

## **Bacterial Diseases - IPM Guideline for Lima Bean**

**Note:** this guideline may be applicable to other legume crops including:

**Common Bean** (dry, snap, fresh market, seed)

**Cool Season** (chickpea, lentil, pea)

### **Disease Diagnostic Confirmation**

Work with local crop consultants, field specialists and disease diagnosticians to confirm identity of disease causes which may include Common Bacterial Blight (*Xanthomonas axonopodis* pv. *phaseoli*) and Halo Blight (*Pseudomonas syringae* pv. *phaseolicola*). Provide background information on the field and problem, and deliver representative samples (including healthy appearing to badly affected tissue and plants) to qualified experts for diagnosis and confirmation. <http://wiki.bugwood.org/PIPE:Legume>

### **Vegetative Growth Stages**

There are no reports of labeled pesticides with activity against bacterial diseases of lima bean. Consult with local extension specialists and pest management personnel.

### **Reproductive Growth Stages**

There are no reports of labeled pesticides with activity against bacterial diseases of lima bean. Consult with local extension specialists and pest management personnel.

- Rotate to exclude susceptible host crops (i.e., legume volunteers) for 3 + years; examples of non-host crops include small grains and corn
- avoid planting in fields with a history of disease during the last 3 years
- plant resistant or less susceptible varieties if available
- follow recommended plant population - row & plant spacing
- soil test and use a moderate fertility program; e.g., not to exceed 75 - 100 lb N/A
- incorporate fall and/or spring tillage to eliminate carryover seed and volunteer legumes in last year's legume fields, promote root health and moisture drainage in this year's legume fields
- monitor irrigation scheduling to avoid flowering-period deficiency but avoid late-season saturation
- utilize timely scouting, disease forecasting, and weather monitoring services

[ Guideline adapted for Colorado and surrounding region by Dr. H. F. Schwartz, M. S. McMillan, and K. L. Otto ]