



Animine

ASP

CJ Bio

Interheat

Nucleus

Pancosma

## Clinical signs

Mortality is not an issue in swine vesicular disease. The signs are not present or a discomfort on walking. The severity of the clinical signs is dependent on flooring type – severe on concrete, mild on straw.

## Lesions

Vesicles are seen around the coronary band on the hoof and on the skin immediately above the coronary band, that is, on the metatarsus and metacarpus. Visibly these lesions can not be differentiated from those of foot and mouth disease. Sometimes, in severe cases, the horn of the hoof sloughs off.

Sometimes, but to a lesser extent, vesicular lesions are seen on the snout, lips and tongue and in lactating sows lesions can be seen on the udder and teats. Fever is usually absent.

## Diagnosis

When pigs show vesicular lesions on their hoofs and snout regions, foot and mouth disease must always be considered and eliminated from the differential diagnosis before swine vesicular disease is considered.

Other conditions to consider are vesicular stomatitis and vesicular exanthema (last seen in 1959 in USA) as well as contact with a caustic substance or trauma from (new) concrete floors.

Following an outbreak serological testing of all farms in the neighbourhood can be undertaken to ensure no infection remains.

## Immunity

Following infection a rapid immune response occurs (detectable in 50% of pigs four days post infection). Piglets born to infected sows receive antibodies via the colostrum.

## Control

Generally the preferred method of control is one of stamping out by slaughtering infected farm(s) and close contacts.