Detection of *Mycoplasma gallisepticum* and *Mycoplasma synoviae* by Real-Time PCRs and *Mycoplasma gallisepticum*-antibody Detection by an ELISA in Chicken Breeder Flocks

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Abstract

This study aimed to determine the prevalence of *Mycoplasma gallisepticum* (MG) and *Mycoplasma synoviae* (MS) in breeder flocks showing respiratory symptoms. A total of 77 flocks (2153 tracheal swabs and blood samples) were sampled and all were tested by MG real time PCR (MG-rPCR) and MG-ELISA, and 32 flocks were tested by MS real time PCR (MS-rPCR). In the first part of this study covering 28 flocks, all samples from chickens with marked clinical symptoms and high MG-antibody levels gave negative results with MG-rPCR. Therefore, the MG-lipoprotein gene-specific primers (MG-rPCR1) of this PCR were replaced with MG-16S rRNA primers (MG-rPCR2), as were the MS-16S rRNA primers (MS-rPCR), thus the study was pursued accordingly. All of the first 28 flocks, which were 100% positive by MG-ELISA, were MG-rPCR1 negative, whereas in the second part of the study, other 49 flocks, which were 87.8% MG seropositive, were found 42.9% positive by MG-rPCR2. In addition, 5 selected flocks from the first 28 were negative, whereas 7.4% of the 27 selected flocks from the second 49 were positive by MS-rPCR. Overall, 81 out of 432 MG-rPCR1-2 (18.7%) performed from 77 flocks, and 13 out of 187 MS-rPCRs (6.9%) in 32 flocks were determined as positive. ELISA results indicated that there could be significantly high false-positives in serological tests, thus results should not be relied upon one test system. Also, this study revealed that, for the confirmation of *Mycoplasma*-infected flocks in laboratories, rPCR is a reliable method as long as suitable primers are selected, and that MG and MS prevalence is considerably high in winter season.

**Keywords:** *Mycoplasma gallisepticum, Mycoplasma synoviae, Real time PCR, ELISA, Breeder chicken*

**Özet**

Bu çalışmadan, *Mycoplasma gallisepticum* (MG) ve *Mycoplasma synoviae* (MS)nin solunum sisteminde ait semptomlara sahip damızlık tavuk kümeslerindeki yayılmasını tespit etmek amaçlandı. Toplam 77 küme (2153 trakeal swab ve kan örnekleri)in toplanan tüm örnekleri MG gerçek zamanlı PCR (MG-rPCR) ve MG-ELISA ile, 32 kümes ise MS-rPCR ile test edildi. Çalışmanın birinci bölümü kapsayan ilk 28 kümü MG-antikorları yüksek bulundu ve belirgin klinik semptomlar gösteren bu tavukların örnekleri MG-rPCR ile negatif sonuç verdi. Bu nedenle, bu PCRda kullanılan MG-lipoprotein geni-spesifik primerler (MG-rPCR1) ile MS tespitinde kullanılan MS-16S rRNA primerlerine (MS-rPCR) benzer olarak, MG-16S rRNA primerleri (MG-rPCR2) ile değiştirildi ve çalışma bu primerler ile devam edildi. MG-ELISA ile %100 pozitif olan ilk 28 kümesin tümü MG-rPCR ile negatif iken, çalışmanın 2. bölümüne %87.8 MG seropozitif olarak saptanan diğer 49 küme MG-rPCR ile %42.9 pozitif bulundu. Ayrıca, bu ilk 28 kümenin üçü MS-rPCR ile negatif, daha sonraaki 49 kümenin üçü ise 27’si MS-rPCR ile %7.4 pozitif olarak tespit edildi. Genel olarak, toplam 77 kümenin uygulanan 432 MG-rPCR ile %18.7 ve bu kümenlerden 32 adetinde yapılan 187 MS-rPCR’ın 13‘ü (%6.9) pozitif bulundu. ELISA sonuçları ise seroloji testlerinden önemli oranda yanlış pozitif sonuçlar alınabilmektedir. Bu çalışma ile, aynı zamanda, *Mycoplasma*-enfekte kümeslerin laboratuvarlarda doğrulanabilmeleri için doğru primerler seçilmesi rPCR’in güvenli bir metod olduğunu, damızlık tavuk kümeslerinde MG ve MS prevalansının özellikle kiş mevsiminde oldukça yüksek olduğu ortaya koydu.

**Anahtar sözcükler:** *Mycoplasma gallisepticum, Mycoplasma synoviae, Gerçek zamanlı PCR, ELISA, Damızlık tavuk*
INTRODUCTION

Mycoplasma gallisepticum (MG) and Mycoplasma synoviae (MS) are infectious agents of chronic respiratory disease in chickens \[1\]. Multi-age commercial egg complexes are mostly positive for MG and MS and in some parts of the world, both infections are widespread in commercial chicken and turkey production \[2\]. MG and MS cause important primary and secondary bacterial poultry diseases \[2,3\].

Due to the persistent nature of the Mycoplasma infection and its vertical mode of transmission, monitoring and eradication is a preferable strategy for the achievement of a long-lasting Mycoplasma-free poultry stock \[6\]. Isolation and identification of the organism is the ‘gold standard’ for diagnosis of Mycoplasma infections. However, pathogenic avian mycoplasmas are slow growing (might require up to 3 weeks for detectable growth) and relatively fastidious organism, which are suppressed by use of antibiotic therapy, and, commonly overgrown by commensals such as Mycoplasma gallinarum and Mycoplasma gyllinaceum \[2\].

Serology including ELISA is much faster than culturing, but nonspecific reactions and cross-reactions between bacterial species, misinterpretations due to recent vaccination, and high cost are all disadvantage of serology \[1,5\]. MG strains of low virulence typically produce a poor antibody response, and isolation from clinical specimens may be difficult \[6\]. Variability in strains and clinical responses were noted both for MG and MS \[1,5\] and, Feberwee et al.\[11\] indicated encountering flocks exhibiting low levels of serological response.

PCR is a rapid, sensitive and specific method, and is often used to complement culture to detect the presence of specific Mycoplasma DNA. There are different PCR procedures such as conventional and real time PCRs (rPCR) for MG or MS detection and their advantages and disadvantages have previously been discussed \[1,4,5,7-10\].

The objective of this study was rapid detection of MG and MS using rPCRs with three different primer pairs in the chicken breeder flocks, which were screened for antibody to MG by ELISA during the winter and summer seasons.

MATERIAL and METHODS

Standard MG and MS Strains

The MG S6 and the MS K1858 strains were kindly provided by Mycoplasma Laboratory, Pendik Veterinary Research Institute, Istanbul, Turkey, and were used as positive controls.

Tracheal Swap and Blood Samples

During 16 months trial period (including one winter season) a total of 432 live chicken tracheal swab samples, comprised of 2153 individual samples, each pooled into 4-5, from 77 breeder flocks, with no antibiotic treatment, belonging to 13 companies, for MG were sampled as described \[11\], and transferred to the laboratory for rPCR test. Thirty-two of these 77 breeder flocks’ same tracheal swab samples, belonging to 5 of these 13 companies, pooled into 127 tracheal samples, comprised of 935 individual tracheal swab samples, also used for MS-rPCR. That is, 77 breeder flocks were sampled for MG-rPCR and the same templates from 32 of these 77 breeder flocks’ samples were also tested for MS-rPCR. All flocks had respiratory symptoms and tracheal swab samples were taken from chickens with marked respiratory symptoms. Concurrently, 2153 blood samples from same chickens were collected and tested by MG specific ELISA.

MG-ELISA

ELISA was performed using Mycoplasma gallisepticum antibody test kit (Synbiotics, catalog no: AUCMG900, Zoetis) following the instructions described by the manufacturer.

DNA Extraction

DNA was extracted from pooled tracheal swab samples, suspended and vortexed in 1 ml of sterile PBS in 1.5 µl tubes. The suspension was centrifuged for 30 min at 14,000 x g at 4°C, and the swabs were discarded. The supernatant was carefully removed and the pellet was resuspended in 25 µl sterile deionized water. Then, this mix was boiled at 95-100°C for 30 min, and kept on ice for 10 min before centrifugation at 14,000 x g for 5 min. The supernatant was used as template in rPCRs.

Primers

Primers used in this study for detection of MG and MS genes, references, amplified product size, name's of the PCR, number of the PCR worked with these primers, company’s cod worked with these primers were shown in Table 1.

MG and MSrPCRs

rPCR reactions (MG-rPCR\(_{\text{S}}\), MG-rPCR\(_{\text{K}}\), MS-rPCR) were performed with the same conditions and cycling parameters by a LightCycler™ 2.0 system (Roche Diagnostics, Mannheim, Germany) using FastStart DNA Master SYBR Green I (SGI) PCR mix and reagents (Roche, catalog no: 03 003 230 001). Each reaction was performed in 20 µl volumes, including 18 µl of reaction mixture containing 2 µl 1X LC FastStart DNA SGI Master Mix, 4 mM MgCl\(_2\), 0.5 mM of each primer and 2 µl of template DNA. Cycling parameters were as follows: initial denaturation at 95°C for 10 min followed by 40 cycles of denaturation at 95°C for 10 s, annealing at 50°C for 10 s and extension at 72°C for 20 s.
RESULTS

MG and MS rPCRs

No MG was detected by MG-rPCR, and MS-rPCR from the 28 and 5 of the flocks, respectively. Number of pooled samples for MG and MS detection and seasonal evaluation were demonstrated in Table 2. Flocks were found 42.9% (21/49) and 7.4% (2/27) positive by both MG-PCR and MS-PCR, respectively. Among pooled samples, 12.8% (35/273) and 10.2% (13/127) were positive by MG-PCR and MS-PCR, respectively. There was no MG-PCR positive in summer, whereas this rate increased to 44% positivity in winter. Similarly, MS-PCR detection rate was 0% in summer as opposed to 10.8% positivity in winter (Table 3). Overall, 81 out of 432 (18.7%) samples were positive by MS-rPCR in 32 flocks. In flock-based evaluation, rPCR positive flock rate was 23.4% (18/77) and 8.1% (2/27) for MG and MS, respectively. Overall, MG-rPCRs were 33% positive during winter and 0% in summer season. MS detection rate was 8.1% and 0% in winter and summer, respectively (Table 4).

MG-ELISA

Seropositive flock rate was 68.8% (53/77) by MG-ELISA. Individually, 453 of the 2153 (21.0%) samples were positive by MG-ELISA. Seroprevalence of MG infection was higher during winter season (27.6%) than in summer season (12.7%) (Table 4).

Table 1. Primers used in this study for detection of MG and MS genes, references, amplified product size, name's of the PCR, number of the PCR worked with these primers, company’s cod worked with these primers

<table>
<thead>
<tr>
<th>Gene</th>
<th>Sequence (5′-3′)</th>
<th>Reference</th>
<th>Amplified Product Size (bp)</th>
<th>Name's of the PCR</th>
<th>Number of the PCR, Worked These Primers</th>
<th>Company's Cod, Worked with These Primers</th>
</tr>
</thead>
<tbody>
<tr>
<td>MG-lipoprotein</td>
<td>GATTTCGAAAGATCAAACCTGT AAGGTTAATATTCCCAAC</td>
<td>[8]</td>
<td>400</td>
<td>MG-rPCR</td>
<td>159</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>MG-16S rRNA gene</td>
<td>GAGCTAATTGTAAGTTGTC GCTTTCCTGCGGTAGCAAC</td>
<td>(12)</td>
<td>185</td>
<td>MG-rPCR</td>
<td>273</td>
<td>6, 7, 8, 9, 10, 11, 12, 13</td>
</tr>
<tr>
<td>MS-16S rRNA gene</td>
<td>GAGAAAGCAAAAAATGGATGATC TCGCTCTCAGAATTACAA</td>
<td>(18)</td>
<td>207</td>
<td>MS-rPCR</td>
<td>187</td>
<td>1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13</td>
</tr>
</tbody>
</table>

Table 2. Results of tracheal swab and sera samples of 5 companies (company cod: 1-5) by MG-rPCR (with primers of lipoprotein gene), MS-rPCR and MG-ELISA

<table>
<thead>
<tr>
<th>Company</th>
<th>Total Flock/Positive by MG-rPCR</th>
<th>Number of Total Tracheal Swap and Sera</th>
<th>Total MG-rPCR/Positive</th>
<th>Number of Pooled Samples/MS-rPCR/Positive Samples by MG-rPCR, (%)</th>
<th>Total MS-rPCR/Positive</th>
<th>Number of MG-ELISA/Positive Samples by MG-rPCR, (%)</th>
<th>Total MG-ELISA Positive Samples</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>80</td>
<td>16/0 - (0)</td>
<td>(Summer) 0 (Winter)</td>
<td>0</td>
<td>0 (Summer) 0 (Winter)</td>
<td>80/9 -(11.25)</td>
<td>Summer</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>200</td>
<td>40/0 - (0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>200/17 -(8.5)</td>
<td>Summer</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>128</td>
<td>27/0 - (0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>128/45 -(35.1)</td>
<td>Summer</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>300</td>
<td>60/0 - (0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>300/78 -(26)</td>
<td>Winter</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>80</td>
<td>16/0 - (0)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>80/5 -(6.2)</td>
<td>Winter</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>788</td>
<td>159/0 - (0)</td>
<td>(Summer)</td>
<td></td>
<td></td>
<td>788/154 -(19.5)</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

Initial MG-rPCR, yielding consecutively negative results in contrast to 100% seropositivity in flocks by MG-ELISA from 28 flocks (Table 2) was resolved after replacement of MG-lipoprotein primers with MG-16S rRNA primers in the study. Results from this new rPCR, which was designated as MG-rPCR, were consistent with MG-ELISA results: flocks were found 42.9% (21/49) positive by MG-rPCR, and 87.8% (43/49) positive by MG-ELISA (Table 3). There are earlier reports on PCR assays targeting the 16S rRNA gene regions [4,9,10], whereas more recent assays attempted to target more species-specific gene regions [11,12,13]. rRNA genes are present in all prokaryotes and include regions that are highly conserved among bacteria. Raviv and Kleven have reported [4] that PCR assays target the 16S rRNA gene might cross-react with other holmcites and prokaryotes. In our study, when we replaced the MG-lipoprotein-based primers with 16S rRNA-based primers, our results started to match up with our serological data, which is in contrast to the findings of Raviv and Kleven [9]. Garcia et al. [13] compared the 16S rRNA, mgc2, lipoprotein and gapA surface protein genes for MG detection and found that mgc2 and the 16S rRNA methods had similar and the best detection limits. Hess et al. [14] reported that MG 16S rRNA gene-based PCR, which was developed by Lauermann [15], had higher analytical sensitivity than other PCR methods tested. It has been reported that the 16S rRNA-based PCR can amplify DNA from Mycoplasma imitans (MI), a phylogenetically related avian Mycoplasma with very similar
In a previous study from Turkey [20], the MG prevalence in MG positive flocks was found 16.1% (5/31) and 29% (9/31), by MG culture and PCR, respectively. However, since MI has been isolated only from ducks, geese and partridges, it is considered of limited significance in diagnosis in samples from chickens [18].

We found that the overall rPCR positive flock rate was 23.38% (18/77) and 8.12% (2/24) for MG and MS, respectively (Table 3). In a study from Turkey [7], the MG prevalence in MG positive flocks was found 16.1% (5/31) and 29% (9/31), by MG culture and PCR, respectively. However in other studies in Turkey, the positive results are higher than our results. Cengiz et al. [17] have reported that 14 of 26 (53.8%) investigated flocks were MG-PCR positive. Dakman et al. [18] have found 87.5% MS-PCR positive from 1,200 tracheal swabs and serum samples. Tuzcu et al. [19] have determined 80% MG-PCR positive results from 3 different broiler breeder farms. Aras and Sayın [20] have found that 5 out of 20 (25%) layer flocks were MS positive by PCR. Similarly, the incidence of MG infection detected by PCR in commercial flocks in Brazil and Netherlands has been found as 72.7% and 73%, respectively [7,21]. Also, MG-PCR positive results have been reported as 73.64% and 58.1% in Brazil and Vietnam, respectively [7,22].

In this study, seropositive flock rate was found 68.8% (53/77) by MG-ELISA. Four hundred fifty three individual tracheal swabs samples out of 2153 (21.04%) were positive by MG-ELISA (Table 4). In a previous study [5], MG-seropositive flock rate was reported as 48.4% (15/31) and 32.3% (10/31) by Rapid Plate Agglutination (RPA) and Hemagglutination Inhibition (HI) tests, respectively. In our study, flocks belonging to companies 1, 2, 3, 4, and 5 had high MG-antibody (6-35%) levels; despite their MG-rPCR, negative results (Table 2). This could be related either to the possibly lower specificity of the PCR primers used in MG-rPCR, or to the lower sensitivity of the MG-ELISA. Additionally, we found a high Infectious Bronchitis reverse transcriptase PCR-positive rate [23] from Company 12’s same tracheal swab samples (data not shown), which were negative for MG and MS, but MG-antibody rate was 8.5% by MG-ELISA. Feberwee et al. [5] have found that the number of cross-reactions (false positives) in serological tests was lower in infection with the ATCC strains than in infections with the MG and MS field strains. In their study, they compared different commercial ELISA tests for serological identification of MG, and reported that a certain level of false positive results could be expected in any serological test. They also implied that the level of false positive results varied between several serological tests, and concluded that it was not advisable to rely completely on one test (system) only. Likewise, Aras and Sayın [20] indicated that genetic similarity between field MS strains from Turkey could vary 53% to 100% by RAPD analyses. This fact could also have an important impact on the sensitivity and specificity of a particular serological test. In our study, flocks of Companies 6, 7, and 9 had low MG-antibody rate (42-62%) in contrast to their high MG-rPCR, positivity rates (70-100%) (Table 3). This instance could be explained by the possibility of a recently starting MG infection, which could not yet gave rise to detectable MG-antibody levels. Consequently, we should note here

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**Table 3.** Results of tracheal swab and sera samples of 8 companies (company cod: 6-13) by MG-rPCR, MS-rPCR and MG-ELISA

<table>
<thead>
<tr>
<th>Company</th>
<th>Total Flock/ Positive Flockby MG-rPCR</th>
<th>Total Flock/ Positive Flockby MS-rPCR</th>
<th>Total Flock/ Positive Flockby MG-ELISA</th>
<th>Total Flock/ Positive Flockby MS-PCR</th>
<th>Total Flock/ Positive Flockby MG-ELISA</th>
<th>Total Flock/ Positive Flockby MS-PCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>77/18</td>
<td>32/2</td>
<td>2153/935</td>
<td>432/81</td>
<td>2153/935</td>
<td>432/81</td>
</tr>
<tr>
<td></td>
<td>28%</td>
<td>8.1%</td>
<td>18.7%</td>
<td>6.9%</td>
<td>21.0%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

16S rRNA genes to MG [55]. However, since MI has been considered of limited significance in diagnosis in samples from chickens [16].

**Table 4.** Total evaluation of worked two MG-PCRs, MS-rPCR and MG-ELISA results

<table>
<thead>
<tr>
<th>Total Flock/ Positive by MG-rPCR</th>
<th>Total Flock/ Positive by MS-rPCR</th>
<th>Number of Tracheal Swap for MG/MS</th>
<th>Number of Pooled Samples for MG-rPCR/ MS-rPCR</th>
<th>Total MG-rPCR/ MS-rPCR Positive Samples %</th>
<th>Total MG-rPCR/ MS-rPCR Positive Samples According to Season %</th>
<th>Total MS-rPCR/ MS-rPCR Positive Samples %</th>
<th>Total MS-rPCR/ MS-rPCR Positive Samples According to Season %</th>
<th>Total MG-ELISA/ ELISA Positive Samples %</th>
<th>Total MG-ELISA/ ELISA Positive Samples According to Season %</th>
<th>Season</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5/5</td>
<td>100</td>
<td>20/16 (80)</td>
<td>44 (Summer)</td>
<td>0 (Summer)</td>
<td>0 (Summer)</td>
<td>10.8 (Winter)</td>
<td>127/13 (10.2)</td>
<td>1365/299 (21.9)</td>
<td>Winter</td>
</tr>
<tr>
<td>7</td>
<td>5/5</td>
<td>100</td>
<td>20/20 (100)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>3/2</td>
<td>350</td>
<td>70/10 (14.3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>10/7</td>
<td>200</td>
<td>40/35 (70)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>6/24</td>
<td>200</td>
<td>40/0 (0)</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>11</td>
<td>6</td>
<td>135</td>
<td>27/0 (0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>10</td>
<td>200</td>
<td>40/0 (0)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>4</td>
<td>80</td>
<td>16/0 (0)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>49/21</td>
<td>1365</td>
<td>273/35 (12.8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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* 6 flocks of 10 company had no positivity for MG-rPCR, but 2 flocks had positivity with MS-rPCR.
that serological tests as ELISA are widely used screening methods with known shortcomings as cross reactivity, high sensitivity and low specificity. Therefore, ELISA can only be used in rapid primary screening of the flocks, and should be complemented by culture and PCR for confirmative and definitive diagnosis.

When our results are evaluated on seasonal basis, we found that MG and MS infections were more prevalent especially at winter season than summer season by both PCRs and ELISA (Table 4) similar to previous reports [24-26].

In this study, we used two rPCRs with the same cycling parameters and SGI without using specific probes for MG and MS detection primarily to reduce the cost of detection. Secondly, SGI rPCR has considerably higher detection capability than probe-based PCRs, since probes can detect only when all bases match up with the target DNA. Therefore, if there are (point) mutations, as widely seen in field Mycoplasma strains, probes may not match up, leading to false negative results. Therefore, SGI rPCR has no match up problem with mutated DNA yielding slightly shifted melting temperatures, which can be determined by melting curve analysis of the PCR product after rPCR.

Previously, the 16S rRNA gene-specific primers used in this study were well studied and evaluated by Lauerman et al. [8] for MS detection, where they found 100% correlation between their MS-PCR on both specificity and sensitivity. When evaluated MG and MS together, two primers sets utilized in this work were previously published with a known sensitivity of 70-100 colony-forming units (CFU) ml⁻¹ [10 11]. Feberwee et al. [11] also reported that culture and PCR tests had comparable sensitivity in detecting both MG and MS with the same primers. Also, Jarquin et al. [9] used these primers in both conventional PCR and SYBR Green I (SGI) rPCR and found that there was no difference between two PCRs. Also, they determined that the SGI rPCR assay developed in their study was more rapid than all three methods tested and more sensitive and specific than culturing or serology. They have found that 13 cases were found positive by PCR and in only 9 cases culture was positive.

Infection of breeder poultry flocks with MG and MS can be economically devastating to producers especially at cold and wet winter seasons. The accurate and the timely diagnosis of MG and MS infections are essential to control these infections in poultry. The rPCR surveillance tool used in this study has the potential to save producers from these large losses on the basis of a reduced detection time, allowing producers to act quickly and prevent spread of disease. Our results showed that suitable primers selected for correct PCR assays with serological method (ELISA) for primary screening of the flocks is a considerably economical approach in diagnosis of MG and MS infections in breeder chicken flocks which are important for providing MG/MS-free progeny.

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