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Diagnosis

PRRS should be considered as a possibility when reproductive disease occurs in the breeding herd and/or respiratory disease in pigs of any age.

Production records from herds with clinically active PRRS will show elevated levels of abortions, stillbirths, early farrowings, pre-weaning mortality and non-productive sow days. Conversely, the absence of overt clinical signs does not necessarily signify PRRS virus freedom.

Lesions of interstitial pneumonia and swollen lymph nodes in pigs of any age are suggestive of PRRS but not diagnostic as other viruses and bacteria cause similar lesions. However, it is sometimes possible to give a strong presumptive diagnosis on histopathological findings.

Various diagnostic assays including viral isolation, fluorescent antibody, immunohistochemistry, PCR, ELISA and virus neutralisation are available. A confirmatory diagnosis requires confirmation of the virus, viral products and/or antibody.

Differential diagnosis

Depending on the part of the world you are in the differential diagnosis of PRRS should include swine fever, cytomegalovirus infection, haemagglutinating encephalomyelitis, leptospirosis, parvovirus, PCV-2, Aujeszky's disease, swine influenza and teschovirus.

Differential diagnosis is often complicated by concurrent viral and bacterial diseases and/or infections.

Virus isolation

PRRS virus is generally detected in higher amounts and for longer periods in time in younger animals, peaking at just before a week post infection. Viraemia typically lasts 28-42 days post infection. Samples taken for viral infection should be refrigerated, NOT frozen, and shipped to the laboratory immediately. The best tissues for virus isolation are lung, tonsil, lymph node, heart, brain, thymus, spleen and kidney.

Detection of antibody

Serology is not a valid diagnostic approach for the diagnosis of PRRS in previously infected or vaccinated herds.

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