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DISEASE INFORMATION

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Contents

AFRICAN SWINE FEVER IN NAMIBIA

(***Date of previous outbreak of African swine fever in Namibia reported to the OIE:*** November 2001).

EMERGENCY REPORT

Information received on 21 December 2004 from Dr Otto J.B. Huebschle, Acting Director of Veterinary Services, Ministry of Agriculture, Water and Rural Development, Windhoek:

Date of the report: 21 December 2004.

Nature of diagnosis: clinical, post-mortem and laboratory.
Date of initial detection of animal health incident: 11 December 2004.

Outbreaks:

Location	No. of outbreaks
Okahandja district, Osona (22° 04' S – 16° 57' E)	1 farm

Description of affected population: peri-urban commercial pig herd.

Total number of animals in the outbreak:

species	*susceptible*	*cases*	*deaths*	*destroyed*	*slaughtered*
sui	185*	25	25	160	0

***** 101 adult and sub-adult pigs as well as 84 piglets

Diagnosis:

A. Laboratories where diagnosis was made:

- Central Veterinary Laboratory (CVL), Windhoek;
- Exotic Diseases Division, Onderstepoort Veterinary Institute (OVI), South Africa (OIE Reference Laboratory for African swine fever).

B. Diagnostic tests used:

- at CVL: clinical and post-mortem examination, histopathology;
- at OVI: virus isolation (positive), PCR(1) (positive), ELISA(2) (negative).

Epidemiology:

A. Source of agent / origin of infection: believed to be contact with warthogs (*Phacochoerus aethiopicus*).

B. Mode of spread: contact.

C. Other epidemiological details:

- The pigs were fed commercial feed.
- African swine fever is considered endemic in the warthog population.
- Although the premises have a double perimeter fence to keep out wild warthogs, the gate was not always kept closed.

Control measures: after confirmation of the outbreak, the remaining pigs were destroyed on 17 December 2004 and the pig sites were disinfected. The premises will be closed for 30 days and sentinel animals will then be introduced to check for freedom from disease. Surveillance in the surrounding farms is under way.

African swine fever is a notifiable disease.

(1) PCR: polymerase chain reaction
(2) ELISA: enzyme-linked immunosorbent assay

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BLUETONGUE IN PORTUGAL
Follow-up report No. 3

Translation of information received on 21 December 2004 from Dr Carlos Agrela Pinheiro, Director General of Veterinary Services, Ministry of Agriculture, Rural Development and Fisheries, Lisbon:

End of previous report period: 15 December 2004 (see *Disease Information*, **17** [51], 386, dated 17 December 2004).
End of this report period: 17 December 2004.

New outbreaks:

Location	No. of outbreaks
region of Alentejo, Evora district, Reguengos de Monsaraz municipality, parish of Monsaraz, locality of Motrinos	1 farm
region of Alentejo, Portalegre district, Elvas municipality, parish of Santo Ildefonso	1 farm

Description of affected population in the new outbreaks: sheep and goats.

Total number of animals in the new outbreaks:

Outbreak reference No.	*species*	*susceptible*	*cases*	*deaths*	*destroyed*	*slaughtered*
08/2004	cap	71	1	1	...	...
09/2004	bov + o/c	272	79*	5	...	...

* sheep

Diagnosis: laboratory confirmation on 14 December 2004 (the virus genome was identified by RT-PCR[(1)]) and the affected farms ("Monte Branco" and "Monte da Padeira") were informed the same day.

Control measures:

- quarantine;
- ban on the movement of animals of susceptible species in the area surrounding the infected farms;
- restriction zones have been set up;
- insect traps are being used for vector monitoring.

(1) RT-PCR: reverse transcriptase – polymerase chain reaction

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HIGHLY PATHOGENIC AVIAN INFLUENZA IN THAILAND
Follow-up report No. 37

Information received on 23 December 2004 from Dr Yukol Limlamthong, Director General, Department of Livestock Development, Ministry of Agriculture and Cooperatives, Bangkok:

End of previous report period: 16 December 2004 (see *Disease Information*, **17** [51], 385, dated 17 December 2004).
End of this report period: 23 December 2004.

New outbreaks:

Location	No. of outbreaks
Ayudhaya province, Lad Bualuang district	1
NakhonSawan province, Tha Tako district	2
Phichit province, Muang district	1
PhitsanuLok province, Bang Krathum district	5
PhitsanuLok province, Muang district	2
Suphan Buri province, Don Chedi district	1
Total	12

Description of affected population in the new outbreaks: local poultry, meat-type ducks, laying ducks, laying hens, broilers, fighting cocks.

Total number of animals in the new outbreaks:

species	*susceptible*	*cases*	*deaths*	*destroyed*	*slaughtered*
avi	# 3,300	# 241	# 241	# 3,059	0

Incomplete total

Control measures:

- screening;
- quarantine;
- stamping-out policy;
- zoning;
- movement control inside the country.

Vaccination remains prohibited.

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NEWCASTLE DISEASE IN BULGARIA

(***Date of previous outbreak of Newcastle disease in Bulgaria reported to the OIE:*** January 1993).

EMERGENCY REPORT

Information received on 23 December 2004 from Dr Nikola T. Belev, Delegate of Bulgaria to the OIE:

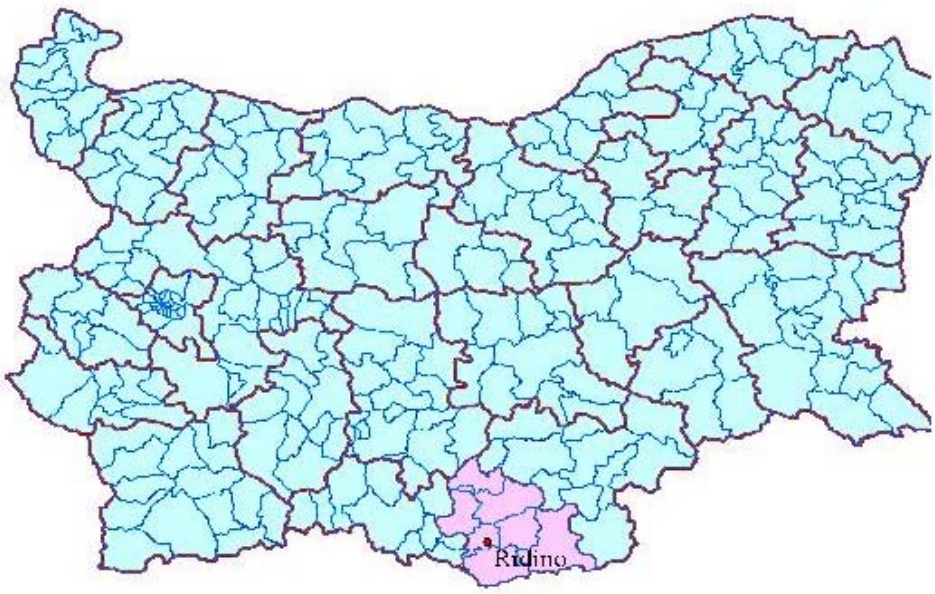
Date of the report: 23 December 2004.

Nature of diagnosis: clinical, post-mortem and laboratory.
Date of initial detection of animal health incident: 10 December 2004.

Outbreaks:

Location	No. of outbreaks
administrative region of Kargali, municipality of Dgebel, village of Ridino	1*

* locality of Yadere



Description of affected population: unvaccinated backyard poultry.

Total number of animals in the outbreak:

species	*susceptible*	*cases*	*deaths*	*destroyed*	*slaughtered*
avi	448	...	85*	363**	0

* By the time of the visit of the expert team from Sofia (on 15 December 2004) 85 hens had already died.
** 246 hens, 29 cocks, 55 pigeons and 33 turkeys, killed on 16 December 2004.

Diagnosis:

The first deaths among poultry occurred on 10 December 2004 in a family backyard flock.

On 15 December 2004, the Regional Veterinary Service (RVS) of Kardgali received a report of suspected Newcastle disease. Then, a team of veterinarians from the RVS immediately visited the site, effected an epizootic survey, autopsied fallen poultry and notified the results to the Animal Health Directorate at the National Veterinary Service (NVS) Directorate General in Sofia. The conclusion was ‘suspicion of Newcastle disease’.

Then, a team of experts from the NVS Directorate General immediately visited the village of Ridino, where a further and more elaborate epizootic survey, clinical examinations and autopsies were carried out. The autopsies identified the characteristic pathological changes associated with Newcastle disease. The expert team also took samples for laboratory diagnosis.

On 20 December 2004, Newcastle disease was officially laboratory confirmed.

A. Laboratory where diagnosis was made: National Diagnostic and Research Veterinary Medical Institute (NDRVMI) in Sofia (national Reference Laboratory for Newcastle disease and avian influenza).

B. Diagnostic tests used: virus isolation via inoculation of 10-day-old chicken embryos.

Epidemiology:

A. Source of agent / origin of infection: unknown.

B. Other epidemiological details:

In the whole area of the municipality of Dgebel there is not a single poultry farm (even of the smallest capacity). All poultry are kept in backyards and intended for the families' home consumption only.

The village of Ridino consists of three localities at a distance of 1 km from each other:

- The affected locality (called Yadere) is at the very end of the road (this is a mountainous area). It consists of 32 houses with backyard flocks used for home consumption.
- The other two localities are totally unaffected (no sick or dead poultry).

Near the village of Ridino there is another village (Kozitsa), consisting of two localities. There are no affected poultry there either.

Control measures:

Taking into account the rapid spread of the disease through the neighbouring backyards, the anatomo-pathological evidence and the limited number of poultry in the locality, the NVS undertook the following measures to ensure the immediate eradication of the outbreak. The RVS Director issued an order for the immediate bloodless killing of all the poultry in the area, even before receiving the first laboratory results. Thus, on 16 December 2004, 246 hens, 29 cocks, 33 turkeys and 55 pigeons were killed. Then, mechanical cleaning and disinfection was effected throughout the entire outbreak area.

Ring vaccination was then started in the protection and surveillance zones. To date (23 December 2004), a total of 5,804 poultry have been vaccinated using La Sota vaccine.

Currently, daily clinical examinations are being conducted throughout the entire administrative region of Kardgali.

The NVS Director General has issued a specific order placing all the RVSs in the country on a state of high epizootic alert and vigilance although there have not been any suspected or confirmed cases of Newcastle disease identified anywhere else in the entire country.

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HIGHLY PATHOGENIC AVIAN INFLUENZA IN VIETNAM
Follow-up report No. 11

Information received on 24 December 2004 from Dr Bui Quang Anh, Director, Department of Animal Health, Ministry of Agriculture and Rural Development, Hanoi:

End of previous report period: 24 November 2004 (see *Disease Information*, **17** [48], 351, dated 26 November 2004).
End of this report period: 24 December 2004.

New outbreaks:

Location	No. of outbreaks
Bac Lieu	1
Binh Phuoc	1
Can Tho City	1
Hau Giang	1
Long An	2
Tra Vinh	1
Total	7

Number of animals in the new outbreaks:

Outbreak locations	*species*	*susceptible*	*cases*	*deaths*	*destroyed*	*slaughtered*
Bac Lieu	avi	...	160	110	50	...
Binh Phuoc	avi	...	125	30	95	...
Can Tho	avi	...	3,665	205	3,460	...
Hau Giang	avi	...	800	500	300	...
Long An	avi	...	4,900	3,700	1,200	...
Tra Vinh	avi	...	1,100	300	800	...
	Total	...	10 750	4,845	5,905	...

Diagnosis:

A. Laboratories where diagnosis was made: Regional Veterinary Center, Ho Chi Minh City.
B. Diagnostic tests used: haemagglutination inhibition test.
C. Causal agent: avian influenza virus subtype H5.

Source of agent / origin of infection: re-occurrence in previously infected areas.

Control measures:

- control of wildlife reservoirs;
- quarantine;
- movement control inside the country;
- stamping-out policy;
- screening.

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AVIAN INFLUENZA IN THE REPUBLIC OF KOREA

Information received on 24 December 2004 from Dr Chang-Seob Kim, Chief Veterinary Officer, Animal Health Division, Ministry of Agriculture and Forestry (MAF), Gwacheon:

Date of the report: 24 December 2004.

A heightened awareness campaign is being implemented from November 2004 to February 2005 to prevent reintroduction and resurgence of highly pathogenic avian influenza (HPAI). As part of this campaign, sero-surveillance focused on breeding and broiler ducks, considered as major reservoirs and important risk factors for HPAI, is being conducted both in farms and slaughterhouses, and virological tests are being carried out on faeces sampled in migratory birds' habitats.

During this heightened sero-surveillance, avian influenza antibody-positive samples were detected on 1 December 2004 in a breeding duck farm in Kwangju Province through agar-gel precipitation (AGP) test carried out by the Kwangju Provincial Veterinary Laboratory.

Following this finding and subsequent pathogenicity test, the National Veterinary Research and Quarantine Service (NVRQS) identified this case by 23 December 2004 as low pathogenic avian influenza subtype H5N2, through AGP test, haemagglutin inhibition test, neuraminidase inhibition test, PCR[1], embryo inoculation and haemagglutinin cleavage site sequencing. The NVRQS identified H5N2 subtype through serological tests and PCR on 22 December, and on 23 December confirmed low pathogenicity with a weak response in embryo inoculation test and with the sequence of the amino acid at the haemagglutinin cleavage site of PQKETK/GLF.

Approximately 13,000 ducks were being raised in this farm and no clinical signs were found, there was no drop in the egg production rate, nor were there any deaths.

In view of the fact that this is the first detection of H5N2 subtype in the Republic of Korea, the Ministry of Agriculture and Forestry implemented stamping out of the infected flock in accordance with the HPAI contingency plan, and will further expand sero-surveillance to adjacent farms and epidemiological contact farms as well as conduct an investigation into the source of virus.

(1) PCR: polymerase chain reaction

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