



ISTITUTO ZOOPROFILATTICO SPERIMENTALE
DELLA LOMBARDIA E DELL'EMILIA ROMAGNA
"BRUNO UBERTINI"
ENTE SANITARIO DI DIRITTO PUBBLICO

LA NOSTRA
ESPERIENZA,
LA VOSTRA
SICUREZZA.



PESTE SUINA AFRICANA: MANIFESTAZIONI DELLA MALATTIA NEL SUINO

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PESTE SUINA AFRICANA: LA CLINICA



- **Incubazione:** 4-7 giorni (raramente fino a 14 gg.)
- Nei suini domestici dimostrata l'**eliminazione durante il periodo d'incubazione**
- Clinica **sovrapponibile** nel suino e cinghiale
- **Clinica modulata** da:
 - stato immunitario degli animali
 - dose infettante
 - virulenza del virus



VIRULENZA DEI CEPPI



ASFV altamente virulenti → Forme iper-acute e acute

ASFV moderatamente virulenti → Ampia gamma di forme cliniche: acute, subacute e croniche o inapparenti.

ASFV a bassa virulenza → Forme da subacute a malattia cronica o inapparente.

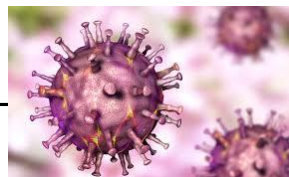
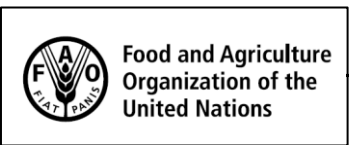
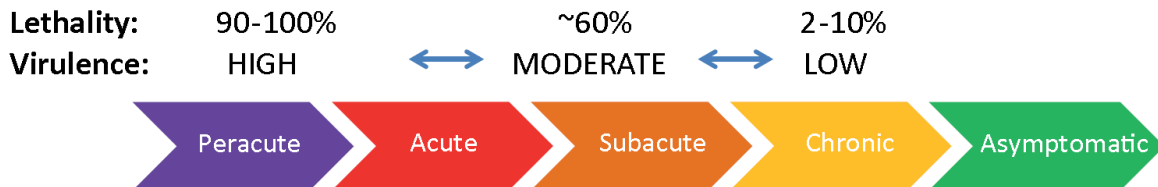


FIGURE 11

Clinical forms of African swine fever according to the virulence of the isolate involved



Source: FAO

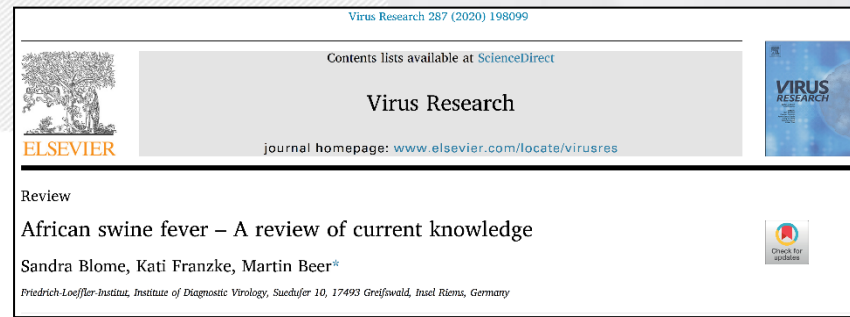


IPER-ACUTA (stipiti ad alta virulenza)

- **febbre** alta (oltre 41-42 °C)
- depressione, perdita di appetito
- morte (in 1 -3 gg.), mortalità 100% nella prima settimana P.I.
- frequente assenza di sintomi e lesioni

ACUTA (stipiti ad alta virulenza)

- **febbre** alta (oltre 40 °C)
- depressione, perdita di appetito, dispnea, secrezioni nasali e oculari
- mortalità del 100% nelle 3 settimane P.I.





SUB-ACUTA (stipiti a moderata virulenza)

- più comuni nelle zone endemiche
- febbre fluttuante, depressione
- la mortalità può raggiungere il 30-70% entro le prime 3-4 settimane dopo l'infezione.
- nei suini più giovani sintomi come da stipiti ad alta virulenza

CRONICA (stipiti a bassa virulenza)

- infezioni batteriche secondarie
- l'aumento della temperatura solo in alcuni capi
- problemi respiratori, aborti, artrite, ulcerazioni o necrosi cutanee
- ritardi nella crescita

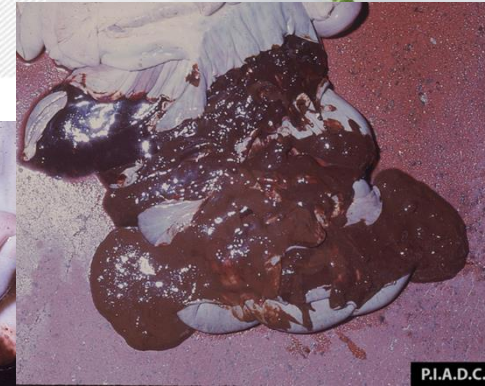
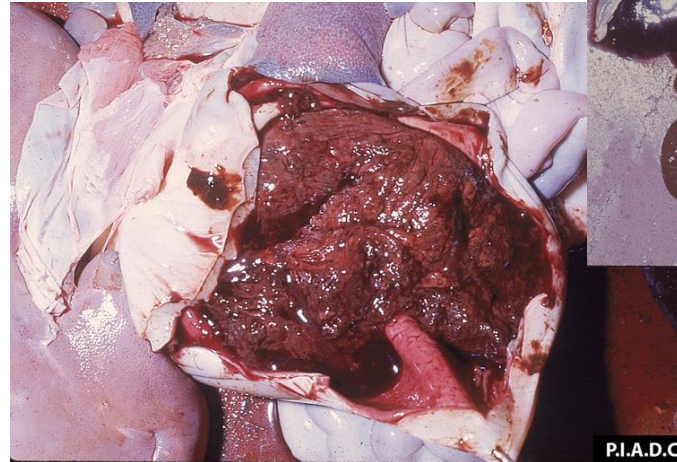
PSA: LESIONI ANATOMOPATOLOGICHE

TABLE 3

Main clinical signs and postmortem findings observed in the different forms of ASF

	Peracute ASF	Acute ASF	Subacute ASF	Chronic ASF
Fever	High	High	Moderate	Irregular or absent
Thrombocytopenia	Absent	Absent or slight (late)	Transient	Absent
Skin	Erythema	Erythema	Erythema	Necrotic areas
Lymph nodes	-	Gastrohepatic and renal with marbled aspect	The majority of lymph nodes resemble a blood clot	Swollen
Spleen	-	Hyperaemic splenomegaly	Partial hyperaemic splenomegaly or focal infarction	Enlarged with normal colour
Kidney	-	Petechial haemorrhages, mainly in cortex	Petechial haemorrhages in cortex, medulla and pelvis; peri-renal oedema	-
Lung	-	Severe alveolar oedema	-	Pleuritis and pneumonia
Gall bladder	-	Petechial haemorrhages	Wall oedema	-
Heart	-	Haemorrhages in epicardium and endocardium	Haemorrhages in epicardium and endocardium; hydropericardium	Fibrinous pericarditis
Tonsils	-	-	-	Necrotic foci
Reproductive alteration	-	-	Abortion	Abortion

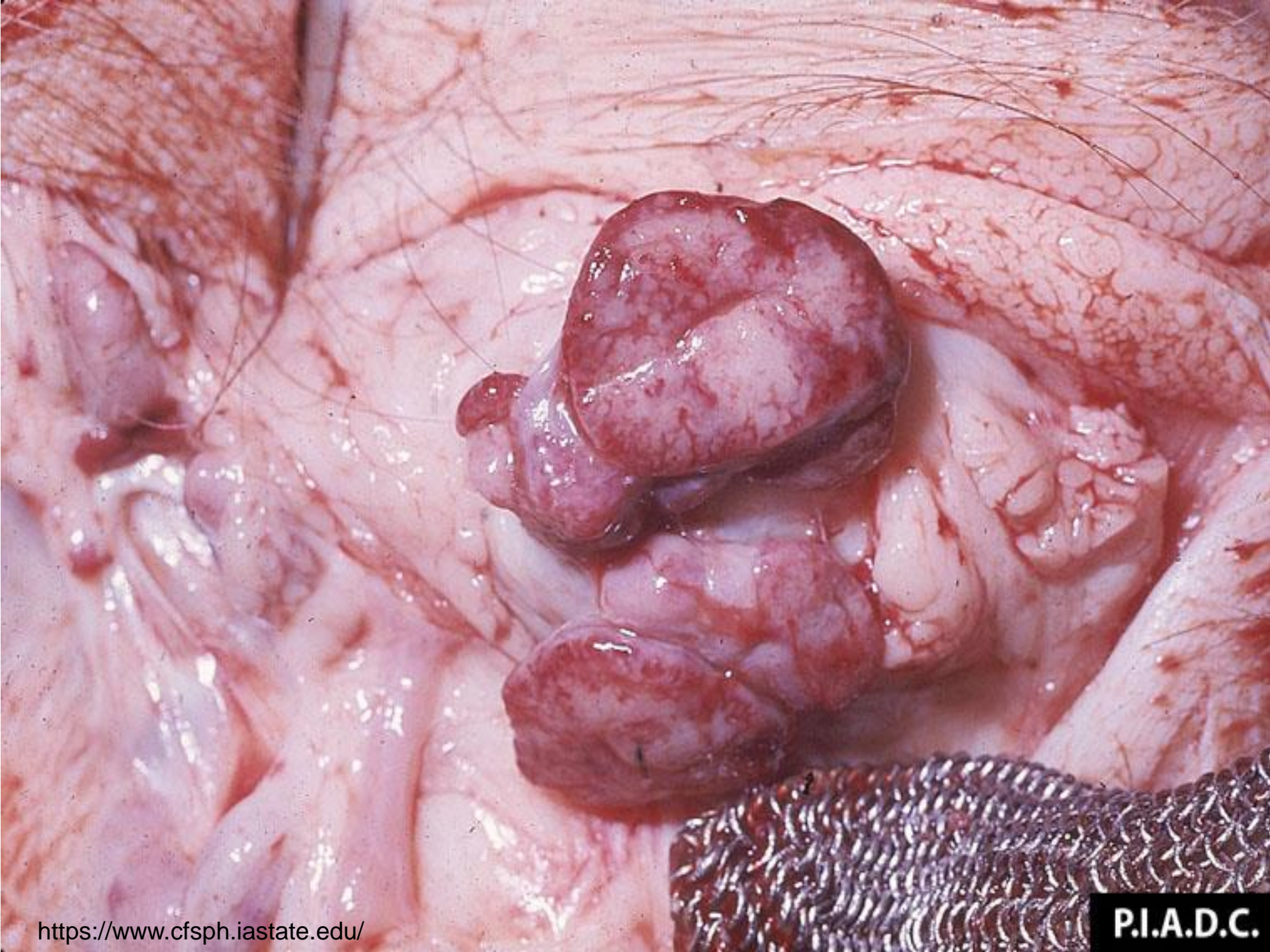
 Source: Extracted from Sánchez-Vizcaíno *et al.*, 2015



Daniel Beltran Alcrudo - FAO

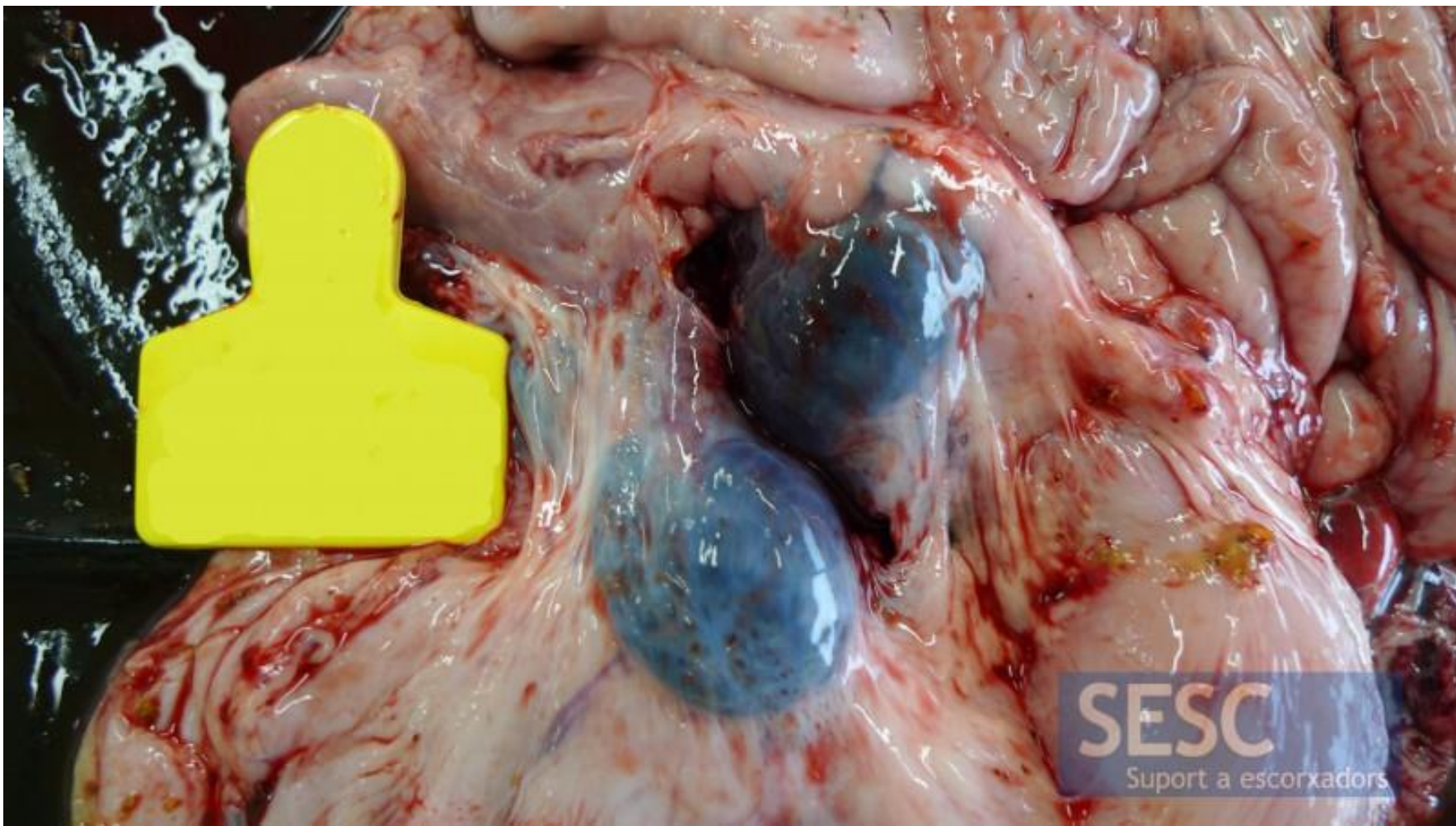


NAMI – North American meat Institute





PSA: LESIONI ANATOMOPATOLOGICHE



SESC
Suport a escorxadors

<http://www.cresa.cat/blogs/sesc/lesions-de-pesta-porquina-africana/?lang=en>



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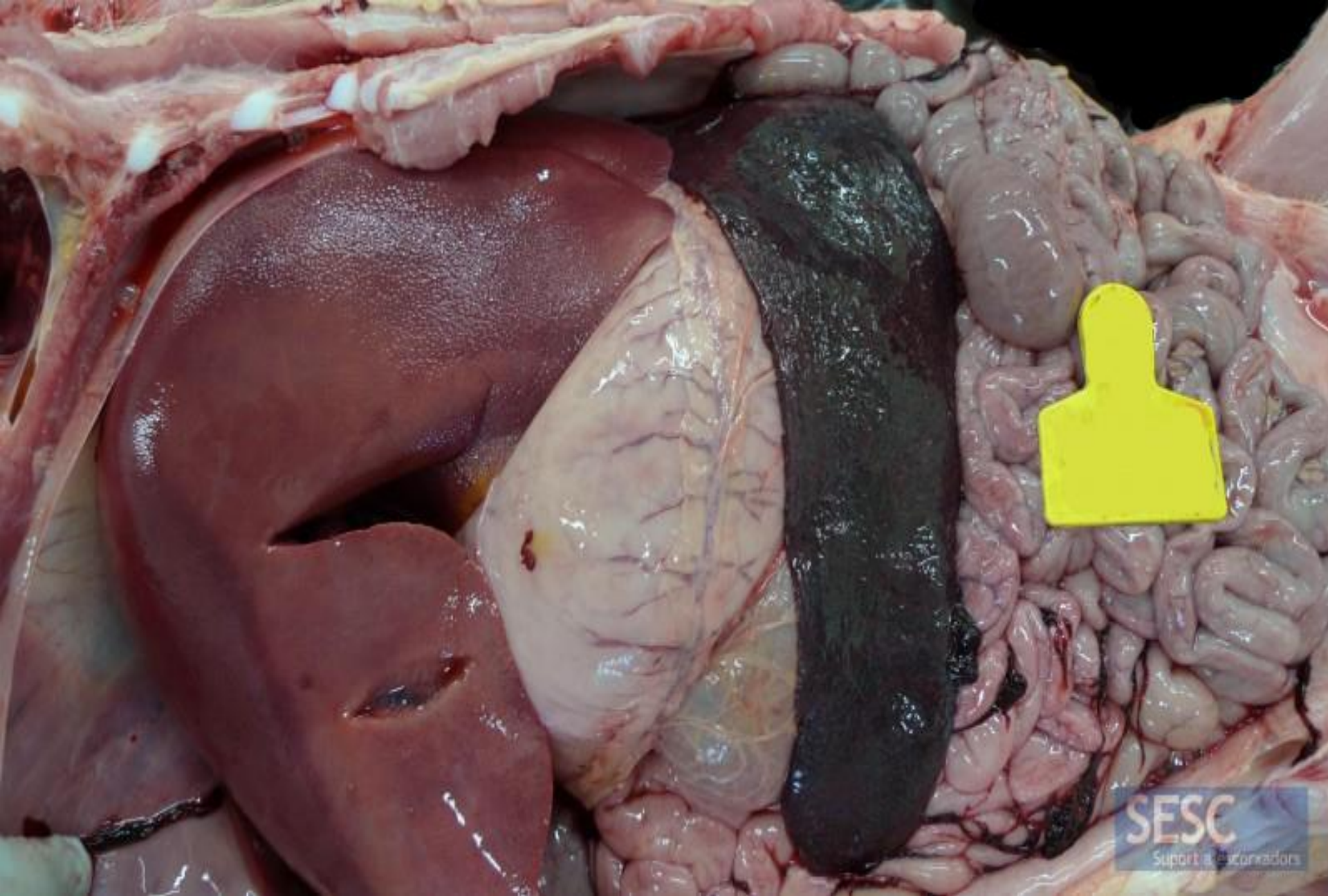


Comparative Pathology and Pathogenesis of African Swine Fever Infection in Swine

Francisco J. Salguero*

Public Health England, Porton Down, Salisbury, United Kingdom





SESC
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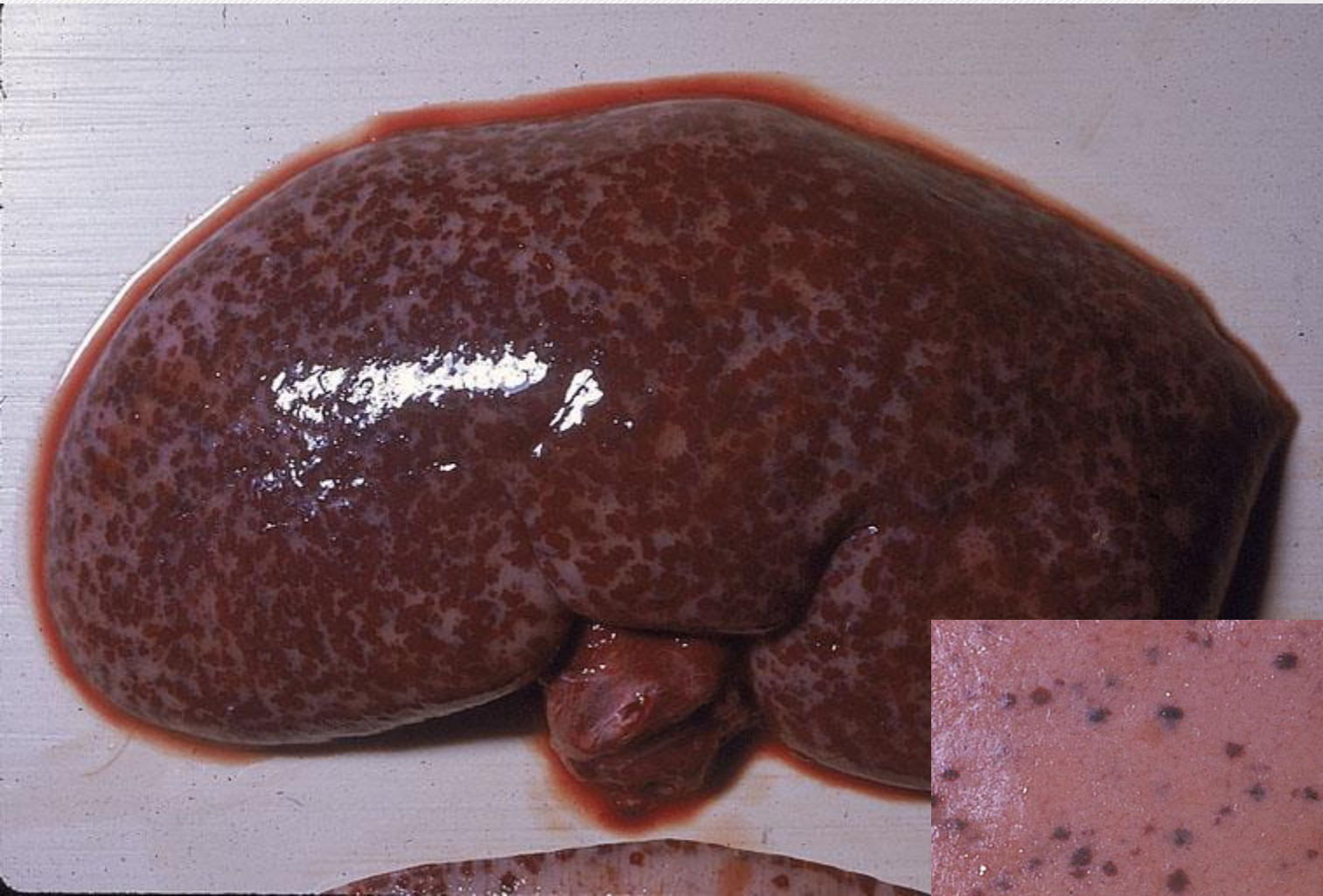
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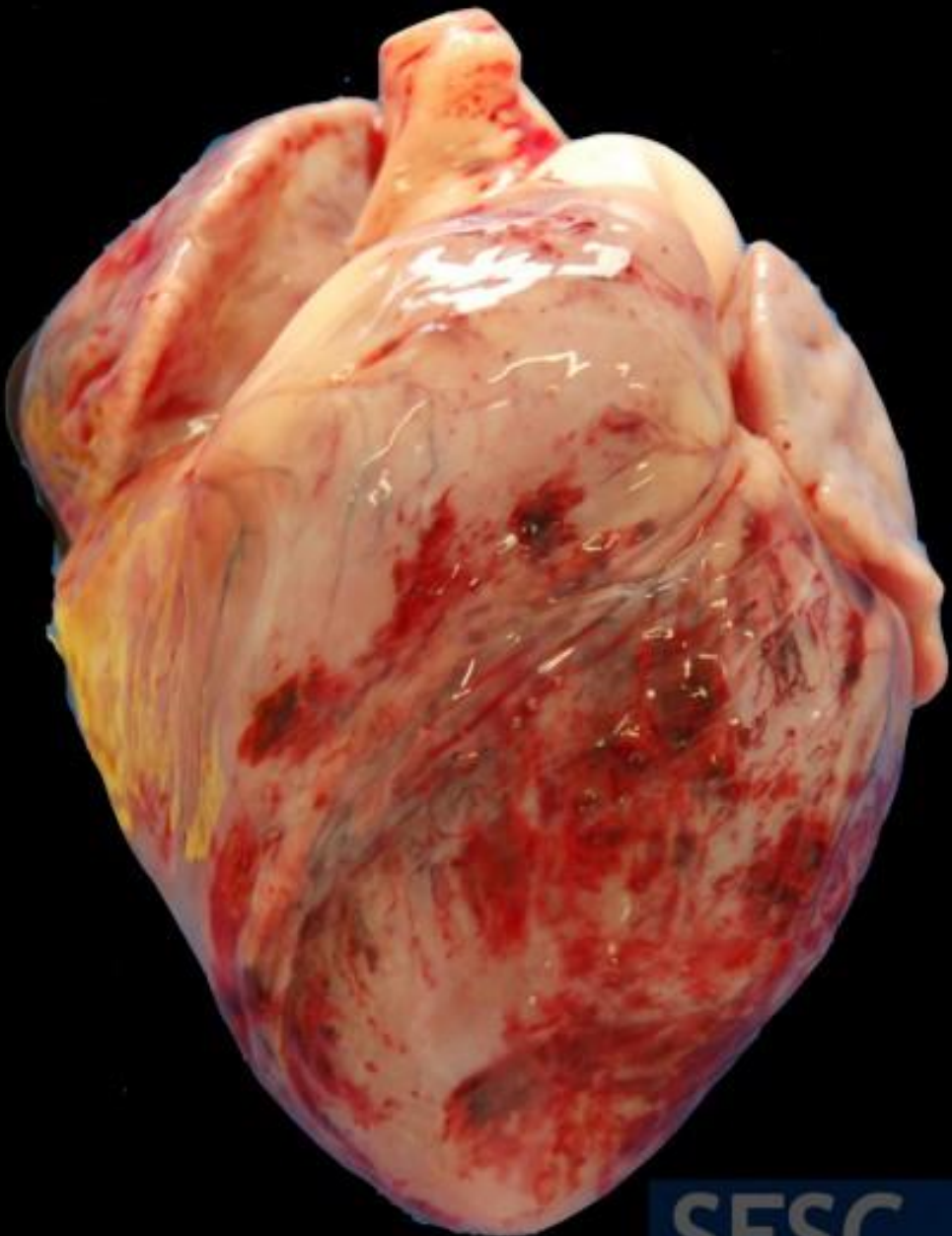
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Suport a escorxadors

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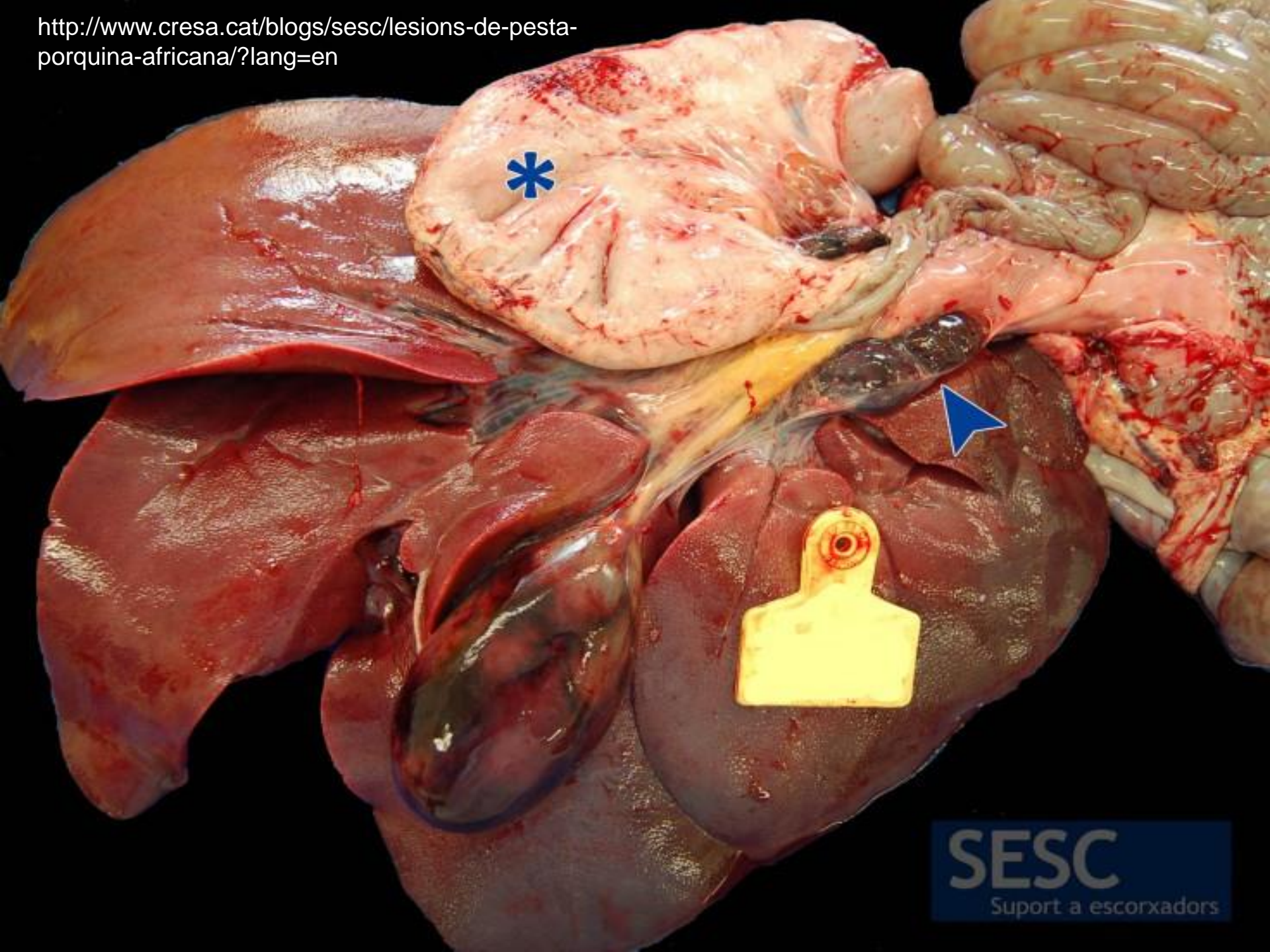


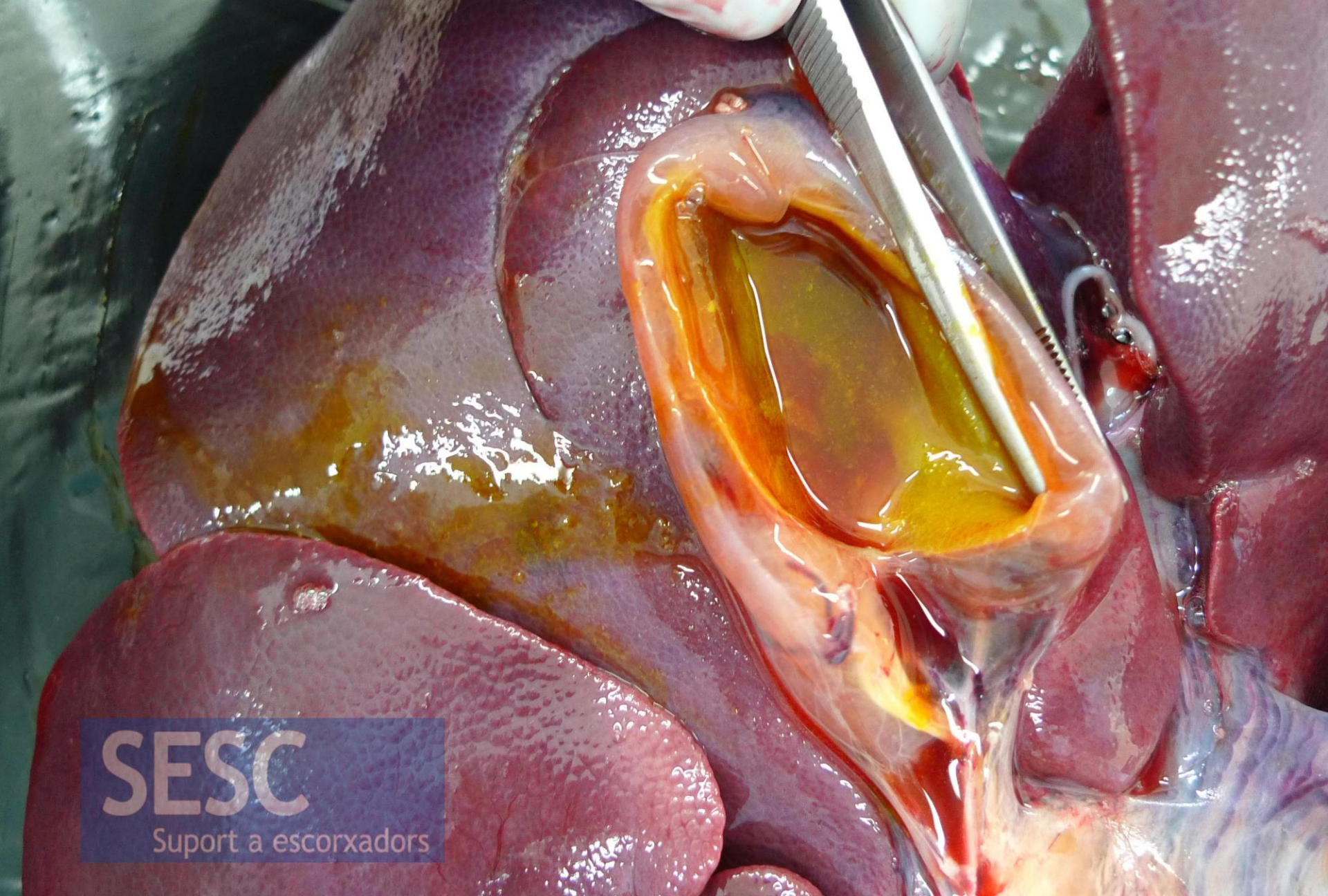
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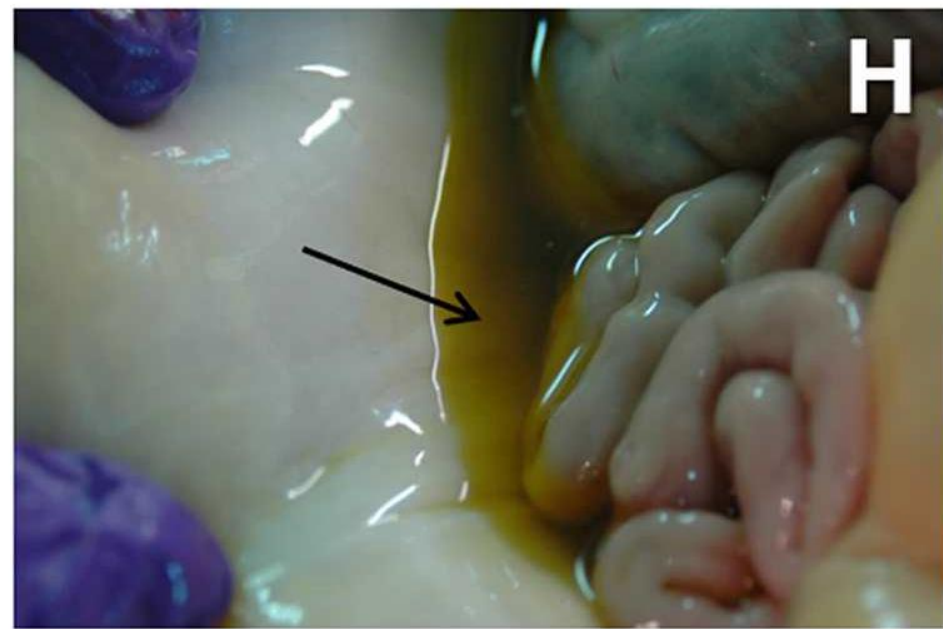
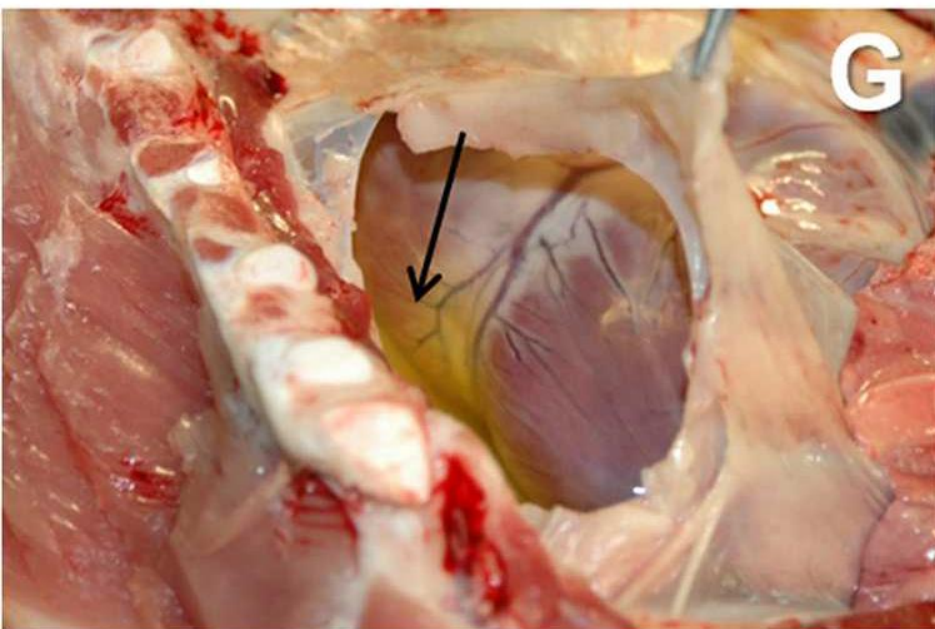
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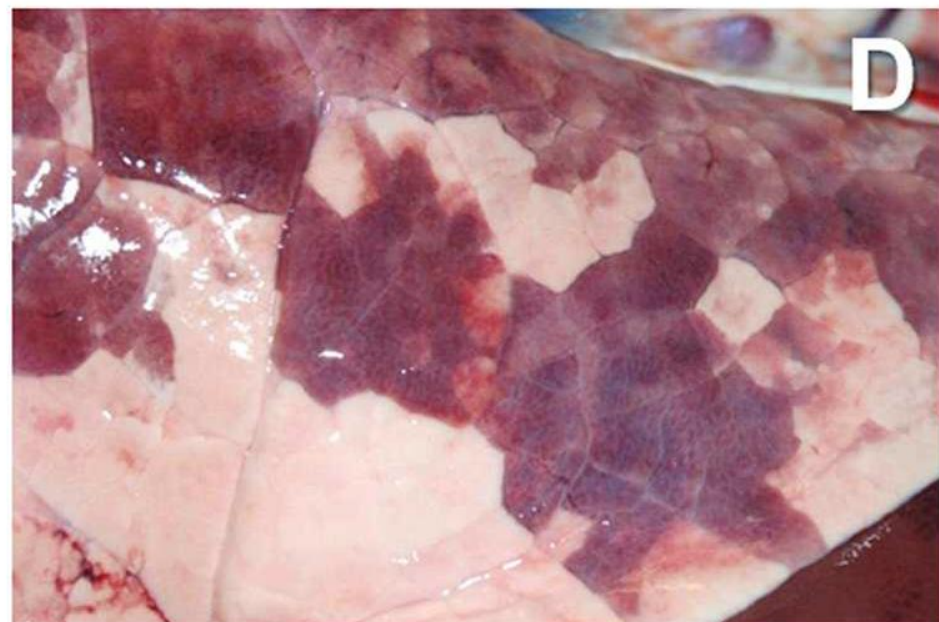
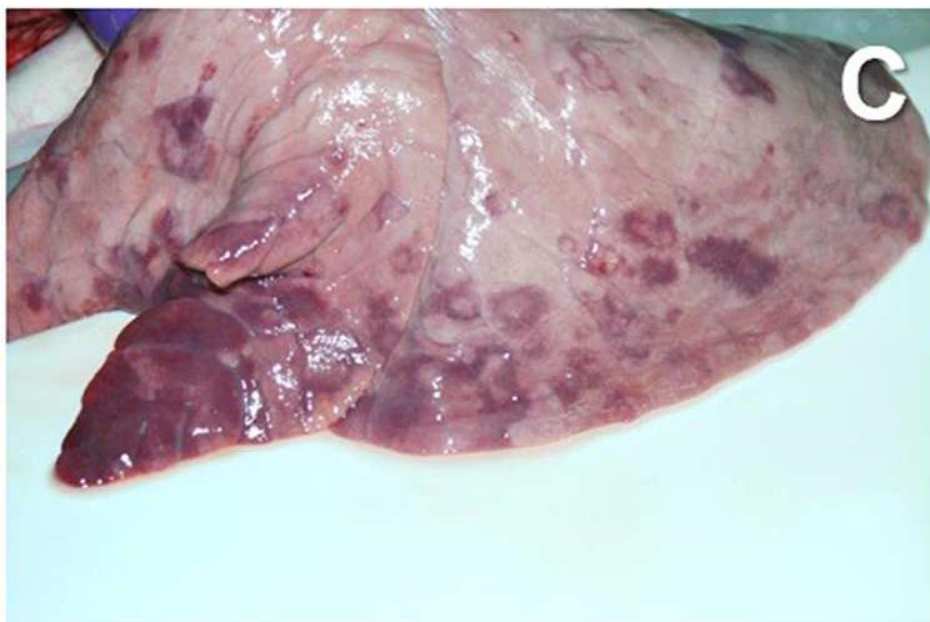
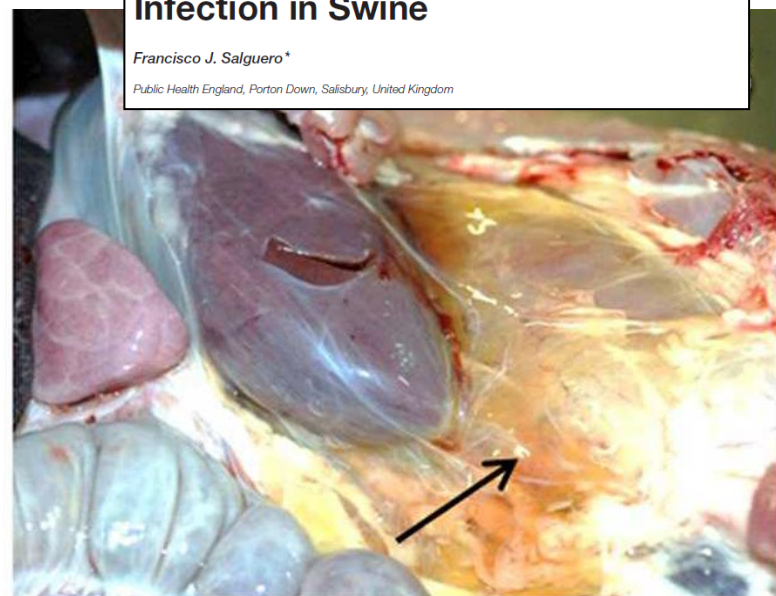




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DIAGNOSI DIFFERENZIALI



Food and Agriculture Organization of the United Nations

TABLE 4

Summary of ASF differential diagnoses: clinical signs and postmortem differentials

											friable spleen				membranes around heart			
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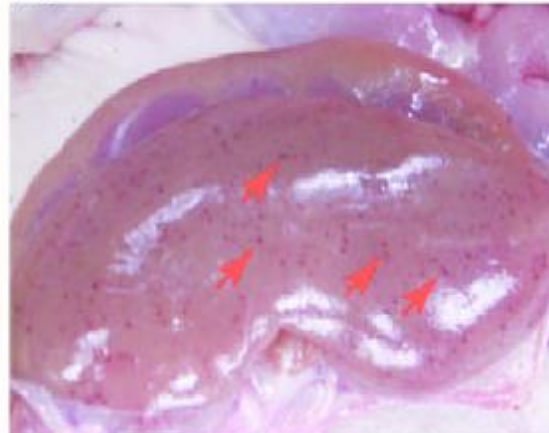
CLINICAL

African swine fever

(e)

(f) Snijder and Kikkert, 2013

Classical swine fever



Highly pathogenic PRRS

respiratory distress.

spleen. Atrophy of the thyme.

of tract, lose areas a.

TABLE 4
Summary of ASF differential diagnoses: clinical signs and postmortem differentials

CLINICAL SIGNS	Reportable disease	Vaccine available	Treatment options	Fever	Loss of appetite	Dull or depressed	Red to purple skin lesions	Respiratory distress	Vomiting	Diarrhea	Bloody diarrhea	High mortality	Sudden death	Abortion	CLINICAL SIGN DIFFERENTIALS	Enlarged dark-red to black & friable spleen	Hemorrhages on kidney	Hemorrhagic lymph nodes	Enlarged lymph nodes	Hemorrhages on mucous membranes	Excess fluid in body cavity & around heart	Pneumonia	POSTMORTEM DIFFERENTIALS
Erysipelas		X		X		X	X						X		Most often seen in animals reaching market weight. Characteristic diamond-shaped skin lesions.		X			X		Arthritis and vegetative endocarditis. Hemorrhages in pleura and peritoneum. Perypheral lymph nodes affected (rather than gastrohepatic and renal).	
Salmonellosis (S. cholerasuis)			X	X	X	X	X	X		X	X				Yellowish diarrhea. Central nervous system signs including tremor, weakness, paralysis and convulsions.		X				X	Enteritis and occasional encephalitis. Necrotic endocarditis. Miliary foci of necrosis in the liver. Absence of vascular lesions in the spleen and nymph nodes.	
Pasteurellosis			X	X		X	X								Signs vary in severity.						X	Adhesions between lungs and ribcage.	



TABLE 4

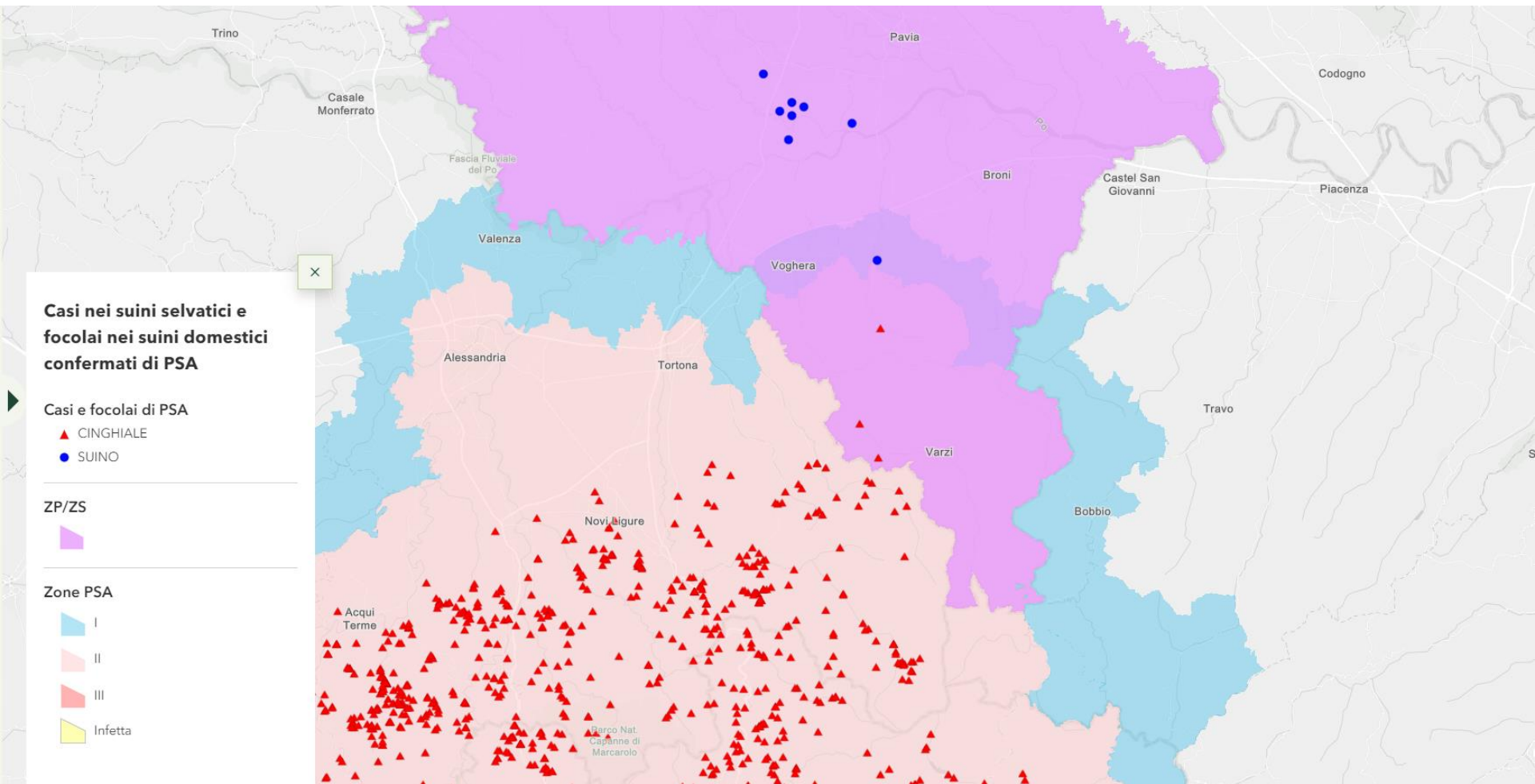
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Aujeszky's disease or pseudorabies	X			X	X	X	X						X	Signs vary, depending largely on the immune status of the dam and the age of the pigs affected. Hypothermia, trembling and ataxia, seizures. Rhinitis and sneezing.							X	Focal necrotic and encephalomyelitis lesions occur in the cerebrum, cerebellum, adrenals and other viscera such as lungs, liver or spleen. In fetuses or very young piglets, white spots on liver are pathognomonic of their infection by the virus. Necrotic enteritis.	
Porcine dermatitis and nephropathy syndrome (PDNS)				X		X							X	Most often seen in grower/finisher pigs.	X		X			X	Enlarged pale kidneys. Fluid in the body cavity, subcutaneous edema, gastric ulceration, and increased synovial fluid.		





SITUAZIONE AL 9 SETTEMBRE 2023





Peste suina africana

Legenda

★ Focolai domestici

Zone di Restrizione (agg.17/08/2023)

■ Zona Bianca

■ Zona di Restrizione I

■ Zona di Restrizione II

Allevamenti suidi (in nero quelli a 0 capi)

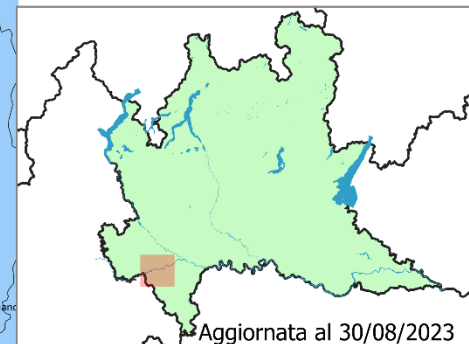
● Ingrasso

◆ Autoconsumo

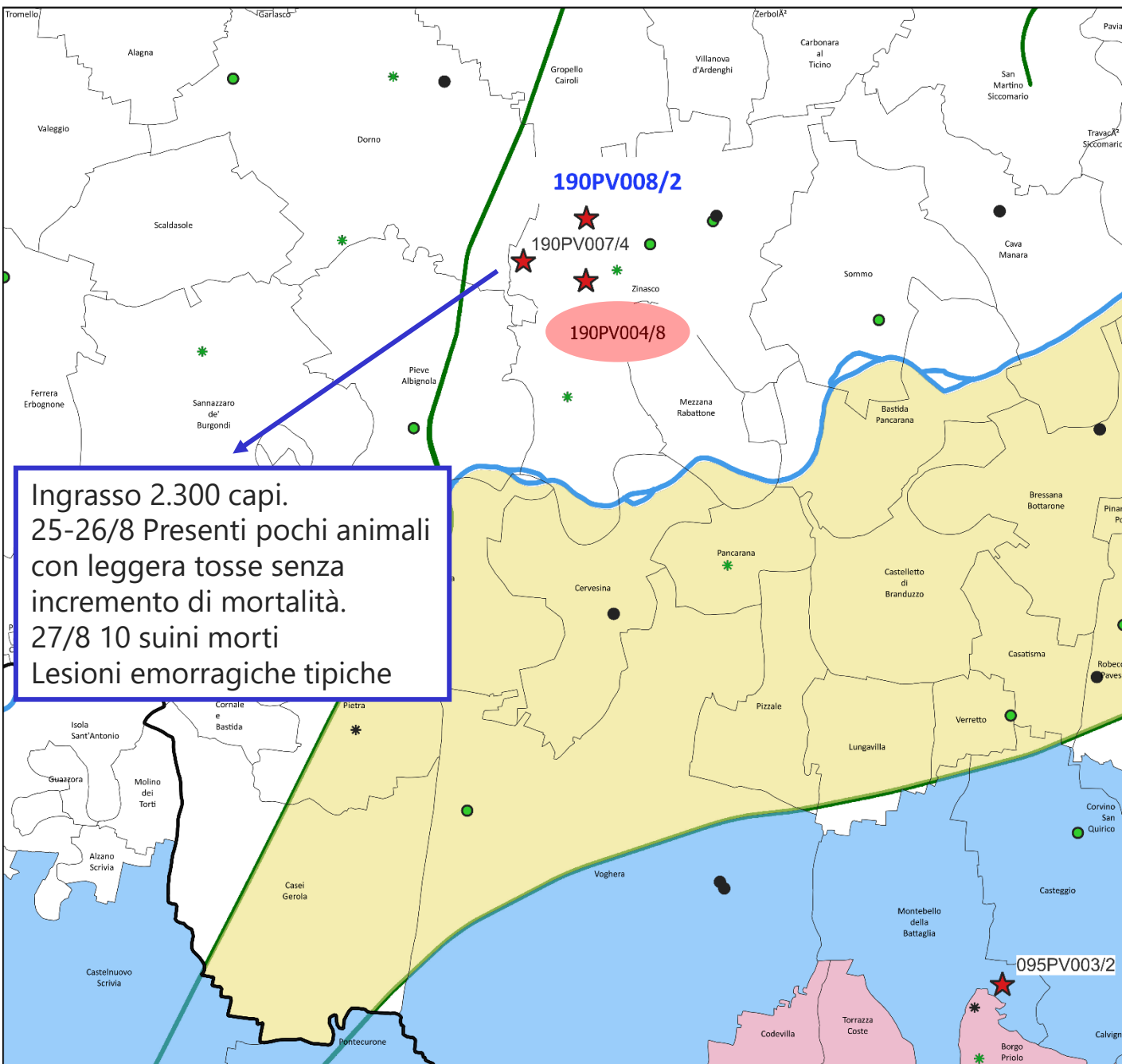
■ Riproduzione

* Altro

0 2,5 5 km



Aggiornata al 30/08/2023

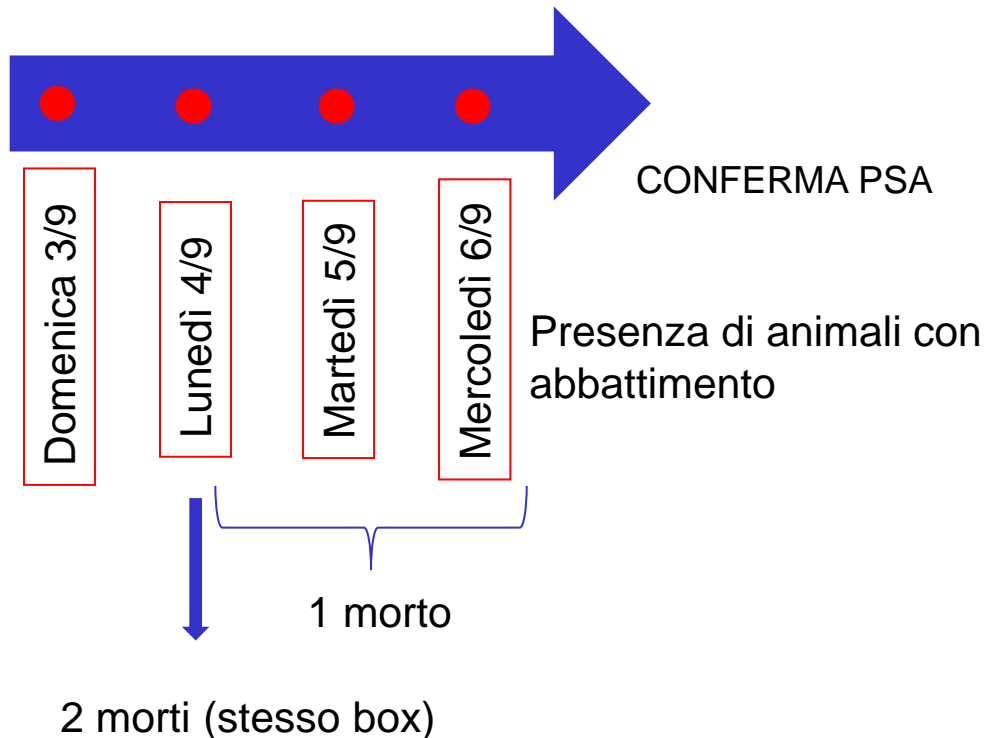


Ingrasso 2.300 capi.
25-26/8 Presenti pochi animali
con leggera tosse senza
incremento di mortalità.
27/8 10 suini morti
Lesioni emorragiche tipiche



ESEMPI SULL'ANDAMENTO DEI FOCOLAI

Esempio focolaio (PV) confermato all'esordio della circolazione virale (ingrasso 1200 capi)



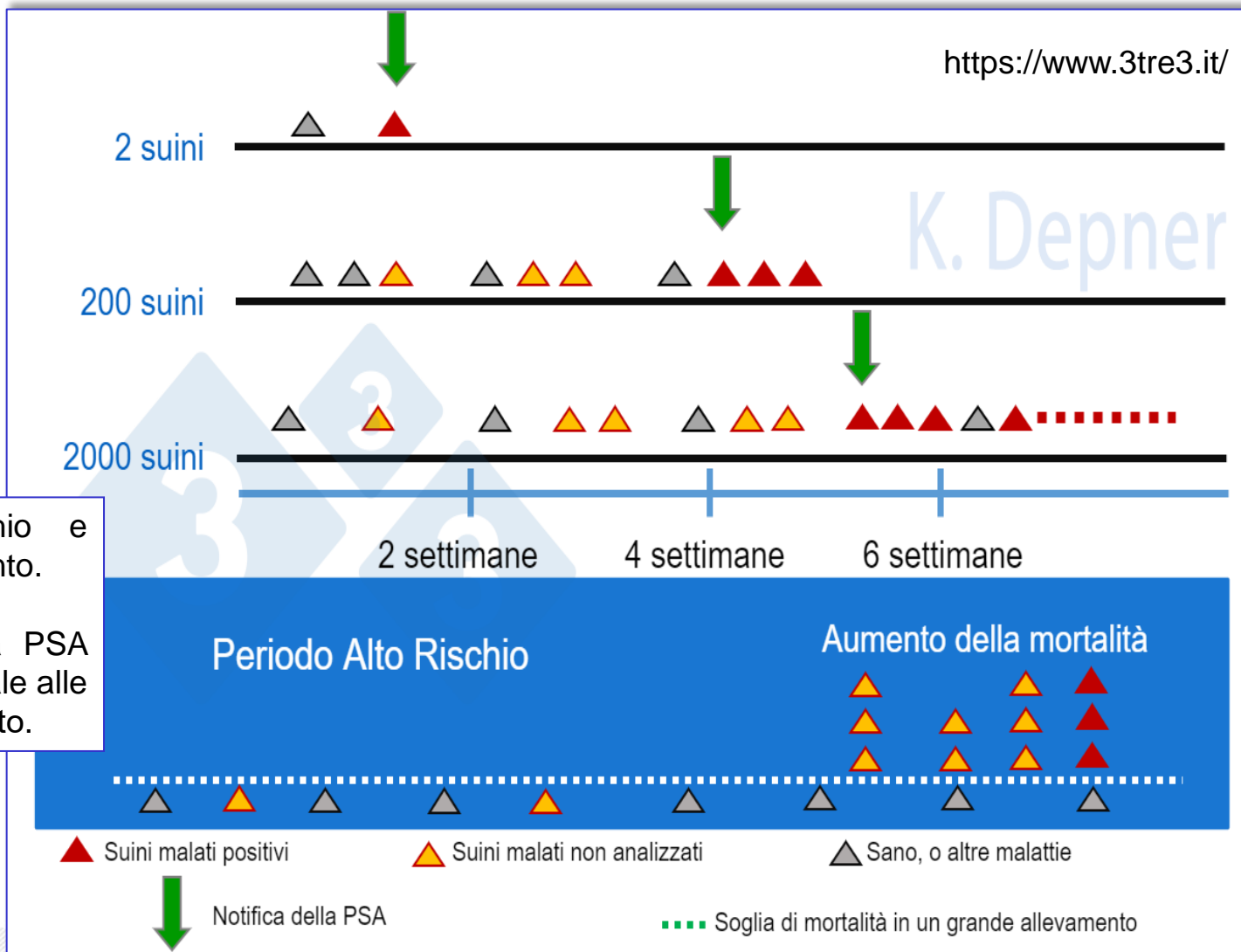
In generale in diversi allevamenti oggetto di focolaio:

- Presenza di bassa mortalità ad inizio focolaio
- Sintomatologia?
- Lesioni?



"PERIODO AD ALTO RISCHIO" IN CASO DI FOCOLAI DI PSA NEGLI ALLEVAMENTI DI SUINI

Nei grandi allevamenti, i primi suini che si ammalano e muoiono di PSA possono essere non rilevati ed attribuiti ad altre patologie, a meno che non vi sia un adeguato sistema di vigilanza passiva che si concentri sugli animali morti e malati.



Periodo ad alto rischio e dimensione dell'allevamento.

Precocità nel rilevare la PSA inversamente proporzionale alle dimensioni dell'allevamento.



CONCLUSIONI



- Importanza della precoce individuazione dei focolai
- Adeguato sistema di sorveglianza passiva che si concentri sugli animali morti e malati
- Aumentando la frequenza di verifica delle cause di forme cliniche/morte all'inizio della manifestazione
- Formulazione di sospetto, innalzando il livello di attenzione

Grazie per l'attenzione