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Genesis

The disease

The virus enters the pig's body through the upper respiratory tract and enters the nerves that innervate the snout and throat areas. It then spreads down these into the pig's body. The virus then gets into the bloodstream, which quickly disseminates it to the organs throughout the body. The virus multiplies in several locations in the body. When the virus replicates in the central nervous system it produces a non-suppurative meningoencephalitis that induces severe nervous lesions. The virus can remain latent in trigeminal and sacral nerve ganglia for some time – a process known as latency. Aujeszky's disease viruses vary in their virulence and this influences both the severity of the disease and the duration of virus shedding.

Clinical signs

The incubation period is typically eight days or less but can be as long as three weeks. Infection in pigs is characterised by fever, anorexia, listlessness, respiratory distress, excessive salivation, vomiting, trembling and finally marked incoordination, particularly of the hind legs. Sometimes other respiratory signs such as coughing and sneezing occur. The severity of clinical signs is age and immune status dependent. In fully susceptible pigs both morbidity and mortality will be high. In 2-3 week old pigs severe nervous signs occur. In finishing and fattening pigs death often occurs because of secondary bacterial infections. In pregnant gilts and sows the clinical picture depends on the stage of gestation and includes embryonic death, foetal resorption, mummies, abortion and stillbirths, plus fever and respiratory signs. Co-infections can occur with other pig viruses including PRRS, PCV2 and swine influenza virus.

Post mortem findings

There are no Aujeszky's disease specific gross lesions but lesions are seen in the respiratory, reproductive and digestive tracts as well as various lymphoid organs. In young piglets lacking maternal immunity multifocal necrosis is seen in these tissues as well as liver, spleen and adrenals. A keratoconjunctivitis may be seen in the eyes and rhinitis, tracheitis, laryngitis and/or tonsillitis may be seen.

Diagnosis

Diagnosis is based on clinical signs and post mortem findings plus identification of the causal agent.

Differential diagnosis

Diseases that should be considered include rabies, teschovirus infection, classical swine fever, African swine fever, Nipah virus infection, Japanese encephalitis, haemagglutinating encephalomyelitis, bacterial meningoencephalitis, such as *Streptococcus suis*, swine influenza, salt poisoning, other poisonings, congenital tremors, encephalomyelitis, highly virulent PRRS and/or highly virulent PCV2.