



**Delacon**

**IFF**

**Interheat**

**Kemin**

**LUBING**

**Nucleus**

**Olmix**

**WEDA**

## Introduction

Exudative epidermitis has been known for almost 170 years and is an acute disease in suckling and recently weaned piglets. It is characterised by a generalised epidermitis (skin infection) that can lead to dehydration and, in severe cases, death. This condition has been described in many countries and its incidence is thought to be increasing due to increasing size of units, earlier weaning and higher stocking densities.

## Cause of exudative epidermitis

Exudative epidermitis is caused by *Staphylococcus hyicus*, which is commonly found in, but does not cause a disease in, adult pigs. The most severe outbreaks occur following the introduction of carrier animals into a herd with no protective immunity. In such scenarios all litters will be affected and piglet mortality may reach 70%. Outbreaks are usually self-limiting and last for 2-3 months.

The first signs are a reddening of the skin followed by hyperplasia and inflammation. *Staphylococcus hyicus* produces a toxin that damages the skin. Signs occur between 4-6 days and 5-6 weeks of age and begin with dejection and skin discolouration. Piglets feel hot and exudate can seal the eyelids. Sometimes ulcers are seen in the mouth and horn separation can occur on the heels.

Not all piglets are affected to the same extent and a chronic form occurs in which only small areas of skin are affected. Animal performance is adversely affected.

## Diagnosis

Diagnosis can be made on clinical signs alone in young piglets, but can be confirmed by the isolation of *Staphylococcus hyicus*. Other conditions to consider in the differential diagnosis include swine pox, mange, ringworm, pityriasis rosea, zinc deficiency, dermatosis vegetans (an inherited condition in Landrace), and local wounds.

## Treatment

If carried out early in the disease, treatment can be very successful although it should be noted that *Staphylococcus hyicus* is frequently resistant to antibiotics. Antibiotic treatment should be augmented by fluid replacement and the localised use of skin disinfectants. Tooth clipping of high risk litters is often recommended, pens should not be abrasive, and piglet creep areas should contain a soft, dry bedding material. On arrival at the farrowing quarters sows should be washed and disinfected.