International Pig Topics'
Pighealth BYTES
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004 – Swine fever – II

Clinical signs – acute swine fever

Initially only a few pigs are affected with a loss of activity and sometimes arched backs and depressed appetites, which progresses to severe anorexia. Within a week of exposure to infection body temperatures will have risen to 41-42°C. Early on, eye discharges are seen and constipation commonly occurs when body temperatures are elevated, but this is replaced by a severe yellowy-grey diarrhoea. Vomiting can occur and some animals may experience convulsions. Reddening (hyperaemia) of the skin is seen.

As the disease evolves more pigs become affected and gaunt and a weakness in the hindquarters is seen, which often progresses into a posterior paralysis. A purplish discolouration of the skin is then seen over much of the body. Most pigs afflicted by acute swine fever die within three weeks.

Clinical signs – subacute swine fever

These are similar to the signs seen in the acute form of the disease but are usually less severe and death does not occur until four weeks or so of age.

In pigs that do not die, and in which swine fever virus persists, chronic swine fever is seen.

Clinical signs – chronic swine fever

In the chronic form of the disease three phases occur. Firstly, there is a period of anorexia, fever and depression. This is followed by clinical improvement before the third phase of worsening, terminal disease occurs.

Clinical signs – congenital swine fever

This form of swine fever, in which infection occurs pre-natal, can be characterised by abortion, foetal mummification, foetal abnormalities and the birth of weak piglets with tremors. Healthy, but still infected piglets can be born. These may recover but often succumb to a disease any time up to a year of age. Piglets infected in utero often show skin haemorrhages and experience high neonatal mortality.

Post mortem examination findings

In the most acute (peracute) cases lesions are often not seen, whereas in the acute form there are multiple haemorrhages of varying size in various internal organs. In addition, catarrhal, haemorrhagic inflammation occurs in the digestive, respiratory and urogenital tracts. Virtually all the lymph nodes are oedematous and then haemorrhagic and renal haemorrhages are common.

Infarction (the death of an area of tissue because its blood supply has been blocked off by thrombi) is seen in the spleen, and is virtually pathognomonic for swine fever, as well as in the lungs, gall bladder and tonsils. Most pigs also show an encephalitis (inflammation of the brain) and a necrotic enteritis.

If the infection persists the severity of infarctions and haemorrhages declines and can become completely absent. The most common lesion in such cases is thymic atrophy.

Congenital swine fever causes mummifications, stillbirths and embryonic abnormalities typically of the head. In utero infected piglets that die shortly after birth often show pinpoint (petechial) haemorrhages.