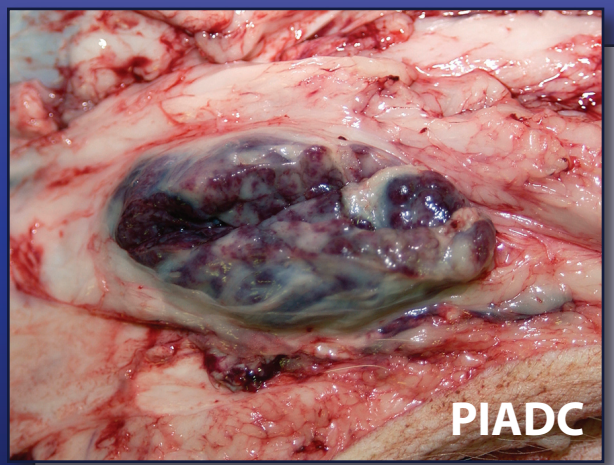
Gross lesions

Splenic Infarcts



Peripheral hemorrhages in the lymph nodes

PROCEDURES TO REPORT A SUSPECTED FOREIGN ANIMAL DISEASE

1. While still on the farm, contact the federal Area Veterinarian in Charge (AVIC) in your state or the State Veterinarian's Office to seek instruction.
2. Do not leave the farm unless absolutely necessary, and then only after showering, changing clothes and thoroughly disinfecting equipment.
3. The AVIC will dispatch a Foreign Animal Disease Diagnostician (FADD) to initiate an investigation within 24 hours of the initial notification.
4. The FADD will set up an appointment to visit the premises, assess the disease situation, collect and submit laboratory samples, execute disease control actions if necessary, and file a report with the AVIC.
5. The AVIC will assign a priority level to the laboratory submissions which will govern the urgency of response from the federal lab(s).
6. Further actions may be taken at the discretion of the AVIC in consultation with the FADD, State Veterinarian, and USDA Emergency Programs staff.
7. Laboratory results will be reported to the AVIC, who will in turn notify the State Veterinarian, and the FADD. The FADD will then notify the practitioner and the owner.

AMERICAN ASSOCIATION OF SWINE VETERINARIANS
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Prepared by the AASV FAD Committee

Classical Swine Fever

Host: The pig is the only natural reservior.

CLINICAL DESCRIPTION

Affected swine may exhibit persistent fever, skin discoloration, conjunctivitis, neurological signs, respiratory distress, abortion and diarrhea that is unresponsive to antibiotics. Leucopenia is a consistent finding. Three common forms are acute, chronic and late onset.

ACUTE: Illness in weaned pigs under 12 weeks of age that is unresponsive to antibiotics and characterized by fever, skin discoloration, conjunctivitis, hind-limb weakness and diarrhea. Mortality rates are often very high (over 30%).

CHRONIC: Characterized by subdued infection followed by brief recovery before relapse of fever, anorexia leading to wasting, and death 1-3 months after onset.

LATE ONSET: Pigs born to sows infected after day 50-70 of gestation may be persistently infected and appear normal for several months before dying, or be born with congenital tremors. Sows infected prior to day 50-70 of gestation may abort or give birth to stillborn pigs, mummies or pigs with congenital defects.

HOST: THE PIG IS THE ONLY NATURAL RESERVOIR

CLINICAL CASE DEFINITION

Since the clinical description of CSF is similar to many endemic diseases, the case definition is developed to aid in the decision to report suspicious cases. A herd should be reported based on a high level of suspicion and agreement with one or more of the following clinical features:

1) A herd with clinically compatible cases.
2) A herd with clinically compatible cases with necropsy examination demonstrating hemorrhages of the kidney, bladder, lymph nodes, larynx, or other evidence of septicemia.
3) A herd with clinically compatible cases that in the previous three months has either imported genetic material from a foreign country, fed waste to swine, or had contact with a person who recently visited a farm in a foreign country.

A positive diagnosis of CSF requires USDA laboratory confirmation.

ETIOLOGY

A small enveloped RNA virus of the family Flaviviridae and the genus Pestivirus, which also contains Bovine Viral Diarrhea (BVD) and Border Disease (BD) viruses.

SOURCES OF VIRUS

Blood, tissues, secretions and excretions, including meat from infected animals, contain CSF virus. Virus may survive in cured meats for several months.

Congenitally infected piglets are persistently viremic and may shed virus for months.

Routes of infection include ingestion, insemination, percutaneous blood transfer, and contact with conjunctiva, mucous membranes, or skin abrasions.

TRANSMISSION

Exposure to subclinically infected pigs is the most important route of CSF transmission.

- Consumption of insufficiently cooked meat.
- Farm visitors, veterinarians or other fomites.
- Transplacental infection.

DIFFERENTIAL DIAGNOSIS

- Acute pasteurellosis
- African Swine Fever
- Coumarin poisioning
- Erysipelas
- *Haemophilus parasuis*
- Other viral encephalomyelitis
- Leptospirosis
- PCVAD
- PRRS
- Salmonellosis
- *Streptococcus suis*
- Other septicemic conditions

OCCURRENCE

Occurs in much of Asia, Central and South America, Madagascar, parts of Europe, parts of Mexico, Cuba, Haiti, and the Dominican Republic

LABORATORY SAMPLES:

BLOOD:

Red (serum), green (heparin), and purple (EDTA) top tubes

TISSUES:

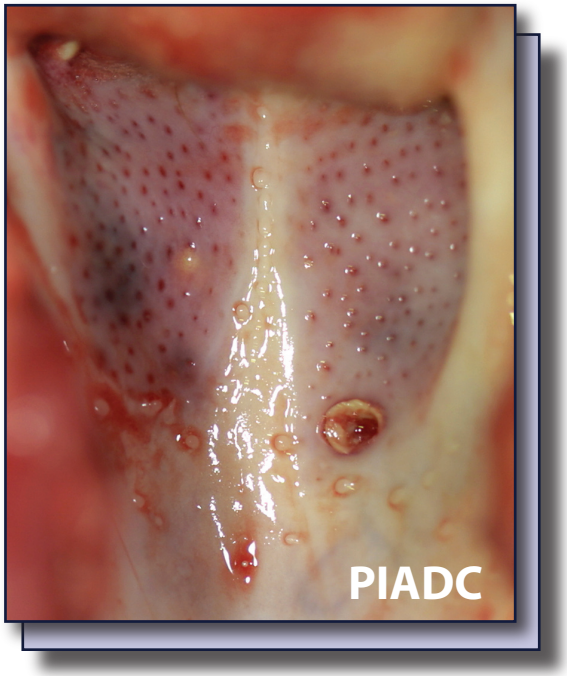
A complete set of tissues, including brain, distal ileum, kidney, lymph nodes (pharyngeal and mesenteric), tonsil and spleen should be submitted in 10 percent buffered formalin and as fresh tissues.

SURVEILLANCE SAMPLES:

Fresh tonsil and nasal swabs in special media should be submitted for the USDA's CSF surveillance program. These samples can be rapidly analyzed at a NAHLN lab and forwarded to FADDL for confirmation.

Gross lesions

Petechial hemorrhages in the renal cortex



Multiple necrotic foci in the tonsils

This brochure was prepared by the AASV FAD Committee and funded by a grant from the USDA.