

African swine fever (ASF) is caused by the African swine fever virus S African Swine Fever Virus (ASFV), a large, enveloped DNA virus. This virus is unique as it is the I • Asfarviridae: Asfivirus sole member of the genus Asfivirus (family Asfarviridae), and is the i -Large, enveloped only known arthropod-borne DNA virus. More than 20 genotypes of d DNA virus - Only arbo-DNA virus ASFV have been identified. ASFV isolates vary greatly in their е · More than 20 genotypes virulence, with highly virulent isolates causing up to 100% mortality, -Vary in virulence 5 -High virulence: up to 100% mortality while lower virulent isolates may lead only to seroconversion. All -Low virulence: seroconversion genotypes are present in Africa, while genotypes I and II have been Infects monocytes and macrophages found outside of Africa. The ASFV primarily infects cells of the mononuclear phagocytic system – monocytes and macrophages. The virus also has a predilection for lymph nodes near the head. [Photo: Transmission electron microscopy (TEM) electromicrograph of the African swine fever virus. Source: Institute for Animal Health. Creative Commons Attribution-ShareAlike. https://en.wikipedia.org/wiki/ File:African swine fever virus virion TEM.jpg] S ASFV is highly resistant in the environment, especially at lower African Swine Fever Virus temperatures, and in proteinaceous environments (e.g., uncooked pork T meat products). The virus can remain viable for long periods in blood. i · Highly resistant in environment, especially at lower temperatures feces and tissues. It can survive for several days in feces at room d Survival - Several days in feces temperature, at least a month in contaminated pig pens, and up to $1\frac{1}{2}$ е -Month(s) in contaminated pens years in blood stored at 4°C (39°F). The virus will also remain - Up to 18 months in blood 6 -Over 140 days in some pork products infectious for 150 days in boned meat stored at 3.9°C (39°F), 140 days · Salted dried hams in salted dried hams, and several years in frozen carcasses. Years in frozen carcasses Many common disinfectants are ineffective against African swine fever S Virus Inactivation virus. Care should be taken to use a disinfectant specifically approved Т Most disinfectants ineffective for the virus. Serum and feces has been found to greatly inhibit the i · Disinfectants on nonporous surfaces efficacy of disinfectants, so thorough cleaning prior to disinfectant - Sodium hypochlorite, citric acid, some iodine and quaternary ammonium solutions d application is important. Sodium hypochlorite, citric acid and some Meat/tissue products е -High temp (70°C/150°F) for 30 min iodine and quaternary ammonium compounds are reported to destroy 7 Can be inactivated ASFV on nonporous surfaces. Unprocessed meat must be heated to at -pH below 3.9 or above 11.5 - Higher pH needed if serum present least 70°C (150°F) for 30 minutes to inactivate ASFV. Virus can also be inactivated by pH <3.9 or >11.5 on clean surfaces; however in the presence of serum the resistance of the virus increases, requiring up to pH 13.4 for inactivation. (OIE) African swine fever has historically caused substantial animal health S and economic impacts, and is a continued concern. L i

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HISTORY AND

IMPORTANCE



ASFV was first discovered in domesticated swine in Montgomery, Kenya in 1921. Today the disease is considered endemic in most of sub-Saharan Africa, including the island of Madagascar.

[Graphic: Map of Africa with Sub-Saharan region shaded and Kenya and the Island of Madagascar highlighted. Map adapted with permission from Templates from <u>yourfreetemplates.com.</u>]

The first occurrence of ASF outside of Africa occurred in Portugal in 1957. The disease became endemic in Spain and Portugal in the 1960s and subsequently spread to other countries in Europe (i.e., the Netherlands, Italy, France, Belgium). Eradication efforts "stamped out" the disease in the 1990s – taking more than 30 years for complete eradication, with the exception of the island of Sardinia (Italy), where the virus is now considered endemic.

[Graphic: Map of Europe with Portugal, Spain, France, Belgium, Italy, and the Netherlands highlighted. Map adapted with permission from Templates from <u>yourfreetemplates.com.</u>]

Around that same time, in 1963, Spanish researchers isolated ASFV from the soft tick *Ornithodoros erraticus* collected from ASF-infected farms. [*Ornithodoros* is a genus in the soft-bodied tick family, Argasidae.] They found the virus replicates inside the ticks and the virus can be transferred through tick bites. Individual ticks can remain infected for life, and infected soft tick colonies maintain the virus for years. In 1971, ASF first appeared in the Western Hemisphere in Cuba. The disease was eradicated following the death or depopulation of over 400,000 pigs.) In the late 1970s, ASF outbreaks occurred in Brazil, the Dominican Republic, Haiti and again in Cuba. Severe epidemics occurred in Brazil (1978-1981) and Haiti (1978-1984. The disease has been successfully eradicated from the Western Hemisphere by depopulation measures.

[Photo: (Top) Ornithodoros tick (Ornithodoros savignyi) by Alan Walker from https://en.wikipedia.org/wiki/Ornithodoros#/media/ File:Ornithodoros-savignyi.jpg is licensed under <u>CC BY-SA 3.0</u>; (Bottom) Map of Caribbean islands and Brazil adapted with permission from Templates from <u>vourfreetemplates.com</u>]

In 2007, ASFV was introduced into the Republic of Georgia in the Caucasus Region of Eurasia. From there it spread to neighboring countries of Armenia and Azerbaijan as well as the Russian Federation and Belarus. As of 2015, infections had been reported as far west as Lithuania, Latvia, and Poland. Viruses that apparently originated from this outbreak have also been found in wild boar in the Middle East (Iran). The source of the virus for this outbreak is unknown but is thought to have come from imported frozen or processed pig meat.

[Photo: Map of Eurasia adapted with permission from Templates from yourfreetemplates.com]



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S I d e 1 3	<section-header><section-header><section-header><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></section-header></section-header></section-header>	 In August 2018, China reported their first African swine fever outbreak in domestic swine. As of September 25, 2018, 25 premises* had been confirmed and over 40,000 animals had been depopulated to control the outbreak. (Source: OIE and USDA). In September 2018, ASF was confirmed in Belgium in several wild boars that subsequently died. Other outbreaks reported in 2018 included Hungary, Estonia, Latvia, Lithuania, Russia, Poland, Ukraine, Bulgaria, and Romania. [Photo: [Photo: Map of Eurasia adapted with permission from Templates from yourfreetemplates.com]
S I d e 1 4	History: Virus Introduction for Outbreaks • Uncooked/undercooked pork products fed to pigs (imported, illegal) - Portugal. Spain (1960): Italy (1983): Belgium (1985): Russia (2008): Romania, China (2018) • Raw pork waste/garbage at airport or shipping ports - Lisbon (1957). Malta, Sardinia (1978), Georgia (2007) • Movement of infected wild boars - Russia (2008)	The method of introduction of African swine fever for the previous outbreaks has been linked to several factors. Uncooked or undercooked pork products – both imported and illegal – that were fed to swine, raw pork waste or garbage from international airports or shipping ports subsequently fed to swine, and the movement of infected wild boars that contact domestic pigs. [Source: https://www.slideshare.net/ILRI/asf-global-impact-and-control. Dr. Jose Sanchez-Vizcaino, www.sanidadanimal.info; OIE Reference Laboratory for ASF]
S I d e 1 5	Economic Impact Animal health High morbidity and mortality Highly contagious Movement restrictions Quarantine and depopulation Required for eradication 2018-Romania: over 120,000 pigs Can become prolonged epidemic	The impact of African swine fever can have serious animal health, economic, and international trade consequences. ASF can have a high morbidity and mortality rate in infected swine. The disease is a threat to global food security. ASF is listed as a notifiable disease with the World Organization for Animal Health (OIE) as well as a U.S. Department of Agriculture (USDA) high consequence foreign animal disease. Confirmed cases may lead to a ban on the import and export of pigs and pork products to and from many different countries with significant negative economic impact. For successful eradication, quarantine and depopulation of affected herds will be required to stop the further spread of the virus. Past outbreaks have taken this approach, depopulating hundreds of thousands of swine in the eradication effort. Failure to quarantine and depopulate can contribute to a prolonged outbreak and epidemic.

S I d e 1 6	EPIDEMIOLOGY	
S I d e 1 7	Geographic Distribution • Endemic - Sub-Saharan Africa - Island of Sardinia (frant swine) • Continued outbreaks • Central and Eastern Europe • Poland, Czech Republic, Hungary, Romania, Ukraine • Eurasia: Russia, Caucasus - Belgium • Never been reported in United States, Canada, Mexico, Australia, New Zealand	ASF is endemic in most of sub-Saharan Africa, including the island of Madagascar. The virus is considered endemic in feral swine on the island of Sardinia (Italy). Outbreaks continue to occur in several European countries and in the Caucasus Region (including Georgia, Armenia, and southwest Russia). This virus has also been detected in wild boar in Iran and in several Baltic countries. To date, ASF has never occurred in the United States, Canada, Australia, or New Zealand.

S I	Reported Outbreaks OIE: Jan-Sept 2018	This map shows the OIE-reported outbreaks (red) of African swine fever from January through September 26, 2018.
i d e 1 8		[Photo: OIE World Animal Health Information Database. January 2018- September 25, 2018. https://www.oie.int/wahis_2/public/ wahid.php/Diseaseinformation/Diseaseoutbreakmaps?disease_type_hidden=& disease_id_hidden=&selected_disease_name_hidden=&disease_type=0&disea se_id_terrestrial=12&disease_id_aquatic=- 999&speciesselect%5B%5D=17&selected_start_day=1&selected_start_month =1&selected_start_year=2018&selected_end_day=1&selected_end_month=10 &selected_end_year=2018&submit2=OK]
S I d e 1 9	Morbidity and Mortality • Morbidity up to 100% – Previously unexposed herds • Mortality varies with genotype virulence – Ranges from <5% to 100% • All ages affected • Subacute mortality = 30% to 70% • May be asymptomatic in wild pigs	In domesticated pigs, the morbidity rate can approach 100%. The mortality rate depends on the virulence of the isolate, and can range from <5% to 100%. Highly virulent isolates can cause nearly 100% mortality in pigs of all ages. Less virulent isolates are more likely to be fatal in pigs with a concurrent disease, pregnant animals and young animals. Mortality also tends to be high when ASFV is introduced into new regions, with an increased incidence of subacute and subclinical cases once it becomes endemic. In subacute disease, the mortality rate ranges from 30% to 70%, and may differ between age groups. Mild or asymptomatic disease is usually seen in warthogs and bush pigs.
S I d e 2 0	TRANSMISSION	
S I d e 2 1	Transmission • Direct contact with infected pig – Usually oronasal • All secretions/excretions, blood, tissues • Environmental contamination with products • Ingestion of contaminated pork products – Fed to pigs – swill, waste, garbage – Carcasses	Transmission of ASF virus can occur by direct and indirect contact with infected animals, their body fluids or tissues. Transmission of the virus can occur by direct contact of susceptible pigs with infected swine. Exposure is most commonly oronasal (e.g., saliva, ocular secretions, nasal discharge) as the virus is found in all secretions and excretions from infected animals. ASFV can be found in all tissues and body fluids, with particularly high levels in blood, even after animal death. Some reports suggest that cannibalism of dead pigs may be important in transmission. Transmission can also occur indirectly, such as through the feeding of uncooked pork products. The transmission of ASF from country to country has been linked to the feeding of swill or garbage containing ASFV-infected pork products.
S I d e 2 2	Transmission • Fomites • Clothing, vehicles, equipment • Environmental contamination • Blood, diarrhea, feces • Vectors • Biological: Bite from soft ticks <i>Ornithodoros</i> • Mechanical: Other insects • Mosquitoes, biting flies (<i>Stamoxys</i>)	ASF can also be transmitted indirectly by contaminated surfaces or fomites – contaminated inanimate objects – such as clothing, equipment, vehicles, or feed. Massive environmental contamination may result if blood is shed during necropsies or pig fights, or if a pig develops bloody diarrhea. The virus is estimated to survive for several days in feces, and possibly longer in urine. It can also persist in blood, meat, and frozen carcasses. Aerosol transmission is limited, but was reported in a laboratory setting over short distances when pigs were densely housed. It has been suggested that ASFV may be transmitted in outdoor pigs that have eaten grasses that were contaminated with

secretions from infected wild boar. Bites from infected ticks may also spread the virus and will be explained further in the next slide. Mechanical transmission of ASFV by *Stomoxys* flies to domestic pigs has been demonstrated experimentally. Swine lice (*Haematopinus suis*) have also been shown to carry ASFV in a study of experimentally infected swine.

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S I d e 2 3	 Transmission Iransstadial Transovarial Sexual transmission Infected for life Colonies maintain virus for years Tick-to-pig transmission Important in Africa Maintained between warthogs and tick 	 ASFV can be transmitted to pigs through the bite of infected soft ticks from the genus <i>Ornithodoros</i> – most frequently, <i>O. erraticus</i> and <i>O. moubata</i> (now called <i>O. porcinus porcinus</i>). Individual ticks can remain infected for three years or more, and infected soft tick colonies maintain the virus for years. ASFV can spread through some tick species by transstadial, transovarial, and sexual transmission. Individual ticks can remain infected for life, and infected soft tick colonies maintain the virus for years. In some regions of Africa, ASFV is thought to cycle between juvenile common warthogs and soft ticks that live in their burrows. O. <i>erraticus</i> ticks were reported in the Caucasus countries and in Russia. However, their role ASFV transmission has not been clearly defined in naturally occurring outbreaks. Some researchers believe that ASFV is actually a tick virus, and that the pig is an accidental host. [Photo: <i>Ornithodoros</i> tick (<i>Ornithodoros savignyi</i>) by Alan Walker from https://en.wikipedia.org/wiki/Ornithodoros#/media/ File:Ornithodoros-savignyi.jpg is licensed under <u>CC BY-SA 3.0</u>]
S		There is no evidence that ASFV infects humans. No human cases of
l i d e 2 4	HUMANS ARE NOT SUSCEPTIBLE TO AFRICAN SWINE FEVER There is no public health or food safety concern.	ASF have been reported. There is no public health or food safety concern.
S I d 2 5	AFRICAN SWINE FEVER IN ANIMALS	
S I d e 2 6	Clinical Disease • Incubation period -5-21 days following direct contact - < 5 days after tick bite • Forms of disease - Peracute – sudden death - Acute - Subacute - Chronic	The incubation period of ASF is 5 to 21 days following direct contact with infected pigs, but can be less than 5 days after exposure to infected ticks. African swine fever can be a peracute, acute, subacute or chronic disease. Some animals can seroconvert without developing clinical signs. Sudden death with few lesions (peracute disease) may be the first sign of an infection in a herd.

S I d 2 7	Clinical Signs: Acute Disease Anorexia Erythema, cyanosis Lethargy - Skin, snout Veakness, recumbency	Acute cases of ASF are characterized by high fever, anorexia, lethargy, weakness, and recumbency. Erythema can be seen, and is most apparent in white pigs (top photo). Some pigs develop cyanotic skin blotching, especially on the ears, tail, lower legs or hams. [Photos: Left: Multiple sharply demarcated foci of cutaneous hemorrhage and/or necrosis; hemorrhagic lesions may contain dark red (necrotic) centers. Right: A large sharply demarcated zone of hyperemia. Photo source: Plum Island Animal Disease Center]
S I d e 2 8	Clinical Signs: Acute Disease • Diarrhea • Abortion • Respiratory - Dyspnea - Nasal discharge • Death - 7-10 days	Pigs may also have diarrhea, constipation, and/or signs of abdominal pain. The diarrhea is initially mucoid and may later become bloody. Abortions may be the first signs of an outbreak. Visible signs of hemorrhage, such as epistaxis and hemorrhages of the skin may be noted. Respiratory signs including dyspnea, nasal and conjunctival discharges and neurological signs have also been reported. Leukopenia and thrombocytopenia may be detected in laboratory tests. Death often occurs within 7 to 10 days.
		[Photos: Top: Bloody, mucoid, foamy nasal discharge. Bottom: There is marked hyperemia of the distal limbs. Photo source: Plum Island Animal Disease Center]
S I d 2 9	Clinical Signs: Subacute Disease • Moderately virulent isolates • Similar signs to acute form, but less severe	Subacute disease is caused by moderately virulent isolates of the ASF virus. Clinical signs are similar to the acute form but with less severe presentation. Abortions may be the first sign. Fever, thrombocytopenia and leukopenia may be transient in this form. Hemorrhages can occur during the period of thrombocytopenia. Affected pigs usually die or recover within 3 to 4 weeks.
S I d e 3 0	Clinical Signs: Chronic Disease • Intermittent, low fever • Anorexia, depression • Emaciation, stunting • Respiratory: coughing • Joint swelling • Diarrhea • Occasional vomiting • Skin lesions	Pigs with the chronic form can have intermittent low fever, appetite loss, and depression. The signs may be limited to emaciation and stunting in some animals. Other pigs develop respiratory problems and swollen joints. Coughing is common, and diarrhea and occasional vomiting have been reported. Ulcers and reddened or raised necrotic skin foci may appear. Chronic African swine fever can be fatal. [Photos: Top and bottom: Multiple sharply demarcated foci of cutaneous
	• May be ratar	hemorrhage and/or necrosis. Photo source: Plum Island Animal Disease Center]
S I d e 3 1	Post-Mortem Lesions Numerous hemorrhagic internal organs Skin Discoloration Hemorrhages Signs of bloody diarrhea or internal hemorrhages 	The gross lesions of ASF are highly variable, and are affected by the virulence of the isolate and the course of the disease. Numerous organs may be affected, to varying extent, in animal with acute or subacute ASF. The carcass is often in good condition in animals that die acutely. There may be bluish-purple discoloration and/or hemorrhages in the skin, and signs of bloody diarrhea or other internal hemorrhages. The major internal lesions are hemorrhagic, and occur most consistently in the spleen, lymph nodes, kidneys and heart.
		[Photo: Post-mortem lesions caused by African swine fever virus. (Top) Pig heart with abundant straw-colored pericardial fluid (hydropericardium), and multifocal epicardial hemorrhage. (Bottom) This pig cecum shows mucosa that is markedly edematous and hyperemic, and lymph nodes that are hemorrhagic. Source: Source: Plum Island Animal Disease Center]

S I d e 3 2	Post-Mortem Lesions • Spleen - Enlarged - Friable - Dark red/ black	 With highly virulent infections, the spleen is usually enlarged, friable, and dark red or black. With moderately virulent infection, the spleen is enlarged but not friable, with a nearly normal color. [Photo: Post-mortem lesions caused by African swine fever virus. A greatly enlarged dark red to black spleen. Source: Foreign animal Diseases: The Gray Book from <u>www.aphis.usda.gov/emergency_response/downloads/nahems/fad.pdf</u>]
S I d e 3 3	Post-Mortem Lesions: Most Common - Swollen - Hemorrhagic - Gastrohepatic and renal LN common - Tonsils: swollen, reddened	Lymph nodes are often swollen and hemorrhagic, and may look like blood clots. The lymph nodes most often affected are the gastrohepatic and renal lymph nodes. The tonsils may also be swollen or reddened. [Photos: Post-mortem lesions caused by African swine fever virus. Left: Mandibular lymph nodes with moderate peripheral (medullary) hemorrhage. Right: The gastrohepatic lymph node is markedly enlarged and hemorrhagic, and the adjacent lesser omentum is edematous. Source: Plum Island Animal Disease Center]
S I d e 3 4	Post-Mortem Lesions: Most Common • Kidneys • Petechiae on cortical and cut surfaces • Perirenal edema possible	Petechiae are common on the cortical and cut surfaces of the kidneys, and sometimes in the renal pelvis. Perirenal edema may be present. [Photos: Post-mortem lesions caused by African swine fever virus. Left: Kidney cortex that contains numerous coalescing petechiae and ecchymoses. Right: Petechiae are disseminated throughout the cortex, and there are larger coalescing pelvic hemorrhages. Source: Plum Island Animal Disease Center]
S I d 3 5	 Post Mortem Lesions Other organs Hemorrhages, ecchymoses Edema Lungs, gall bladder Brain/meninges Congested, edema 	 Hemorrhages, petechiae and/or ecchymoses are sometimes detected in other organs including the urinary bladder, lungs, stomach and intestines. Pulmonary edema and congestion can be prominent in some pigs. There may also be congestion of the liver and edema in the wall of the gall bladder and bile duct, and the pleural, pericardial and/or peritoneal cavities may contain straw-colored or blood-stained fluid. The brain and meninges can be congested, edematous, or hemorrhagic. [Photos: Post mortem lesions caused by African swine fever virus. Top: Pig urinary bladder with disseminated mucosal petechiae. Bottom: This pig stomach is filled with clotted blood and the wall is markedly edematous. Source: Plum Island Animal Disease Center]

S	Post Mortem Lesions:		
I.	Chronic Infection		
i d e 3 6	 Focal skin necrosis Skin ulcers Consolidated lung Caseous pneumonia Fibrinous pericarditis Pleural adhesions Lymphadenopathy Swollen joints 		(c g r [N h

In animals with chronic African swine fever, the carcass may be emaciated. Common post mortem lesions include focal skin necrosis (top photo), skin ulcers, consolidated lung lobules (bottom photo), caseous pneumonia, nonseptic fibrinous pericarditis, pleural adhesions, generalized lymphadenopathy and swollen joints. Some lesions may result from secondary infections.

[Photos: Post mortem lesions caused by African swine fever virus. Top: Necrotic exudate is sloughing from the lesion on the left. There is a rim of hyperemia around the focus of hemorrhage and necrosis (infarct) on the right. Bottom: The lung is non-collapsed and edematous; there is dorsal hemorrhage and ventral tan consolidation. Source: Plum Island Animal Disease Center]

Differential Diagnosis • Classical swine fever (hog cholera) • Acute PRRS • Porcine dermatitis and nephropathy syndrome • Erysipelas • Salmonellosis • Eperythrozoonosis	The differential diagnoses for ASF are numerous and signs can resemble many different diseases. Hog cholera (more commonly known as classical swine fever) is clinically indistinguishable from ASF. Other diseases with similar signs may include acute porcine reproductive and respiratory syndrome (PRRS), erysipelas, salmonellosis, eperythrozoonosis, actinobacillosis, Glasser's disease (<i>Haemophilus</i> <i>parasuis</i> infection), Aujeszky's disease (pseudorabies), thrombocytopenic purpura, warfarin poisoning, heavy metal toxicity, and other generalized septicemic or hemorrhagic conditions.
Sampling Before collecting or sending any samples, the proper authorities should be contacted Samples should only be sent under secure conditions and to authorized laboratories to prevent the spread of the disease 	Before collecting or sending any samples from animals with a suspected foreign animal disease, the proper authorities (state and/or federal veterinarian) should be contacted. Samples should only be sent under secure conditions and to authorized laboratories to prevent the spread of the disease.
Actions To Take • Reportable disease • If ASF suspected, IMMEDIATELY notify animal health authorities – In the U.S. • USDA Assistant Director (AD) • State Animal Health Official • Isolate/quarantine animals until definitive diagnosis received	A quick response is vital for containing outbreaks in ASFV-free regions. Veterinarians who encounter or suspect African swine fever should follow their national and/or local guidelines for disease reporting. In the U.S., state or federal veterinary authorities should be informed immediately. Animals suspected with ASF should be isolated, and the farm should be quarantined until definitive diagnosis is determined.
	 USDA Assistant Director (AD) <u>https://www.aphis.usda.gov/aphis/ourfocus/animalhealth/contact-us/CT_Vet_Acred_Asst_DD</u>
	 State Animal Health Official <u>http://www.usaha.org/upload/Federal%20and%20State%20Health/S</u> <u>tateAnimalHealthOfficials_rev.pdf</u>
Diagnosis • Virus isolation - Blood, tissues • PCR - Clinical samples, putrefied samples, fresh tissues/blood - Tonsils for FAD investigation • Endemic regions • Serological - ELISA - Indirect fluorescent antibody (IFA) - Smears, cryostat, buffy coat	African swine fever can be diagnosed by virus isolation. The virus can be detected in blood from live animals or tissues (e.g., spleen, kidneys, tonsils, lymph nodes are best) collected at necropsy, but is not found in aborted fetuses. Virus isolation is typically used for reference laboratories to confirm diagnosis. PCR is often used to detect ASFV nucleic acids in clinical samples. It can be employed with putrefied samples, which are unsuitable for virus isolation and antigen detection, as well as with fresh tissues or blood. In October 2018, USDA approved both whole blood and tonsil for ASF PCR during a foreign animal disease investigation with processing at approved laboratories. Serological assays can be very useful, especially in endemic regions. ASFV antigens may be found in tissue smears or cryostat sections, as well as in buffy coat samples, using ELISAs or immunofluorescence. ELISAs, immunoblotting and indirect fluorescent antibody (IFA) tests are most common. The ELISA is prescribed for international trade, and is generally confirmed by immunoblotting (although IFA can also be
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S I d e 4 1	Treatment • No treatment available – No treatment should be attempted • No vaccine available • Response should be directed by animal health authorities • Depopulation • Restrictions on pig movements	No treatment or vaccine currently exists for ASF. Treatment should not be attempted for pigs suspected with ASF. To date, all attempts to develop a vaccine against ASFV have been unsuccessful. Instead, response should be directed by appropriate animal health authorities. Confirmed cases and in-contact animals should be euthanized, and measures taken to protect other pigs in the area. This may entail complete herd depopulation combined with animal movement restrictions.
S I d 4 2	PREVENTION	
S I d e 4 3	Prevention Prevent direct transmission between infected and susceptible swine – Isolate ill pigs – Prevent contact with feral or wild hogs; when possible house pigs indoors – Keep newly acquired pigs separate from the herd for at least 30 days to assure health	Preventing the introduction or spread of ASF focuses on disrupting the means of virus transmission. First, to prevent direct contact transmission, practice good farm biosecurity measures to prevent contact between any infected and susceptible swine. This should include the isolation of any ill pigs from the herd, preventing contact of pigs with feral or wild hogs; when possible housing pigs indoors, and keeping newly acquired pigs separate from the herd for at least 30 days to assure health.
S I d e 4 4	 Prevent indirect transmission Do not feed uncooked pork products to gig 	Prevent indirect transmission of the virus by avoiding the feeding of uncooked or undercooked pork products, raw pork waste or garbage to pigs. This is considered a high risk practice and should be avoided or measures to ensure heating of these materials is adequate to destroy the virus. Ensure the appropriate disposal and treatment of manure and swine carcasses, including blood or bodily fluids. Feces from ASFV pigs contains large amounts of the virus. Implement proper cleaning and disinfection procedures for vehicles, equipment, footwear, or clothing. Implement vector control measures to prevent ticks, flies, and mosquitoes. This is especially important in areas where competent tick vectors are found. An additional precautions may include avoiding contact with domestic pigs for 48 hours after hunting or contact with feral or wild pigs. Informing and educating producers on the risks and prevention measures can help enhance the protection of domestic pigs. Prevent vector transmission by controlling ticks and other potential disease vectors. This may be difficult in endemic areas.
S I d e 4 5	CONTROL	



S I d e 5 1	References 9. Bellini S et al. Preventive measures aimed at minimizing the risk of Arican swine fever virus spread in pig farming systems 9. Frown VR et al. A review of Arican swine fever and the potential for introduction into the united states and the possibility of subsequent establishment in feral swine and native ticks. Frontiers in Voterinary Science 2018;5:11 9. Jurado C et al. Relevant measures to prevent the spread of Arican swine fever in the European Union domestic pig sector. Frontiers in Voterinary Science 2018;5:77 9. Krug PW et al. Chemical disinfection of high-consequence transboundary animal disease viruses on nonporous surfaces. Biological 2011;39:231-235	In addition to the resources listed on the previous slide, these references were used for the development of this presentation.
S I d e 5 2	<section-header><section-header><text><text></text></text></section-header></section-header>	Last reviewed: October 2018