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PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME IN DENMARK

Text of a communication received on 6 April 1992 from Dr E. Stougaard, Chief Veterinary Officer, Ministry of Agriculture, Frederiksberg:

S. R. - 2 No. 1

Final date of previous report period: 6 March 1992 (see *Disease Information*, 5 [10], 29).

Final date of this report period: 31 March 1992.

Estimated date of first infection: unknown.

Number of separate outbreaks identified so far: twenty (20).

Geographical identification of the outbreaks:

Nordborg, island of Als:	12 outbreaks (Nos. 1, 4, 5, 6, 7, 9, 10, 12, 16, 17, 18, 20).
Sydals, island of Als:	6 outbreaks (Nos. 3, 8, 11, 13, 14, 15).
Augustenborg, island of Als:	1 outbreak (No. 2).
Broager, Jutland peninsula:	1 outbreak (No. 19).

Latest details concerning the outbreaks:

No.	Species	Number of animals in the outbreaks (approx.)
1	sui	350 sows (sale of piglets)
2	sui	70 sows (sale of piglets)
3	sui	1,800 fattening pigs (piglets from No. 1)
4	sui	150 sows (sale of piglets)
5	sui	140 sows (and corresponding fattening pigs)
6	sui	225 sows (sale of piglets)
7	sui	85 sows (and corresponding fattening pigs)

8	sui	200	sows (and corresponding fattening pigs)
9	sui	200	sows (and corresponding fattening pigs)
10	sui	160	sows and 1,000 fattening pigs
11	sui	180	breeding sows and offspring
12	sui	200	sows, and 3,600 fattening pigs
13	sui	180	sows and corresponding fattening pigs, however a few piglets are sold
14	sui	900	fattening pigs (piglets from Nos. 10 and 12)
15	sui	130	sows (sale of piglets)
16	sui	220	sows (sale of piglets)
17	sui	200	breeding sows and offspring
18	sui	600	fattening pigs (piglets from No. 1)
19	sui	50	sows (and corresponding fattening pigs)
20	sui	80	sows (and corresponding fattening pigs)

Comments concerning diagnosis: serology and virology.

Comments to date concerning epidemiology of the disease: the disease has only been reported from the island of Als and in one herd in the neighbouring part of mainland Jutland just north of the Danish-German border. This herd had received pigs from a herd on Als -which later became infected- prior to the first outbreaks. The infection was not introduced by the importation of pigs and there have been no contacts with herds abroad. Thus, it may be presumed that the infection was introduced into Denmark by airborne transmission. The spread of the disease in the affected area has in some cases been clearly related to the movement of pigs or to neighbouring contacts. Investigations are continuing.

The clinical signs have been mild and include the following:

- 5-10% increase in stillborn piglets (on average, one per litter);
- a number of weak piglets dying during the first week after birth (on average, 2-3 per litter);
- affected sows have a tendency to agalactia;
- in a few cases, blue ears have been observed in affected sows;
- some increase has been reported in the number of sows that come on heat a second time.

Control measures taken during report period: control measures have been taken to meet the requirements of Commission Decision 91/237/EEC, i.e. movement restrictions (licence required to move pigs directly to a fattening herd, staying inside the affected municipalities).

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BHUTAN IS "*PROVISIONALLY FREE*" FROM RINDERPEST

Text of a fax received on 8 April 1992 from Dr M.K. Rai, Director of the Department of Animal Husbandry, Ministry of Agriculture, Thimphu:

The Kingdom of Bhutan is provisionally free from rinderpest on the basis of the following criteria:

- 1) No rinderpest outbreaks have occurred in this country since 1968, and no vaccination has been undertaken since 1986, when about 45,000 cattle and buffalo were vaccinated in order to create an immune belt on the southern border in response to a threat from a neighbouring country.
- 2) Strict by-laws are in force to control the importation of animals into Bhutan, and any live animals that are permitted to enter the country are placed under quarantine in one of the four stations on the southern border (Phuntsholing, Samchi, Gaylegphug or Samdrup Jongkhar). The threat from rinderpest is substantially reduced now that it appears that the neighbouring Indian states of Assam and West Bengal are free of clinical disease.
- 3) Clinical surveillance is undertaken by veterinary and livestock staff of the Department of Animal Husbandry, who have been instructed in the recognition of the clinical signs of rinderpest and carry out surveillance during farm visits and while conducting routine FMD vaccination. A routine disease reporting system has been established which now incorporates emergency flash report procedures.
- 4) With technical assistance from EC project ALA 90/08, a sampling frame will be drawn up for systematic clinical and sero-surveillance. This will be implemented during 1992, in accordance with the guide to epidemiological surveillance contained in the *Report of the Expert Consultation on Rinderpest Surveillance Systems* (OIE 1989), so that Bhutan may progress towards "freedom from the disease" and thence to "freedom from infection".

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