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CLASSICAL SWINE FEVER IN NORWAY Diagnosis invalidated

Follow-up report No. 1

Text of a fax received on 16 December 1997 from Dr G. Bakken, Chief Veterinary Officer, Royal Ministry of Agriculture, Oslo:

Laboratory examinations for classical swine fever in a Norwegian pig (see *Disease Information*, 10 [49], 173) gave negative results.

No clinical signs suggestive of classical swine fever have been observed in the herd of origin, and all restrictions are now lifted.

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HIGHLY PATHOGENIC AVIAN INFLUENZA IN AUSTRALIA

Follow-up report No. 2

Text of a fax received on 16 December 1997 from Dr G. Murray, Chief Veterinary Officer, Department of Primary Industries and Energy, Canberra:

End of previous report period: 9 December 1997 (see *Disease Information*, 10 [49], 171).

End of this report period: 17 December 1997.

A further infected farm has been detected within the declared *infected zone* (Australian terminology refers to *restricted area*), within 1 km of the first infected farm.

Total number of outbreaks identified since 1 January 1997: one outbreak involving three infected farms within 3 km restricted area.

Description of newly affected population: the third affected property is a commercial broiler farm which also had 261 emu chicks (*Dromaius novaehollandiae*), raised in outdoor pens within several hundred metres of the broiler sheds on the farm.

Total number of birds in the newly infected farm:

susceptible	cases	deaths	destroyed	slaughtered
33,000 avians	0	0	33,000	0
261 emu chicks	0	0	261	0

Diagnosis: the emu chicks were sampled as part of the surveillance programme in the restricted area; testing resulted in the isolation of the virus.

- A. Diagnostic tests used:** fluorescent antibody testing of impression smears of pancreas; isolation of an influenza virus in inoculated embryonated eggs.
- B. Causal agent:** virus subtype H7N4.

Epidemiology:

- A. Source of agent / origin of infection:** the source of infection in the emus has not been confirmed.
- B. Other epidemiological details:** The emus were clinically healthy, but were destroyed to enable the introduction of 33,000 day-old chickens for broiler production. There were no poultry on the farm at the time the emus were destroyed, but as a result of the detection of H7 virus in the emus, and because of the proximity of the emu pens to the commercial broiler sheds, the 33,000 three-day-old chickens introduced after removal of the emus, were destroyed as a precaution.

Control measures during reporting period:

- The third infected farm was placed in quarantine on 12 December 1997
- The existing restricted zone includes 3 km around the third infected farm.
- The *control area* (equivalent to OIE *surveillance zone*) has been extended slightly to include 10 km around the third infected farm.
- All birds have been destroyed on the three infected farms.
- Disinfection is nearly complete on the first property, well under way on the second property and has commenced on the third property.
- Rigorous surveillance has shown no evidence of any other infection in farms within the restricted area or the 10-km radius surveillance zone surrounding the initial infected farm. A high level of surveillance is being maintained on all poultry enterprises within the restricted and surveillance zones.

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RINDERPEST IN MALI

The Delegate declares the country "provisionally free" from the disease

Translation of a communication received on 17 December 1997 from Mr M. Keita, National Director of Animal Production, Ministry of Rural Development and Environment, Bamako:

Mali declares itself "provisionally free from rinderpest" and is committed to implementing the procedure for declaring the country free from rinderpest on the basis of the following data:

1. No cases of rinderpest have been observed since 1986. The vaccine used complies with the international standards issued by the OIE.
2. The vaccination strategy applied since 1988 consists principally of vaccinating cattle along the borders (transhumants and animals under two years old, adult animals already being immunised).
3. Halting of all vaccination against rinderpest, with effect from 31 December 1997, followed by a vast serological surveillance programme.

4. Setting up of a large stock of good quality rinderpest vaccine at the Mali Central Veterinary Laboratory.
5. The results of the serological surveillance programme carried out by PARC (Pan-African Rinderpest Campaign) prove that vaccinated animals have a good level of immunity to rinderpest virus.
6. Despite numerous serological tests no evidence has been found of rinderpest virus circulating among the small ruminant population.
7. Importation of cattle is prohibited from countries where rinderpest occurs.
8. The existence of a national disease control and epidemiological surveillance network, with information gathered from various sources, including:
 - the Central Veterinary Laboratory,
 - 9 regional directorates for rural development,
 - 52 local departments for rural development - planning and development council,
 - 200 rural development offices - planning and development council,
 - veterinary control post at Sénou international airport,
 - private veterinarians (213 units),
 - administrative authorities,
 - livestock producers and their associations.

This network enables information on any suspected occurrence of notifiable diseases (including rinderpest) in Mali to be transmitted as rapidly as possible. Livestock producers and supervisory staff are trained in the recognition of rinderpest.

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HIGHLY PATHOGENIC AVIAN INFLUENZA IN ITALY

Follow-up report No. 2

Translation of a fax received on 17 December 1997 from Dr R. Marabelli, Director General of Veterinary Services, Ministry of Public Health, Rome:

End of previous report period: 3 December 1997 (see *Disease Information*, 10 [48], 165).

End of this report period: 16 December 1997.

New outbreaks:

Location	No. of outbreaks
Pozzoleone district, Vicenza province, Veneto region	1
Bojon di Campolongo Maggiore district, Venezia province, Veneto region	1

Total number of outbreaks identified since 1 January 1997: eight (8).

Description of affected population in the new outbreaks: poultry, turkeys, ducks, geese and guinea-fowl (rural farms).

Total number of animals in the new outbreaks:

<i>susceptible</i>	<i>cases</i>	<i>deaths</i>	<i>destroyed</i>	<i>slaughtered</i>
1,814	400	260

Control measures during reporting period: application of all the restriction measures provided for under national and EU regulations.

HAEMORRHAGIC KIDNEY SYNDROME IN ATLANTIC SALMON (*SALMO SALAR*) IN CANADA

Emergency report

Text of a fax received on 17 December 1997 from Dr N.G. Willis, Director General of the Animal and Plant Health Directorate, Agriculture and Agri-Food Canada, Ottawa:

Nature of diagnosis: histopathological.

Date of initial detection of animal health incident: Summer 1996.

Estimated date of first infection: Spring 1996?

<i>Location</i>	<i>No. of outbreaks</i>
New Brunswick Bay of Fundy area (in the eastern part of the country)	21 of the 80 sites (125 net pens) checked in the area

Description of affected population: farmed Atlantic salmon (*Salmo salar*).

Salmon farmers have experienced variable and occasionally heavy losses. Cage mortality rates have varied from site to site between 0.01% per week to 1% per day. Until August 1997, only the pre-market classes (fish larger than about 1 kg) were ever identified with the syndrome. August 1997 marks the first suspicion of mortality associated with the syndrome in smolt year class (approx. 300- to 400-gram fish).

Diagnosis:

Early clinical signs include the appearance of slow swimming fish near the surface and lethargic fish near the bottom of marine cages.

Internal findings include kidney haemorrhages. Dead fish may also show signs of bleeding around the fins, eyes and belly.

The disease responsible has been tentatively named "haemorrhagic kidney syndrome" (HKS).

Until recently, although the aetiological agent was unknown, viral aetiology was suspected. In September 1997, kidney samples of HKS-positive fish produced a cytopathic effect on the SHK⁽¹⁾ cell line. The latter was developed in Norway for the isolation and culture of the infectious salmon anaemia (ISA) virus. The ISA virus was confirmed at the Central Veterinary Laboratory, Oslo, Norway.

Based on the cytopathic effect obtained on the SHK cell line and confirmation by RT-PCR⁽²⁾, the ISA virus was recently confirmed in seven HKS-positive sites. Work is continuing on other infectious agents possibly involved with this syndrome.

A formal survey has been initiated to correlate the presence of the ISA virus with HKS-positive sites.

(1) salmon head kidney.

(2) reverse transcriptase - polymerase chain reaction.

Epidemiology: the syndrome has only been found in marine cages. Although no freshwater facilities (hatcheries) have been checked, there are no reports of HKS in such facilities. Epidemiological studies have been initiated to examine the risk factors. The Federal Department of Fisheries and Oceans (DFO) will also conduct surveys to determine if HKS is present in wild salmon and other marine species.

Control measures during reporting period:

This syndrome does not pose a risk to human health. All cultured salmon harvested in the Bay of Fundy are processed according to and meet Canadian Food Inspection Agency standards. Dead or dying fish are not sold for human consumption; they are composted or disposed of in other acceptable ways.

The following actions minimise the risk of spreading the syndrome to other areas:

- Restricted movement between sites.
- Strict site disinfection procedures, and waste water disinfection at processing plants.

- Voluntary early harvest of fish at risk of developing HKS.

A Special Advisory Committee for HKS was formed by the New Brunswick Minister of Fisheries and Aquaculture to coordinate activities to address this problem. The Committee consists of representatives of the DFO, the New Brunswick Department of Fisheries and Aquaculture, private veterinarians and industry.

In addition, an HKS Steering Committee established by the aquaculture industry is operating at the working level to make progress in the areas of surveillance, containment (at the farm and regional level), research, regulation, human health, and communication. The federal government is represented on this committee as is the provincial government, universities, private veterinarians, and the industry.

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