



Diagnosis of swine fever

Typical acute swine fever can often be diagnosed by a combination of history, clinical signs and post mortem findings. Typical histories include the recent introduction of purchased stock into the herd, cases of swine fever on nearby farms, the feeding of swill and recent visitors. In acute swine fever the disease spreads rapidly affecting all ages of animals.

It is not so easy to make a diagnosis of subacute, chronic or late onset swine fever, as these show a much more variable picture both clinically and pathologically. Diagnosis invariably requires the examination of samples in the laboratory. Laboratory diagnosis is based on the isolation of the swine fever virus or detecting antigens or antibodies in samples. The tissues usually examined are tonsil, spleen, kidney and the distal ileum.

Differential diagnosis

For acute swine fever the differential diagnosis should consider African swine fever, PRRS, septicaemic salmonellosis, streptococcosis, pasteurellosis, erysipelas and *Haemophilus suis* infection.

In other forms of the disease the differential diagnosis includes all those diseases affecting the same organs as swine fever, but the widespread petechial haemorrhaging, or lack of, helps to clarify the situation.

Where diagnosis is based on antigen detection it should be remembered that the swine fever virus shares common antigens with border disease and bovine viral disease virus, both of which can infect pigs and so one must be satisfied that these viruses are not involved. It should also be remembered in areas where pigs are vaccinated with a vaccine based on the attenuated Chinese strain of the virus that this virus can persist in vaccinated animals for 2-3 weeks.

Prevention of swine fever

In countries that are free of swine fever, vaccination is not practised and so prevention is very much focused on keeping the disease out of the farm or the country and swill should not be fed. Cleaning and disinfection of vectors for the disease such as trucks is also important. When an outbreak occurs in a free country a stamping out policy by herd slaughter should be practised.

In countries where swine fever is present enzootic vaccination should be undertaken and it is hoped that the evolution of marker vaccines that mean that antibody positive pigs can be differentiated into field infection 'positives' (true disease) and vaccinal 'positives' will provide a step forward in managing this nasty disease of swine.

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