

MSU Extension Publication Archive

Archive copy of publication, do not use for current recommendations. Up-to-date information about many topics can be obtained from your local Extension office.

Pseudorabies (Aujeszky's Disease, Mad Itch) – Pork Industry Handbook

Michigan State University Extension Service

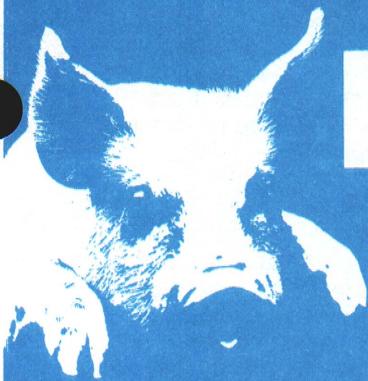
David G. Thawley, University of Missouri; C. John Maré, University of Arizona; Don P. Gustafson, Purdue University ; L.W. Schnurrenberger, USDA, Washington, D.C.

Revised March 1986

2 pages

The PDF file was provided courtesy of the Michigan State University Library

Scroll down to view the publication.



pork industry handbook

COOPERATIVE EXTENSION SERVICE • MICHIGAN STATE UNIVERSITY

Pseudorabies (Aujeszky's Disease, Mad Itch)

Authors

David G. Thawley, University of Missouri
Don P. Gustafson, Purdue University
C. John Maré, University of Arizona
L.W. Schnurrenberger, USDA, Washington, D.C.

Reviewers

Robert Bennett, Linden, Indiana
Robert D. Glock, Casa Grande, AZ
Willard Korsmeyer, Beardstown, Illinois

Introduction and History

Pseudorabies is an acute, frequently fatal disease affecting most species of domestic and wild animals; however, man and the higher apes are resistant to it. The disease is caused by a herpesvirus and is characterized by a variety of clinical signs; the most prominent involve the nervous and respiratory systems. Severe itching and self-mutilation are seen in most species, but rarely in swine.

Aujeszky first recognized pseudorabies as a disease of cattle and dogs in Hungary in 1902. It soon became evident, however, that swine were the natural hosts of the virus and pigs also could die as a result of the disease. In Europe, pseudorabies has been recognized for years as an important cause of death in swine of all ages and as a cause of abortion. In the United States, until recently the disease was considered important only as a cause of death in baby pigs and occasionally in cattle, sheep, dogs, and cats. However, pseudorabies is more prevalent in the U.S. than was formerly believed and the present viruses are capable of causing a variety of clinical manifestations, including death in newborn and adult swine and fetal death with abortion in pregnant swine. The disease is widespread and of considerable economic importance in several midwestern states. A slaughter serum survey conducted in 1983 revealed a nationwide prevalence of 18.8% in breeding swine with state rates ranging from 0% to 34.3%.

Clinical Signs

Pigs less than 3 weeks old. In baby pigs, the disease may be characterized by sudden death with few, if any, clinical signs. Death frequently is preceded by fever which may exceed 105°F, dullness, loss of appetite, vomiting, weakness, incoordination, and convulsions. If vomiting and diarrhea occur, the disease in baby pigs closely resembles transmissible gastroenteritis (TGE). In pigs less than 2 weeks old, death losses frequently approach 100%. Baby pigs may have become infected before birth and die within 2 days after birth, occasionally after showing violent shaking and shivering. Piglets infected immediately after birth may show clinical signs within the first 2 days of life and usually die before they are 5 days old.

Pigs 3 weeks to 5 months old. After 3 weeks of age, pigs usually develop a degree of resistance to the disease, and death losses may decrease from 50% in pigs exposed when 3 weeks old to less than 5% in pigs exposed when 5 months old. Death losses vary with different strains of the virus, and even in grown pigs severe death losses occasionally occur.

Fever is a prominent clinical sign in these growing pigs and usually is followed by loss of appetite, listlessness, labored breathing, excessive salivation, vomiting, trembling, and eventually marked incoordination, especially of the hind legs. Death is usually preceded by convulsions. Involvement of the respiratory tract with sneezing, rubbing of the nose, and coughing may occur. Clear to yellowish nasal discharges may be seen. Infected pigs which recover will usually have lost condition and will be slow to reach market weight.

Mature pigs. The disease in adult pigs is usually not severe, but with some strains of pseudorabies virus deaths may occur. The disease in adult pigs often is characterized by fever and respiratory signs such as nasal discharges, sneezing, nose rubbing, and coughing. Nervous signs such as trembling, incoordination, and itching occasionally occur, and blindness may rarely follow pseudorabies infection. Vomiting and diarrhea or constipation may be seen. Since 1980, an acute, often fatal pneumonia caused by pseudorabies virus has increased in prevalence. This condition is most often seen in herds which have a prolonged history of pseudorabies infection. Animals often die from a fatal secondary bacterial pneumonia.

Sows infected in the early stages of pregnancy may return to heat because of death and resorption of their fetuses. Sows infected in middle pregnancy may eventually abort mummified fetuses, whereas sows infected late in pregnancy often abort or give birth to weak, shaker, or stillborn pigs.

Postmortem Lesions

No gross lesions characteristic of pseudorabies are consistently found. Small greyish-white spots of focal necrosis may occur in the livers and spleens of pseudorabies-infected young pigs. Congested pneumonic lungs are

19,461.07



MSU is an Affirmative Action/Equal Opportunity Institution. Cooperative Extension Service programs are open to all without regard to race, color, national origin, sex, or handicap.

Issued in furtherance of Cooperative Extension work in agriculture and home economics, acts of May 8, and June 30, 1914, in cooperation with the U.S. Department of Agriculture. W.J. Moline, Director, Cooperative Extension Service, Michigan State University, E. Lansing, MI 48824.

0-16148

Major Revision 4:86-5M-KMF-UP, Price 10¢, Single copy free to Michigan residents

commonly seen. Virus isolation and fluorescent antibody examination of these and other tissues will reveal if these lesions are related to the disease.

Immunity

Recovery by swine from pseudorabies confers resistance for at least 12 months. Reexposure may result in reinfection but it is usually asymptomatic. The passive immunity passed on from an immune sow to her offspring through the colostrum may protect the piglets for 5 to 10 weeks, after which they gradually become fully susceptible. However, the passive immunity may be too low to protect the piglets so the offspring of immune sows also may die of pseudorabies.

Vaccines have been used in Europe for years, and in the United States since 1977. Reports on their effectiveness are mixed. However, researcher consensus is that vaccines reduce swine losses and spread of the disease but do not totally prevent infection and the establishment of a carrier state in recovered swine. Many Europeans consider that under some conditions vaccine use may seriously impede efforts to control the spread of the disease. In other conditions vaccines have been reported to enhance the control of pseudorabies. Current vaccines stimulate an antibody response indistinguishable by serologic tests from that resulting from virulent virus and will hinder any control or eradication program.

Spread of Infection

Pseudorabies is spread mainly by direct contact between swine; the nose and mouth are the main entry points for the virus. Nasal discharges and saliva contain the virus, so, drinking water, bedding, and other objects such as clothing and instruments may become contaminated. The virus can be spread without movement of pigs. When entering swine premises, clean clothes should be worn, and boots should be disinfected upon entering and leaving the premises.

Recovered pigs may remain carriers of the virus and later can infect susceptible pigs or cattle with which they come into contact. Severe cattle losses from pseudorabies have occurred as a result of contact infection from apparently normal carrier swine. The disease has also been introduced to swine farms by introduction of carrier swine.

Dogs and cats are very susceptible to pseudorabies and usually become infected through contact with infected swine. Wild animals such as raccoons, skunks, and mice are also susceptible to the disease. Dogs, cats, and wild animals are potential spreaders of the disease within an endemic area, but are not considered a factor in the spread outside the area.

Diagnosis

The clinical signs of pseudorabies are variable so clinical diagnosis should always be confirmed by laboratory tests. Four tests—the Serum-Virus Neutralization Test (SN), Virus Isolation (VI), Fluorescent Antibody Tissue Section Test (FATS), and the Enzyme Linked Immuno-Sorbent Assay (ELISA)—have been approved for the diagnosis of pseudorabies. Other tests are being developed.

The SN and ELISA tests detect pseudorabies antibodies in serum of swine that have been infected with the virus. These antibodies appear in the serum about day 7 of infection and may persist for years. The presence of pseudorabies antibodies is evidence that the pig has been infected with the virus in the past or has been vaccinated. Absence of antibodies indicates that the animal has probably not been infected or that it may be in the early stages of the disease. Diagnosis of a pseudorabies outbreak can be made by conducting SN tests on paired serum samples, one taken from the pig early in the disease, and the second 3-4 weeks later. A significant rise in antibodies between the first and second bleedings indicates active pseudorabies infection has been present.

The SN and ELISA are extremely reliable tests. While these tests accurately detect antibodies to pseudorabies, they do not differentiate between antibodies resulting from natural disease and those resulting from vaccination.

Serum submitted for SN examination must be collected in clean, sterile tubes (not Brucellosis tubes) and submitted packed in ice. If serum is badly hemolyzed or contaminated with bacteria, the SN test is unreliable.

Control of Infection

The chances for introduction of the disease can be minimized by the owner strictly controlling movement of people, animals, and objects into swine premises. Clean clothes and boots should be decontaminated with a good disinfectant before introduction. Cats, dogs, and other animals should be kept away from pigs. Swine added to a herd should be obtained from a herd known to be pseudorabies-free, and all additions should be tested and found free, isolated for at least 30 days, and then retested. Untested feeder pigs should never be brought onto premises where farrowing operations exist.

When pseudorabies occurs on a farm, the premises should be quarantined, and all movement of people and animals should be strictly controlled. If possible, healthy pigs should be separated from the sick and movement between them should be strictly controlled. Dead pigs should be disposed of by deep burial or incineration. Recovered pigs should be sold only for slaughter to prevent spreading infection to other farms by carrier swine.

Many herds which are infected may be freed of infection by using either "test and removal" procedures or offspring segregation. Results, using these procedures, are very encouraging except in highly concentrated, continuous farrowing operations or in herds undergoing an acute infection. In highly concentrated herds, the virus appears to cycle continuously. In less concentrated operations, the virus appears to cycle intermittently, and many offspring are pseudorabies-free. In these herds, a testing program with isolation and removal of infected animals appears to be an effective herd cleanup strategy.

Summary

1. Pseudorabies is a disease of economic significance in the United States.
2. Severe death losses, abortions, and reproductive failure may occur in pseudorabies-infected swine herds.
3. Cattle, sheep, dogs, cats, and wild animals also die from the disease.
4. Pseudorabies does not cause disease in humans and is not related to rabies.
5. Recovered animals may be carriers of the virus but rarely become ill on re-exposure.
6. Many vaccines, both modified and killed, have been approved for use in the United States subject to the control of the State Animal Health Official. Vaccines reduce the severity of the disease, but do not prevent natural infection or the establishment of the carrier state.
7. Diagnostic methods are reliable if adequate specimens are submitted.
8. Spread of the disease can be reduced by quarantine, proper disposal of dead pigs, and strict application of hygienic measures.
9. Additions to breeding herds should be PRV negative and from PRV negative herds. They should be isolated for at least 30 days and retested prior to release into the herd.
10. Untested feeder pigs should never be brought onto premises where farrowing operations exist.
11. Infected herds often can be freed of infection by testing and animal selection procedures.