THE UNIVERSITY OF GEORGIA
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HOMEOWNER PLANT DISEASE CLINIC REPORT

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As March nears an end, sample submission (both Commercial and Homeowner) is beginning to increase as I expected it would. With increased rains and temperatures across the state, disease organisms are beginning to sporulate and spread within the landscape. Some key diseases to anticipate (along with management methods) over the next month are:

- Various fungal leaf spots – scouting and sanitation;
- Rusts (on turf and ornamentals) – watering, mowing, fertility;
- Dollar spot & Brown Patch on turfgrasses – proper cultural practices;
- Fire blight – pruning and resistant varieties;
- Powdery mildew – increased air circulation, sanitation, resistant varieties;
- Leaf galls – see report…

The Disease of the Month for March will focus on identification and management of leaf galls on Camellia and Azalea in homeowner landscapes.

County	Plant	Common Name of Disease (Pathogen)	Type of Sample – DDDI or Physical
Bartow	Cryptomeria	No disease – drowning roots – excessive soil moisture	Physical
Bibb	Houseplant	Mealy bugs	DDDI
Clarke	Peach	Brown rot (*Monilinia fructicola*)	Physical
Clarke	Leyland Cypress	Bot canker (*Macrophoma* spp.)	Physical and DDDI
Clarke	Wax-leaf Ligustrum & Fatsia	Whiteflies and Sooty Mold	Physical
Clarke	Carolina Jasmine	Possible Bacterial leaf spot	DDDI
Cobb	Woody plant tissue	Bird droppings	Physical
Coweta	English	No disease	Physical

	Boxwood		
Gwinnett	Schefflera	Possible virus infection	DDDI
Henry	Pin Oak	Scale infestation & *Cordyceps*	Physical and DDDI
Monroe	Zoysia	Earthstars	DDDI
Monroe	Indian Hawthorne	Entomosporium leaf spot (*Entomosporium* spp.)	DDDI
Muscogee	Camellia	No disease – environmental	DDDI
Richmond	Chamaecyparis obtusa var. Crippsii	Phomopsis twig blight (*Phomopsis* spp.)	Physical
Richmond	Chamaecyparis obtusa var. Hinoki	No disease	Physical
Toombs	Gardenia	Possible environmental and/or fungal leaf spot	DDDI

DISEASE OF THE MONTH

LEAF GALLS

Leaf galls are commonly seen in the spring in Georgia on various woody ornamentals. You are likely to see the symptoms of this fungal disease in early spring during moist, cool weather on both azaleas and camellias. The fungal organism involved is an obligate parasite in the genus *Exobasidium*. The species name will vary depending on the host plant on which it parasitizes. The disease is more serious in areas where there is poor air circulation and excessive moisture. It will also be more prevalent on new tender leaf buds, leaves, and shoots (older mature leaves are usually not susceptible).

Symptoms of the disease are shown below as thickened, enlarged, fleshy, abnormal leaf tissue. The galls or infected areas will turn from a light green to a white or pink color. The undersides of the galls eventually rupture producing white, velvety masses of spores that will be released and cause subsequent infections.

Infected Camellia leaf – thickened, succulent leaves – *Exobasidium camelliae*

Camellia – many galls throughout the plant

Azalea leaf gall – *Exobasidium vaccinii*

As the galls age, they shrivel, hardened, and become dark brown or black in color as shown below. Galls usually form on the leaves but can infect woody tissues, such as stems, and flowers and seed pods.

New and old gall on Camellia

Management for leaf galls on azalea and camellia depends on early detection and removal of the galls before they turn white (=spore production). **Sanitation will be**

the main source of management for this disease – raking fallen infected leaves and removing individual galls and/or pruning infected branches as soon as symptoms appear. It is important not to simply remove the leaves from the infected plant but also discard of them in the trash to remove potential inoculum for later infections. Increasing air circulation by pruning or removal and relocation of plants will also help prevent the conditions that are favorable for disease development – cool, moist weather and poor air circulation.

Fungicides are usually not recommended for management of camellia and azalea leaf galls. They provide limited control and must be applied preventively to effectively manage the disease. The best management strategy is early detection and removal!

All images were provided by Dr. Jean Williams-Woodward.