Poultry farming is facing complicated disease complexes out of which Infectious bursal disease possesses an important place around the globe (Dey *et al.*, 2019).

Infectious bursal disease (IBD) or Gumboro disease, among the top five poultry diseases, has been a socio-economically important, and immunosuppressive disease of the poultry industry throughout the world (Orakpoghenor *et al.*, 2020; Kapoor *et al.*, 2022; Adino and Bayu, 2022; Shah *et al.*, 2022; Zhang and Zheng, 2022; Hayajneh and Araj, 2023). In 1957, it was reported for the first time in broiler flocks around Gumboro, Delaware, USA (Kegne and Chanie, 2014; Liew *et al.*, 2016; Adino and Bayu, 2022; Zhang *et al.*, 2022). The disease is acute and also an extremely infectious and

transmissible disease of poultry caused by IBD virus (IBDV) (Mwenda *et al.*, 2018; Orakpoghenor *et al.*, 2020). IBD is characterized by lesions in the FB and atrophy of the FB, which ultimately leads to immunosuppression in birds between the ages of 3 weeks to 3 months (Orakpoghenor *et al.*, 2020). Mortality due to IBD has been reported to be the highest (53.9%) during 3-4 weeks of age followed by 18.3, 17.9, 7.4, and 2.5% in 2-3, 6-7, 8-9, and  $\geq 10$  weeks of age (Fig. 1). The etiological agent, IBDV is a non-enveloped icosahedral double-stranded RNA virus with a bi-segmented genome. IBDV belongs to the genera *Avibirnavirus* and the family *Birnaviridae* (Baxendale, 2002; Jackwood *et al.*, 2018; Ferrero *et al.*, 2021; Nooruzzaman *et al.*, 2022; Adino and Bayu, 2022). The IBDV is a split dsRNA genome (segments A and B) packed into a single-virus particle with a diameter of 70nm (Escaffre *et al.*, 2013). Five proteins in IBDV have been identified. These proteins are called VP1-VP5 (Mirbagheri *et al.*, 2020; Shah *et al.*, 2022). IBDV displays discriminatory tropism for lymphoid tissue and has affinity for immature B lymphocytes (Mwenda *et al.*, 2018). The IBDV has been reported to destroy lymphoid tissues which then results in the diminution of lymphoid tissues in the FB in birds (AHA, 2009).

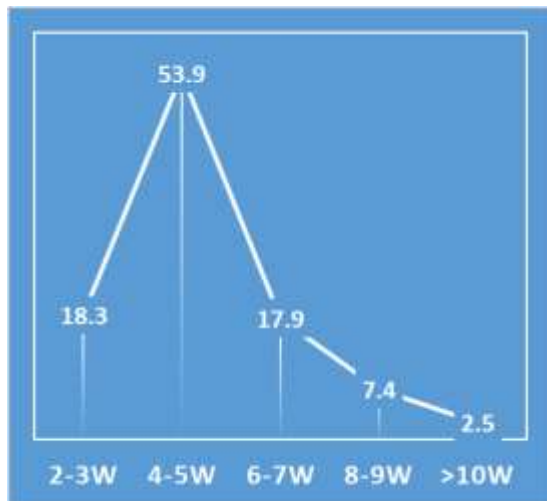


Fig. 1: Age-wise mortality (%) in broiler chicks (Badau *et al.*, 2023).

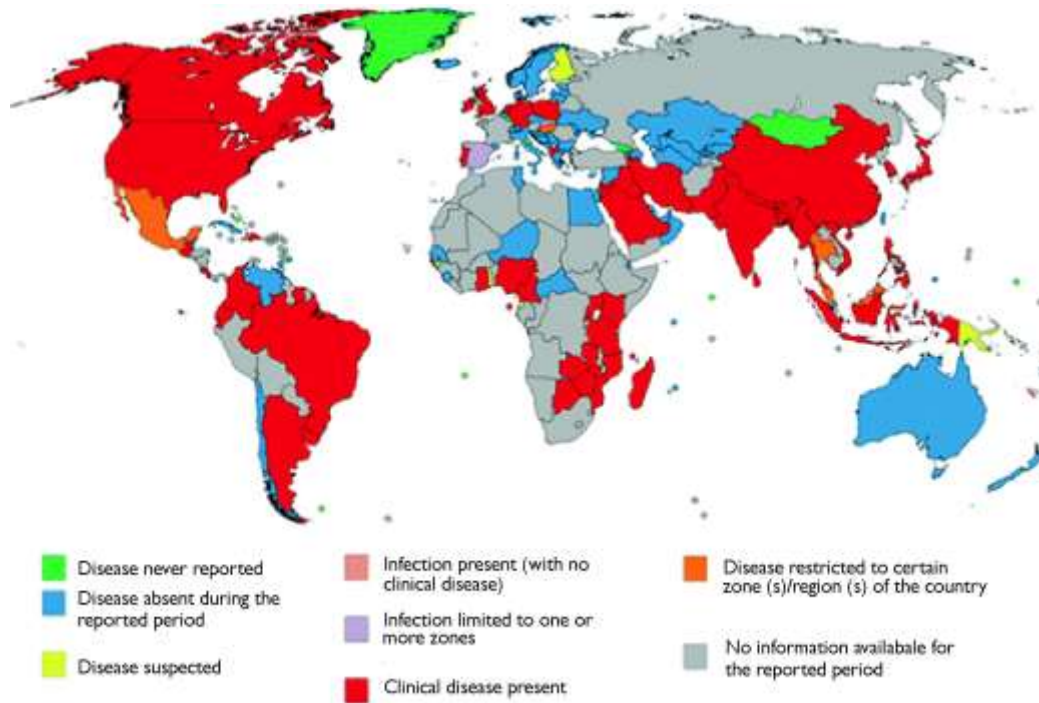
**Serotypes of IBDV:** There are two serotypes of IBDV (1 and 2) and have substantial antigenic distinctions within the serotype separately (Jackwood *et al.*, 2018). It is reported that serotype 1 is only pathogenic to poultry chicks. Based on antigenicity, serotype 1 is divided into classical and variant. As per pathogenicity, IBDV can be attenuated, virulent (vIBDV), and very virulent (vvIBDV) (Jackwood *et al.*, 2018). vvIBDV infections (highly virulent IBD virus) are characterized as the per-acute onset of severe clinical disease with extreme mortality (Van den Berg *et al.* 1991). The tendencies of mortality differ within strains of serotype 1 IBDV ranging from zero deaths in variant strains. Classical strains render about 20% mortality (Müller *et al.*, 2003), whereas vvIBDV leads to more than 50% mortality (Escaffre *et al.*, 2013). Although these new serotype 1 viruses have enhanced virulence and have the ability to break existing maternal immunity and are antigenically parallel to the

classic strains of IBDV (Arega, 2018). The occurrence of new variants of IBDV can endanger poultry health as well as production worldwide rendering huge financial fatalities while IBDV serotype 2 is naturally avirulent, thus, clinical disease in turkeys and chickens is not produced (Motohiko *et al.*, 1998). Serotype 1 IBDV infection has been found in wild birds, thus, as reservoirs wild birds can play a role in the spread of IBDV (Gilchrist, 2005). It is documented that strains of vvIBDV promptly dispersed to every poultry-producing country, except Australia, Canada, New Zealand, and Mexico (van den Berg, 2000; Arega, 2018).

**Host range of IBDV:** It is reported that IBDV is host specific. Natural hosts of IBDV are turkeys and chicks (Mosad *et al.*, 2020; Bakacs *et al.*, 2023). Other than chickens and turkeys, IBDV infection has been tested in Baltic ducks, pigeons, speckled pigeons, Herring gulls, ostriches, pied cordon blues, laughing doves, Antarctic penguins, and sparrows (Gardner *et al.*, 1997; Hollmen *et al.*, 2000; AHA, 2009; Adamu *et al.*, 2017; Orakpoghenor *et al.*, 2020; Kapoor *et al.*, 2022; Behboudi, 2022; Samad *et al.*, 2022). However, IBDV inoculation experimentally to pheasants, quails, and partridges did not show any signs, symptoms, or lesions (Van den Berg *et al.*, 2001; Xu *et al.*, 2019). In several other birds, IBDV or IBDV-specific Abs have been reported, such as in pigeons, village weavers, coturnix quail, pheasants, shearwaters, magpie geese, common nobby, soothly terns, silver gulls and black ducks (McFerran, 1993; Behboudi, 2022).

In wild birds, indirect IBDV infection can occur via foraging of infected dead birds, exposure to polluted water, or contact with contaminated materials of conjunctival or respiratory membranes (Orakpoghenor *et al.*, 2020). This is boosted by unhindered connections between poultry and free-living wild birds (AHA, 2009; Orakpoghenor *et al.*, 2020).

**IBD Prevalence and Distribution:** The virus occurs worldwide (Fig. 2; Table 1) and prevalence varies from 8 to 100% (Eregae *et al.*, 2014; Zachar *et al.*, 2016; Khan *et al.*, 2017; Moryani *et al.*, 2020; Sajid *et al.*, 2021; Kapoor *et al.*, 2022; Omer and Khalafalla, 2022; Parveen *et al.*, 2022; Pikuła *et al.*, 2023; Hishamund *et al.*, 2023). Despite rigorous vaccination, IBD outbreaks are often. At the end of the 1980s, vvIBDV appeared at the start in Europe, and afterward in South America, Asia, and the Middle East. In China, IBD was first detected in Beijing and Guangdong in 1979 and rapidly spread to the main poultry areas of this country (Li and Wu, 1991; Zhang *et al.*, 2022). As IBD is rendering high mortality and severe immunosuppression, vvIBDV is considered one of the most important threats to the health and development of the poultry industry in China for the last 30 years (Cao *et al.*, 1998; Wang *et al.*, 2004; Jiang *et al.*, 2021; Zhang *et al.*, 2022). Classical IBDVs are present worldwide excluding New Zealand (Becht, 1994; Behboudi, 2022). In the USA, Abs against IBDV serotype 2 is common in turkey and chicken flocks (Behboudi, 2022). vvIBDVs in acute forms have been reported in Japan (Ogawa *et al.*, 1998). Currently, vvIBDVs have been isolated in Russia, Central Europe, Asia, South America, and the Middle East (Liu *et al.*, 2001; Behboudi, 2022). Roughly estimated



**Fig. 2:** Worldwide distribution of IBD and status of the disease according to the latest available reports (July–December 2016) in the World Animal Health Information System (WAHIS) from the World Organization for Animal Health (OIE). [http://www.oie.int/wahis\\_2/public/wahid.php/Diseaseinformation/statuslist](http://www.oie.int/wahis_2/public/wahid.php/Diseaseinformation/statuslist). Image created with <https://mapchart.net> (Gómez *et al.*, 2018).

**Table 1:** Presence/absence of IBD in different countries

Continent	Countries Where IBD Absent or Present	
	Absent	Present
Africa	Gabon (OIE, 2012); Angola, Burundi, Liberia and Libya (OIE, 2018); Central African Republic, Burkina Faso, Congo, Namibia, Niger and Tunisia (OIE, 2019); Algeria, Cabo Verde, Djibouti, Egypt, Eswatini, Ethiopia, Lesotho, Réunion, Somalia and Sudan (OIE, 2020)	Cameroon (OIE, 2012); Botswana, Gambia, Malawi, and Rwanda (OIE, 2018); Comoros (OIE, 2018a); Mali, Mauritius, Mozambique, Senegal, South Africa, Tanzania, Togo, Uganda, and Zimbabwe (OIE, 2019); Benin, Ghana and Madagascar (OIE, 2019a); Kenya, Mayotte, Nigeria and Zambia (OIE, 2020)
Asia	Tajikistan (OIE, 2009), Georgia, Kazakhstan, Lebanon, Uzbekistan, and Belarus (OIE, 2019); Kyrgyzstan, Laos, Maldives, Mongolia (OIE, 2019a); Armenia, Azerbaijan, Bahrain, Brunei, Hong Kong, Kuwait, Malaysia, Syria, Singapore, Thailand, Taiwan, United Arab Emirates and Turkmenistan (OIE, 2020)	Oman (OIE, 2009); China and Sri Lanka (OIE, 2018), Indonesia, Myanmar, Palestine, Philippines, and Qatar (OIE, 2019); India (OIE, 2019a); Afghanistan, Bangladesh, Bhutan, Iran, Iraq, Israel, Japan, Jordan, Nepal, Pakistan, Saudi Arabia, South Korea, and Vietnam (OIE, 2020)
Europe	Greece (OIE, 2018a); Belarus, Bosnia and Herzegovina, Cyprus, Croatia, Finland, Serbia, Czechia, Liechtenstein, Montenegro, Norway (OIE, 2019); Malta (OIE, 2019a); Bulgaria, Denmark, Estonia, Iceland, Latvia, Italy, Lithuania, Netherlands, Moldova, Russia, Portugal, Romania, Slovakia, Slovenia, Sweden, Switzerland, and Ukraine (OIE, 2020)	Belgium and North Macedonia (OIE, 2019); Hungary, Germany, Poland, Ireland, Russia (Europe), Spain, and the United Kingdom (OIE, 2020)
North America	Bahamas, Greenland, Jamaica, and Saint Lucia (OIE, 2018); Trinidad and Tobago (OIE, 2018a); Belize (OIE, 2019); Cuba (OIE, 2019a); Barbados, Honduras, and Mexico (OIE, 2020); Panama (OIE, 2020a)	Anguilla (McFerran 1993); Haiti and United States (OIE, 2019); Dominican Republic and Guatemala (OIE, 2019a); Canada, Costa Rica, and Martinique (OIE, 2020)
Oceania	Timor-Leste (OIE, 2018); Australia and Tonga (OIE, 2019); Fiji, Marshall Islands, Samoa, and Vanuatu (OIE, 2019a); Palau (OIE, 2020)	New Caledonia (OIE, 2019); French Polynesia (OIE, 2019a); New Zealand (OIE, 2020)
South America	Venezuela (OIE, 2019a); Bolivia and Chile, Falkland Islands, French Guiana and Peru (OIE, 2020);	Guyana (OIE, 2018); Suriname (OIE, 2019a); Argentina, Brazil, Colombia, Ecuador, Paraguay and Uruguay (OIE, 2020)

that vvIBDV are prevalent in 95% of OIE member countries (Behboudi 2022). It has been proposed that, worldwide, about 60–76% of IBDV isolates are vvIBDV (Dey *et al.*, 2019).

**Economic losses:** In many countries, IBD is a threat to the poultry industry (Aregitu, 2018). Economic losses due to IBD are high and are demonstrated in two ways, i.e., i) with classical IBD, in chickens of 3-6 weeks mortality is high and ii) persisted immunosuppression leading to secondary infections and failure of vaccination (Ingrao *et al.*, 2013;

Sharma *et al.*, 2000; Behboudi, 2022). A study conducted by Fan *et al.* (2020) indicated that the weight of broilers infected with novel variant strains of IBDV was reduced by approximately 16% compared to that of the control at 42 days of age indicating huge economic losses to the farmer (Zhang *et al.*, 2022). Coinfection of other pathogens with vvIBDV usually aggravates damage (Xu *et al.*, 2021). Another aspect of economic losses is the condemnation of carcasses due to skeletal muscle, thigh, and pectoral muscle hemorrhages (Van den Berg *et al.*, 2004; Arega, 2018; Azzam *et al.*, 2019; Buzdugan *et al.*, 2021).

**Pathogenesis:** The fecal-oral path via ingestion of polluted water and feed comprised the most common ways by which IBDV infection ensues in turkeys and chickens (Orakpoghenor *et al.*, 2020; Wagari, 2021). Subsequent host entry IBDV may bind to proteins of the host cell such as N-glycosylated polypeptide(s) articulated on the cell membrane of juvenile IgM+ B-cells all through the viral entry process. This virus has a 2–3-day short incubation period, during this period a pore-forming virus peptide (pep46) is linked with the external capsid which assists the entry of the virus into the cell cytoplasm (Wagari, 2021). A lipid draft facilitates endocytic mechanism was proposed for the entry of attenuated IBDV to the cells established based on in vitro experiment results (Yip *et al.*, 2012).

IBDV has a great affinity with lymphocytes (Raja, 2020; Liu *et al.*, 2022), thus starting illness and proliferation in macrophages and lymphocytes of GALT (Wagari, 2021). At this stage, viral replicates and viremia take place. IBDV is lugged to the BF by macrophages that are infected, where IBDV endures intracytoplasmic multiplication in IgM+ B lymphocytes (Hiraga *et al.*, 1994). After 16hrs of infection, viremia occurs as a second wave leading to the onset of clinical disease and death of the tissues, or may the virus extinguish the lymphoid follicles in the FB and circulating B-cells in the cecal tonsils and BALT, CALT, and GALT (Etteradossi and Saif, 2008; Trapp and Rautenschlein, 2022).

While looking at cytokines involved in IBDV infection, it is reported that when the virus is brought to FB by infected macrophages, IBDV replicates in IgM+ B lymphocytes (Hiraga *et al.*, 1994). In the bursa Fabricius, interferon- $\gamma$  (IFN- $\gamma$ ) is produced by activated macrophages (Jain *et al.*, 2013; Song *et al.*, 2017) which is supplemented by the proclamation of proinflammatory cytokines such as nitric oxide (NO) and interleukin-6 (IL-6) (Zhang *et al.* 2019). Bursal lesions could be the outcome of these cytokines (Huang *et al.*, 2021). Of all these, apoptosis of healthy and infected B-cells could occur because of IFN- $\gamma$  produced by IBDV infection (Qin *et al.*, 2017; Li and Zheng, 2020).

Virus spreading to lymphoid organs such as the spleen, thymus, cecal tonsils, Harderian glands, and Peyer's patches, may take place mainly during vvIBDV infection (Wagari, 2021; Ghetas *et al.*, 2022). During the acute lytic phase, IBDV replication drastically reduces flowing IgM+ cells and also continues the inhibition of the elementary antibodies' reaction (Arega 2018). Deaths in the acute phase could be due to the necrotizing consequence of IBDV on the host tissues (Orakpoghenor *et al.*, 2020). In case of surviving or recovering from this phase of IBD, the bird continues immunocompromised restrains defensive reactions of common vaccines against other pathogens, and portrays birds as vulnerable to cunning diseases (Trapp and Rautenschlein, 2022). IBDV especially affects vigorously distinguishing and multiplying B-lymphocytes that result in immunosuppression which is age-dependent (OIE, 2004; Piłkuła and Lisowska, 2022).

Active and proficient lymphocytes will grow as an effect of stimulus by the IBDV; however, the juvenile lymphocytes will extinguish. FB is penetrated by inflammatory cells such as heterophils and endures

hyperplasia of the inter-follicular tissue as well as RE cells (OIE, 2004). T cells are sturdy to IBDV and may restrain the pathogenesis of the virus by restricting viral replication in the BF during the initial stage, by encouraging damaged bursal tissue and pausing recovery, probably via the proclamation of cytokines and their associated cytotoxic outcomes. However, IBDV infection can rigorously reduce in vitro multiplication of T cells to mitogens, suggesting that cellular immune reactions are also conceded (Sharma *et al.*, 2000). Generally, the sequelae of IBDV infection such as the harshness of clinical signs, lesions and immunosuppression are correlated with immune status, age, and genetic credentials of impinged birds along with virus strain virulence (Kim *et al.*, 2000).

**Immunosuppression:** IBDV infection in chicks initiates all segments of the immune system. However, the degree of initiation differs conditional on the virulency virus strains, the age of the bird, the bird's immune status, and the genetic background of the infected bird (Wagari, 2021). Maternal antibodies can alter immune reactions, and the stronger vaccinal strains can overthrow greater concentrations of antibodies. If the vaccine is prepared from classical strains of the IBD virus and has been used for vaccination of parent flocks, then the progeny of parent flocks may have poor maternal immunity against IBDV strains (Ignjatovic *et al.*, 2001). Young chicks are usually protected against vvIBDV up to 3 weeks post-hatching if it has a high level of maternal antibodies. This is shown by the tremendous inactive defense bestowed by parental antibodies hostile to bursal lesions, immunosuppression, or mortality. Passive antibodies have a half-life of 3-5 days, usually depending on breeds, for broiler chicks three days, and for laying hens five days. Hence, if the antibody titer of a newly hatched chick is at its highest, it is suspected that the flock's vulnerability to the wild or vaccinal virus will be negligible (Van den Berg, 2000).

**Clinical disease due to the IBD virus:** Route of IBD infection, immune status and age of the morbid chickens (Iván *et al.*, 2005), and nature of the infecting viruses (Elankumaran *et al.*, 2002) are usually important factors for the onset of clinical signs and IBDV shedding. It is reported that the incubation period varies between 2 to 4 days (Orakpoghenor *et al.*, 2020) and severe clinical signs are recorded between 3 and 6 weeks of age (Etteradossi and Saif, 2008). It has been reported that chickens younger than 2 weeks and older than 6 weeks rarely exhibit clinical signs (Orakpoghenor *et al.*, 2020). In prone chicken, classical IBDV acute clinical outbreaks are characterized by the abrupt start of the disease, excessive morbidity, run-through high mortality, and healing between 5-7 days after the clinical signs (Van Den Berg *et al.*, 2000; Orakpoghenor *et al.*, 2020).

Within 2-3 days after contacting classical virulent and vvIBDV strains, there is a sudden onset of depression in susceptible chickens with loathness to move with ruffled feathers (Van Den Berg *et al.*, 2004). Chickens with high maternal MAB on exposure to vvIBDV usually did not exhibit clinical signs and mortality (Arega, 2018; Orakpoghenor *et al.*, 2020). In naturally infected chickens, IBDV shedding in feces for

up to 2 weeks has been reported (Kabell *et al.*, 2005). Up to 4 weeks of age, RT-PCR can be applied for the detection of IBDV in feces (Kabell *et al.*, 2005).

**IBD gross pathological lesions:** The severity of IBD lesions and the extent of tissue distribution of IBDV depends on the IBD strain and its pathogenicity (Regenmortel, 2003). Those birds that died of acute IBD exhibit dehydration of pectoral muscles as well as subcutaneous fascia (Orakpoghenor *et al.*, 2020). Hemorrhages in the pectoral and thigh muscles, at the junction of proventriculus-ventriculus and on the serosal surface and plica of the bursa Fabricius are often seen (Hanson, 1962; Oluwayelu *et al.*, 2002).

The bursa Fabricius is the main organ showing pathological changes during IBDV infection (Orakpoghenor *et al.*, 2020). There is rapid bursal atrophy with inflammation or without inflammation following IBDV infection, while hemorrhagic inflammation is seen following vvIBDV infection (Orakpoghenor *et al.*, 2020). The bursal atrophy renders IBDV-induced lymphoid cell depletion that is evident 7–8 days post-infection (Cheville, 1967). The serosal surface of the bursa Fabricius shows yellowish coloration may be due to the deposition/accumulation of serous transudate as a result of marked inflammation (Lukert and Saif, 2003). As a result of urates deposition, ureters, kidneys as well as tubules appear distended (Confer and MacWilliams, 1982). Splenomegaly has been reported (Morales and Boclair, 1993).

**IBD Histopathological lesions:** Among the lymphoid organs, most affected are bursa Fabricius, thymus, spleen, cecal tonsils, Harderian glands, GALT, and HALT (Orakpoghenor *et al.*, 2020). Lymphocytic degeneration followed by necrosis of bursa Fabricius in the medullary region is the primary lesion observed on 1-day post-infection (Regenmortel, 2003). These lesions are followed by replacing depleted lymphocytes with heterophils, hyperplastic RE cells, and tissue debris (Oluwayelu *et al.*, 2002; Orakpoghenor *et al.*, 2020). In later stages, the bursal follicles are changed by columnar epithelium-lined cysts along with interfollicular stroma made by fibroblasts (Okoye and Uzoukwu, 1990). Cystic cavities contain mucin that implies recession of reaction of inflammation, and lymphocytic foci appear in the follicles of bursa Fabricius during healing (Eterradossi and Saif, 2008).

**IBD diagnosis:** Diagnosis of IBD requires an understanding of the flock's history, clinical signs, and lesions (Adino and Baye, 2022). Gross and histological assessments of the bursa Fabricius are cardinal lesions for the diagnosis of IBD in young chickens (Lukert and Saif, 2003) and immunohistochemistry can confirm the IBD lesions (Zelege *et al.*, 2005). Other methods for the identification of IBR are cell culture, isolation, and detection of IBD virus in embryonated eggs, AGID, AGPT, VNT, ELISA, PCR, RT-PCR, and RLFP (Abdel-Alim and Saif, 2001; Yousif, 2005; Mawgod *et al.*, 2014; Zahid *et al.*, 2016; Msomi *et al.*, 2018; Sali, 2019; Ghetas *et al.*, 2022) and serology (AHA, 2009). Ghetas *et al.* (2022) characterized two isolates of vvIBDV by RT-PCR. They obtained nucleotide sequences of a partial portion of

the VP2 gene of 2 isolates that revealed 97.0-100% and 91.2-92.5% identity with the Egyptian strains and vaccine strains, respectively. Multiplex RT-PCR differentiates between serotypes of the IBDV virus (Moody *et al.*, 2000). Zheng *et al.* (2022) have established a naked-eye visual IBDV detection method "RPA-Cas12aDS", by merging recombinase polymerase amplification (RPA) with CRISPR-Cas12a-based nucleic acid detection. This method detects IBDV within 50min.

**IBD vaccination and control measures:** As IBDV is contagious, mostly spread by contact with IBD ill chickens/birds and even infected fomites (AHA, 2009; Zhang and Zheng, 2022). Its spread can be limited via the application of exact/strict biosecurity processes (Lukert and Saif, 2003). Treatment is of no use (Lukert and Saif, 2003).

Vaccination is a successful tool to control and inhibit IBD outbreaks globally (Dey *et al.*, 2019; Kajal *et al.*, 2023). Vaccines have a significant role in disease prevention and control worldwide. Most IBD-modified live vaccines (MLVs) originated from attenuated strains of IBDV serotype 1 (Dey *et al.*, 2019). Live attenuated and inactivated vaccines are available against IBDV, though the use of recombinant and subunit vaccines has been implied in some countries (Jackwood and Sommer-Wagner, 2002; Birhane and Fesseha, 2020; Ravikumar *et al.*, 2022; Kajal *et al.*, 2023). Live vaccines persuade strong cellular and humoral immunity and are satisfactory when mass application is required in drinking water (Müller *et al.*, 2003; 2012; Dey *et al.*, 2019). Besides live vaccines, several commercial recombinant vector IBDV vaccines have also been developed (Ravikumar *et al.*, 2022).

Sometimes vaccination failure happens in IBD vaccines when birds are unable to raise satisfactory antibody titers and/or are at risk of a disease (Mutinda *et al.*, 2014). According to different research outputs (Butcher and Yegani, 2009; Müller *et al.*, 2012; Mutinda *et al.*, 2014; Jakka *et al.*, 2014), vaccination failure usually occurs on broiler farms that failed to meet standard procedures for vaccine storage, reconstitution, and/or administration, thus farmers education is necessary for successful vaccination, disease prevention, and disease management (Enahoro *et al.*, 2021). There could be other factors for vaccination failure such as untimely vaccine plan/timing, quality of vaccine, vaccine strain/serotype, and inadequate quantity of antibodies titers post-vaccination that prejudices the chickens to a disease outbreak. Moreover, maternal antibodies, immunosuppression, stress, and managing practices were also known causes of vaccination failure in poultry flocks (Müller *et al.*, 2012; Birhane and Fesseha, 2020).

**Conclusions:** Infectious bursal disease is a major obstacle in the development of the poultry industry, as it is rendering huge economic losses. Infectious bursal disease is characterized by lesions of the bursa Fabricius such as first inflammation and then atrophy thus leading to immunosuppression and thus creating an opportunity for secondary infections. IBDV is a universal problem and an effective vaccination program and strict biosecurity measures are mandatory for its prevention and control.



The starring role of wild birds in the epidemiology of the IBD needs to be clarified as wild birds have indirect or direct contact with commercial chicken rearing.

### Abbreviations

Abs:	Antibodies
AGID:	Agar Gel immunodiffusion
AGPT:	Agar gel precipitin/precipitation test
BALT:	Bronchial-associated lymphoid tissues
BF:	Bursa of Fabricius
CALT:	Conjunctiva-associated lymphoid tissues
CNKI:	China National Knowledge Infrastructure
ELISA:	Enzyme-linked immunosorbent assay
GALT:	Gut-associated lymphoid tissue
HALT:	Head-associated lymphoid tissues
IBD:	Infectious bursal disease
IBDV:	Infectious bursal disease virus
IgM:	Immunoglobulin M
MAB:	Maternal antibodies
MLVs:	Modified live vaccines
OIE:	Office International Des Epizooties
RE cells:	Reticuloendothelial cells
RFLP:	Restriction fragment length polymorphism
RPA:	Recombinase polymerase amplification
RT-PCR:	Reverse transcription PCR
VNT:	Virus neutralization test
vvIBDV:	Very virulent Infectious bursal disease virus

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**Authors contribution:** AK conceived the idea and tailored, designed, and supervised the study. XD, LA, BW, MD, HW, and JY collected the literature. AK, LA, and XD analyzed the literature and wrote the manuscript. FGE and AK revised the manuscript. All authors read and approved the final version of the manuscript.

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