







Protection against infectious
laryngotracheitis powered by VAXXITEK[®]

The
POWER to
PROTECT
uniquely and conveniently

VAXXITEK[®] HVT+IBD+ILT provides:

-  A solid immune foundation
-  Protection against infectious laryngotracheitis, Marek's, and infectious bursal diseases in one shot
-  Proven safety for your flock
-  The latest innovation from the manufacturer of VAXXITEK[®] HVT+IBD

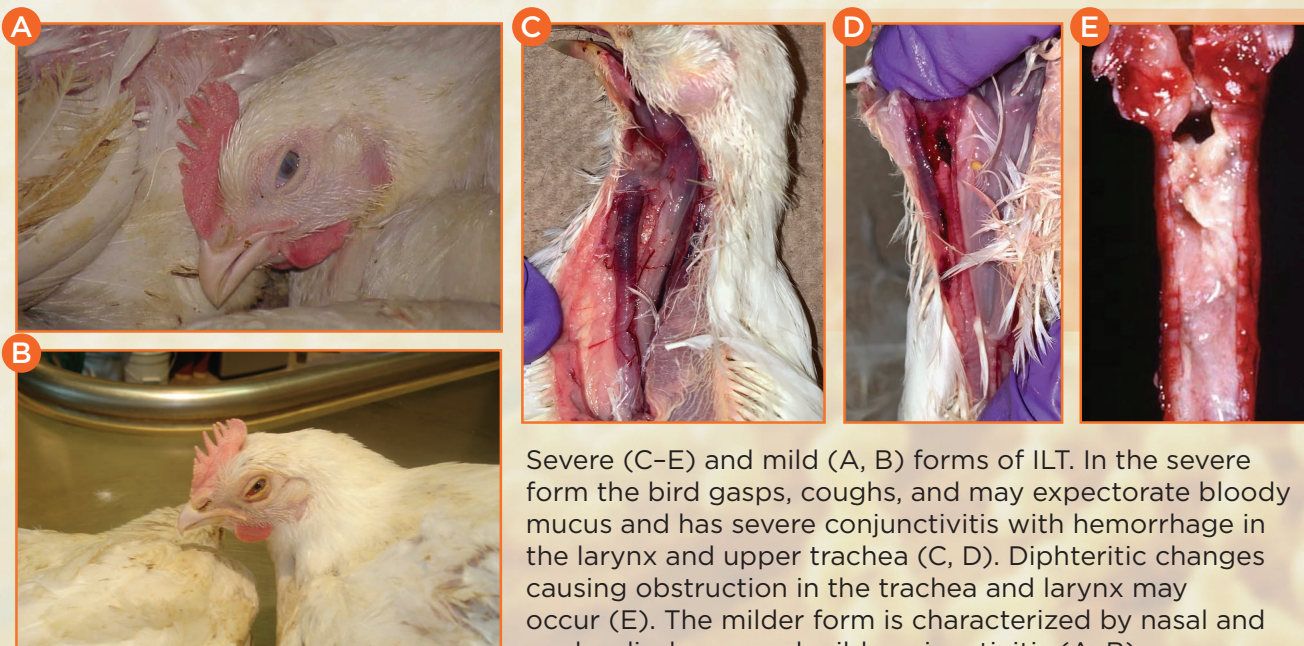
INFECTIOUS LARYNGOTRACHEITIS (ILT) A GLOBAL CHALLENGE

An acute viral respiratory disease caused by Gallid herpesvirus type I (GaHV-1)¹

- Occurs primarily in chickens, but can also affect pheasants and peafowl¹
- Located within the trachea and trigeminal ganglion in active and latent forms, respectively²
- Virus persists in infected birds for life¹
- Reactivated viruses from the latent state may be shed and cause an outbreak in susceptible birds³

Causes severe respiratory clinical signs and lesions in the trachea¹

- Transmission occurs within flocks via airborne particles or fomites¹
- Clinical signs include nasal discharge, moist rales, coughing, and gasping^{1,2}
- Infected flocks often experience severe respiratory disease with expectoration of blood^{1,2}



Can lead to major economic losses worldwide¹

- As there is no effective treatment for ILT, infection in a flock can be devastating²
- In peracute form, ILT can result in a mortality rate that **exceeds 50%**, and mild or chronic ILT is characterized by unthriftiness²
- The ILT virus can establish latency after 7 days of acute infection with reactivation and shedding at times of stress²
- ILT can cause significant economic damage as a result of mortality and decreased bird growth^{3,4}



**Estimated mortality
in broilers due to ILT⁵**

In the broiler segment, mortality resulting from ILT infection has been shown to double every day once clinical signs appear⁵

THE SOLUTION: VAXXITEK® HVT+IBD+ILT

Developed by the trusted leader in infectious bursal disease (IBD) vector vaccine technology

HISTORY OF LEADERSHIP: Boehringer Ingelheim was the first to introduce herpesvirus of turkey (HVT) vector vaccines using **one virus to control multiple diseases**, providing game-changing solutions for the poultry industry.

TRUSTED PROTECTION: Launched in 2006, **VAXXITEK® HVT+IBD was the first HVT+IBD vector vaccine** on the market, making it the historic leader in IBD vaccination. Today, it has **protected more than 100 billion birds** and is **available in more than 75 countries** around the world.¹

STRONG SCIENTIFIC BACKING: More than **100 publications** report the benefits of using VAXXITEK® HVT+IBD.

An all-in-one solution to protect flocks in the hatchery against 3 diseases

Building on the **trusted vaccination platform used to develop VAXXITEK® HVT+IBD**, our research and manufacturing experts successfully designed a **3-in-1 vaccine** that provides a strong immune foundation and optimizes protection against **Marek's disease (MD), infectious bursal disease (IBD)—and infectious laryngotracheitis (ILT)**.



IBD

All the benefits of VAXXITEK® HVT+IBD now with the power of ILT protection



3in1

Strong immune foundation and optimized protection against MD, IBD, and ILT, for a simplified vaccination protocol in 1 shot¹



Demonstrated safety proven by clinical studies¹



ILT

Immunogenic glycoprotein D ILT insert for optimal ILT protection



1

Unique vector vaccine with a single promoter for 2 disease inserts, leading to consistent antigen expression and immunity¹



XXI

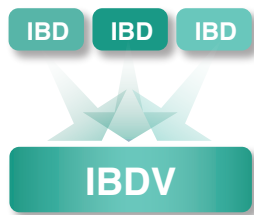
Powered by the manufacturer of VAXXITEK® HVT+IBD

Engineered using the same backbone as VAXXITEK® HVT+IBD



1

It all starts with the bioengineering platform of the trusted HVT+IBD market leader.



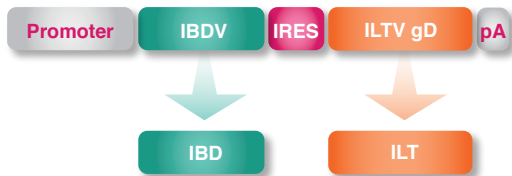
2

The selected IBDV VP2 gene from the Faragher 52/70 classic strain provides efficient, broad protection against IBD classic, very virulent, and variant viruses.



3

Of the major glycoproteins expressed by the ILT virus, glycoprotein D (gD) has been shown to give clinical protection against virulent, infectious laryngotracheitis virus (ILTV).^{1,2} As a result, a genetic sequence coding for gD was inserted.



4

The insertion site of the ILTV gD gene is the same as the IBDV VP2 gene. Furthermore, use of only one promoter allows proper gene expression of both viral genes, resulting in optimal protection.



5

The result is an exciting addition to the VAXXITEK® family of vaccines—the power to protect.

EFFICIENT PROTECTION AGAINST A VARIETY OF IBDV STRAINS

VAXXITEK® HVT+IBD+ILT provides IBD protection

STC CLASSIC IBDV CHALLENGE¹:

- VAXXITEK® HVT+IBD+ILT construct (vHVT317 IBD+ILT) was administered subcutaneously or *in ovo* to specific-pathogen-free (SPF) chickens that were then challenged at 29 days of age
- **96.7% protection** was demonstrated at 29 days of age for both administration routes

Level of protection against STC classic IBDV after subcutaneous and *in ovo* administration

Vaccine	Administration	Level of protection (or infectivity) at 29 days of age
VAXXITEK® HVT+IBD+ILT	Subcutaneous and <i>in ovo</i>	96.7%
Sham-vaccinated/ Challenge control	Subcutaneous	(100%)
	<i>In ovo</i>	(93.3%)

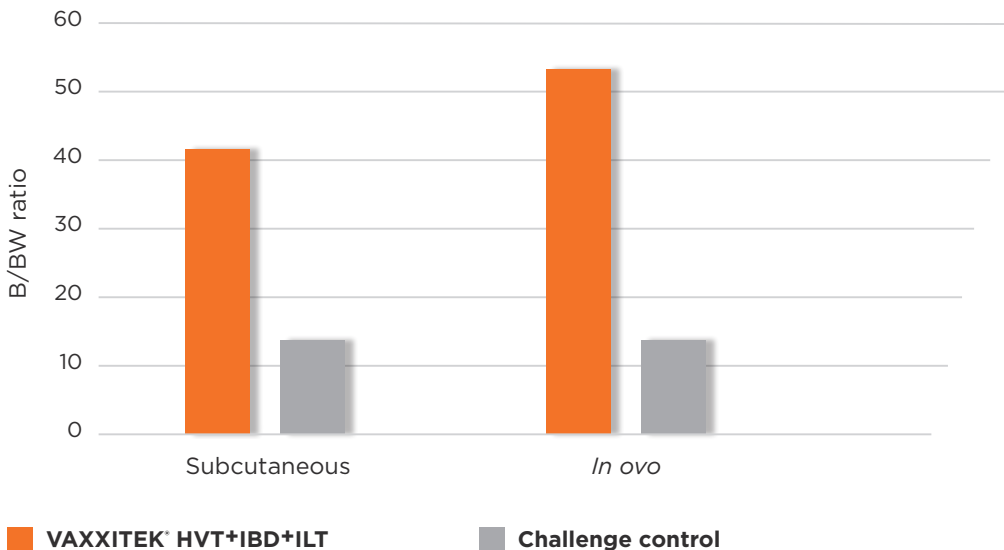


*Immunity is demonstrated
against classic IBDV¹*

IBDV VAR-E CHALLENGE¹:

- VAXXITEK[®] HVT+IBD+ILT construct (vHVT317 IBD+ILT) was administered subcutaneously or *in ovo* to SPF chickens that were then challenged at 29 days of age
- Vaccinated chickens showed significant differences in bursa-to-body weight (B/BW) ratio compared with challenge control
- Protection was shown against IBDV VAR-E after both subcutaneous and *in ovo* administration from 29 days of age

IBDV VAR-E challenge



VAXXITEK[®] HVT+IBD+ILT protects efficiently against both classic and variant E IBDV and acts as the cornerstone of your hatchery vaccination program.

PRECISION-ENGINEERED PROTECTION AGAINST INFECTIOUS LARYNGOTRACHEITIS

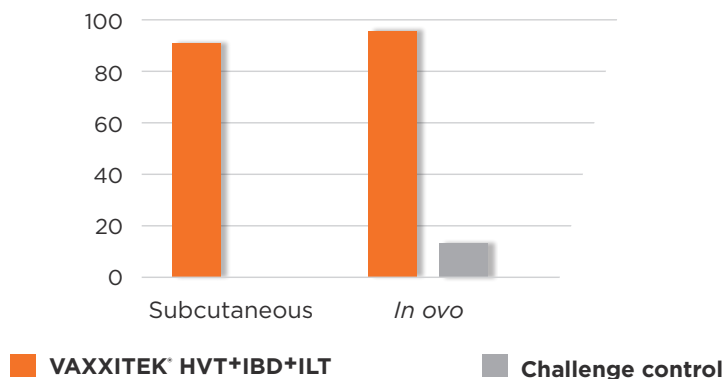
Designed to provide reliable protection¹

SPF chickens were vaccinated with VAXXITEK[®] HVT+IBD+ILT construct (vHVT317 IBD+ILT) subcutaneously at 1 day of age and then challenged with infectious laryngotracheitis virus (ILTV) at 29 days of age. SPF chickens vaccinated *in ovo* were challenged with ILTV at 25 days of age.

- Chickens vaccinated subcutaneously at 1 day of age showed **93.3% clinical protection from ILTV at 29 days of age**
- Chickens vaccinated *in ovo* showed **96.7% clinical protection from ILTV at 25 days of age**
- The percent incidence and infectivity of sham-vaccinated birds when challenged with ILTV was 86.7% *in ovo* and 100% in subcutaneous

Administration of VAXXITEK[®] HVT+IBD+ILT provides immunity against ILT from 25 days of age (*in ovo*) or from 29 days of age (subcutaneous).

Percent protection at 25 days of age (*in ovo*) and 29 days of age (subcutaneous)¹



Subcutaneous or *in ovo* administration of VAXXITEK[®] HVT+IBD+ILT provides reliable ILT protection.

PROVEN PROTECTION AGAINST MAREK'S DISEASE



Demonstrated onset of immunity to MD

MD immunity has been demonstrated from **5 days of age** after *in ovo* and subcutaneous administration.

Level of MD protection through *in ovo* and subcutaneous administration¹

Vaccination	Challenge	% Protection <i>in ovo</i>	% Protection subcutaneous
VAXXITEK [®] HVT+IBD+ILT	vMDV* GA22	88.6%	91.4%
Non-vaccinated challenge control		14.7%	11.4%

*Virulent Marek's disease virus.



DEMONSTRATED SAFETY FOR YOUR FLOCK

Safety in target species¹

- The absence of residual pathogenicity of vHVT317 IBD+ILT MSV was demonstrated after *in ovo* vaccination of embryonated eggs and subcutaneous vaccination of day-old SPF chicks¹
- VAXXITEK[®] HVT+IBD+ILT was shown not to spread to non-vaccinated contact birds¹

Proven prevention of reversion to virulence¹

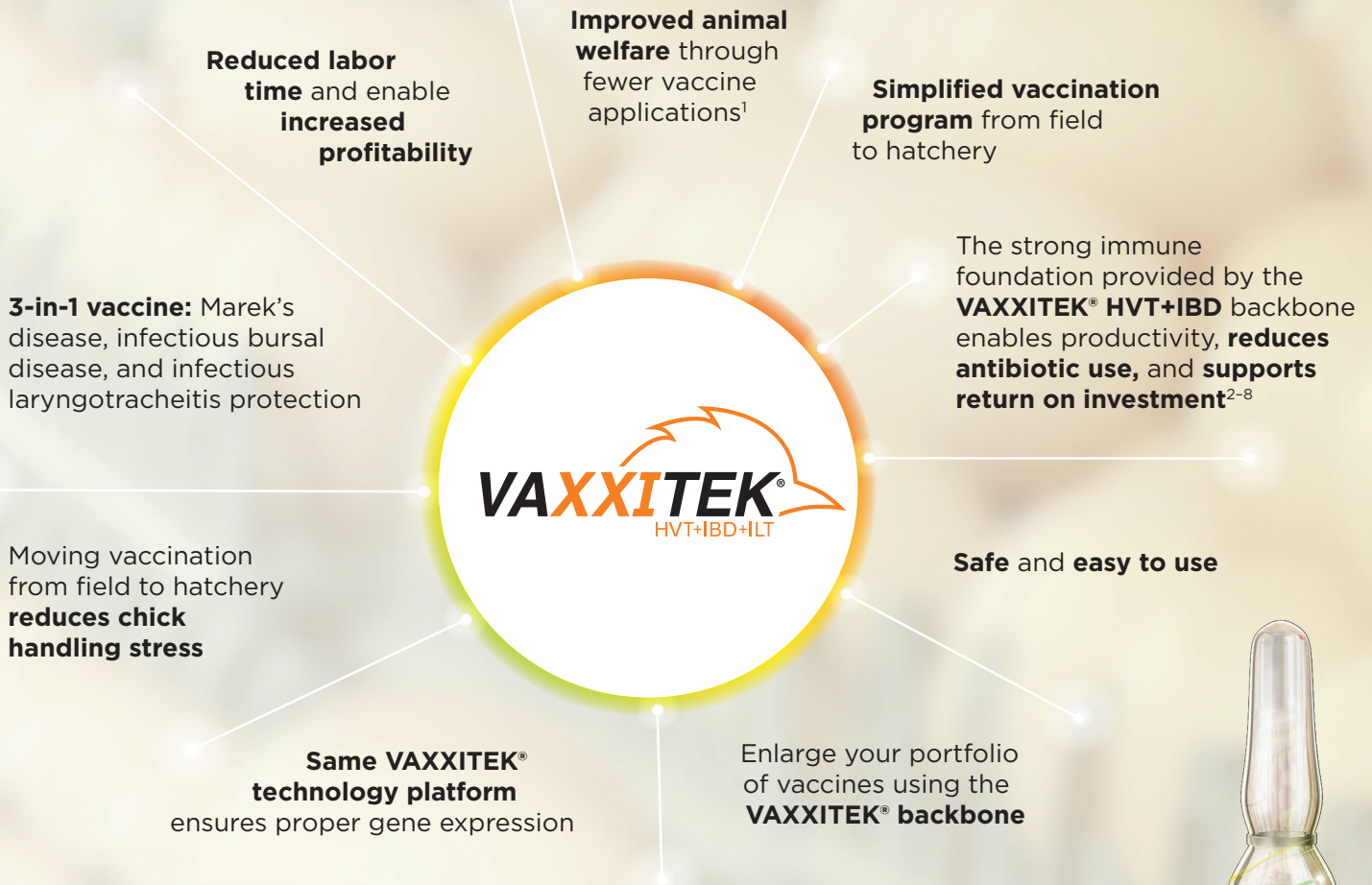
- The VAXXITEK[®] HVT+IBD+ILT Virus Vector (vHVT317) did not show any signs of virulence after 5 successive *in vivo* passages¹

Put the power of protection in your hands with
precision-engineered VAXXITEK[®] HVT+IBD+ILT

Contact your Boehringer Ingelheim
representative to learn more.



PROTECTION POWERED BY VAXXITEK®



To learn more about VAXXITEK® HVT+IBD+ILT, contact your Boehringer Ingelheim representative.

References: **1.** Data on file. Boehringer Ingelheim Animal Health. **2.** Morton DB. Vaccines and animal welfare. *Rev Sci Tech.* 2007;26:157-163. **3.** Lemiere S, Rojo F, Fernandez R, et al. Benefits of the herpesvirus of turkey vector vaccine of infectious bursal disease in control of immuno-depression in broilers and decrease of use of antibiotic medication. In: Proceedings from the XVIII Congress of the World Veterinary Poultry Association Congress; August 19-23, 2013; Nantes, France. Abstract. **4.** Hoelzer K, Bielke L, Blake DP, et al. Vaccines as alternatives to antibiotics for food producing animals. Part 2: new approaches and potential solutions. *Vet Res.* 2018;49:70. **5.** Atienza JC, Nagera AJ, Martinez PO, et al. Evaluation of a herpesvirus of turkey vector vaccine inducing protection against infectious bursal and Marek's diseases (VAXXITEK® HVT + IBD) under Philippines field conditions. In: Proceedings from the XXIII World's Poultry Congress; 29 June 29-July 4, 2008; Queensland, Australia. **6.** Rautenschlein S, Lemiere S, Simon B, Prandini F. A comparison of the effects of the humoral and cell-mediated immunity between an HVT-IBD vector vaccine and an IBDV-immune complex vaccine after in ovo vaccination of commercial broilers. In: Proceedings from the XVII Congress of the World Veterinary Poultry Association Congress; August 14-18, 2011; Cancun, Mexico: 830-843. **7.** Tang SF, He SJ, Li WM, Lemiere S. Field experience of vaccination in day-old broiler chickens with a herpesvirus turkey-infectious bursal disease (HVT-IBD) vector vaccine in different systems of chicken production across China. Poster presentation. In: Proceedings from the XVII Congress of the World Veterinary Poultry Association Congress; August 14-18, 2011; Cancun, Mexico: 920-926. **8.** Zhou X, Wang D, Xiong J, Zhang P, Li Y, She R. Protection of chickens, with or without maternal antibodies, against IBDV infection by a recombinant IBDV-VP2 protein. *Vaccine.* 2010;28:3990-3996.