



Review article

Acclimation strategies in gilts to control *Mycoplasma hyopneumoniae* infection

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ABSTRACT

Mycoplasma hyopneumoniae (*M. hyopneumoniae*) is the primary causative agent of enzootic pneumonia (EP), one of the most economically important infectious disease for the swine industry worldwide. *M. hyopneumoniae* transmission occurs mainly by direct contact (nose-to-nose) between infected to susceptible pigs as well as from infected dams to their offspring (sow-to-piglet). Since disease severity has been correlated with *M. hyopneumoniae* prevalence at weaning in some studies, and gilts are considered the main bacterial shedders, an effective gilt acclimation program should help controlling *M. hyopneumoniae* in swine farms. The present review summarizes the different *M. hyopneumoniae* monitoring strategies of incoming gilts and recipient herd and proposes a farm classification according to their health statuses. The medication and vaccination programs against *M. hyopneumoniae* most used in replacement gilts are reviewed as well. Gilt replacement acclimation against *M. hyopneumoniae* in Europe and North America indicates that vaccination is the main strategy used, but there is a current trend in US to deliberately expose gilts to the pathogen.

1. Introduction

Mycoplasma hyopneumoniae (*M. hyopneumoniae*) is the causative agent of *Mycoplasma pneumoniae* (MP), an important porcine respiratory disease. This infectious process is frequently complicated by other respiratory bacteria (such as *Pasteurella multocida*, *Actinobacillus pleuropneumoniae* and others) causing a more severe chronic and economically important disease known as enzootic pneumonia (EP). In addition to bacterial complication, viral pathogens like *Porcine reproductive and respiratory syndrome virus*, *Porcine circovirus 2* and *Swine influenza virus* can aggravate the disease scenario; this viral-bacteria complex is clinically referred as porcine respiratory disease complex (PRDC) (Thacker and Minion, 2012). Despite all efforts implemented to reduce the economic impact caused by *M. hyopneumoniae* (vaccination and antimicrobial treatments together with improvement of management practices), EP and PRDC still cause great concern in the swine industry worldwide.

EP mainly affects growing and finishing pigs and it is characterized by dry, non-productive cough, reduction in growth rate, and increased

feed conversion ratio. The severity of the disease is dependent on the presence of co-infections and environmental conditions (Maes et al., 1996) and on the virulence and number of *M. hyopneumoniae* strains involved (Vicca et al., 2003; Woolley et al., 2012; Michiels et al., 2017). *M. hyopneumoniae* is mostly transmitted by direct contact (nose-to-nose) between pigs, horizontally from infected to susceptible/naïve pigs (Morris et al., 1995) as well as from dam to their offspring (Sibila et al., 2008; Nathues et al., 2014; Pieters et al., 2014). Other putative indirect transmission routes are aerosol and fomites. Whereas the aerosol transmission has been experimentally proved (Fano et al., 2005; Otake et al., 2010), transmission by fomites has not been clearly demonstrated and it can be potentially prevented by basic biosecurity practices (Batista et al., 2004; Pitkin et al., 2011).

Different studies showed that disease severity in growing pigs is correlated with *M. hyopneumoniae* prevalence of piglet colonization at weaning (Fano et al., 2007; Sibila et al., 2008). However, other studies could not show this association (Vranckx et al., 2012b). This prevalence can be influenced by different factors such as housing and management conditions of the production system as well as dam parity, piglet's age

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at weaning and replacement rate (Nathues et al., 2013, 2014). Since newborn piglets are *M. hyopneumoniae* free, the most logical source of infection is the dam at the time of farrowing or during the lactation period (Sibila et al., 2007). Some authors suggested this transmission could be influenced by the dam's parity (Calsamiglia and Pijoan, 2000; Fano et al., 2006). Indeed, bacterial shedding of gilts or young sows seems to be higher than that of older parity sows (Boonsoongnern et al., 2012). Therefore, the first farrowing is considered a critical moment at which *M. hyopneumoniae* excretion should have ceased (Pieters and Fano, 2016). These latter data together with a low transmission rate (reproduction ratio [R_0] varies among 1.16–1.28 and 0.56–0.71 under experimental and field conditions, respectively) (Meyns et al., 2006; Villarreal et al., 2009; Roos et al., 2016) and the persistence of infection in pigs (up to 214 days post infection, dpi) (Pieters et al., 2009) imply the need of performing an effective gilt acclimation process. This effective acclimatization protocol would reduce *M. hyopneumoniae* shedding at first farrowing (Pieters and Fano, 2016) and, consequently, would decrease pre-weaning prevalence, subsequent spread of the pathogen to growing pigs, and putative respiratory problems in fattening animals (Fano et al., 2007; Sibila et al., 2008). Therefore, assuming that gilt population are crucial in the spread of the infection, the purpose of this review was to summarize different management practices, antimicrobial treatments and vaccination protocols in replacement gilts to control *M. hyopneumoniae* infections in pig herds.

2. *M. hyopneumoniae* health status

2.1. Monitoring and diagnosis

One of the main risks for *M. hyopneumoniae* colonization in piglets at weaning is a high gilt replacement rate (Nathues et al., 2013). Therefore, the first step to perform an appropriate adaptation of future replacements to *M. hyopneumoniae* is monitoring the health status of the recipient breeding herd, as well as incoming gilts to detect potential disease/infection indicators. In case of *M. hyopneumoniae* infection suspicion, a definitive diagnosis should be performed.

Monitoring of *M. hyopneumoniae* associated disease is sometimes challenging as the infection can take a clinical or subclinical course (Table 1). In clinical cases, the observation of signs (dry, non-productive coughing) and lung lesions (pulmonary craneo-ventral consolidation) are indicative, but not exclusive of *M. hyopneumoniae*. In subclinical infections, animals can display *M. hyopneumoniae*-like lung lesions without any evidence of coughing (Maes et al., 1996). Therefore, clinical diagnosis should be confirmed by additional laboratory tests (Table 1).

The most commonly used herd monitoring method is *M. hyopneumoniae* antibody detection by ELISA. It provides evidence of exposure to *M. hyopneumoniae* without differentiating maternally derived antibodies, or antibodies elicited by infection, and/or vaccination (Bandrick et al., 2011; Thacker and Minion, 2012). Moreover, absence of antibodies (seronegative animals) may not be equivalent to a *M. hyopneumoniae* free status in early infection scenarios, suggesting that antibody and pathogen detection combined is the main goal for *M. hyopneumoniae* final diagnosis.

Different laboratory techniques have been described to confirm the presence of *M. hyopneumoniae* (Table 1). The most useful technique to detect *M. hyopneumoniae* is polymerase chain reaction (PCR), as it can be performed using different respiratory tract samples. Up to now, there is no consensus on which type of sample from the porcine respiratory tract is the most suitable to detect bacterial DNA in live pigs. To confirm *M. hyopneumoniae* free status of live animals or to determine the involvement of such pathogen in an outbreak, the desired sample should be collected from the lower respiratory tract (i.e. laryngeal or tracheo-bronchial swabs or tracheo-bronchial lavage fluids), where *M. hyopneumoniae* colonization of respiratory cilia occurs (Fablet et al., 2010; Pieters et al., 2017). In dead animals, the sample of preference is lung

tissue or bronchial swab.

2.2. Recipient herd and incoming replacement classification regarding *M. hyopneumoniae* health status

Once the *M. hyopneumoniae* health status of the recipient herds and the incoming gilts has been assessed, farms and incoming replacement could be classified into negative, provisional negative and positive according the following criteria (summarized in Table 2):

2.2.1. Negative herds/replacement

Clinical signs and lung lesions associated with *M. hyopneumoniae* are not present and serology and detection of pathogen in lung by PCR are negative. This type of breeding and fattening farms is the less frequent one in the current swine production in Europe (Garza-Moreno et al., 2017). Nevertheless, *M. hyopneumoniae* negative farms are increasingly common among gilt producers, genetic companies, high health farms and in certain countries such as United States (US), where a trend for *M. hyopneumoniae* elimination is growing (Maria Pieters, personal communication).

2.2.2. Provisional negative herds/replacement

M. hyopneumoniae-like clinical signs and lung lesions are not observed but animals are seropositive and PCR negative. The presence of antibodies against *M. hyopneumoniae* provides evidence of exposure to the pathogen by prior infections and/or vaccination against it. This type of farms (PCR negative and seropositive) is frequently found in US since they are applying vaccination against *M. hyopneumoniae* (Maria Pieters, personal communication).

2.2.3. Positive herds/replacement

These farms can be classified into subclinical infected or clinical affected. Subclinical infected farms can be differentiated in two different categories (I and II) according to the presence of ELISA antibodies against *M. hyopneumoniae*, the detection of the pathogen by PCR and the presence of lung lesions attributed to *M. hyopneumoniae* (Table 2). In category I, lung lesions associated to *M. hyopneumoniae* are not observed, the detection of antibodies depends on the disease phase (in early stages might not be detected) but the presence of the pathogen is confirmed. Animals from herds included in category II do not show clinical signs compatible with *M. hyopneumoniae* but have *M. hyopneumoniae*-like lung lesions, antibodies against the pathogen might be detected and the presence of *M. hyopneumoniae* is confirmed by PCR. Finally, in clinical affected farms, infected pigs also display signs and lung lesions associated to *M. hyopneumoniae*.

3. Prevention and control

3.1. Vaccination

Vaccination against *M. hyopneumoniae* is the most commonly used strategy to control its associated diseases in worldwide swine production systems (Maes et al., 2017). Most commercial vaccines against *M. hyopneumoniae* are inactivated whole-cell preparations or bacterins, combined with an adjuvant to induce a stronger immune response (Haesebrouck et al., 2004). Administration route of these commercial vaccines is mainly intramuscular and the volume per dose can vary according to the vaccine used (Table 3). Besides bacterins, attenuated vaccines against *M. hyopneumoniae* are also available in Mexico and China (Feng et al., 2013).

An alternative to commercial vaccines may be autogenous vaccines, based on isolated strains from the affected farm. These vaccines are not frequently used because of the difficulty to isolate *M. hyopneumoniae* strains and the apparent lack of vaccine safety and efficacy data. Although information is limited, a single study has compared the efficacy of immunization with homologous and heterologous strains

Table 1
Different strategies used for monitoring *M. hyopneumoniae* and disease diagnosis.

	Monitoring strategy	Parameters	Samples	Advantages	Disadvantages
Observational diagnosis/ Monitoring	Clinical examination	Presence of dry and non-productive cough	None	First indication of respiratory problems Assessment of EP by coughing index	Not exclusive of <i>M. hyopneumoniae</i> Not able to detect subclinical infected pigs Observed several weeks post infection
	Lung examination	<u>Macroscopic lesions</u> : Visual observation of CVPC <u>Microscopic lesions</u> : Broncho-interstitial pneumonia with bronchus-associated lymphoid tissue hyperplasia	Entire lungs Lung tissue	Monitoring the respiratory disease under field conditions by lung lesion scoring systems at abattoir Identification of clinical and subclinical farms	Post mortem diagnosis Not exclusive of <i>M. hyopneumoniae</i>
Laboratory diagnosis/ Conclusive diagnosis	Bacterial isolation	Detection of the pathogen	Lung tissue	Traditional as “gold standard” technique	Do not provide information regarding respiratory clinical disease in real time Growth and time requirements (4–8 w) Low isolation rate Frequently contaminated by other <i>Mycoplasma</i> spp.
	Immunofluorescence (IF) Immunohistochemistry (IHC)	Detection of <i>M. hyopneumoniae</i> antigen	Lung tissue	Detection and localization of <i>M. hyopneumoniae</i> <i>in situ</i>	Post mortem diagnosis Limited sensitivity
	<i>In situ</i> hybridization (ISH) Polymerase chain reaction (PCR)	Detection of <i>M. hyopneumoniae</i> nucleic acid Detection of <i>M. hyopneumoniae</i> nucleic acid	Respiratory tract samples	Highly specific Different samples can be used ^a No cross-reaction with other pathogens High sensitivity	Histologic sections are required Detection of DNA from live and dead mycoplasmas
	ELISA	Detection of antibody response against <i>M. hyopneumoniae</i>	Serum	Most frequent technique for herd monitoring. Easy and quick to perform	Potential cross-reactions with other <i>Mycoplasma</i> spp. Delayed seroconversion (6–9 w) No differentiation between natural infection and vaccine antibodies

EP: Enzootic pneumonia; CVPC: Cranio-ventral pulmonary consolidation; w: weeks.
^a Nasal, laryngeal and/or bronchial swabs, broncho-alveolar lavage fluid and lung tissue.

Table 2
Proposed farm classification according to *M. hyopneumoniae* health status.

Classification	Clinical signs	Lung lesions	ELISA result ^a	PCR result
Negative	Not observed	Not observed	Negative	Negative
Provisional negative	Not observed	Not observed	Positive	Negative
Positive	Not observed	Not observed	Positive/ Negative	Positive
Subclinical infected I	Not observed	Observed	Positive/ Negative	Positive
Subclinical infected II	Observed	Observed	Positive/ Negative	Positive
Clinical affected	Observed	Observed	Positive/ Negative	Positive

^a ELISA results (negative/positive) could depend on infection pattern in the farm and sampling time point.

against an experimental infection and no significant differences in protection were observed (Villarreal et al., 2012). Further investigation on new vaccines, as recombinant subunit or attenuated vaccines, is required to provide an effective and total protection against *M. hyopneumoniae* (Simionatto et al., 2013).

Different vaccination schedules against *M. hyopneumoniae* have been implemented depending on the type of herd, production system, infection dynamics, and number of doses administered (Haesebrouck et al., 2004). Commercial vaccines are most frequently applied to piglets, prior to or after weaning (Alarcon et al., 2014). Additionally, previous studies have shown that the weaning process does not significantly affect vaccination efficacy (Arsenakis et al., 2016), although numerical differences in terms of performance among vaccinated and non-vaccinated groups were detected (Arsenakis et al., 2017). Piglet vaccination efficacy has been widely demonstrated by reduction of clinical signs and prevalence and severity of lung lesions, improvement of production parameters, decrease of treatment costs and, in some cases, lower mortality rates (Maes et al., 1996). Although vaccination against *M. hyopneumoniae* does not prevent infection (Pieters et al.,

Table 3
Summary of product characteristics of currently used vaccines against *M. hyopneumoniae* in Europe and North America.

Manufacturing company	Vaccine name	Antigen	Adjuvant	Licensed for	Dosage and route of application	Vaccination		Onset of immunity	Duration of immunity
						Schedule	Age		
Boehringer Ingelheim	Ingelvac Mycoflex®	Strain J	Carbomer	Pigs	1 ml, IM	Single	3 w	2 w	26 w
Ceva	Hyogen®	Strain 2940	Mineral oil + LPS J5	Sows Pigs	1 ml, IM 2 ml, IM	Single	Semiannually 3 w	2 w 3 w	26 w 26 w
Elanco	Stellamune® One	Strain NL1042	Mineral oil + lecithin	Pigs	2 ml, IM	Single	3d/3 w	18d/3 w	26 w/23 w
Hipra	Stellamune®Mycoplasma Mypravac® Suis	Strain J	Levamisol + carbomer	Pigs	2 ml, IM	Double	1 w + 3 w	NA	6 m
MSD/ Merck Animal Health	M + PAC®	Strain J	Mineral oil + Al(OH) ₃	Pigs	2 ml, IM 1 ml, IM	Single	3 w	21d	6 m
	Porcilis® Mhyo	Strain 11	Tocopherol	Pigs	2 ml, IM	Double	> 1 w + 3 w	2 w	20 w
	Porcilis® Mhyo ID ONCE		Tocopherol	Pigs	0.2 ml, ID	Single	3 w	3 w	22 w
	Porcilis® PCV-Mhyo ^a	Strain J	Mineral oil + Al(OH) ₃	Pigs	2 ml, IM	Single	3 w	4 w	21 w
Zoetis	RespiSure®	Strain NL1042	Mineral oil	Pigs Dams PS Boars	2 ml, IM 2 ml, IM 2 ml, IM 2 ml, IM	Double	1 w + 3 w 2 w BF ^c 6 w + 2 w BF ^c	3 w NA NA	23 w NA NA
	RespiSure-ONE®			Pigs Dams	2 ml, IM 2 ml, IM	Single	> 1d Semiannually	18d NA	25 w NA
	Suvaxyn® MH-One ^a /Mono	Strain P-5722-3	Mineral oil + Carbomer	Pigs	2 ml, IM	Single	> 1 w	2 w	6 m
	Suvaxyn® Mhyo		Carbomer	Pigs	2 ml, IM	Double	1 w + 3 w	NA	NA
	Suvaxyn® Circo + MH ^b		Squalene + oil-in-water emulsion	Pigs	2 ml, IM	Single	3 w	3 w	23 w
	Suvaxyn® MHYO-PARASUIS ^c		Carbomer	Pigs	2 ml, IM	Double	> 7d + 2 w	1 w	6 m
AviMex	VaxSafe® MHP	LKR	–	Pigs	1 ml, IN	Single	3d	–	–

^a In US, the adjuvant is Amphigen.

^b Combined with Porcine Circovirus type 2.

^c Combined with *Haemophilus parasuis*-named Suvaxyn RespiFend MH HPS in US; ^cBefore farrowing; IM: Intramuscular; IN: Intranasal; ID: Intradermal; w: weeks; d: days; m: months; PS: Pregnant sows; NA: No information available; Al(OH)₃: hydroxide aluminum.

Table 4
Dam vaccination schemes against *M. hyopneumoniae* and management proposed in the literature to decrease *M. hyopneumoniae* infectious pressure and transmission from dam to offspring.

Reference	Animal target	No. of doses	Vaccination timing
Sibila et al. (2008)	Sows	2	5 and 3 w pre-farrowing
Yeske (2007)	Gilts Breeding herd	2 1	1 and 3 w post entry to IU On a quarterly schedule after herd closure
Schneider (2006)	Breeding herd Sows	2	5 and 2 w prior the antimicrobial treatment 2 w prior farrowing
Alfonso et al. (2004)	Gilts Sows	3	55 and 220 d of age 15 d prior farrowing
Ruiz et al. (2003)	Sows	2	5 and 3 w prior farrowing
Lorenzen (2000)	Breeding herd	2	1 w prior the antimicrobial treatment and 2 w later

Breeding herd includes sows and boars; w: weeks; d: days; IU: isolation units.

2010; Villarreal et al., 2011, 2012), it is able to reduce the number of microorganisms in the swine respiratory tract (Vranckx et al., 2012a; Woolley et al., 2012).

Sow vaccination is less frequently applied, but gaining relevance every day (Bargen, 2004). Nevertheless, a limited number of vaccines are currently licensed for the reproductive population (Table 3) and studies on their effect are scarce (Table 4). Dam vaccination sought to decrease the infectious pressure, lowering bacterial load and, consequently, transmission from sow to piglet (Vranckx et al., 2012b; Takeuti et al., 2017), as well as conferring maternal immunity *via* colostrum (Bandrick et al., 2011). Indeed, some studies have shown that sow vaccination prior to farrowing is able to reduce dam-to-piglet transmission, the number of positive piglets from vaccinated sows (Ruiz et al., 2003), and the EP lung lesions of them at abattoir (Sibila et al., 2008).

Table 5Scenarios for gilt replacement introduction within breeding herd farms according to *M. hyopneumoniae* health status (adapted from Pieters and Fano, 2016).

		Recipient sows	
		Negative/Provisional negative	Subclinical infected and clinical affected
Incoming gilts	Negative/Provisional negative	Isolation period to warrant gilts are <i>M. hyopneumoniae</i> negative and any antibodies against the pathogen is detected	<p>Gilt acclimation is required to expose incoming gilts to <i>M. hyopneumoniae</i> of recipient sows:</p> <ul style="list-style-type: none"> ● Entry into acclimation unit as early as possible ● Exposure at least 210–240 before farrowing <ul style="list-style-type: none"> - Vaccination against <i>M. hyopneumoniae</i> to stimulate and homogenize the immune response ● Identification of <i>M. hyopneumoniae</i> source (“shedders”) ● Verification of process: absence of clinical signs and confirmation of the non-shedding status of the replacement before farrowing. <p>Gilt acclimation is required to expose incoming gilts to <i>M. hyopneumoniae</i> strain of recipient sows:</p> <ul style="list-style-type: none"> ● Early entry into acclimation unit ● Exposure at least 210–240 before farrowing <ul style="list-style-type: none"> - Vaccination against <i>M. hyopneumoniae</i> to homogenize the replacement immunity ● Identification of <i>M. hyopneumoniae</i> source (“shedders”) ● Verification processes: <ul style="list-style-type: none"> - Confirmation of the recovery and non-shedding status of replacement before farrowing. - Prevention of introduction of new <i>M. hyopneumoniae</i> strains into the farm.
	Subclinical infected and clinical affected	<p>Gilt entrance should be avoided. If it is not possible, gilt entrance will be postponed until the infection is cleared:</p> <ul style="list-style-type: none"> - Clinical signs are not present - <i>M. hyopneumoniae</i> shedding is ceased - Gilts no longer have antibodies against <i>M. hyopneumoniae</i> 	

Table 6Summary of main characteristics of gilt acclimation protocols against *M. hyopneumoniae* used in Europe and North America.

Country/Region	Monitoring of health status		Acclimation process		
	Recipient herd	Incoming gilts	Management	Main strategy	Verification
Europe ^a	Clinical signs + Lung lesions	ELISA (58% seropositive)	AIAO (44%)	Vaccination (58%)	24%
North America	US ^b	NA	CF (72%)	Vaccination (93%)	20%
	Mexico ^c	Clinical signs	NA (90% seropositive)	CF (75%)	Vaccination (67%)

^a Garza-Moreno et al. (2017).^b Fano and Payne (2015).^c Centeno et al. (2016) NA: not available; AIAO: All in-all out; CF: Continuous flow.

Gilt vaccination combined with optimal management strategies have also been suggested to stimulate the immune response against a controlled exposure to *M. hyopneumoniae* (Holst et al., 2015) or in endemically infected herds (Maes et al., 2008). Additionally, gilt vaccination is recommended to homogenize immunity of the replacement batch and avoid destabilization of recipient breeding herd (Bargen, 2004). This is especially important when replacement is external and originates from *M. hyopneumoniae* negative farms. In this situation, the introduction of negative replacement stock into positive farms may contribute to the development of subpopulations of non-infected pigs, increasing the risk of pathogen re-circulation and its persistence in the farm (Takeuti et al., 2017).

The number of required vaccine doses, application timing and its benefits are not standardized for sows and gilts. Nowadays, single vaccination is more frequently used due to the ease of implementation in farm management practices. Nevertheless, multiple-dose vaccination against *M. hyopneumoniae* could elicit a booster effect of the consecutive vaccine doses. The potential benefits of applying multiple vaccine doses in terms of reduction of shedding have not been yet investigated.

3.2. Medication

Since protection against *M. hyopneumoniae* infection and associated diseases conferred by commercial vaccines is not complete, antimicrobial treatments are frequently required in commercial swine farms to control disease outcome.

Mycoplasmas lack a cell wall, thus *M. hyopneumoniae* is resistant to β -lactam antibiotics. Nevertheless, several antibiotic classes are

effective in reducing the incidence and severity of *M. hyopneumoniae* compatible lung lesions. Most commonly used antibiotics are macrolides, lincosamides, tetracycline, and fluoroquinolones, among others (Thacker and Minion, 2012). The route of administration can be parenteral or mixed in feed / water depending on antibiotic choice.

Medication is currently used with different purposes. Parenteral medication is used to treat animals suffering from severe clinical signs, normally associated with EP and PRDC. Under field conditions medication is also commonly used to control *M. hyopneumoniae* infection by means of minimizing pathogen transmission. Medication of sows prior to farrowing could be utilized as an attempt to decrease the bacterial shedding to the offspring (Thacker and Minion, 2012; Holst et al., 2015). Nevertheless, it has been shown that antibacterial treatments do not eliminate the bacterium from the host, and shedding of *M. hyopneumoniae* can be detected in pigs after medication programs (Overesch and Kuhnert, 2017). Therefore, the use of antimicrobials should be limited and only justified in specific situations to avoid the development of antimicrobial resistance (Lee et al., 2013).

3.3. Acclimation scenarios in Europe and North America

Different acclimation scenarios may be in place and should be managed according to health status of the recipient herds, as well as the replacement batch (Table 5). In addition, the different production systems, management practices, and acclimation strategies used could have an impact on the acclimation process performed. To understand these differences, available information about gilt acclimation strategies used in Europe and North America are detailed (Table 6).

3.3.1. European scenario

Information on gilt acclimation strategies for *M. hyopneumoniae* utilized in Europe is limited. Recently, Garza-Moreno et al. (2017) identified the current acclimation strategies used in this continent. In this investigation, information was collected by 321 questionnaires voluntarily responded by 108 veterinarians from 18 countries. The questionnaires were focused on the assessment of *M. hyopneumoniae* herd status, replacement health status, acclimation strategies and methods utilized to determine its effect.

This study showed that the most common replacement origin used in Europe was external and that most respondents knew *M. hyopneumoniae* health status of replacement on arrival, being in most of the cases seropositive. Nevertheless, only 28% of respondents verified this theoretical *M. hyopneumoniae* status, being ELISA, the most used technique (Garza-Moreno et al., 2017).

Replacement acclimation against *M. hyopneumoniae* was performed in most participating European farms. Although most farms have isolation units where to specifically acclimate replacement stock, several farms did not have those facilities or respondents did not answer the question. Independently of these sites, the most used strategy to acclimate gilt was vaccination alone (58%), being the number of doses most frequently administered at acclimation one and two doses. Other acclimation strategy used in Europe was the combination of vaccination together with natural exposure to potentially infected animals. However, an effective exposure to *M. hyopneumoniae* is difficult to reach into a natural infection scenario. Finally, among respondents who performed the acclimation on gilts, only around 25% of them verified the effect of the process, being the combination of ELISA and PCR tests the most used strategy.

3.3.2. North American scenario

The importance of proper gilt acclimation to the incoming breeding herd against *M. hyopneumoniae* is paramount and highly recognized in the North American swine industry. This importance can be evidenced in the assessment of *M. hyopneumoniae* health status of the replacement and the existence of facilities for acclimatization against herd pathogens (gilt development units; GDUs). GDUs are utilized to allow ample time to incoming gilt to gradually adopt the health status of the recipient herd. According to previous studies based on questionnaires collected in US (Fano and Payne, 2015) and Mexico (Centeno et al., 2016), these acclimation facilities are in most of the cases continuous flow (72% and 75%, respectively) allowing an effective gilt exposure to *M. hyopneumoniae*.

Gilt vaccination in North American swine industry was also recognized as the most common practice used at acclimation (Fano and Payne, 2015; Centeno et al., 2016). Other methods as natural exposure to *M. hyopneumoniae*, alone or combined with vaccination, and contact with infected cull sows or/and piglets are also used to acclimate the gilts (Dalquist, 2014; Fano and Payne, 2015). Taking into account that pig-to-pig transmission of this bacterium has proven to be extremely slow (Meyns et al., 2004; Roos et al., 2016), the ratio of infected and naïve gilts as well as the time of exposure are crucial and should be considered to achieve an effective exposure. Recently, early controlled exposure has been attempted to expose the gilts by administering (intratracheally) lung tissue homogenate containing *M. hyopneumoniae* (Fano and Payne, 2015; Centeno et al., 2016) to individual gilts or groups of them (via aerosol), since the success of exposure is higher when these controlled procedures are used (Sponheim, 2017). Finally, according to aforementioned studies, overall, the verification of gilt acclimation process is minimally performed in North American farms.

4. Conclusion

M. hyopneumoniae is a respiratory pathogen that causes important economic losses to the swine industry worldwide. A proper gilt acclimation against *M. hyopneumoniae* prior entrance into a recipient

breeding farm could maintain the farm health stability and control respiratory disease caused by this pathogen. Gilt replacement acclimation procedures against *M. hyopneumoniae* in Europe and North America showed that vaccination is the main strategy used, but there is a current trend in the US to deliberately expose gilts to the pathogen. Further investigations are needed to identify the ideal gilt acclimation protocol taking into account that these strategies must be based on incoming and recipient herd health statuses and the characteristics of each farm.

Conflict of interest

The authors declare no conflict of interest.

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