BACTERIAL DISEASES OF SHRIMP

Bacterial diseases

- Vibriosis
- Necrotizing hepatopancreatitis
- Mycobacteriosis
- Rickettsial infection

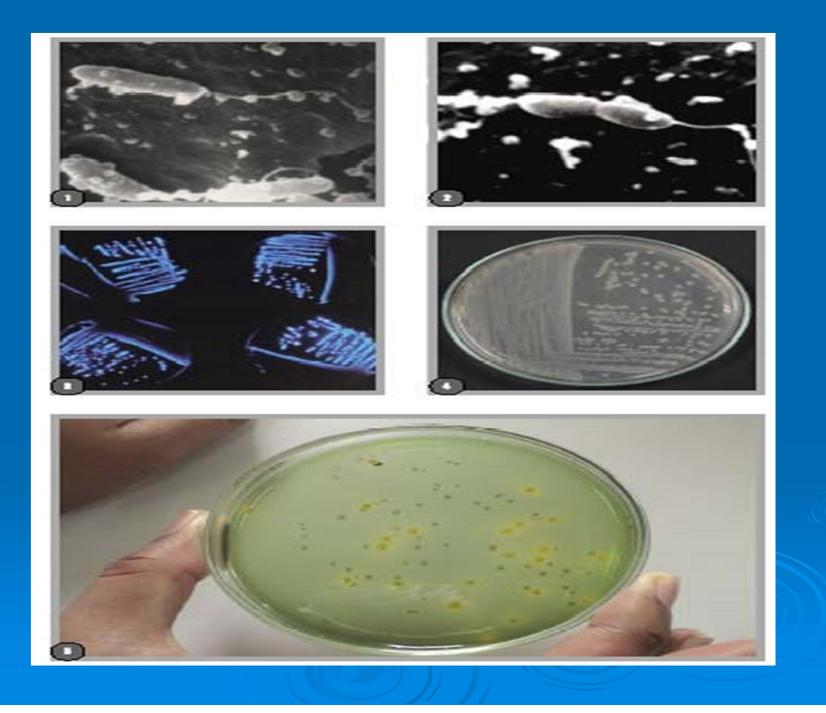
INTRODUCTION

- Bacteria natural microflora of seawater
- Accumulation of unutilized feed & metabolites of shrimp with organic matter supports multiplication of bacteria
- Bacterial infections primarily stress related
- Adverse environmental conditions or mechanical injuries
 important factors of bacterial infections
- The expansion and intensification of shrimp farming industry impose stress on shrimps and making them susceptible to disease

VIBRIOSIS

- Common name : Vibrio disease of shrimp, syndroma gaviota or seagull syndrome, summer syndrome, syndrome 93, luminiscent vibriosis and penaeid bacterial septicemia
- Species affected : All penaeid sp
- **Causative agent** G(-)ve,motile,rod shaped bacteria belonging to the genus vibrio includes Vibrio parahaemolyticus, V.alginolyticus, V.harveyi, V.penaeicida,V.anguillarum, V.splendidus,V.vulnificus and V.damsela

other sp isolated responsible are Pseudomonas sp ,Flavobacterium sp and Aeromonas sp



Geographic distribution : Ubiquitous

• Route of infection : Vibrio spp – chitinoclastic bacteria may enter through wounds in exoskeleton or pores.

Gills - covered by thin exoskeleton.

Midgut (DG+MGT) is not lined by exoskeleton

Transmission - water or through ingestion of infective material

• Effect on host : Mortalities upto 100 %

• **Biology and epizootiology** : Majority are secondary infections, occuring as a result of other primary conditions.

Vibriosis – multitude of infections

known as blackshell disease, septic hepatopancreatic necrosis, tail rot, brown gill disease, swollen hindgut syndrome and luminous bacterial disease.

• Gross signs :

- Erratic and disoriented swimming and lethargy.
- Black to brown colouration on gills,cuticle,appendages due to melanin production.
- > Opaqueness of abdominal muscle, anorexia.
- Expansion of chromatophores on the dorsal surface,periopods,pleopods and appendages giving red colouration.

Larval and PL signs of vibriosis includes melanisation and necrosis of appendages tips.

> Affected shrimp shows off-feed and empty guts.

The gills, lymphoid organ and DG shows degenerative changes

Detachment of epithelium from the midgut trunk.

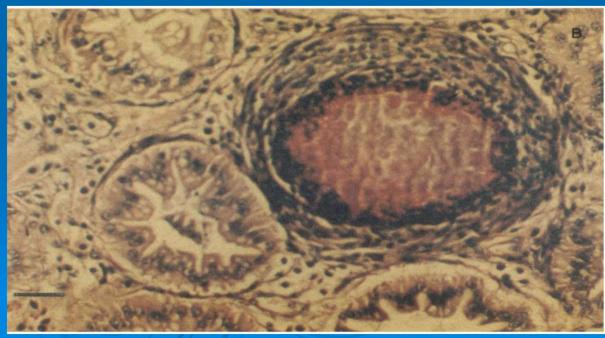
Specific morphological changes to the DG includes tissue necrosis, loss of epithelium and infiltration of hemocytes.

- Hemolymph clots very slowly
- Hemocytes number drastically reduced









Method of diagnosis :

Isolation of Vibrio sp from tissue or hemolymph of moribund shrimp

Media – TCBS agar, Tryptic-soy agar and Zobell's marine agar(0.5 to 3 % Nacl is added)

Yellow colonies on TCBS

• Prevention :

- Adequate water quality
- Nutritionally adequate feed
- Sterilization and filtration of incoming water
- Reduction of stress
- Vaccination with killed Vibrio sp
- Terrestrial Lactic acid bacteria as dietary probiotic

- Treatment :
- Formalin at 10 to 25 ppm
- Malachite green at 5 to 10 ppb
- EDTA at 10 to 50 ppm
- Furanace at 1 ppm
- Chloramphenicol at 1 to 10 ppm
- OTC at 1 to 10 ppm

Present status of vibriosis :

Common problem particularly in the India

V.harveyi – chronic mortalities upto 30 % among the Australian P.monodon larval and PL stages

Highly pathogenic strain of Vibrio sp (AM 23), recently identified with Syndrome 93 from New caledonia among P.stylirostris

Heavy mortalities in P.vannamei observed in nellore district

An active research programme is underway to develop cost effective immunodiagnostic for Vibriosis using polyclonal antisera

NECROTIZING HEPATOPANCREATITIS

- Common name: Texas Necrotizing Hepatopancreatitis (TNHP), Granulamatous hepatopancreatitis, Texas Pond Mortality Syndrome (TPMS), Peru Necrotizing Hepatopancreatitis (PNHP)
- **Species affected**: Litopenaeus vannamei, L.stylirostris, L.setiferus, Farfentepenaeus aztecus and F.californiensis

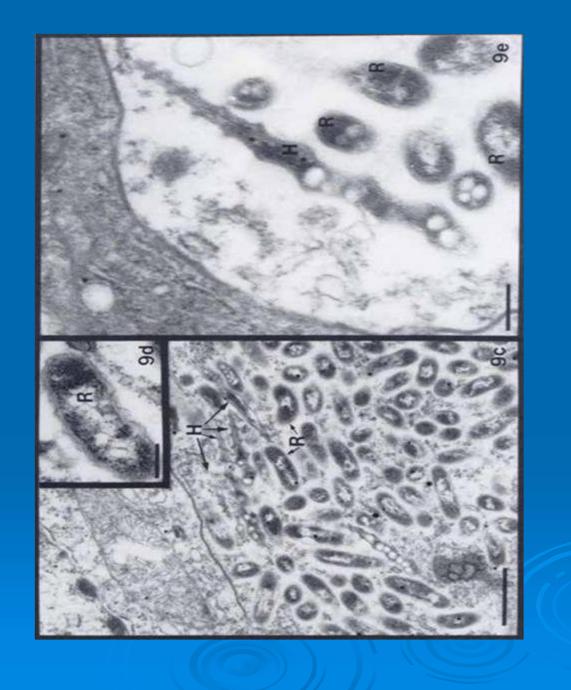
• Causative agent : Two or three types of bacteria

 Pleomorphic,rod shaped,rickettsia-like bacteria of 0.3 to 0.9 micron

A helical form mollicute-like bacteria of 0.3 to 0.9 micron

A filamentous mollicute-like bacteria

Recent studies - causative agents are G(-)ve bacteria and are mostly rod and helical forms



• **Distribution** : Geographically limited.

Western hemisphere includes Panama,Columbia, Mexico,Ecuador,Brazil,Costa Rica,Nicaragua,Peru and Venezuela

- Route of infection:
- Horizontal transmission
- via contaminated water and by cannibalism

Effect on host :

Reduced feed intake, reduced growth, soft shells and black gills

Lethargy and mortality.If untreated losses upto 50 to 99 %

Elevated salinity(30-38 ppt) and elevated temperature(30-35 C)- factors associated with disease outbreak

Biology and epizootiology :

First observed in Texas shrimp farm during 1985

Principal lesion- inflammation and necrosis (TNHPS)

• Gross signs :

 Large cytoplasmic masses of basophilic bacteria in HP

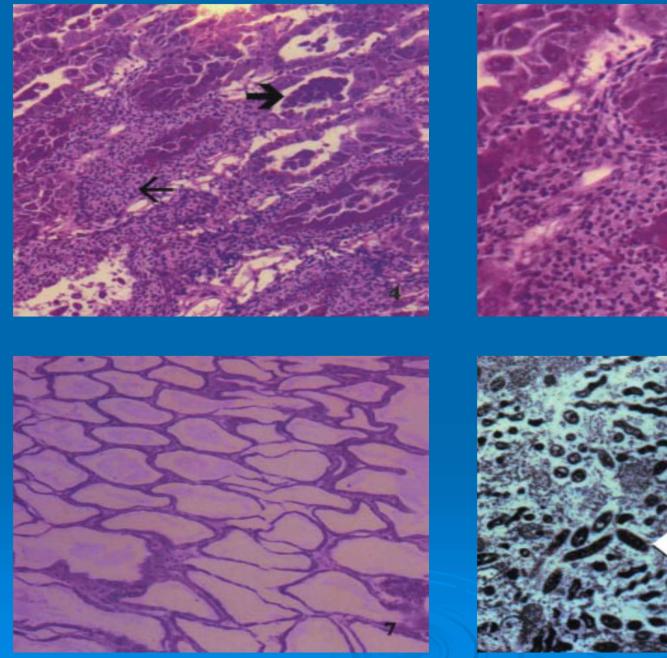
HP is necrotic, non-functional and having granulomatous lesions

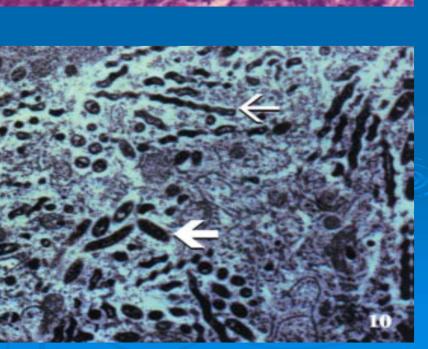
Empty gut and pale-white colouration of atrophied HP

Secondary invasion









• Method of diagnosis : 3 methods

- Routine histological analysis
- Insitu Hybridisation(ISH) with NHP-specific gene probes
- > PCR using NHP-specific oligonucleotide primers
- **Prevention** : Avoid high temperature and elevated salinity
- Treatment :
- > OTC at 0.5 to 2 kg per 1000 kg of feed
- Metaphalatic therapy- effective treatment scheme

Present status of NHP :

> NHPB - unculturable through invitro methods

Method for continuous development of NHPB in SPF stock of L.vannamei recently developed by GCRL

Dr.Donald V.Lightner and Farming Intelligene Tech Corporation developed – IQ 2000 NHPB Detection and Prevention system

Adopted the Nested PCR and differentiate infected shrimps into 4 levels: severe,moderate,light and very light

MYCOBACTERIOSIS

- Common name : Mycobacterium infection of shrimp and shrimp tuberculosis
- Species affected : All penaeid species
- Causative agent : Gram(+)ve,rod shaped,acid fast bacteria - Mycobacterium marinum and M.fortuitum
- **Distribution**: Ubiquitous

Route of infection :

> Unknown.

Probably by ingestion or wound contamination

Effect on host :

> Abnormally dark pigmentation having multifocal melanised hemocytic nodules

Larger prominent melanised granulamatous lesions composed of multiple nodules Biology and epizootiology :
Infected shrimp creates a problem to marketing

Accidental infections of shrimp farm workers produce nodular skin lesions – difficult to treat

Gross signs :

Lesions in lymphoid organ, heart, cuticle, loose connective tissues of muscle, HP, antennal gland, ovary and gills

These lesions containing cellular debris, acid fast bacterial rods surrounded by multiple concentric layers of flattened hemocytes

Method of diagnosis :

Gross observations -

Histology -Palely basophilic rod shaped bacteria with hemocytic nodules

Smears -Impression smears with Zeihl-Neelsen stain

• Prevention :

- Good husbandry practice
- > Avoid diseased fish
- Use treated water
- Destroy the diseased stock

• Treatment :

No known method of treatment

Present status of Mycobacteriosis :

Mycobacterium sp – not reported in cultured Penaeids of indiaa, reported only in captive M.rosenbergii

- Wild adult P.vannamei Panama and Ecuador
- Cultured juvenile P.vannamei Mississippi

Fish Mycobacteriosis as zoonosis – scientific report shows that 76 % associated with aquatic environment

Prolonged use of a combination of antimicrobials thought to be effective

RICKETTSIAL INFECTION

- Common name : Rickettsial infection of Penaeid shrimp
- Species affected : P.monodon,P.marginatus,P.merguiensis and P.stylirostris
- Causative agent :
- Rickettsia or Rickettsia like microorganisms with a size range of 0.2 to 0.7 x 0.8 to 1.6 micron
- Order Rickettsiales
- Family Rickettsiaceae



• Distribution :

Wild caught juveniles of P.marginatus – Hawaii

Cage cultured P.monodon- Singapore, Malaysia and Indonesia

Route of transmission : Horizontal

Effect on host :

Host target cells- Hepatopancreatic epithelium in P.merguiensis and P.marginatus

Impaired function of HP

Impaired digestion and absorption

In P.monodon fixed phagocytes, connective tissue cells, antennal gland and Y- organ are affected

Inflammatory lesions and intravascular aggregations of hemocytes in gills

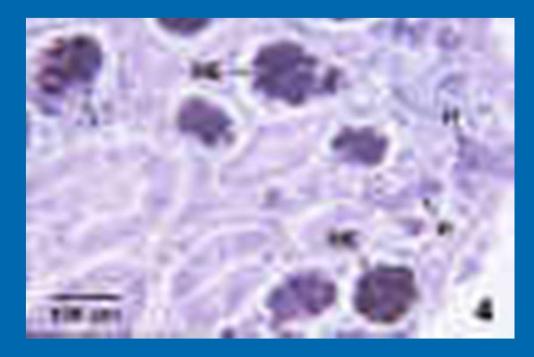
- Slow growth rate and eventual death
- Biology and epizootiology :
- P.marginatus natural reservoir of Rickettsia

Rickettsia of P.marginatus cause high mortality disease syndrome in juvenile P.stylirostris

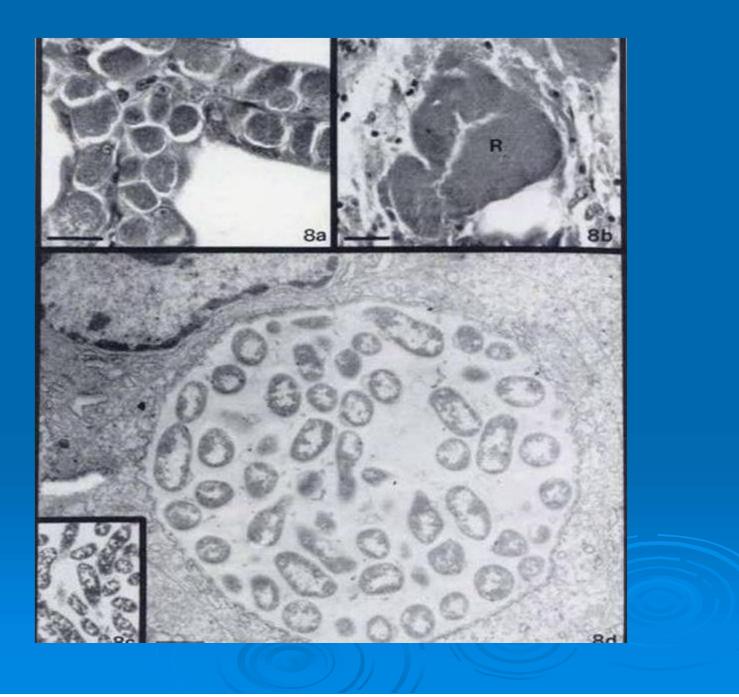
Gross signs :

Hepatopancreatic infection – Heavily infected shrimp

- Lethargic
- Off -feed
- Atrophy and pale colouration of HP
- Systemic infection
- Congregated in shallow pond edges
- Brown discoloured gills
- Opaque abdominal muscle
- Mushy texture of HP







Method of diagnosis :

Histologic demonstration

- Large granular, rickettsia- filled cytoplasmic vacuoles

- Microcolonies size 5 to 50 microns
- Stained basophilic
- Fuelgen (+)
- Gram (-)

• Prevention :

- Quarantine
- Sreening of potential carriers
- Destruction of infected stock
- Disinfection
- Treatment :
- None reported
- Tetracycline

CONCLUSION

- G(-) bacteria causes epizootics
- Concentration of farming activities and release of untreated effluents into water source
- Poor pond management avoided by improved practices
- Therapeutants approved by FDA is limited
- Replacement of antibiotics by probiotics is needed

